

		FOR BHF USE					

LL1

2012
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2012)

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: 0027987

Facility Name: FAIRHAVEN CHRISTIAN RETIREMENT CENTER

Address: 3470 NORTH ALPINE ROAD ROCKFORD 61114
Number City Zip Code

County: WINNEBAGO

Telephone Number: (815) 877-1441 Fax # (815) 282-4217

HFS ID Number:

Date of Initial License for Current Owners: 03/01/1968

Type of Ownership:

☒ VOLUNTARY, NON-PROFIT
☒ 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: JEFF REIERSON Telephone Number: (815) 877-1441 X1305
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 1/1/2012 to 12/31/2012 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) THOMAS T. BLEED
(Title) EXECUTIVE DIRECTOR

Paid
Preparer

(Signed) _____ (Date) _____
(Print Name and Title) _____
(Firm Name & Address) _____
(Telephone) () 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

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER# 0027987 Report Period Beginning: 1/1/2012 Ending: 12/31/2012

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 _____

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1		Skilled (SNF)			1
2		Skilled Pediatric (SNF/PED)			2
3	<u>96</u>	Intermediate (ICF)	<u>96</u>	<u>35,136</u>	3
4		Intermediate/DD			4
5	<u>127</u>	Sheltered Care (SC)	<u>125</u>	<u>45,750</u>	5
6		ICF/DD 16 or Less			6
7	<u>223</u>	TOTALS	<u>221</u>	<u>80,886</u>	7

B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF					8
9	SNF/PED					9
10	ICF	<u>12,078</u>	<u>18,826</u>		<u>30,904</u>	10
11	ICF/DD					11
12	SC		<u>25,511</u>		<u>25,511</u>	12
13	DD 16 OR LESS					13
14	TOTALS	<u>12,078</u>	<u>44,337</u>		<u>56,415</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4.) 69.75%

D. How many bed-hold days during this year were paid by the Department?

NONE (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.

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

NONE

F. Does the facility maintain a daily midnight census?

YESG. Do pages 3 & 4 include expenses for services or
investments not directly related to patient care?YES ☒ NO ☐

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES ☒ NO ☐

I. On what date did you start providing long term care at this location?

Date started 03/01/1968

J. Was the facility purchased or leased after January 1, 1978?

YES ☐ Date _____ NO ☒

K. Was the facility certified for Medicare during the reporting year?

YES ☐ NO ☒ If YES, enter number
of beds certified _____ and days of care provided _____

Medicare Intermediary _____

IV. ACCOUNTING BASIS

ACCRAUAL ☒ MODIFIED
CASH* ☐ CASH* ☐Is your fiscal year identical to your tax year? YES ☒ NO ☐Tax Year: 12/31/12 Fiscal Year: 12/31/12

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

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	837,706	79,946	19,171	936,823		936,823		936,823		1
2	Food Purchase		638,374		638,374	(425)	637,949	(22,450)	615,499		2
3	Housekeeping	318,907	67,269	2,156	388,332		388,332		388,332		3
4	Laundry	144,486	40,822		185,308		185,308		185,308		4
5	Heat and Other Utilities			330,767	330,767	(8,473)	322,294	(10,939)	311,355		5
6	Maintenance	318,784	36,607	313,335	668,726		668,726	(8,085)	660,641		6
7	Other (specify):*			175,549	175,549		175,549		175,549		7
8	TOTAL General Services	1,619,883	863,018	840,978	3,323,879	(8,898)	3,314,981	(41,474)	3,273,507		8
	B. Health Care and Programs										
9	Medical Director			18,000	18,000		18,000		18,000		9
10	Nursing and Medical Records	3,118,257	142,444	137,401	3,398,102		3,398,102		3,398,102		10
10a	Therapy										10a
11	Activities	191,990	19,650		211,640		211,640		211,640		11
12	Social Services	45,646		1,520	47,166		47,166		47,166		12
13	CNA Training										13
14	Program Transportation			15,934	15,934		15,934	(2,112)	13,822		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	3,355,893	162,094	172,855	3,690,842		3,690,842	(2,112)	3,688,730		16
	C. General Administration										
17	Administrative	341,530			341,530		341,530		341,530		17
18	Directors Fees										18
19	Professional Services			94,445	94,445	(12,494)	81,951		81,951		19
20	Dues, Fees, Subscriptions & Promotions			88,840	88,840	1,672	90,512	(68,820)	21,692		20
21	Clerical & General Office Expenses	194,870	57,900	28,438	281,208		281,208		281,208		21
22	Employee Benefits & Payroll Taxes			1,308,373	1,308,373	11,247	1,319,620	(6,185)	1,313,435		22
23	Inservice Training & Education										23
24	Travel and Seminar			12,776	12,776		12,776	(11,873)	903		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			109,393	109,393	(29,000)	80,393	(476)	79,917		26
27	Other (specify):*			17,270	17,270		17,270	(15,184)	2,086		27
28	TOTAL General Administration	536,400	57,900	1,659,535	2,253,835	(28,575)	2,225,260	(102,538)	2,122,722		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,512,176	1,083,012	2,673,368	9,268,556	(37,473)	9,231,083	(146,124)	9,084,959		29

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

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

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			869,618	869,618	17,496	887,114	(113,239)	773,875			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			325,207	325,207		325,207	(25,614)	299,593			32
33	Real Estate Taxes			165,201	165,201		165,201	(165,201)				33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			2,723	2,723		2,723		2,723			35
36	Other (specify):*			5,593	5,593		5,593		5,593			36
37	TOTAL Ownership			1,368,342	1,368,342	17,496	1,385,838	(304,054)	1,081,784			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers											39
40	Barber and Beauty Shops					8,473	8,473		8,473			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			266,498	266,498		266,498		266,498			42
43	Other (specify):*			964,510	964,510	11,504	976,014		976,014			43
44	TOTAL Special Cost Centers			1,231,008	1,231,008	19,977	1,250,985		1,250,985			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,512,176	1,083,012	5,272,718	11,867,906		11,867,906	(450,178)	11,417,728			45

