



Facility Name & ID Number Fair Havens Christian Home# 0018143 Report Period Beginning: July 1, 2006 Ending: June 30, 2007

## 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 | <u>161</u>                         | Skilled (SNF)               | <u>161</u>                   | <u>58,765</u>                          | 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 | <u>161</u>                         | TOTALS                      | <u>161</u>                   | <u>58,765</u>                          | 7 |

B. Census-For the entire report period.

|    | 1<br>Level of Care | 2 3 4 5<br>Patient Days by Level of Care and Primary Source of Payment |               |              |               |    |
|----|--------------------|--|---------------|--------------|---------------|----|
|    |                    | Medicaid Recipient   | Private Pay   | Other        | Total         |    |
| 8  | SNF                | <u>30,034</u>  | <u>11,981</u> | <u>7,818</u> | <u>49,833</u> | 8  |
| 9  | SNF/PED            |  |               |              |               | 9  |
| 10 | ICF                |  |               |              |               | 10 |
| 11 | ICF/DD             |  |               |              |               | 11 |
| 12 | SC                 |  |               |              |               | 12 |
| 13 | DD 16 OR LESS      |  |               |              |               | 13 |
| 14 | TOTALS             | <u>30,034</u>  | <u>11,981</u> | <u>7,818</u> | <u>49,833</u> | 14 |

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 84.80%

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)

NONEF. Does the facility maintain a daily midnight census? YES

G. Do pages 3 &amp; 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 12/12/1975

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 161 and days of care provided 7,747Medicare Intermediary Mutual of Omaha

## IV. ACCOUNTING BASIS

ACCRUAL  MODIFIED CASH\*  CASH\* Is your fiscal year identical to your tax year? YES  NO Tax Year: 6/30/2007 Fiscal Year: 6/30/2007

\* 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<br>5 | Reclassified<br>Total<br>6 | Adjust-ments<br>7 | Adjusted<br>Total<br>8 | FOR BHF USE ONLY |           |
|-----|--|--------------------------|----------------|------------------|------------------|------------------------|----------------------------|-------------------|------------------------|------------------|-----------|
|     |  | Salary/Wage<br>1         | Supplies<br>2  | Other<br>3       | Total<br>4       |                        |                            |                   |                        | 9                | 10        |
|     | <b>A. General Services</b>                                   |                          |                |                  |                  |                        |                            |                   |                        |                  |           |
| 1   | Dietary  | 303,524                  | 34,077         | 12,916           | 350,517          |                        | 350,517                    | (69)              | 350,448                |                  | 1         |
| 2   | Food Purchase  |                          | 280,656        |                  | 280,656          |                        | 280,656                    | (1,703)           | 278,953                |                  | 2         |
| 3   | Housekeeping   | 263,506                  | 56,055         |                  | 319,561          |                        | 319,561                    |                   | 319,561                |                  | 3         |
| 4   | Laundry  |                          |                |                  |                  |                        |                            |                   |                        |                  | 4         |
| 5   | Heat and Other Utilities                                     |                          |                | 153,457          | 153,457          |                        | 153,457                    | 10,632            | 164,089                |                  | 5         |
| 6   | Maintenance  | 84,411                   | 14,965         | 60,517           | 159,893          |                        | 159,893                    | 4,910             | 164,803                |                  | 6         |
| 7   | Other (specify):* <b>Trash Removal</b>                       |                          |                | 7,985            | 7,985            |                        | 7,985                      |                   | 7,985                  |                  | 7         |
| 8   | <b>TOTAL General Services</b>                                | <b>651,441</b>           | <b>385,753</b> | <b>234,875</b>   | <b>1,272,069</b> |                        | <b>1,272,069</b>           | <b>13,770</b>     | <b>1,285,839</b>       |                  | <b>8</b>  |
|     | <b>B. Health Care and Programs</b>                           |                          |                |                  |                  |                        |                            |                   |                        |                  |           |
| 9   | Medical Director   |                          |                | 33,625           | 33,625           |                        | 33,625                     |                   | 33,625                 |                  | 9         |
| 10  | Nursing and Medical Records                                  | 2,280,525                | 345,938        | 67,705           | 2,694,168        |                        | 2,694,168                  | (183,254)         | 2,510,914              |                  | 10        |
| 10a | Therapy  |                          |                | 565,860          | 565,860          |                        | 565,860                    |                   | 565,860                |                  | 10a       |
| 11  | Activities   | 13,565                   |                |                  | 13,565           |                        | 13,565                     |                   | 13,565                 |                  | 11        |
| 12  | Social Services  | 149,510                  | 7,901          | 9,983            | 167,394          |                        | 167,394                    |                   | 167,394                |                  | 12        |
| 13  | CNA Training   |                          |                |                  |                  |                        |                            |                   |                        |                  | 13        |
| 14  | Program Transportation                                       |                          |                | 93               | 93               |                        | 93                         |                   | 93                     |                  | 14        |
| 15  | Other (specify):*  |                          |                |                  |                  |                        |                            |                   |                        |                  | 15        |
| 16  | <b>TOTAL Health Care and Programs</b>                        | <b>2,443,600</b>         | <b>353,839</b> | <b>677,266</b>   | <b>3,474,705</b> |                        | <b>3,474,705</b>           | <b>(183,254)</b>  | <b>3,291,451</b>       |                  | <b>16</b> |
|     | <b>C. General Administration</b>                             |                          |                |                  |                  |                        |                            |                   |                        |                  |           |
| 17  | Administrative   | 158,334                  | 1,607          | 424,702          | 584,643          |                        | 584,643                    | (277,985)         | 306,658                |                  | 17        |
| 18  | Directors Fees   |                          |                |                  |                  |                        |                            |                   |                        |                  | 18        |
| 19  | Professional Services  |                          |                | 37,744           | 37,744           |                        | 37,744                     | 40,688            | 78,432                 |                  | 19        |
| 20  | Dues, Fees, Subscriptions & Promotions                       |                          |                | 56,764           | 56,764           |                        | 56,764                     | (11,390)          | 45,374                 |                  | 20        |
| 21  | Clerical & General Office Expenses                           | 228,282                  | 28,496         | 55,156           | 311,934          |                        | 311,934                    | 57,690            | 369,624                |                  | 21        |
| 22  | Employee Benefits & Payroll Taxes                            |                          |                | 670,647          | 670,647          |                        | 670,647                    | 28,388            | 699,035                |                  | 22        |
| 23  | Inservice Training & Education                               |                          |                |                  |                  |                        |                            |                   |                        |                  | 23        |
| 24  | Travel and Seminar   |                          |                | 20,661           | 20,661           |                        | 20,661                     | 18,385            | 39,046                 |                  | 24        |
| 25  | Other Admin. Staff Transportation                            |                          |                |                  |                  |                        |                            |                   |                        |                  | 25        |
| 26  | Insurance-Prop.Liab.Malpractice                              |                          |                | 106,491          | 106,491          |                        | 106,491                    | 1,168             | 107,659                |                  | 26        |
| 27  | Other (specify):*  |                          |                |                  |                  |                        |                            |                   |                        |                  | 27        |
| 28  | <b>TOTAL General Administration</b>                          | <b>386,616</b>           | <b>30,103</b>  | <b>1,372,165</b> | <b>1,788,884</b> |                        | <b>1,788,884</b>           | <b>(143,056)</b>  | <b>1,645,828</b>       |                  | <b>28</b> |
| 29  | <b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b> | <b>3,481,657</b>         | <b>769,695</b> | <b>2,284,306</b> | <b>6,535,658</b> |                        | <b>6,535,658</b>           | <b>(312,540)</b>  | <b>6,223,118</b>       |                  | <b>29</b> |

\*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.