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

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER # 0027987 Report Period Beginning: 1/1/2012 Ending: 12/31/2012
VI. ADJUSTMENT DETAIL A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.
In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(22,450)	Line2		4
5	Telephone, TV & Radio in Resident Rooms	(10,939)	Line5		5
6	Rented Facility Space	(8,085)	Line6		6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(25,614)	Line32		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	(113,239)	Line30		15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(11,873)	Line24		17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance	(6,185)	Line 22		21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(13,080)	Line27		24
25	Fund Raising, Advertising and Promotional	(65,803)	Line20		25
	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(3,017)	Line20		28
29	Other-Attach Schedule	(169,893)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (450,178)		\$	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	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (450,178)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1	2	3	4	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.		X	\$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops	X		8,473	Line5	41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44						44
45	Other-Attach Schedule Dupl Insur	X		29,000	Line26	45
46	Other-Attach Schedule		X			46
47	TOTAL (C): (sum of lines 38-46)			\$ 37,473		47

STATE OF ILLINOIS
FAIRHAVEN CHRISTIAN RETIREMENT CENTER

Report Period Beginning: ID# 0027987
Ending: 1/1/2012
12/31/2012

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Gas for non-care vehicles	\$ (2,112)	Line 14	1
2	Insurance for non-care vehicles	(476)	Line 26	2
3	Flowers & decorations, miscellaneous	(2,104)	Line 27	3
4	Real estate taxes - main building	(165,201)	Line 33	4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(169,893)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER # 0027987 Report Period Beginning: 1/1/2012 Ending: 12/31/2012

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	0	0	0	0	0	0	0	0	0	0	0	0	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	0	0	0	0	0	0	0	0	0	0	0	19
20	Fees, Subscriptions & Promotions	0	0	0	0	0	0	0	0	0	0	0	0	20
21	Clerical & General Office Expenses	0	0	0	0	0	0	0	0	0	0	0	0	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	0	0	0	0	0	0	0	0	0	0	0	0	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	0	0	0	0	0	0	0	0	0	0	0	0	29

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	0	0	0	0	0	0	0	0	0	0	0	0	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	0	0	0	0	0	0	0	0	0	0	0	0	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	0	0	0	0	0	0	0	0	0	0	0	0	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	0	0	0	0	0	0	0	0	0	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	0	0	0	0	0	0	0	0	0	0	0	0	45

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
See Page 6 - Supplemental						

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

YES

NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

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

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

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER # 0027987 Report Period Beginning: 1/1/2012 Ending: 12/31/2012

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	Wiles, David	BOD						1
2	Nyberg, Dan	BOD						2
3	Brogren, Neil	BOD						3
4	Johnson, Steve	BOD						4
5	Johnson, Larry	BOD						5
6	Lindquist, Evie	BOD						6
7	Schlueter, Chuck	BOD						7
8	Thompson, Richard	BOD						8
9	Sjogren, Steve	BOD						9
10	Voorhies, Randy	BOD						10
11	Evans, John	BOD						11
12	Norberg, Dave	BOD						12
13	Arnold, Kathy	BOD						13
14								14
15								15
16								16
17	See attached schedule detailing the							17
18	BOD and their services, if any,							18
19	provided to Fairhaven.							19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	NONE								\$		1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$		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 FAIRHAVEN CHRISTIAN RETIREMENT CENTER # 0027987 Report Period Beginning: 1/1/2012 Ending: 2/31/2012

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 ☒

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

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	City of Rockford Bonds	X		Construction - Phase 1 & 2	\$43,607.45	6/17/2009	\$ 8,000,000	\$ 7,307,478	6/17/2034	0.0425	\$ 315,037	1	
2	Capital Lease Obligation	X		New Phone System	\$2,461.55	10/1/2010	84,464	24,054	9/30/2013	0.0475	1,907	2	
3	Bank Loans	X		Construction - Phase 4	\$10,577.13	9/15/2012	4,400,000	1,976,450	8/15/2017	0.0400	8,263	3	
4												4	
5												5	
	Working Capital												
6	Alpine Bank-Line of Credit	X		Operating Expenses	NONE	7/25/2012	500,000		7/20/2013	0.0325		6	
7												7	
8												8	
9	TOTAL Facility Related				\$56,646.13		\$ 12,984,464	\$ 9,307,982			\$ 325,207	9	
	B. Non-Facility Related*												
10												10	
11												11	
12												12	
13												13	
14	TOTAL Non-Facility Related						\$	\$			\$	14	
15	TOTALS (line 9+line14)						\$ 12,984,464	\$ 9,307,982			\$ 325,207	15	

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ NONE Line #

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.
(See instructions.)

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

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

B. Real Estate Taxes

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.			
1. Real Estate Tax accrual used on 2011 report.		\$	180,000	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.)		\$	172,881	2	
3. Under or (over) accrual (line 2 minus line 1).		\$	(7,119)	3	
4. Real Estate Tax accrual used for 2012 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	178,000	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.		\$	* 0.00	7	
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:		2007	156,571	8	
		2008	165,414	9	
		2009	166,634	10	
		2010	176,264	11	
		2011	172,881	12	
* Since the nursing home portion of our facility is exempt from real estate taxes, all other tax related to the main building would not be allowable and is therefore, adjusted out of the total costs on this report				13	FROM R. E. TAX STATEMENT FOR 2011 \$ 13
				14	PLUS APPEAL COST FROM LINE 5 \$ 14
				15	LESS REFUND FROM LINE 6 \$ 15
				16	AMOUNT TO USE FOR RATE CALCULATION \$ 16

- NOTES:
1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.

2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

2011 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME FAIRHAVEN CHRISTIAN RETIREMENT CENTER COUNTY WINNEBAGO
FACILITY IDPH LICENSE NUMBER 0027987
CONTACT PERSON REGARDING THIS REPORT Jeff Reiersen
TELEPHONE (815) 877-1441 FAX #: (815) 282-4217

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2011 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 2011.

	(A)	(B)	(C)	(D)
	<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
1.	<u>152B028B</u>	<u>Main Building</u>	\$ <u>213,912.00</u>	\$ <u>none</u>
2.	<u>152B030B</u>	<u>3488 N. Alpine</u>	\$ <u>12,795.00</u>	\$ <u>none</u>
3.	<u>152B051</u>	<u>Land by Alpine</u>	\$ <u>126.00</u>	\$ <u>none</u>
4.	<u>149C081B</u>	<u>Verde Lane</u>	\$ <u>55.00</u>	\$ <u>none</u>
5.	<u>149C052,053,054</u>	<u>Rolling Meadow/Terrace View Dup.</u>	\$ <u>184,854.00</u>	\$ <u>none</u>
6.	<u>152B031</u>	<u>Garden Lane Duplexes</u>	\$ <u>25,662.00</u>	\$ <u>none</u>
7.	<u>152B152,153,154,155,156</u>	<u>Garden Lane Duplexes</u>	\$ <u>22,289.00</u>	\$ <u>none</u>
8.	<u>152B157,158,159,161,162</u>	<u>Garden Lane Duplexes</u>	\$ <u>25,465.00</u>	\$ <u>none</u>
9.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
10.	<u>SEE ATTACHED PAGE 10B FOR</u>	<u>EXPLANATION</u>	\$ <u></u>	\$ <u></u>
TOTALS			\$ <u><u>485,158.00</u></u>	\$ <u>none</u>

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? X 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 a copy of the original 2011 tax bills which were listed in Section A to this statement. Be sure to use the 2011 tax bill which is normally paid during 2012.

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.**

A. Square Feet: 183,865

B. General Construction Type: Exterior Brick Frame Steel Number of Stories 3

C. Does the Operating Entity?

☒ (a) Own the Facility

☐ (b) Rent from a Related Organization.

☐ (c) Rent from Completely Unrelated Organization.

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

D. Does the Operating Entity?

☒ (a) Own the Equipment

☐ (b) Rent equipment from a Related Organization.

☐ (c) Rent equipment from Completely Unrelated Organization.

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

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)
List entity name, type of business, square footage, and number of beds/units available (where applicable).
FAIRHAVEN CHRISTIAN RETIREMENT CENTER, RETIREMENT LIVING, DUPLEXES (112 UNITS TOTAL)

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?

☐ YES

☒ NO

If so, please complete the following:

1. Total Amount Incurred:

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

3. Current Period Amortization:

4. Dates Incurred:

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

XI. OWNERSHIP COSTS:

A. Land.	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Main Building	871,200	1965	\$ 62,304	1
2					2
3	TOTALS	871,200		\$ 62,304	3

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER

0027987

Report Period Beginning:

1/1/2012

Ending:

12/31/2012

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	84		1967	1967	\$ 1,115,078	\$	40	\$		\$ 1,115,078	4
5	76		1973	1973	1,051,996	26,186	40	26,186		1,038,882	5
6	20		1975	1975	255,191	5,843	20-40	5,843		240,572	6
7	41		1979	1979	1,323,223	31,213	40	31,213		1,123,265	7
8											8
	Improvement Type**										
9	Air condit.-2 kitchens, HC computer cab., burner/boiler			1991	44,311	176	15-20	176		44,311	9
10	Remodel dietary off., a/c coff shop, carpeting,smoke det.			1993	35,136	258	10-20	258		35,011	10
11	Air condit.-laundry, new kitchen/apt, fire alarm			1994	11,134	225	10-20	225		10,796	11
12	Remodel of 6 rooms			1996	33,302	1,643	5-20	1,643		27,551	12
13	Remodeling of nurses station			1996	8,438	422	20	422		6,963	13
14	New lights			1996	7,499	375	20	375		6,188	14
15	New windows			1996	1,762	88	20	88		1,452	15
16	Rehab & conversion of rooms			1997	119,116	4,765	25	4,765		73,856	16
17	Remodel of Rehab dept., identicard door system			1997	37,374	1,200	10-25	1,200		25,972	17
18	Wall heaters,doors & wind.,water heater,chill water sys			1997	18,338	715	10-25	715		12,033	18
19	Roof work, office remodel,clock wiring,shelving,boiler			1997	33,616	1,445	10-25	1,445		26,662	19
20	Fence along Alpine Road			1998	84,198	4,210	20	4,210		61,045	20
21	Blacktop			1998	12,538	627	20	627		9,092	21
22	Remodel of Rehab Dept & Breakroom			1998	42,423	1,697	25	1,697		24,607	22
23	Rehab resident rooms			1998	92,743	3,710	25	3,710		53,795	23
24	Rehab offices-Ex dir.,ADON, Maint., Activities			1998	36,208	1,448	25	1,448		20,995	24
25	Rear entrance door, fire protection system			1998	6,051	242	25	242		3,509	25
26	Rehab Health Ctr., Halls, Storage, Conference room			1998	24,693	988	25	988		14,327	26
27	Rehab coffee shop & gift shop			1998	4,374	175	25	175		2,538	27
28	Health Ctr. sound system,			1998	4,308	287	15	287		4,162	28
29	Electrical work, heating & air condit.			1998	5,180	207	25	207		3,002	29
30	Fence and grading			1999	13,566	678	20	678		9,153	30
31	Blacktop, patching, speed bumps			1999	18,220	871	10-20	871		12,558	31
32	Rehab resident rooms			1999	84,948	3,398	25	3,398		45,873	32
33	Rehab maint off., shop, laund room, housekeeping off.			1999	44,768	1,791	25	1,791		24,179	33
34	Health Ctr. Elevator conversion, emerg. Lights			1999	9,806	50	10-20	50		9,485	34
35	Windows, storm doors, boiler room electrical			1999	12,196	518	20-25	518		6,993	35
36	Rehab Health Ctr.-lighting,heat,ceiling panels,flooring			1999	33,716	3,149	25	3,149		23,612	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 FAIRHAVEN CHRISTIAN RETIREMENT CENTER

0027987

Report Period Beginning:

1/1/2012

Ending:

12/31/2012

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Rehab Health Ctr.-conf room,util room,activ,air cond	1999	\$ 17,993	\$ 864	15-25	\$ 864	\$	\$ 11,663	37
38	Rehab Health Ctr.-soc serv off., 1st floor restroom	1999	4,077	163	25	163		2,200	38
39	Remodel-Main office,coffee shop,gift shop	2000	1,110,762	27,769	40	27,769		347,113	39
40	Employee parking lot	2000	96,253	4,813	20	4,813		60,162	40
41	Irrigation system	2000	18,761	938	20	938		11,725	41
42	Beauty shops-1st & 3rd	2000	49,403	1,235	40	1,235		15,438	42
43	Remodel-Maint., Acctg, Activ.,& 2nd fl HC kitchen off.	2000	38,198	1,910	20	1,910		23,875	43
44	Rehab resident rooms	2000	64,544	2,867	10-20	2,867		43,047	44
45	Main entrance doors	2000	10,535	527	20	527		6,587	45
46	Roof repairs,elevator room repairs,electric,phone,comp.	2000	35,305	1,765	10-20	1,765		27,135	46
47	Back flow system	2000	65,706	3,285	20	3,285		41,063	47
48	Smoke barrier upgrade	2000	68,105	1,703	40	1,703		21,287	48
49	Vanity/Tops/Faucets	2001	8,998	600	15	600		6,900	49
50	Recaulk-main entrance/main dining/S&W wings perimeters	2001	15,040		10			15,040	50
51	Signage, OSHA modifications,HVAC modifications	2001	16,911	873	15-25	873		10,040	51
52	2nd floor remodeling-ceiling,sprinkler,lighting,duct work	2001	48,885	2,375	20-25	2,375		27,313	52
53	Rehab resident rooms,countertop,locks	2001	30,992	1,550	20	1,550		17,825	53
54	Miscell plants,pots,trees,mulch,sprinkler system supplies	2001	8,496	568	5-15	568		5,709	54
55	Miscell boiler room doors/frames,castings-main,a/c install	2001	4,578	374	10-25	374		4,301	55
56	Rehab dietary office-elect,fan coil ductwork,door	2001	7,190	360	20	360		4,140	56
57	Redo wall,hallway,rear stairway coping stone reset	2002	2,104	105	20	105		1,103	57
58	Vanity/Tops/Faucets	2002	8,106	540	15	540		5,670	58
59	Keys,locks,windows	2002	6,335	351	15-20	351		3,685	59
60	East entrance doors-structural changes	2002	7,684	384	20	384		4,032	60
61	Recaulk-HC wing perimeter	2002	12,695	630	10	630		12,695	61
62	Doors	2002	7,581	505	15	505		5,303	62
63	Laundry,south lounge,water serv valve,roof,trash chute changes	2002	9,256	399	5-15	399		7,464	63
64	Main office,conference room,training room changes	2002	4,097	205	20	205		2,152	64
65	Room number signs	2002	6,070	304	20	304		3,192	65
66	Landscaping, front entrance and east drainage	2003	6,332	555	10-15	555		5,272	66
67	Modify patient toilet rooms and showers	2003	36,996	1,480	25	1,480		14,060	67
68	Garages-crown molding	2003	3,601	180	20	180		1,710	68
69	Screen,glass,wall,door,latches,locks replacement	2003	15,747	930	5-20	930		9,500	69
70	TOTAL (lines 4 thru 69)		\$ 6,472,786	\$ 159,707		\$ 159,707	\$	\$ 4,895,918	70

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

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER

0027987

Report Period Beginning:

1/1/2012

Ending:

12/31/2012

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		\$ 6,472,786	\$ 159,707		\$ 159,707	\$	\$ 4,895,918	1
2	<u>Lighting</u>	2003	24,236	1,225	5-20	1,225		12,048	2
3	<u>Vanity/Tops/Faucets</u>	2003	4,908	327	15	327		3,107	3
4	<u>Boiler room rework</u>	2003	3,795	190	20	190		1,805	4
5	<u>South wing roof</u>	2003	66,135	3,307	20	3,307		31,416	5
6	<u>Smoke barrier upgrade</u>	2003	28,657	1,433	20	1,433		13,613	6
7	<u>Employee parking lot, sidewalks</u>	2004	14,283	952	15	952		8,092	7
8	<u>Landscaping drainage</u>	2004	12,100	807	15	807		6,859	8
9	<u>Employee patio, residents veranda</u>	2004	42,639	2,139	15-20	2,139		18,181	9
10	<u>Vanities/tops</u>	2004	7,657	510	15	510		4,335	10
11	<u>Emergency lighting, kitchen feeds, sink</u>	2004	16,344	1,057	15-20	1,057		8,984	11
12	<u>Library</u>	2004	11,520	576	20	576		4,896	12
13	<u>3rd floor renovation</u>	2004	53,708	2,685	20	2,685		22,823	13
14	<u>Thermostats, heaters, heat lamps</u>	2004	7,888	526	15	526		4,471	14
15	<u>Building equipment, mixing valve, wire fence</u>	2004	14,689	1,043	15	1,043		8,866	15
16	<u>HC room doors</u>	2004	8,783	586	15	586		4,981	16
17	<u>Room refurbishment- 302/304</u>	2004	8,782	439	20	439		3,732	17
18	<u>HVAC controls, a/c units</u>	2004	24,793	1,653	15	1,653		14,050	18
19	<u>Blacktop - HC entrance and kitchen parking lot</u>	2005	8,225	548	15	548		4,110	19
20	<u>Globe fixtures at front entrance and signage</u>	2005	2,856	190	15	190		1,425	20
21	<u>Roof exhaust fans, repairs & HC tuckpointing</u>	2005	11,525	714	15-20	714		5,355	21
22	<u>Upgrade elevator door-left side center building</u>	2005	15,754	788	20	788		5,910	22
23	<u>Remove/replace HC canopy</u>	2005	46,471	1,859	25	1,859		13,942	23
24	<u>Garage door-Kabota storage</u>	2005	1,264	63	20	63		473	24
25	<u>Storage room cages</u>	2005	753	50	15	50		375	25
26	<u>Boiler room walkway</u>	2006	19,603	980	20	980		6,370	26
27	<u>Signage</u>	2006	5,011	334	15	334		2,171	27
28	<u>Storage room cages</u>	2006	16,254	813	20	813		5,284	28
29	<u>Upgrade elevator doors</u>	2006	58,240	2,912	20	2,912		18,928	29
30	<u>Curb & gutter, irrigation system</u>	2006	18,415	1,228	15	1,228		7,982	30
31	<u>Repipe softners</u>	2006	5,700	285	20	285		1,853	31
32	<u>Vanities/tops</u>	2006	4,530	302	15	302		1,963	32
33	<u>Exhaust fans-roofs</u>	2006	16,456	1,097	15	1,097		7,131	33
34	TOTAL (lines 1 thru 33)		\$ 7,054,760	\$ 191,325		\$ 191,325	\$	\$ 5,151,449	34

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

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER

0027987

Report Period Beginning:

1/1/2012

Ending:

12/31/2012

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 7,054,760	\$ 191,325		\$ 191,325	\$	\$ 5,151,449	1
2	Window replacement and painting	2006	11,817	554	20	554		3,601	2
3	Bathtub conversions	2006	4,265	213	20	213		1,385	3
4	Lighting and electrical work	2006	1,615	81	20	81		526	4
5	Landscaping-veranda and health center	2007	5,764	276	15	276		1,518	5
6	Health center hydrant extension, air infiltration	2007	10,003	500	20	500		2,750	6
7	Front parking lot-coat and seal, grading and core out	2007	5,557	811	5-15	811		4,460	7
8	Signage	2007	2,192	146	15	146		803	8
9	Lighting	2007	6,143	347	15-20	347		1,909	9
10	Vanities/tops/air conditioner units	2007	11,404	760	15	760		4,180	10
11	Exhaust fans-roofs	2007	8,322	555	15	555		3,052	11
12	Bathtub conversions	2007	12,338	617	20	617		3,393	12
13	Health center soffit work,wrap-around, saniglaze	2007	21,849	1,142	15-20	1,142		6,281	13
14	Fire alarm system	2007	8,263	413	20	413		2,272	14
15	Condenser unit	2007	8,146	407	20	407		2,239	15
16	Veranda aluminum screen	2007	4,880	244	20	244		1,342	16
17	Windows and locks	2007	1,733	87	20	87		478	17
18	Modular nurses stations	2007	11,618	581	20	581		3,195	18
19	Building - phase 1 - air make-up, fire suppression, SC dining	2007	2,930,779	73,269	40	73,269		402,980	19
20	Capital report 7/1/10 - adjusted out	2007	(22,002)	(550)	40	(550)		(3,025)	20
21	Roofs - phase 1 - main building and health center	2007	209,834	8,393	25	8,393		46,162	21
22	Health center canopy - phase 1	2007	11,115	278	40	278		1,529	22
23	Move telephone pole to widen curve	2008	2,267	113	20	113		509	23
24	Lighting, new bollards	2008	10,902	564	15-20	564		2,538	24
25	Vanities, tops, faucets	2008	4,707	314	15	314		1,413	25
26	Signage	2008	1,193	80	15	80		360	26
27	Doors, door closers, windows	2008	5,623	344	15-20	344		1,548	27
28	Fire alarm system	2008	5,601	280	20	280		1,260	28
29	Roof top exhausters, maint garage roof	2008	11,059	703	15-40	703		3,164	29
30	Ceiling tile-hallways and laundry room	2008	17,556	878	20	878		3,951	30
31	Key switches for elevators	2008	1,300	65	20	65		292	31
32	Front entrance landscaping/improv, landscaping	2009	29,190	1,946	15	1,946		6,811	32
33	Vanities, tops, faucets,toilets	2009	4,596	306	15	306		1,071	33
34	TOTAL (lines 1 thru 33)		\$ 10,414,389	\$ 286,042		\$ 286,042	\$	\$ 5,665,396	34

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

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER

0027987

Report Period Beginning:

1/1/2012

Ending:

12/31/2012

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		\$ 10,414,389	\$ 286,042		\$ 286,042	\$	\$ 5,665,396	1
2	Signage	2009	2,410	161	15	161		563	2
3	Lighting, fire alarm expander board	2009	6,835	374	15-20	374		1,309	3
4	East & South wing ceilings	2009	25,447	1,272	20	1,272		4,452	4
5	Window, garage doors	2009	1,923	120	15-20	120		420	5
6	New office walls, windows, door, carpet, ceiling tile, fire alarm	2009	10,838	542	20	542		1,897	6
7	SC/HC automatic doors, card access	2009	18,943	1,263	15	1,263		4,420	7
8	Fascia, roof, and insulation improvements	2009	14,069	2,937	3-15	2,937		10,279	8
9	HC fluorescent fixtures, HC bathroom steel upgrade,	2009	13,973	699	20	699		2,446	9
10	Fire alarm system/separation walls/fire dampers								10
11	Remodel apartment #382-#384	2009	2,440	122	20	122		427	11
12	Kitchen - expansion & renovation-Schmeling gen'l contractor,	2009	1,844,229	46,106	40	46,106		161,371	12
13	Gary Anderson architects,Mackesey designers, BCN								13
14	owners rep. , Benchmark and Concrete Surface flooring,								14
15	Robert Rippe planners, Capitalized interest								15
16	Front parking lot	2009	162,072	10,805	15	10,805		37,817	16
17	Chapel & dining room rooftop a.c. units	2009	42,776	1,711	25	1,711		5,989	17
18	Irrigation lines, signage	2010	4,364	291	15	291		727	18
19	Vanities, tops, faucets,toilets	2010	4,705	314	15	314		785	19
20	Ceilings and lighting	2010	54,319	2,716	20	2,716		6,790	20
21	Windows, shelves, closet doors	2010	8,634	469	15-20	469		1,173	21
22	Stairway railing upgrades, elevator controls & fire protection	2010	29,273	1,464	20	1,464		3,660	22
23	Shower room flooring, ceiling, toilets, plumbing and thermostat	2010	14,266	713	20	713		1,783	23
24	Garage doors	2010	703	47	15	47		117	24
25	Construction upgrade with door frames, steel studs, plaster	2010	17,540	877	20	877		2,193	25
26	walls, counter, sink and cabinets - rooms 122, 123, 382, 384								26
27	Sidewalk - front entrance, curbing	2010	29,119	1,941	15	1,941		4,853	27
28	Constructed open storage room next to the dining room, walls	2010	25,466	1,273	20	1,273		3,183	28
29	and flooring, constructed maintenance office, walls and								29
30	flooring, moved wall and rehung door, ceiling in computer rm								30
31	Boiler room pipe insulation, receiving doors masonry	2010	7,173	710	5-20	710		1,775	31
32	Elevator moderization (4)	2010	175,162	8,758	20	8,758		21,895	32
33	New generator for HC and Shelted Care	2010	501,593	12,582	20-40	12,582		31,455	33
34	TOTAL (lines 1 thru 33)		\$ 13,432,661	\$ 384,309		\$ 384,309	\$	\$ 5,977,175	34

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

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER

0027987

Report Period Beginning:

1/1/2012

Ending:

12/31/2012

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		\$ 13,432,661	\$ 384,309		\$ 384,309	\$	\$ 5,977,175	1
2	Fire alarm system, door holders, card readers	2010	4,965	331	15	331		828	2
3	Blacktop - Campus roads	2011	2,895	579	5	579		869	3
4	Vanities, tops, faucets,toilets	2011	9,436	629	15	629		944	4
5	Windows, shelves, closet doors, keys	2011	15,621	828	15-20	828		1,242	5
6	Ceilings and lighting	2011	6,549	327	20	327		491	6
7	Health Ctr automatic door closers, card readers and kickplates	2011	12,688	846	15	846		1,269	7
8	Air Conditioner units	2011	6,341	423	15	423		634	8
9	Signage	2011	1,692	113	15	113		169	9
10	Wall mounted shelving, fire barriers	2011	3,449	230	15	230		345	10
11	Construction, piping, plumbing to transition to open dining rm.	2011	4,628	231	20	231		347	11
12	Cove SC - expansion & renovation-Schmeling gen'l contractor,	2011	331,868	8,297	40	8,297		12,445	12
13	Larson & Darby architects, BCN owners rep.								13
14	Benchmark flooring, capitalized interest								14
15	Blacktop - Campus roads	2012	11,907	1,191	5	1,191		1,191	15
16	Courtyard /Landscap/Irrigat/Drainage-Marshall N. contractor	2012	191,186	4,857	15-20	4,857		4,857	16
17	Sidewalks/Patio	2012	11,750	392	15	392		392	17
18	Front Parking Lot-Northern Ill Service Co. contractor	2012	292,254	7,306	20	7,306		7,306	18
19	Toilets	2012	8,612	287	15	287		287	19
20	Cabinets/countertops/pantries/window sill shelves	2012	9,179	306	15	306		306	20
21	Signage	2012	4,598	153	15	153		153	21
22	Windows, doors, door closers	2012	15,000	375	20	375		375	22
23	Ceilings and lighting	2012	7,699	192	20	192		192	23
24	HC Canopy bird netting	2012	8,400	280	15	280		280	24
25	Fire protection, cooling system, cabling and wiring	2012	14,017	467	15	467		467	25
26	Roof exhausters, boiler room plumbing	2012	2,299	57	20	57		57	26
27	HC Elevator - Schmeling gen'l contractor, Larson&Darby archit.	2012	83,352	1,042	40	1,042		1,042	27
28	Sjostrom Center and Health Center expansion - Schmeling	2012	3,550,678	44,384	40	44,384		44,384	28
29	gen'l contractor, Larson&Darby architects, BCN owners rep.,								29
30	Benchmark Flooring, capitalized interest								30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 18,043,724	\$ 458,432		\$ 458,432	\$	\$ 6,058,047	34

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

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 5,293,392	\$ 278,924	\$ 278,924	\$	5-20 yrs.	\$ 3,419,762	71
72	Current Year Purchases	701,718	35,028	35,028		5-20 yrs.	35,028	72
73	Fully Depreciated Assets	(2,201,743)				5-20 yrs.	(2,201,475)	73
74								74
75	TOTALS	\$ 3,793,367	\$ 313,952	\$ 313,952	\$		\$ 1,253,315	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	Van	Ford Elkhard - 2012	2012	\$ 29,814	\$ 1,491	\$ 1,491	\$	10 yrs.	\$ 1,491	76
77										77
78										78
79										79
80	TOTALS			\$ 29,814	\$ 1,491	\$ 1,491	\$		\$ 1,491	80

E. Summary of Care-Related Assets

	1	2	
	Reference	Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 21,929,209 81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 773,875 82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 773,875 83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 7,312,853 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	Garages 1968-92,Vehicles 1989-2012	\$ 66,149	\$ 654	\$ 57,808	86
87	Landscaping equipment-1968-2012	48,635		48,635	87
88	Duplexes & Land Improv.1990-2012	15,260,021	556,518	8,927,563	88
89	E-wing furn.&land improv1990-2012	3,605,221	81,752	2,201,480	89
90	Land-Duplexes	411,576			90
91	TOTALS	\$ 19,391,602	\$ 638,924	\$ 11,235,486	91

G. Construction-in-Progress

	Description	Cost	
92	Construction-in-progress	\$ 265,073	92
93			93
94			94
95		\$ 265,073	95

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: NONE
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.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease
-
-

9. Option to Buy:
- ☐ YES
- ☐ NO
- Terms:
-
- *

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:
-
- (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			\$	\$	17
18					18
19					19
20					20
21	TOTAL		\$	\$	21

10. Effective dates of current rental agreement:

Beginning

Ending

11. Rent to be paid in future years under the current rental agreement:

Fiscal Year Ending

Annual Rent

12.
- /2013
- \$
13.
- /2014
- \$
14.
- /2015
- \$

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

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

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

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?

☐ YES

☒ NO

All nurses aides come to Fairhaven having already completed C.N.A. classes prior to employment.
If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER CNA

☐

☐

☐

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER CNA

☐

☐

B. EXPENSES

C. CONTRACTUAL INCOME

ALLOCATION OF COSTS (d)

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

		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)	\$			

COMPLETED

1. From this facility

2. From other facilities (f)

DROP-OUTS

1. From this facility

2. From other facilities (f)

TOTAL TRAINED

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.

(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.

(c) For in-house training programs only. Do not include fringe benefits.

(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.

(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

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

		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	NONE	hrs	\$		\$	\$		\$	1
2	Licensed Speech and Language Development Therapist		hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs							4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescrpts							9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):									13
14	TOTAL			\$		\$	\$		\$	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 901,190	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 19,200)	804,464		3
4	Supply Inventory (priced at Lwr Cst or Mk)	42,939		4
5	Short-Term Investments			5
6	Prepaid Insurance	13,709		6
7	Other Prepaid Expenses	42,983		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Limited Use Assets	875,329		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,680,614	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	473,880		13
14	Buildings, at Historical Cost	36,413,812		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	7,370,872		16
17	Accumulated Depreciation (book methods)	(21,811,374)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	1,385,500		21
22	Other Long-Term Assets (spec Bond Clsg Cost(Net)	120,030		22
23	Other(specify): Vehicles, CIP	477,327		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 24,430,047	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 27,110,661	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 263,700	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	318,393		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	178,000		32
33	Accrued Interest Payable	16,347		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Property Tax Credits Due Residents	360,000		36
37	Accrued Retirement	15,267		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,151,707	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	2,000,504		39
40	Mortgage Payable			40
41	Bonds Payable	7,307,478		41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	Advance Deposits on Founder's Fees	232,005		43
44	Founder's Fees	5,438,703		44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 14,978,690	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 16,130,397	\$	46
47	TOTAL EQUITY (page 18, line 24)	\$ 10,980,264	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 27,110,661	\$	48

*(See instructions.)