Facility Name & ID Number Fair Havens Christian Home

#0018143

Report Period Beginning: July 1, 2006 Ending: June 30, 2007

## V. COST CENTER EXPENSES (continued)

|    | Capital Expense                                       | Cost Per General Ledger |               |            |            | Reclassification<br>5 | Reclassified<br>Total<br>6 | Adjust-<br>ments<br>7 | Adjusted<br>Total<br>8 | FOR BHF USE ONLY |    |
|----|---|-------------------------|---------------|------------|------------|-----------------------|----------------------------|-----------------------|------------------------|------------------|----|
|    |   | Salary/Wage<br>1        | Supplies<br>2 | Other<br>3 | Total<br>4 |                       |                            |                       |                        | 9                | 10 |
|    | <b>D. Ownership</b>                                   |                         |               |            |            |                       |                            |                       |                        |                  |    |
| 30 | Depreciation  |                         |               | 202,559    | 202,559    | 202,559               | 23,474                     | 226,033               |                        |                  | 30 |
| 31 | Amortization of Pre-Op. & Org.                        |                         |               |            |            |                       |                            |                       |                        |                  | 31 |
| 32 | Interest  |                         |               | 18,956     | 18,956     | 18,956                | (18,689)                   | 267                   |                        |                  | 32 |
| 33 | Real Estate Taxes                                     |                         |               |            |            |                       |                            |                       |                        |                  | 33 |
| 34 | Rent-Facility & Grounds                               |                         |               |            |            |                       |                            |                       |                        |                  | 34 |
| 35 | Rent-Equipment & Vehicles                             |                         |               |            |            |                       |                            |                       |                        |                  | 35 |
| 36 | Other (specify):* <b>Financing Fee/Penalties</b>      |                         |               | 7,107      | 7,107      | 7,107                 |                            | 7,107                 |                        |                  | 36 |
| 37 | <b>TOTAL Ownership</b>                                |                         |               | 228,622    | 228,622    | 228,622               | 4,785                      | 233,407               |                        |                  | 37 |
|    | <b>Ancillary Expense</b>                              |                         |               |            |            |                       |                            |                       |                        |                  |    |
|    | <b>E. Special Cost Centers</b>                        |                         |               |            |            |                       |                            |                       |                        |                  |    |
| 38 | Medically Necessary Transportation                    |                         |               |            |            |                       |                            |                       |                        |                  | 38 |
| 39 | Ancillary Service Centers                             |                         |               | 24,742     | 24,742     | 24,742                |                            | 24,742                |                        |                  | 39 |
| 40 | Barber and Beauty Shops                               | 21,113                  | 983           |            | 22,096     | 22,096                |                            | 22,096                |                        |                  | 40 |
| 41 | Coffee and Gift Shops                                 |                         |               |            |            |                       |                            |                       |                        |                  | 41 |
| 42 | Provider Participation Fee                            |                         |               | 88,148     | 88,148     | 88,148                |                            | 88,148                |                        |                  | 42 |
| 43 | Other (specify):* <b>Apt./Congregate</b>              |                         |               | 61,321     | 61,321     | 61,321                | (61,321)                   |                       |                        |                  | 43 |
| 44 | <b>TOTAL Special Cost Centers</b>                     | 21,113                  | 983           | 174,211    | 196,307    | 196,307               | (61,321)                   | 134,986               |                        |                  | 44 |
| 45 | <b>GRAND TOTAL COST</b><br>(sum of lines 29, 37 & 44) | 3,502,770               | 770,678       | 2,687,139  | 6,960,587  | 6,960,587             | (369,076)                  | 6,591,511             |                        |                  | 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 Fair Havens Christian Home

# 0018143

Report Period Beginning: July 1, 2006

Ending: June 30, 2007

**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-<br>ence | BHF USE<br>ONLY |    |
| 1  | Day Care  | \$           |                | \$              | 1  |
| 2  | Other Care for Outpatients                                  |              |                |                 | 2  |
| 3  | Governmental Sponsored Special Programs                     |              |                |                 | 3  |
| 4  | Non-Patient Meals   | (1,703)      | 2              |                 | 4  |
| 5  | Telephone, TV & Radio in Resident Rooms                     | (1,100)      | 5              |                 | 5  |
| 6  | Rented Facility Space                                       |              |                |                 | 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                        | (122,390)    | 32             |                 | 10 |
| 11 | Discounts, Allowances, Rebates & Refunds                    | (54)         | 21             |                 | 11 |
| 12 | Non-Working Officer's or Owner's Salary                     |              |                |                 | 12 |
| 13 | Sales Tax   |              |                |                 | 13 |
| 14 | Non-Care Related Interest                                   |              |                |                 | 14 |
| 15 | Non-Care Related Owner's Transactions                       |              |                |                 | 15 |
| 16 | Personal Expenses (Including Transportation)                |              |                |                 | 16 |
| 17 | Non-Care Related Fees                                       |              |                |                 | 17 |
| 18 | Fines and Penalties   |              |                |                 | 18 |
| 19 | Entertainment   |              |                |                 | 19 |
| 20 | Contributions   |              |                |                 | 20 |
| 21 | Owner or Key-Man Insurance                                  |              |                |                 | 21 |
| 22 | Special Legal Fees & Legal Retainers                        |              |                |                 | 22 |
| 23 | Malpractice Insurance for Individuals                       |              |                |                 | 23 |
| 24 | Bad Debt  | (847)        | 21             |                 | 24 |
| 25 | Fund Raising, Advertising and Promotional                   | (11,390)     | 20             |                 | 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                                       | (231,592)    |                |                 | 29 |
| 30 | <b>SUBTOTAL (A): (Sum of lines 1-29)</b>                    | \$ (369,076) |                | \$              | 30 |

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 | <b>SUBTOTAL (B): (sum of lines 31-35)</b>                 | \$           |           | 36 |
|    | (sum of SUBTOTALS   |              |           |    |
| 37 | <b>TOTAL ADJUSTMENTS (A) and (B) )</b>                    | \$ (369,076) |           | 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.         |     |    | \$     |           | 38 |
| 39 |  |     |    |        |           | 39 |
| 40 | Gift and Coffee Shops                  |     |    |        |           | 40 |
| 41 | Barber and Beauty Shops                |     |    |        |           | 41 |
| 42 | Laboratory and Radiology               |     |    |        |           | 42 |
| 43 | Prescription Drugs                     |     |    |        |           | 43 |
| 44 | Exceptional Care Program               |     |    |        |           | 44 |
| 45 | Other-Attach Schedule                  |     |    |        |           | 45 |
| 46 | Other-Attach Schedule                  |     |    |        |           | 46 |
| 47 | <b>TOTAL (C): (sum of lines 38-46)</b> |     |    | \$     |           | 47 |

| BHF USE ONLY |  |    |  |    |    |
|--------------|--|----|--|----|----|
| 48           |  | 49 |  | 50 | 51 |
|              |  |    |  |    | 52 |

## Fair Havens Christian Home

ID# 0018143

Report Period Beginning: July 1, 2006

Ending: June 30, 2007

| NON-ALLOWABLE EXPENSES |  | Amount    | Sch. V Line Reference |    |
|------------------------|--|-----------|-----------------------|----|
| 1                      | Late Fees                                | \$ (69)   | 1                     | 1  |
| 2                      | Late Fees                                | (185)     | 6                     | 2  |
| 3                      | Late Fees                                | (18)      | 10                    | 3  |
| 4                      | Marketing Salaries                       | (82,333)  | 21                    | 4  |
| 5                      | Marketing Other                          | (9,366)   | 21                    | 5  |
| 6                      | Late Fees                                | (349)     | 21                    | 6  |
| 7                      | Apartment/Congregate                     | (61,321)  | 43                    | 7  |
| 8                      | Vending Expense                          | 2,341     | 17                    | 8  |
| 9                      | Activity Revenue                         | (58)      | 17                    | 9  |
| 10                     | Increase in Cash Value of Life Insurance | (327)     | 17                    | 10 |
| 11                     | Miscellaneous Revenue                    | (105)     | 17                    | 11 |
| 12                     | Interest Income - Endowment              | 33,169    | 32                    | 12 |
| 13                     | Interest Income in Excess of Expense     | 70,265    | 32                    | 13 |
| 14                     | Pharmacy Chargeable                      | (183,236) | 10                    | 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                     | <b>Total</b>                             | (231,592) |                       | 49 |

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number Fair Havens Christian Home

# 0018143

Report Period Beginning:

July 1, 2006

Ending:

June 30, 2007

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

|     | Operating Expenses  | PAGES<br>5 & 5A  | PAGE<br>6       | PAGE<br>6A | PAGE<br>6B | PAGE<br>6C | PAGE<br>6D | PAGE<br>6E | PAGE<br>6F | PAGE<br>6G | PAGE<br>6H | PAGE<br>6I | SUMMARY<br>TOTALS<br>(to Sch V, col.7) |           |
|-----|---|------------------|-----------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|--|-----------|
|     | <b>A. General Services</b>                                      |                  |                 |            |            |            |            |            |            |            |            |            |  |           |
| 1   | Dietary   | (69)             | 0               | 0          | 0          | 0          | 0          | 0          | 0          | 0          | 0          | 0          | (69)                                   | 1         |
| 2   | Food Purchase   | (1,703)          | 0               | 0          | 0          | 0          | 0          | 0          | 0          | 0          | 0          | 0          | (1,703)                                | 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  | (1,100)          | 11,732          | 0          | 0          | 0          | 0          | 0          | 0          | 0          | 0          | 0          | 10,632                                 | 5         |
| 6   | Maintenance   | (185)            | 5,095           | 0          | 0          | 0          | 0          | 0          | 0          | 0          | 0          | 0          | 4,910                                  | 6         |
| 7   | Other (specify):*   | 0                | 0               | 0          | 0          | 0          | 0          | 0          | 0          | 0          | 0          | 0          | 0                                      | 7         |
| 8   | <b>TOTAL General Services</b>                                   | <b>(3,057)</b>   | <b>16,827</b>   | <b>0</b>   | <b>13,770</b>                          | <b>8</b>  |
|     | <b>B. Health Care and Programs</b>                              |                  |                 |            |            |            |            |            |            |            |            |            |  |           |
| 9   | Medical Director  | 0                | 0               | 0          | 0          | 0          | 0          | 0          | 0          | 0          | 0          | 0          | 0                                      | 9         |
| 10  | Nursing and Medical Records                                     | (183,254)        | 0               | 0          | 0          | 0          | 0          | 0          | 0          | 0          | 0          | 0          | (183,254)                              | 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  | <b>TOTAL Health Care and Programs</b>                           | <b>(183,254)</b> | <b>0</b>        | <b>0</b>   | <b>0</b>   | <b>0</b>   | <b>0</b>   | <b>0</b>   | <b>0</b>   | <b>0</b>   | <b>0</b>   | <b>0</b>   | <b>(183,254)</b>                       | <b>16</b> |
|     | <b>C. General Administration</b>                                |                  |                 |            |            |            |            |            |            |            |            |            |  |           |
| 17  | Administrative  | 1,851            | (279,836)       | 0          | 0          | 0          | 0          | 0          | 0          | 0          | 0          | 0          | (277,985)                              | 17        |
| 18  | Directors Fees  | 0                | 0               | 0          | 0          | 0          | 0          | 0          | 0          | 0          | 0          | 0          | 0                                      | 18        |
| 19  | Professional Services   | 0                | 40,688          | 0          | 0          | 0          | 0          | 0          | 0          | 0          | 0          | 0          | 40,688                                 | 19        |
| 20  | Fees, Subscriptions & Promotions                                | (11,390)         | 0               | 0          | 0          | 0          | 0          | 0          | 0          | 0          | 0          | 0          | (11,390)                               | 20        |
| 21  | Clerical & General Office Expenses                              | (92,949)         | 150,639         | 0          | 0          | 0          | 0          | 0          | 0          | 0          | 0          | 0          | 57,690                                 | 21        |
| 22  | Employee Benefits & Payroll Taxes                               | 0                | 28,388          | 0          | 0          | 0          | 0          | 0          | 0          | 0          | 0          | 0          | 28,388                                 | 22        |
| 23  | Inservice Training & Education                                  | 0                | 0               | 0          | 0          | 0          | 0          | 0          | 0          | 0          | 0          | 0          | 0                                      | 23        |
| 24  | Travel and Seminar  | 0                | 18,385          | 0          | 0          | 0          | 0          | 0          | 0          | 0          | 0          | 0          | 18,385                                 | 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                | 1,168           | 0          | 0          | 0          | 0          | 0          | 0          | 0          | 0          | 0          | 1,168                                  | 26        |
| 27  | Other (specify):*   | 0                | 0               | 0          | 0          | 0          | 0          | 0          | 0          | 0          | 0          | 0          | 0                                      | 27        |
| 28  | <b>TOTAL General Administration</b>                             | <b>(102,488)</b> | <b>(40,568)</b> | <b>0</b>   | <b>(143,056)</b>                       | <b>28</b> |
| 29  | <b>TOTAL Operating Expense<br/>(sum of lines 8,16 &amp; 28)</b> | <b>(288,799)</b> | <b>(23,741)</b> | <b>0</b>   | <b>(312,540)</b>                       | <b>29</b> |

STATE OF ILLINOIS

Facility Name & ID Number Fair Havens Christian Home

# 0018143

Report Period Beginning:

July 1, 2006 Ending:

Summary B

June 30, 2007

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                | 23,474        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 23,474            | 30        |
| 31 | Amortization of Pre-Op. & Org.                        | 0                | 0             | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0                 | 31        |
| 32 | Interest  | (18,956)         | 267           | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | (18,689)          | 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 | <b>TOTAL Ownership</b>                                | <b>(18,956)</b>  | <b>23,741</b> | <b>0</b> | <b>4,785</b>      | <b>37</b> |
|    | <b>Ancillary Expense</b>                              |                  |               |          |          |          |          |          |          |          |          |          |                   |           |
|    | <b>E. Special Cost Centers</b>                        |                  |               |          |          |          |          |          |          |          |          |          |                   |           |
| 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):*                                     | (61,321)         | 0             | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | (61,321)          | 43        |
| 44 | <b>TOTAL Special Cost Centers</b>                     | <b>(61,321)</b>  | <b>0</b>      | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>(61,321)</b>   | <b>44</b> |
| 45 | <b>GRAND TOTAL COST</b><br>(sum of lines 29, 37 & 44) | <b>(369,076)</b> | <b>0</b>      | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>(369,076)</b>  | <b>45</b> |

**VII. RELATED PARTIES**

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

| 1 OWNERS  |             | 2 RELATED NURSING HOMES |      | 3 OTHER RELATED BUSINESS ENTITIES |      |                  |
|---|-------------|-------------------------|------|-----------------------------------|------|------------------|
| Name  | Ownership % | Name                    | City | Name                              | City | Type of Business |
| <a href="#">See attached listing of board members</a> |             |                         |      |                                   |      |                  |
|   |             |                         |      |                                   |      |                  |
|   |             |                         |      |                                   |      |                  |
|   |             |                         |      |                                   |      |                  |
|   |             |                         |      |                                   |      |                  |

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     | 5 Utilities               | \$         | Christian Homes, Inc.          | 100.00%              | \$ 11,732                              | \$ 11,732  |
| 2          | V     | 6 Maintenance             |            |                                |                      | 5,095                                  | 5,095  |
| 3          | V     | 17 Administrative         | 365,343    |                                |                      | 85,507                                 | (279,836)  |
| 4          | V     | 19 Professional Services  |            |                                |                      | 40,688                                 | 40,688   |
| 5          | V     | 21 Clerical               |            |                                |                      | 150,639                                | 150,639  |
| 6          | V     | 22 Employee Benefits      |            |                                |                      | 28,388                                 | 28,388   |
| 7          | V     | 32 Interest               |            |                                |                      | 267                                    | 267  |
| 8          | V     | 24 Travel and Seminars    |            |                                |                      | 18,385                                 | 18,385   |
| 9          | V     | 26 Insurance              |            |                                |                      | 1,168                                  | 1,168  |
| 10         | V     | 30 Depreciation           |            |                                |                      | 23,474                                 | 23,474   |
| 11         | V     |                           |            |                                |                      |  |  |
| 12         | V     |                           |            |                                |                      |  |  |
| 13         | V     |                           |            |                                |                      |  |  |
| 14         | Total |                           | \$ 365,343 |                                |                      | \$ 365,343                             | \$ *   |

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

Facility Name &amp; ID Number

Fair Havens Christian Home

#

0018143

Report Period Beginning:

July 1, 2006

Ending:

June 30, 2007

## 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<br>Name                        | 2<br>Title | 3<br>Function | 4<br>Ownership<br>Interest | 5<br>Compensation<br>Received<br>From Other<br>Nursing Homes* | 6<br>Average Hours Per Work<br>Week Devoted to this<br>Facility and % of Total<br>Work Week |         | 7<br>Compensation Included<br>in Costs for this<br>Reporting Period** |        | 8<br>Schedule V.<br>Line &<br>Column<br>Reference |    |
|----|----------------------------------|------------|---------------|----------------------------|---|---|---------|---|--------|---|----|
|    |                                  |            |               |                            |   | Hours   | Percent | Description   | Amount |   |    |
| 1  | This workpaper is not applicable |            |               |                            |   |   |         |   | \$     |   | 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 Fair Havens Christian Home

# 0018143 Report Period Beginning: July 1, 2006 Ending: ne 30, 2007

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

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

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

| 1                         | 2                                | 3  | 4           | 5  | 6                                   | 7   | 8              | 9                               |    |
|---------------------------|----------------------------------|--|-------------|--|-------------------------------------|---|----------------|---------------------------------|----|
| Schedule V Line Reference | Item                             | Unit of Allocation (i.e.,Days, Direct Cost, Square Feet) | Total Units | Number of Subunits Being Allocated Among | Total Indirect Cost Being Allocated | Amount of Salary Cost Contained in Column 6 | Facility Units | Allocation (col.8/col.4)x col.6 |    |
| 1                         | This workpaper is not applicable |  |             |  | \$                                  | \$  |                | \$                              | 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 |