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 10,589,720	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 10,589,720	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	347,381	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) Unrealized gains on investments	33,400	15
16	Other (describe) Inc in beneficial int. in annuity contract	9,763	16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 390,544	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)	\$ 10,980,264	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CEN # 0027987 Report Period Beginning: 1/1/2012Ending: 12/31/2012

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

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

	1	2	
I. Revenue	Amount		
A. Inpatient Care			
1 Gross Revenue -- All Levels of Care	\$ 10,988,270	1	
2 Discounts and Allowances for all Levels	(1,014,495)	2	
3 SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 9,973,775	3	
B. Ancillary Revenue			
4 Day Care		4	
5 Other Care for Outpatients		5	
6 Therapy		6	
7 Oxygen		7	
8 SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$	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	9,600	13	
14 Non-Patient Meals	41,629	14	
15 Telephone, Television and Radio		15	
16 Rental of Facility Space	8,085	16	
17 Sale of Drugs		17	
18 Sale of Supplies to Non-Patients		18	
19 Laboratory		19	
20 Radiology and X-Ray		20	
21 Other Medical Services	139,475	21	
22 Laundry	7,785	22	
23 SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 206,574	23	
D. Non-Operating Revenue			
24 Contributions	109,957	24	
25 Interest and Other Investment Income***	25,614	25	
26 SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 135,571	26	
E. Other Revenue (specify):****			
27 Settlement Income (Insurance, Legal, Etc.)		27	
28 Duplex Income	1,818,612	28	
28a Equipment Rental & Other Income	80,755	28a	
29 SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 1,899,367	29	
30 TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 12,215,287	30	

	1	2	
II. Expenses	Amount		
A. Operating Expenses			
31 General Services	3,323,879	31	
32 Health Care	3,690,842	32	
33 General Administration	2,253,835	33	
B. Capital Expense			
34 Ownership	1,368,342	34	
C. Ancillary Expense			
35 Special Cost Centers	964,510	35	
36 Provider Participation Fee	266,498	36	
D. Other Expenses (specify):			
37		37	
38		38	
39		39	
40 TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 11,867,906	40	
41 Income before Income Taxes (line 30 minus line 40)**	347,381	41	
42 Income Taxes		42	
43 NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 347,381	43	

	1	2	
III. Net Inpatient Revenue detailed by Payer Source	Amount		
44 Medicaid - Net Inpatient Revenue	\$ 1,125,546	44	
45 Private Pay - Net Inpatient Revenue	8,848,229	45	
46 Medicare - Net Inpatient Revenue		46	
47 Other-(specify)		47	
48 Other-(specify)		48	
49 TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 9,973,775	49	

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? _____ If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes				F. Dues, Fees, Subscriptions and Promotions			
Name		Function	Ownership %	Amount	Description		Amount	Description		Amount	
Tom Bleed		Exec. Director	0	\$ 140,673	Workers' Compensation Insurance		\$ 159,206	IDPH License Fee		\$ 1,990	
Jeff Reiersen		Asst. Administrator	0	112,757	Unemployment Compensation Insurance		15,281	Advertising: Employee Recruitment		3,593	
Steve Hemenway		Dir. Of Resid & Human Serv.	0	19,964	FICA Taxes		401,434	Health Care Worker Background Check			
Kim Bender		Dir. Of HR & Support Ser	0	48,298	Employee Health Insurance		612,463	(Indicate # of checks performed 39)		1,092	
Chris Hintzsche		Dir. Of Marketing & Res Ser	0	19,838	Employee Meals		425	Patient Background Checks		58	
					Illinois Municipal Retirement Fund (IMRF)*			LSN Membership Fees		11,217	
					403-B Annuity Expense-company match		74,207	Required Minority Advertising		655	
					403-B Annuity Expense-administration		5,452	Profess & Business Related Subscript.		2,085	
					Company Appreciation Events		37,534	State Licenses & IL CPA Society Dues		480	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)				\$ 341,530	Employee Benefits Corp-Flex Spending admin		(788)	Promotional & Advertising Fees		68,820	
B. Administrative - Other					Employee-Physicals		5,370	Less: Public Relations Expense		(40,721)	
Description				Amount	Employee Assistance Program		2,851	Non-allowable advertising		(25,082)	
				\$				Yellow page advertising		(3,017)	
								TOTAL (agree to Sch. V, line 20, col. 8)		\$ 21,692	
					TOTAL (agree to Schedule V, line 22, col.8)		\$ 1,313,435				
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)				\$	E. Schedule of Non-Cash Compensation Paid to Owners or Employees				G. Schedule of Travel and Seminar**		
C. Professional Services					Description		Line #	Amount	Description		Amount
Vendor/Payee		Type	Amount								
ADP		Payroll Services	\$ 21,447					\$	Out-of-State Travel		\$
Alpine Trust		3rd Party Admin-403-B	5,452								
L-1 Identity Solutions		Fingerprints	1,092								
Illinois State Police		Background Checks	580						In-State Travel		403
Hinshaw&Culbertson		Attorney - HR issues	7,607								
McGladrey LLP		Annual Audit & Acctg Serv.	23,192								
MDI/Achieve Healthcare Tech		Acctg/Med Record Support	14,760								
Mygait/Dakim		Residents Computer Serv.	8,000						Seminar Expense		500
Physicians Immed Care		Employee Physicals	5,370								
Schlueter Ecklund		Attorney - General issues	170								
Williams McCarthy		Attorney - 403-b	175								
SVA Accountants		403-B Audit	6,600								
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)				\$ 94,445	TOTAL			\$	Entertainment Expense		()
									(agree to Sch. V, line 24, col. 8)		
									TOTAL		\$ 903

*** Attach copy of IMRF notifications**

****See instructions.**

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

1		2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1	NONE		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