Facility Name & ID Number

Fair Havens Christian Home

# 0018143

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June 30, 2007

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

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

| 1                                   | 2                                 | 3 | 4 | 5                | 6          | 7        | 8            | 9          | 10       |                |           |    |                 |                          |              |                |         |               |                          |                                   |
|-------------------------------------|-----------------------------------|---|---|------------------|------------|----------|--------------|------------|----------|----------------|-----------|----|-----------------|--------------------------|--------------|----------------|---------|---------------|--------------------------|-----------------------------------|
|                                     |                                   |   |   |                  |            |          |              |            |          | Name of Lender | Related** |    | Purpose of Loan | Monthly Payment Required | Date of Note | Amount of Note |         | Maturity Date | Interest Rate (4 Digits) | Reporting Period Interest Expense |
|                                     |                                   |   |   |                  |            |          |              |            |          |                | YES       | NO |                 |                          |              | Original       | Balance |               |                          |                                   |
| <b>A. Directly Facility Related</b> |                                   |   |   |                  |            |          |              |            |          |                |           |    |                 |                          |              |                |         |               |                          |                                   |
| <b>Long-Term</b>                    |                                   |   |   |                  |            |          |              |            |          |                |           |    |                 |                          |              |                |         |               |                          |                                   |
| 1                                   | 1993-A GR Bonds                   | X |   | Debt Restructure | \$2,923.00 | 1/1/1993 | \$ 4,000,000 | \$ 287,700 | 1/1/2018 | 0.0800         | \$ 18,956 | 1  |                 |                          |              |                |         |               |                          |                                   |
| 2                                   |                                   |   |   |                  |            |          |              |            |          |                |           | 2  |                 |                          |              |                |         |               |                          |                                   |
| 3                                   |                                   |   |   |                  |            |          |              |            |          |                |           | 3  |                 |                          |              |                |         |               |                          |                                   |
| 4                                   |                                   |   |   |                  |            |          |              |            |          |                |           | 4  |                 |                          |              |                |         |               |                          |                                   |
| 5                                   |                                   |   |   |                  |            |          |              |            |          |                |           | 5  |                 |                          |              |                |         |               |                          |                                   |
| <b>Working Capital</b>              |                                   |   |   |                  |            |          |              |            |          |                |           |    |                 |                          |              |                |         |               |                          |                                   |
| 6                                   |                                   |   |   |                  |            |          |              |            |          |                |           | 6  |                 |                          |              |                |         |               |                          |                                   |
| 7                                   |                                   |   |   |                  |            |          |              |            |          |                |           | 7  |                 |                          |              |                |         |               |                          |                                   |
| 8                                   |                                   |   |   |                  |            |          |              |            |          |                |           | 8  |                 |                          |              |                |         |               |                          |                                   |
| 9                                   | <b>TOTAL Facility Related</b>     |   |   |                  | \$2,923.00 |          | \$ 4,000,000 | \$ 287,700 |          |                | \$ 18,956 | 9  |                 |                          |              |                |         |               |                          |                                   |
| <b>B. Non-Facility Related*</b>     |                                   |   |   |                  |            |          |              |            |          |                |           |    |                 |                          |              |                |         |               |                          |                                   |
| 10                                  |                                   |   |   |                  |            |          |              |            |          |                |           | 10 |                 |                          |              |                |         |               |                          |                                   |
| 11                                  |                                   |   |   |                  |            |          |              |            |          |                |           | 11 |                 |                          |              |                |         |               |                          |                                   |
| 12                                  |                                   |   |   |                  |            |          |              |            |          |                |           | 12 |                 |                          |              |                |         |               |                          |                                   |
| 13                                  |                                   |   |   |                  |            |          |              |            |          |                |           | 13 |                 |                          |              |                |         |               |                          |                                   |
| 14                                  | <b>TOTAL Non-Facility Related</b> |   |   |                  |            |          | \$           | \$         |          |                | \$        | 14 |                 |                          |              |                |         |               |                          |                                   |
| 15                                  | <b>TOTALS (line 9+line14)</b>     |   |   |                  |            |          | \$ 4,000,000 | \$ 287,700 |          |                | \$ 18,956 | 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.)



**IMPORTANT NOTICE**

**TO:** Long Term Care Facilities with Real Estate Tax Rates **RE:** 2006 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2006 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2006.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2006 real estate tax bill to Healthcare and Family Services, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

**Please send these items in with your completed 2007 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed.** If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

**2006 LONG TERM CARE REAL ESTATE TAX STATEMENT**

FACILITY NAME Fair Havens Christian Home COUNTY Macon

FACILITY IDPH LICENSE NUMBER 0018143

CONTACT PERSON REGARDING THIS REPORT Susan McGhee

TELEPHONE 217-732-5175 FAX #: 217-732-8686

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

Enter the tax index number and real estate tax assessed for 2006 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 2006.

| (A)                        | (B)                         | (C)              | (D)   |
|----------------------------|-----------------------------|------------------|---|
| <u>Tax Index Number</u>    | <u>Property Description</u> | <u>Total Tax</u> | <u>Tax<br/>Applicable to<br/>Nursing Home</u> |
| 1. <u>04-12-21-428-011</u> | <u>see attached</u>         | \$ <u>786.00</u> | \$ _____                                      |
| 2. _____                   | _____                       | \$ _____         | \$ _____                                      |
| 3. _____                   | _____                       | \$ _____         | \$ _____                                      |
| 4. _____                   | _____                       | \$ _____         | \$ _____                                      |
| 5. _____                   | _____                       | \$ _____         | \$ _____                                      |
| 6. _____                   | _____                       | \$ _____         | \$ _____                                      |
| 7. _____                   | _____                       | \$ _____         | \$ _____                                      |
| 8. _____                   | _____                       | \$ _____         | \$ _____                                      |
| 9. _____                   | _____                       | \$ _____         | \$ _____                                      |
| 10. _____                  | _____                       | \$ _____         | \$ _____                                      |
| <b>TOTALS</b>              |                             | \$ <u>786.00</u> | \$ <u>_____</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 & 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 2006 tax bills which were listed in Section A to this statement. Be sure to use the 2006 tax bill which is normally paid during 2007.

**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 Number Fair Havens Christian Home

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**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 56,500 B. General Construction Type: Exterior Masonry Frame Steel Number of Stories 1

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).

NONE

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 | <u>Facility</u>               | <u>56,500</u> | <u>1972</u>   | <u>\$ 54,638</u> | <u>1</u> |
| 2 | <u>Home Office Allocation</u> |               |               | <u>6,612</u>     | <u>2</u> |
| 3 | <b>TOTALS</b>                 | <b>56,500</b> |               | <b>\$ 61,250</b> | <b>3</b> |

Facility Name &amp; ID Number Fair Havens Christian Home

# 0018143

Report Period Beginning:

July 1, 2006 Ending: June 30, 2007

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

|    | 1                       | 2                | 3             | 4                | 5            | 6                         | 7             | 8                          | 9           |                          |    |
|----|-------------------------|------------------|---------------|------------------|--------------|---------------------------|---------------|----------------------------|-------------|--------------------------|----|
|    | Beds*                   | FOR BHF USE ONLY | Year Acquired | Year Constructed | Cost         | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation |    |
| 4  | 155                     |                  | 1977          | 1977             | \$ 2,180,767 | \$ 51,312                 | 40            | \$ 54,519                  | \$ 3,207    | \$ 1,608,178             | 4  |
| 5  |                         |                  |               |                  | 384,841      |                           | 20            |                            |             |                          | 5  |
| 6  | 6                       |                  | 1983          | 1983             | 109,815      | 2,745                     | 35            | 3,138                      | 393         | 64,509                   | 6  |
| 7  |                         |                  |               |                  |              |                           |               |                            |             |                          | 7  |
| 8  | Home Office Allocations |                  |               |                  | 57,022       | 7,068                     |               | 7,068                      |             | 89,351                   | 8  |
|    | Improvement Type**      |                  |               |                  |              |                           |               |                            |             |                          |    |
| 9  | Wall Guards             |                  |               | 1979             | 485          |                           | 15            |                            |             | 485                      | 9  |
| 10 | Garage                  |                  |               | 1979             | 4,167        | 139                       | 30            | 139                        |             | 3,961                    | 10 |
| 11 | Heat Tapes              |                  |               | 1980             | 2,151        |                           | 15            |                            |             | 2,151                    | 11 |
| 12 | Heating System          |                  |               | 1981             | 14,100       |                           | 10            |                            |             | 14,100                   | 12 |
| 13 | Wall Coverings          |                  |               | 1981             | 1,277        |                           | 10            |                            |             | 1,277                    | 13 |
| 14 | Heating Control System  |                  |               | 1982             | 20,503       |                           | 20            |                            |             | 20,503                   | 14 |
| 15 | Fence Guard Rail        |                  |               | 1982             | 2,027        |                           | 10            |                            |             | 2,027                    | 15 |
| 16 | Electric Work           |                  |               | 1982             | 2,133        |                           | 10            |                            |             | 2,133                    | 16 |
| 17 | Fire Alarm              |                  |               | 1982             | 858          |                           | 20            |                            |             | 858                      | 17 |
| 18 | New Office              |                  |               | 1983             | 2,700        | 90                        | 30            | 90                         |             | 2,205                    | 18 |
| 19 | Wallcovering            |                  |               | 1983             | 2,301        |                           | 10            |                            |             | 2,301                    | 19 |
| 20 | Tiling                  |                  |               | 1983             | 615          |                           | 10            |                            |             | 615                      | 20 |
| 21 | Office Remodel          |                  |               | 1984             | 2,594        | 86                        | 30            | 86                         |             | 2,014                    | 21 |
| 22 | Window Installation     |                  |               | 1984             | 2,083        |                           | 10            |                            |             | 2,083                    | 22 |
| 23 | Down Spouts             |                  |               | 1984             | 639          |                           | 10            |                            |             | 639                      | 23 |
| 24 | Floor Covering          |                  |               | 1984             | 550          |                           | 10            |                            |             | 550                      | 24 |
| 25 | Roof Work               |                  |               | 1984             | 163,201      | 4,080                     | 40            | 4,080                      |             | 99,363                   | 25 |
| 26 | Electric Door           |                  |               | 1984             | 10,229       |                           | 10            |                            |             | 10,229                   | 26 |
| 27 | Floor Covering          |                  |               | 1985             | 3,457        |                           | 10            |                            |             | 3,457                    | 27 |
| 28 | Fire Alarm              |                  |               | 1985             | 1,705        |                           | 20            |                            |             | 1,705                    | 28 |
| 29 | Windows                 |                  |               | 1985             | 3,558        |                           | 10            |                            |             | 3,558                    | 29 |
| 30 | Roof                    |                  |               | 1985             | 29,843       |                           | 15            |                            |             | 29,843                   | 30 |
| 31 | Door Kick Guards        |                  |               | 1985             | 419          |                           | 10            |                            |             | 419                      | 31 |
| 32 | Electrical Recepticals  |                  |               | 1986             | 2,419        |                           | 20            |                            |             | 2,419                    | 32 |
| 33 | Wiring                  |                  |               | 1987             | 7,530        | 231                       | 20            | 231                        |             | 7,530                    | 33 |
| 34 | Ceiling                 |                  |               | 1987             | 300          |                           | 10            |                            |             | 300                      | 34 |
| 35 | Rewiring                |                  |               | 1987             | 1,600        | 80                        | 20            | 80                         |             | 1,573                    | 35 |
| 36 | Wallpapering            |                  |               | 1989             | 505          |                           | 5             |                            |             | 505                      | 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 &amp; ID Number Fair Havens Christian Home

# 0018143

Report Period Beginning:

July 1, 2006 Ending: June 30, 2007

**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-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 | Signs                    | 1989             | \$ 1,224     | \$                        | 5             | \$                         | \$          | \$ 1,224                 | 37 |
| 38 | Soap Dispensers          | 1989             | 672          |                           | 5             |                            |             | 672                      | 38 |
| 39 | Compressor Freezer       | 1989             | 810          |                           | 5             |                            |             | 810                      | 39 |
| 40 | Storage Cabinet          | 1990             | 1,100        |                           | 15            |                            |             | 1,100                    | 40 |
| 41 | Tempering Valve          | 1990             | 3,199        |                           | 15            |                            |             | 3,199                    | 41 |
| 42 | Remodel Dining Room      | 1991             | 4,708        | 235                       | 20            | 235                        |             | 3,995                    | 42 |
| 43 | Install Panic Bars       | 1991             | 780          |                           | 10            |                            |             | 780                      | 43 |
| 44 | Install Window           | 1991             | 988          |                           | 15            |                            |             | 988                      | 44 |
| 45 | Flooring                 | 1991             | 4,380        |                           | 5             |                            |             | 4,380                    | 45 |
| 46 | Roof Repair              | 1991             | 29,860       |                           | 15            |                            |             | 29,860                   | 46 |
| 47 | A/C Compressor           | 1991             | 1,076        |                           | 5             |                            |             | 1,076                    | 47 |
| 48 | Touchpads Exit Door      | 1991             | 792          |                           | 10            |                            |             | 792                      | 48 |
| 49 | Stainless Steel Sink     | 1991             | 1,630        |                           | 10            |                            |             | 1,630                    | 49 |
| 50 | Walkway Canopy           | 1991             | 4,412        | 221                       | 20            | 221                        |             | 3,481                    | 50 |
| 51 | Showers                  | 1991             | 3,669        |                           | 10            |                            |             | 3,669                    | 51 |
| 52 | Remodel Office           | 1992             | 8,715        | 436                       | 20            | 436                        |             | 6,576                    | 52 |
| 53 | Door Locks & Magnets     | 1992             | 2,540        |                           | 10            |                            |             | 2,540                    | 53 |
| 54 | Interior Landscaping     | 1992             | 3,839        |                           | 10            |                            |             | 3,839                    | 54 |
| 55 | Handrails                | 1993             | 12,800       | 853                       | 15            | 853                        |             | 12,369                   | 55 |
| 56 | Wall Cabinets            | 1993             | 2,564        | 171                       | 15            | 171                        |             | 2,451                    | 56 |
| 57 | Bathroom Remodel         | 1993             | 12,341       | 617                       | 20            | 617                        |             | 8,741                    | 57 |
| 58 | Nurses Station Desks     | 1994             | 18,588       | 929                       | 20            | 929                        |             | 12,464                   | 58 |
| 59 | Alarm/Auto Door          | 1994             | 4,257        |                           | 10            |                            |             | 4,257                    | 59 |
| 60 | Cabinets                 | 1994             | 1,480        | 99                        | 15            | 99                         |             | 1,295                    | 60 |
| 61 | Carpeting in Office      | 1993             | 979          |                           | 5             |                            |             | 979                      | 61 |
| 62 | Gas Rooftop Piping       | 1994             | 4,905        | 245                       | 20            | 245                        |             | 3,124                    | 62 |
| 63 | Heating & A/C Unit       | 1994             | 5,565        | 278                       | 20            | 278                        |             | 3,545                    | 63 |
| 64 | Remodel Garage           | 1995             | 3,704        |                           | 10            |                            |             | 3,704                    | 64 |
| 65 | Remodel Nurses Station   | 1995             | 15,656       |                           | 10            |                            |             | 15,656                   | 65 |
| 66 | Thru Wall A/C Unit       | 1995             | 3,120        |                           | 8             |                            |             | 3,120                    | 66 |
| 67 | Flourescent Light Covers | 1995             | 1,218        |                           | 5             |                            |             | 1,218                    | 67 |
| 68 | Roof Work                | 1995             | 52,000       | 3,467                     | 15            | 3,467                      |             | 41,893                   | 68 |
| 69 | Service Sink             | 1995             | 1,003        |                           | 10            |                            |             | 1,003                    | 69 |
| 70 | TOTAL (lines 4 thru 69)  |                  | \$ 3,230,968 | \$ 73,382                 |               | \$ 76,982                  | \$ 3,600    | \$ 2,167,271             | 70 |

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

Facility Name &amp; ID Number Fair Havens Christian Home

# 0018143

Report Period Beginning:

July 1, 2006 Ending: June 30, 2007

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

| 1  | 2  | 3                | 4            | 5                         | 6             | 7                          | 8           | 9                        |    |
|----|--|------------------|--------------|---------------------------|---------------|----------------------------|-------------|--------------------------|----|
|    | Improvement Type**                           | Year Constructed | Cost         | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation |    |
| 1  | <b>Totals from Page 12A, Carried Forward</b> |                  | \$ 3,230,968 | \$ 73,382                 |               | \$ 76,982                  | \$ 3,600    | \$ 2,167,271             | 1  |
| 2  | Wallcovering Dayroom Station 1               | 1995             | 2,573        |                           | 5             |                            |             | 2,573                    | 2  |
| 3  | Baseboard Pipe                               | 1995             | 2,978        |                           | 5             |                            |             | 2,978                    | 3  |
| 4  | Thru Wall A/C                                | 1995             | 3,120        |                           | 8             |                            |             | 3,120                    | 4  |
| 5  | Shower Valves                                | 1995             | 1,807        |                           | 10            |                            |             | 1,807                    | 5  |
| 6  | Resident Room Signs                          | 1995             | 1,516        |                           | 5             |                            |             | 1,516                    | 6  |
| 7  | Utility Room Cabinet                         | 1995             | 599          | 40                        | 15            | 40                         |             | 470                      | 7  |
| 8  | Magnets for Fire Doors                       | 1995             | 795          |                           | 5             |                            |             | 795                      | 8  |
| 9  | Fire Door Closers                            | 1995             | 1,200        |                           | 5             |                            |             | 1,200                    | 9  |
| 10 | Install 2 Deck Faucets                       | 1995             | 826          |                           | 5             |                            |             | 826                      | 10 |
| 11 | Install Sprinkler Laundry                    | 1995             | 557          |                           | 10            |                            |             | 557                      | 11 |
| 12 | Electronic Thermostats                       | 1995             | 733          |                           | 5             |                            |             | 733                      | 12 |
| 13 | Breakers 6/receptacles                       | 1995             | 883          |                           | 5             |                            |             | 883                      | 13 |
| 14 | Remodel Main Lobby                           | 1995             | 4,569        |                           | 5             |                            |             | 4,569                    | 14 |
| 15 | Remodel Station                              | 1996             | 12,472       |                           | 5             |                            |             | 12,472                   | 15 |
| 16 | Rooftop Heating/AC Dining Room               | 1996             | 11,975       |                           | 10            |                            |             | 11,975                   | 16 |
| 17 | Floorwork Dayroom                            | 1996             | 2,247        |                           | 5             |                            |             | 2,247                    | 17 |
| 18 | Heating & A/C Station                        | 1996             | 7,550        |                           | 10            |                            |             | 7,550                    | 18 |
| 19 | Floorwork Dining Room                        | 1996             | 6,974        |                           | 10            |                            |             | 6,974                    | 19 |
| 20 | Water Softener                               | 1996             | 10,580       |                           | 10            |                            |             | 10,580                   | 20 |
| 21 | 2 Sprinkler Cooler                           | 1996             | 772          |                           | 5             |                            |             | 772                      | 21 |
| 22 | Remodel Station                              | 1996             | 8,261        |                           | 5             |                            |             | 8,261                    | 22 |
| 23 | Shelving Linen Closet                        | 1997             | 540          |                           | 5             |                            |             | 540                      | 23 |
| 24 | Gas Piping in Laundry                        | 1997             | 1,155        | 82                        | 10            | 82                         |             | 1,155                    | 24 |
| 25 | Heating & A/C Rooftop                        | 1997             | 8,950        | 746                       | 10            | 746                        |             | 8,950                    | 25 |
| 26 | Floorwork Station 4 Hall                     | 1997             | 10,153       | 933                       | 10            | 933                        |             | 10,153                   | 26 |
| 27 | Dining Room Announcement                     | 1997             | 549          |                           | 5             |                            |             | 549                      | 27 |
| 28 | Remodel Beauty Shop                          | 1997             | 1,370        |                           | 5             |                            |             | 1,370                    | 28 |
| 29 | Energy Management System                     | 1997             | 14,637       | 732                       | 20            | 732                        |             | 7,076                    | 29 |
| 30 | Remove Slab Freezer Area                     | 1997             | 2,860        |                           | 3             |                            |             | 2,860                    | 30 |
| 31 | Floor Tile - Station 4 Rooms                 | 1998             | 7,500        |                           | 5             |                            |             | 7,500                    | 31 |
| 32 | Station 3 Carrier FR A/C                     | 1998             | 7,597        | 760                       | 10            | 760                        |             | 6,903                    | 32 |
| 33 | Carpet Chapel/Lobby/Office                   | 1998             | 2,483        |                           | 5             |                            |             | 2,483                    | 33 |
| 34 | <b>TOTAL (lines 1 thru 33)</b>               |                  | \$ 3,371,749 | \$ 76,675                 |               | \$ 80,275                  | \$ 3,600    | \$ 2,299,668             | 34 |