XX. GENERAL INFORMATION:

- | | |
|---|--|
| <p>(1) Are nursing employees (RN,LPN,NA) represented by a union? <u>NO</u></p> <p>(2) Are there any dues to nursing home associations included on the cost report? <u>YES</u>
If YES, give association name and amount. <u>Life Services Network (LSN) \$11,217</u></p> <p>(3) Did the nursing home make political contributions or payments to a political action organization? <u>NO</u> If YES, have these costs been properly adjusted out of the cost report? _____</p> <p>(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? <u>NO</u> If YES, what is the capacity? _____</p> <p>(5) Have you properly capitalized all major repairs and equipment purchases? <u>YES</u>
What was the average life used for new equipment added during this period? <u>8-10 Years</u></p> <p>(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ <u>49,604</u> Line <u>10(Col.2)</u></p> <p>(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? <u>YES</u> If NO, attach a complete explanation.</p> <p>(8) Are you presently operating under a sale and leaseback arrangement? <u>NO</u>
If YES, give effective date of lease. _____</p> <p>(9) Are you presently operating under a sublease agreement? _____ YES <u>X</u> NO</p> <p>(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO <u>X</u> If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.
_____</p> <p>(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ <u>266,498</u>
This amount is to be recorded on line 42 of Schedule V.</p> <p>(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? <u>NO</u> If YES, attach an explanation of the allocation.</p> | <p>(13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? <u>NONE</u></p> <p>(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? <u>NO</u> 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.</p> <p>(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ <u>425</u> Has any meal income been offset against related costs? <u>YES</u> Indicate the amount. \$ <u>22,450</u></p> <p>(16) Travel and Transportation
a. Are there costs included for out-of-state travel? <u>NO</u>
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? <u>NO</u> If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? <u>100%</u>
d. Have vehicle usage logs been maintained? <u>YES</u>
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? <u>YES</u>
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? <u>YES</u>
g. Does the facility transport residents to and from day training? <u>NO</u>
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____</p> <p>(17) Has an audit been performed by an independent certified public accounting firm? <u>YES</u>
Firm Name: <u>McGladrey LLP</u></p> <p>(18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? <u>YES</u></p> <p>(19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? <u>YES</u>
Attach invoices and a summary of services for all architect and appraisal fees.</p> |
|---|--|

FAIRHAVEN CHRISTIAN RETIREMENT CENTER

#0027987

1/1/12 - 12/31/12

RECLASSIFICATIONS:

LINE 2	Food purchase	<u>\$ (425)</u>	Take out cost of meals provided to employees
LINE 5	Heat & other utilities	<u><u>\$ (8,473)</u></u>	Take out utilities allocable to beauty shop
LINE 19	Professional services	\$ (1,672)	Take out background checks/fingerprinting
		\$ (5,370)	Take out employee exams
		<u>\$ (5,452)</u>	Take out 403-B administration function
		<u><u>\$ (12,494)</u></u>	
LINE 20	Fees, subscriptions, & promotions	<u><u>\$ 1,672</u></u>	Add in background checks/fingerprinting from line 19
LINE 22	Employee benefits & payroll taxes	\$ 425	Add in cost of meals from line 2
		\$ 5,370	Add in employee exams from line 19
		\$ 5,452	Add in 403-B administration function from line 19
		<u>\$ 11,247</u>	
LINE 26	Insurance-Property & Liability	<u><u>\$ (29,000)</u></u>	Take out insurance-property for Duplexes
LINE 30	Depreciation	<u><u>\$ 17,496</u></u>	Add in additional depreciation relating to Duplexes
LINE 40	Barber & Beauty Shops	<u><u>\$ 8,473</u></u>	Add in utilities taken out of line 5
LINE 43	Other-Duplexes	\$ 29,000	Add in insurance-property from line 26
		<u>\$ (17,496)</u>	Take out depreciation from line 30
		<u><u>\$ 11,504</u></u>	
TOTAL		<u><u>\$ -</u></u>	

FAIRHAVEN CHRISTIAN RETIREMENT CENTER
#0027987 1/1/12-12/31/12

Schedule V p. 3 & 4

LINE 7

Security Services	\$ 153,998
Trash Disposal	<u>\$ 21,551</u>
	<u>\$ 175,549</u>

LINE 27

Flowers & Decorations-Nursing Ctr.	<u>\$ 2,086</u>
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LINE 36

Amortization of Bond Closing Costs	<u>\$ 5,593</u>
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LINE 43

Duplexes: Real Estate Taxes	\$ 239,128
Depreciation	\$ 556,518
Utilities	\$ 74,098
Maintenance	\$ 54,157
Loss on Disposal of Duplex	\$ 23,113
Insurance	<u>\$ 29,000</u>
	<u>\$ 976,014</u>

FAIRHAVEN CHRISTIAN RETIREMENT CENTER
#0027987 1/1/12 - 12/31/12

Sch VI p. 5

LINE 29

Gas for Non-Care Vehicles	\$	(2,112)
Insurance for Non-Care Vehicles	\$	(476)
Flowers & Decorations, Miscellaneous	\$	(2,104)
Real Estate Taxes - Main Building	\$	(165,201)
	\$	<u>(169,893)</u>

LINE 45

Duplex Insurance	<u>\$29,000</u>
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FAIRHAVEN CHRISTIAN RETIREMENT CENTER
#0027987 1/1/12 - 12/31/12

Sch XVII Income Statement Page 19

E. Other Revenue

Line 28	<u>\$ 1,818,612</u>	Duplex Monthly Maintenance and Founder's Fee Income
Line 28a	\$ 9,118	Equipment Rental-Wheelchairs & Gerichairs
	<u>\$ 71,637</u>	Other Income such as Vending Machine, Monthly Cable, Activities
	<u>\$ 80,755</u>	

FAIRHAVEN CHRISTIAN RETIREMENT CENTER

#0027987 1/1/12-12/31/12

PAGE 10B: 2011 LONG TERM CARE REAL ESTATE TAX STATEMENT

EXPLANATION REGARDING PAGE 10A PARTS B & C:

- B. Our tax bills relate to property that is not directly used for nursing home services, such as duplex living and independent living in the main building. None is allocated to the nursing home section since it is exempt from real estate taxes.
- C. No tax bills have been attached to this report since all of our company real estate tax has been adjusted out.

FAIRHAVEN CHRISTIAN RETIREMENT CENTER

#0027987 1/1/12 - 12/31/12

2012 SCHEDULE VII - NON-PROFIT NURSING HOMES

<u>Board of Director</u>	<u>Officer</u>	<u>Provided services to Fairhaven?</u>	<u>Service/Product</u>	<u>Entity of Ownership</u>
Wiles, David	President	Yes	Carbon Dioxide/Nitrogen Cylinder Rentals	
Nyberg, Dan	Secretary	No		
Brogren, Neil	Vice Secretary	No		
Johnson, Steve	Vice President	Yes	Property/Liability/Auto/Umbrella Insurance	Williams Manny Insurance Co.
Johnson, Larry	Treasurer	No	Manufactured Stainless Cross	LJ Fabricators
Lindquist, Evie	Director	No		
Schlueter, Chuck	Director	Yes	Attorney - General Issues	Schlueter Ecklund
Thompson, Richard	Director	No		
Sjogren, Steve	Director	No		
Voorhies, Randy	Director	No		
Evans, John	Director	Yes	Construction/Refurbishing Rooms/Duplexes	John Evans Construction Co.
Norberg, Dave	Director	No		
Arnold, Kathy	Director	No		