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

Facility Name &amp; ID Number Fair Havens Christian Home

# 0018143

Report Period Beginning:

July 1, 2006 Ending: June 30, 2007

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

| 1  | 2  | 3                | 4            | 5                         | 6             | 7                          | 8           | 9                        |    |
|----|--|------------------|--------------|---------------------------|---------------|----------------------------|-------------|--------------------------|----|
|    | Improvement Type**                           | Year Constructed | Cost         | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation |    |
| 1  | <b>Totals from Page 12B, Carried Forward</b> |                  | \$ 3,371,749 | \$ 76,675                 |               | \$ 80,275                  | \$ 3,600    | \$ 2,299,668             | 1  |
| 2  | Wood Cove BS/60 Rooms                        | 1998             | 9,412        |                           | 5             |                            |             | 9,412                    | 2  |
| 3  | Alarm System                                 | 1998             | 11,937       | 1,194                     | 10            | 1,194                      |             | 10,840                   | 3  |
| 4  | Wallpaper Station 1 & 2 Rooms                | 1998             | 38,443       |                           | 5             |                            |             | 38,443                   | 4  |
| 5  | Ventilation - Electric Room                  | 1999             | 1,875        |                           | 5             |                            |             | 1,875                    | 5  |
| 6  | 48-Safety Grab Bars                          | 1999             | 864          |                           | 5             |                            |             | 864                      | 6  |
| 7  | 161-Glass/Resident Walls                     | 1999             | 2,256        | 226                       | 10            | 226                        |             | 1,959                    | 7  |
| 8  | Install Grab Bars                            | 1999             | 2,401        | 240                       | 10            | 240                        |             | 2,040                    | 8  |
| 9  | Install 24V Door Closer                      | 1999             | 1,189        |                           | 5             |                            |             | 1,189                    | 9  |
| 10 | Water Heater - Station 3                     | 1999             | 655          |                           | 5             |                            |             | 655                      | 10 |
| 11 | Remodel Station 4                            | 1999             | 26,585       | 1,772                     | 15            | 1,772                      |             | 14,611                   | 11 |
| 12 | Back Door Alarm Pad                          | 1999             | 2,874        | 287                       | 10            | 287                        |             | 2,368                    | 12 |
| 13 | Nurse Call Units                             | 1999             | 598          | 60                        | 10            | 60                         |             | 490                      | 13 |
| 14 | Front Countertop                             | 1999             | 881          | 59                        | 15            | 59                         |             | 482                      | 14 |
| 15 | Mixing Valve/Install                         | 1999             | 524          |                           | 5             |                            |             | 524                      | 15 |
| 16 | Pella Storm Window - 13                      | 1999             | 527          |                           | 5             |                            |             | 527                      | 16 |
| 17 | Smoke Detectors-4                            | 1999             | 553          | 55                        | 10            | 55                         |             | 445                      | 17 |
| 18 | Carrier Rooftop Unit                         | 1999             | 6,779        | 678                       | 10            | 678                        |             | 5,480                    | 18 |
| 19 | Wallpaper Station 3 Rooms                    | 1999             | 23,706       |                           | 5             |                            |             | 23,706                   | 19 |
| 20 | Compressors (3)                              | 2000             | 2,239        |                           | 3             |                            |             | 2,239                    | 20 |
| 21 | Cove Base-Station 3                          | 2000             | 1,408        |                           | 5             |                            |             | 1,408                    | 21 |
| 22 | Baseboard                                    | 2000             | 1,371        |                           | 5             |                            |             | 1,371                    | 22 |
| 23 | Light Fixtures (2 Day Room)                  | 2000             | 947          | 95                        | 10            | 95                         |             | 736                      | 23 |
| 24 | Floor Tile-Hall/Bath/Kitchen                 | 2000             | 3,079        |                           | 5             |                            |             | 3,079                    | 24 |
| 25 | Panic  | 2000             | 1,059        |                           | 5             |                            |             | 1,059                    | 25 |
| 26 | Security Locks-Front Door                    | 2000             | 900          |                           | 5             |                            |             | 900                      | 26 |
| 27 | Exhaust Fans (6)                             | 2000             | 702          |                           | 5             |                            |             | 702                      | 27 |
| 28 | Carrier Rooftop Unit                         | 2000             | 7,637        | 764                       | 10            | 764                        |             | 5,475                    | 28 |
| 29 | Ceiling Grid Covers                          | 2000             | 1,418        | 177                       | 8             | 177                        |             | 1,254                    | 29 |
| 30 | Compressor Room 101                          | 2000             | 1,131        | 75                        | 15            | 75                         |             | 531                      | 30 |
| 31 | REMODELING FHCH                              | 2000             | 6,395        | 640                       | 10            | 640                        |             | 4,427                    | 31 |
| 32 | REMODELING PROJECT                           | 2000             | 7,075        | 708                       | 10            | 708                        |             | 4,661                    | 32 |
| 33 | (2) BOILERS INSTALLED W/ EMERG LIGHTS        | 2001             | 20,942       | 2,094                     | 10            | 2,094                      |             | 12,739                   | 33 |
| 34 | <b>TOTAL (lines 1 thru 33)</b>               |                  | \$ 3,560,111 | \$ 85,799                 |               | \$ 89,399                  | \$ 3,600    | \$ 2,456,159             | 34 |

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

Facility Name &amp; ID Number Fair Havens Christian Home

# 0018143

Report Period Beginning:

July 1, 2006 Ending: June 30, 2007

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

| 1  | 2  | 3                | 4            | 5                         | 6             | 7                          | 8           | 9                        |    |
|----|--|------------------|--------------|---------------------------|---------------|----------------------------|-------------|--------------------------|----|
|    | Improvement Type**                           | Year Constructed | Cost         | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation |    |
| 1  | <b>Totals from Page 12C, Carried Forward</b> |                  | \$ 3,560,111 | \$ 85,799                 |               | \$ 89,399                  | \$ 3,600    | \$ 2,456,159             | 1  |
| 2  | Roof Top A/C Unit                            | 7/2/2001         | 1,295        | 130                       | 10            | 130                        |             | 780                      | 2  |
| 3  | (2) BOILERS INSTALLED W/ EMERG LIGHTS        | 7/15/2001        | 782          | 78                        | 10            | 78                         |             | 468                      | 3  |
| 4  | Compressor - Dining Room A/C                 | 10/6/2001        | 646          |                           | 3             |                            |             | 645                      | 4  |
| 5  | Replace (8) Fire Alarm-A/C Relays            | 4/17/2002        | 1,519        |                           | 3             |                            |             | 1,519                    | 5  |
| 6  | Heating & Cooling System - Office            | 6/14/2002        | 2,275        | 228                       | 10            | 228                        |             | 1,158                    | 6  |
| 7  | Locks (3) for Fire Doors                     | 6/15/2002        | 4,077        | 408                       | 10            | 408                        |             | 2,074                    | 7  |
| 8  | 2-Compressors-Station One Day Room           | 7/12/2002        | 1,128        |                           | 3             |                            |             | 1,128                    | 8  |
| 9  | Tile Work-Kitchen, Mechanical Room & 7D      | 8/14/2002        | 5,580        | 279                       | 20            | 279                        |             | 1,372                    | 9  |
| 10 | Water Cooler-Station #1                      | 9/6/2002         | 715          | 143                       | 5             | 143                        |             | 691                      | 10 |
| 11 | (22) Carrier through the wall A/C units      | 9/1/2002         | 28,380       | 3,548                     | 8             | 3,548                      |             | 17,149                   | 11 |
| 12 | Floor Covering/Cove Base - 11 Baths          | 9/18/2002        | 3,960        | 792                       | 5             | 792                        |             | 3,828                    | 12 |
| 13 | (2) Exit doors & Installation                | 11/21/2002       | 2,718        | 136                       | 20            | 136                        |             | 635                      | 13 |
| 14 | Reroof Garage                                | 1/8/2003         | 1,665        | 278                       | 6             | 278                        |             | 1,251                    | 14 |
| 15 | (36) Bathroom Grab Bars-Stats                | 1/19/2003        | 7,677        | 768                       | 10            | 768                        |             | 3,456                    | 15 |
| 16 | Install New Circuit for Food Well            | 3/22/2003        | 511          | 102                       | 5             | 102                        |             | 442                      | 16 |
| 17 | Install New Locks on all doors               | 5/1/2003         | 2,550        | 255                       | 10            | 255                        |             | 1,063                    | 17 |
| 18 | Fire Alarm Door Closure/Holder               | 6/24/2003        | 895          | 90                        | 10            | 90                         |             | 367                      | 18 |
| 19 | Roof Top A/C Unit                            | 6/30/2003        | 5,090        | 509                       | 10            | 509                        |             | 2,078                    | 19 |
| 20 | Data/Phone Lines - Cabling                   | 7/17/2003        | 12,404       | 1,240                     | 10            | 1,240                      |             | 4,960                    | 20 |
| 21 | Replace Staff Dr A/C Compressor              | 7/17/2003        | 711          |                           | 3             |                            |             | 711                      | 21 |
| 22 | Hand sinks in resident rooms                 | 8/13/2003        | 1,428        | 143                       | 10            | 143                        |             | 560                      | 22 |
| 23 | Additional Smoke Alarms on Fire System       | 9/11/2003        | 1,337        | 134                       | 10            | 134                        |             | 514                      | 23 |
| 24 | New Partitions in Front Restrooms            | 10/29/2003       | 2,794        | 279                       | 10            | 279                        |             | 1,046                    | 24 |
| 25 | Electrical Updates - Breakers/Panel          | 11/14/2003       | 31,417       | 1,571                     | 20            | 1,571                      |             | 5,760                    | 25 |
| 26 | Plans & Specs-Delaved Egress Locks           | 11/25/2003       | 2,571        | 257                       | 10            | 257                        |             | 900                      | 26 |
| 27 | Installation Panic Bar on Front Door         | 9/19/2003        | 735          | 147                       | 5             | 147                        |             | 564                      | 27 |
| 28 | High Efficiency Ballasts and Lights          | 12/11/2003       | 49,970       | 4,997                     | 10            | 4,997                      |             | 17,906                   | 28 |
| 29 | Replace Breakers                             | 1/12/2004        | 5,962        | 298                       | 20            | 298                        |             | 1,043                    | 29 |
| 30 | 10x12 Canopy Bldg                            | 1/28/2004        | 1,500        | 150                       | 10            | 150                        |             | 513                      | 30 |
| 31 | Delayed Egress Locking System                | 1/21/2004        | 10,945       | 1,094                     | 10            | 1,094                      |             | 3,739                    | 31 |
| 32 | Resurface Dishwashing Area w/Gritty Floor    | 2/6/2004         | 2,150        | 430                       | 5             | 430                        |             | 1,433                    | 32 |
| 33 | (12) YLLW Generator Powered Emergency        | 5/4/2004         | 518          | 52                        | 10            | 52                         |             | 165                      | 33 |
| 34 | <b>TOTAL (lines 1 thru 33)</b>               |                  | \$ 3,756,016 | \$ 104,335                |               | \$ 107,935                 | \$ 3,600    | \$ 2,536,077             | 34 |

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

Facility Name &amp; ID Number Fair Havens Christian Home

# 0018143

Report Period Beginning:

July 1, 2006 Ending: June 30, 2007

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

| 1  | 2   | 3                | 4            | 5                         | 6             | 7                          | 8           | 9                        |    |
|----|---|------------------|--------------|---------------------------|---------------|----------------------------|-------------|--------------------------|----|
|    | Improvement Type**                                    | Year Constructed | Cost         | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation |    |
| 1  | <b>Totals from Page 12D, Carried Forward</b>          |                  | \$ 3,756,016 | \$ 104,335                |               | \$ 107,935                 | \$ 3,600    | \$ 2,536,077             | 1  |
| 2  | Replace Compressor in PT Area A/C                     | 5/19/2004        | 855          | 237                       | 3             | 237                        |             | 855                      | 2  |
| 3  | Delayed Egress Locking System                         | 6/29/2004        | 12,373       | 1,237                     | 10            | 1,237                      |             | 3,814                    | 3  |
| 4  | Remodel Therapy Room w/Nurse Station                  | 6/22/2004        | 8,101        | 810                       | 10            | 810                        |             | 2,498                    | 4  |
| 5  | Fully depreciated land improvements                   | 10/21/1985       | 69,531       |                           | 20            |                            |             | 69,531                   | 5  |
| 6  | Sidewalk, landscaping, fence etc.                     | 6/10/1992        | 24,404       | 1,220                     | 20            | 1,220                      |             | 22,109                   | 6  |
| 7  | Entrance sidewalk replacement                         | 6/28/2001        | 7,850        | 589                       | 10            | 785                        | 196         | 6,884                    | 7  |
| 8  | Concrete work   | 5/30/2003        | 4,230        | 423                       | 10            | 423                        |             | 1,750                    | 8  |
| 9  | Fence - Garbage Area                                  | 7/3/2003         | 1,596        | 160                       | 10            | 160                        |             | 640                      | 9  |
| 10 | Consult/Replace Sidewalks - NH to Parking Lot         | 5/20/2004        | 11,455       | 1,146                     | 10            | 1,146                      |             | 3,628                    | 10 |
| 11 | In Sink Erator - Disposal                             | 8/24/2004        | 1,399        | 140                       | 10            | 140                        |             | 420                      | 11 |
| 12 | Replace Compressor in Admin Ofc                       | 8/18/2004        | 779          | 259                       | 10            | 78                         | (181)       | 757                      | 12 |
| 13 | Door w/Interior Keypad & Request to Enter             | 9/13/2004        | 1,922        | 192                       | 10            | 192                        |             | 544                      | 13 |
| 14 | Install Steel Full View Hinged Patio Door             | 9/13/2004        | 1,085        | 109                       | 3             | 362                        | 253         | 308                      | 14 |
| 15 | Engineering Services - Door Systems Design            | 9/27/2004        | 810          | 162                       | 10            | 81                         | (81)        | 459                      | 15 |
| 16 | Install New Computer On Energy Mgmt Sys               | 11/2/2004        | 6,000        | 2,000                     | 10            | 600                        | (1,400)     | 5,333                    | 16 |
| 17 | (45) GE Zonelight Units                               | 1/14/2005        | 49,747       | 6,219                     | 5             | 9,949                      | 3,730       | 13,992                   | 17 |
| 18 | Engin/Arch SVC-Potential Lighting                     | 1/17/2005        | 5,507        | 550                       | 3             | 1,836                      | 1,286       | 1,377                    | 18 |
| 19 | Installation of 20 New A/C                            | 8/22/2005        | 21,841       | 4,368                     | 5             | 4,368                      |             | 8,372                    | 19 |
| 20 | Painting 400 Wing Labor & mat                         | 12/31/2005       | 28,576       | 2,858                     | 10            | 2,858                      |             | 4,524                    | 20 |
| 21 | 400 Wing Remodeling Project                           | 12/31/2005       | 3,559        | 356                       | 10            | 356                        |             | 564                      | 21 |
| 22 | Painting Kitchen & Storeroom                          | 12/31/2005       | 1,806        | 361                       | 5             | 361                        |             | 571                      | 22 |
| 23 | Addl Painting Supplies 400 Wing                       | 2/1/2006         | 1,375        | 138                       | 10            | 138                        |             | 195                      | 23 |
| 24 | (13) Floor Mounted Toilets & 1.6 G                    | 6/15/2006        | 5,254        | 525                       | 10            | 525                        |             | 569                      | 24 |
| 25 | Installation of (23) P-TAC Units                      | 6/23/2006        | 4,300        | 860                       | 5             | 860                        |             | 932                      | 25 |
| 26 | Carrier 10 Ton Unit W/Gas Heat W/O                    | 5/18/2006        | 11,998       | 1,200                     | 10            | 1,200                      |             | 1,400                    | 26 |
| 27 | (25) GE Heat/Cool Wall Units 28                       | 6/27/2006        | 15,174       | 3,035                     | 5             | 3,035                      |             | 3,288                    | 27 |
| 28 | Install 2 New Sidewalks W/Railings                    | 5/4/2006         | 8,368        | 837                       | 10            | 837                        |             | 976                      | 28 |
| 29 | 16X32 Garage With Brown Roof                          | 8/23/2005        | 6,184        | 412                       | 15            | 412                        |             | 790                      | 29 |
| 30 | HPCV Club House Desig                                 | 1/24/2001        | 7,800        | 195                       | 10            | 195                        |             | 1,073                    | 30 |
| 31 | 12X12 Liquid Oxygen Bu                                | 6/2/2003         | 1,995        | 200                       | 10            | 200                        |             | 617                      | 31 |
| 32 | Ridge Vent/Wall Vent                                  | 8/29/2003        | 1,936        | 194                       | 10            | 194                        |             | 566                      | 32 |
| 33 | Painting - Front Office, Admin., Admissions & Dietary | 7/27/2006        | 776          | 155                       | 5             | 155                        |             | 155                      | 33 |
| 34 | <b>TOTAL (lines 1 thru 33)</b>                        |                  | \$ 4,084,602 | \$ 135,482                |               | \$ 142,885                 | \$ 7,403    | \$ 2,695,568             | 34 |

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

Facility Name & ID Number Fair Havens Christian Home

# 0018143

Report Period Beginning:

July 1, 2006 Ending: June 30, 2007

**XI. OWNERSHIP COSTS (continued)**

**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

| 1  | 2   | 3                | 4            | 5                         | 6             | 7                          | 8           | 9                        |    |
|----|---|------------------|--------------|---------------------------|---------------|----------------------------|-------------|--------------------------|----|
|    | Improvement Type**                                  | Year Constructed | Cost         | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation |    |
| 1  | <b>Totals from Page 12E, Carried Forward</b>        |                  | \$ 4,084,602 | \$ 135,482                |               | \$ 142,885                 | \$ 7,403    | \$ 2,695,568             | 1  |
| 2  | Painting - Resident rooms and Doors                 | 8/9/2006         | 2,061        | 378                       | 5             | 378                        |             | 378                      | 2  |
| 3  | Painting and Wallpaper - resident rooms and baths   | 9/27/2006        | 11,440       | 1,907                     | 5             | 1,907                      |             | 1,907                    | 3  |
| 4  | 31 Door gaurds and kick plates                      | 10/23/2006       | 2,289        | 172                       | 10            | 172                        |             | 172                      | 4  |
| 5  | Install Cabling for reclaim unit                    | 10/24/2006       | 8,506        | 1,276                     | 5             | 1,276                      |             | 1,276                    | 5  |
| 6  | Install new Pass-through window in front office     | 10/18/2006       | 551          | 41                        | 10            | 41                         |             | 41                       | 6  |
| 7  | 34 Braille room signs                               | 11/3/2006        | 1,161        | 77                        | 10            | 77                         |             | 77                       | 7  |
| 8  | Paint, wallpaper and misc. supplies                 | 11/8/2006        | 6,253        | 834                       | 5             | 834                        |             | 834                      | 8  |
| 9  | Paint, wallpaper and supplies                       | 12/31/2006       | 1,235        | 144                       | 5             | 144                        |             | 144                      | 9  |
| 10 | 48 carbon monoxide detectors                        | 1/11/2007        | 904          | 226                       | 2             | 226                        |             | 226                      | 10 |
| 11 | Heat Pump installation                              | 2/1/2007         | 1,987        | 83                        | 10            | 83                         |             | 83                       | 11 |
| 12 | Floor covering and Adhesives                        | 5/1/2007         | 31,423       | 524                       | 10            | 524                        |             | 524                      | 12 |
| 13 | 2 door reach in freezer                             | 6/26/2007        | 3,026        | 25                        | 10            | 25                         |             | 25                       | 13 |
| 14 | Painting - PT, Office, Chapel, and ice cream parlor | 6/27/2007        | 6,875        | 115                       | 5             | 115                        |             | 115                      | 14 |
| 15 | Front sidewalk entrance canopy                      | 5/2/2007         | 11,850       | 132                       | 15            | 132                        |             | 132                      | 15 |
| 16 | Concrete pad in shaded area                         | 2/5/2007         | 550          | 15                        | 15            | 15                         |             | 15                       | 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 | <b>TOTAL (lines 1 thru 33)</b>                      |                  | \$ 4,174,713 | \$ 141,431                |               | \$ 148,834                 | \$ 7,403    | \$ 2,701,517             | 34 |

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

Facility Name & ID Number Fair Havens Christian Home # 0018143 Report Period Beginning: July 1, 2006 Ending: June 30, 2007

## XI. OWNERSHIP COSTS (continued)

## C. Equipment Depreciation-Excluding Transportation. (See instructions.)

|    | Category of Equipment    | 1<br>Cost    | Current Book<br>Depreciation 2 | Straight Line<br>Depreciation 3 | 4<br>Adjustments | Component<br>Life 5 | Accumulated<br>Depreciation 6 |    |
|----|--------------------------|--------------|--------------------------------|---------------------------------|------------------|---------------------|-------------------------------|----|
| 71 | Purchased in Prior Years | \$ 357,408   | \$ 41,486                      | \$ 41,486                       | \$               |                     | \$ 206,250                    | 71 |
| 72 | Current Year Purchases   | 108,155      | 6,180                          | 6,180                           |                  | Various             | 6,180                         | 72 |
| 73 | Fully Depreciated Assets | 879,123      |                                |                                 |                  |                     | 879,123                       | 73 |
| 74 | Home Office Allocation   | 120,329      | 14,915                         | 14,915                          |                  |                     | 26,512                        | 74 |
| 75 | TOTALS                   | \$ 1,465,015 | \$ 62,581                      | \$ 62,581                       | \$               |                     | \$ 1,118,065                  | 75 |

## D. Vehicle Depreciation (See instructions.)\*

|    | 1<br>Use               | Model, Make<br>and Year 2   | Year<br>Acquired 3 | 4<br>Cost | Current Book<br>Depreciation 5 | Straight Line<br>Depreciation 6 | 7<br>Adjustments | Life in<br>Years 8 | Accumulated<br>Depreciation 9 |    |
|----|------------------------|-----------------------------|--------------------|-----------|--------------------------------|---------------------------------|------------------|--------------------|-------------------------------|----|
| 76 | Patient Transportation | Van                         | 7/1/1988           | \$ 3,317  | \$                             | \$                              | \$               | 3                  | \$ 3,317                      | 76 |
| 77 | Patient Transportation | 2006 Ford El Dorado Aerotec | 2/1/2006           | 52,505    | 13,127                         | 13,127                          |                  | 4                  | 18,596                        | 77 |
| 78 |                        |                             |                    |           |                                |                                 |                  |                    |                               | 78 |
| 79 | Home Office Allocation |                             |                    | 12,025    | 1,490                          | 1,490                           |                  |                    | 4,156                         | 79 |
| 80 | TOTALS                 |                             |                    | \$ 67,847 | \$ 14,617                      | \$ 14,617                       | \$               |                    | \$ 26,069                     | 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) |   | \$ 5,768,825 | 81   |
| 82 | Current Book Depreciation  | (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)                 |   | \$ 218,629   | 82   |
| 83 | Straight Line Depreciation | (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)                 |   | \$ 226,032   | 83** |
| 84 | Adjustments                | (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)                 |   | \$ 7,403     | 84   |
| 85 | Accumulated Depreciation   | (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)                 |   | \$ 3,845,651 | 85   |

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

|    | 1<br>Description & Year Acquired | 2<br>Cost  | Current Book<br>Depreciation 3 | Accumulated<br>Depreciation 4 |    |
|----|----------------------------------|------------|--------------------------------|-------------------------------|----|
| 86 | Land                             | \$ 47,237  | \$                             | \$                            | 86 |
| 87 | Duplex/Congregate Equip.         | 916,624    | 29,073                         | 535,151                       | 87 |
| 88 |                                  |            |                                |                               | 88 |
| 89 |                                  |            |                                |                               | 89 |
| 90 |                                  |            |                                |                               | 90 |
| 91 | TOTALS                           | \$ 963,861 | \$ 29,073                      | \$ 535,151                    | 91 |

## G. Construction-in-Progress

|    | Description            | Cost      |    |
|----|------------------------|-----------|----|
| 92 | Home Office Allocation | \$ 16,423 | 92 |
| 93 |                        |           | 93 |
| 94 |                        |           | 94 |
| 95 |                        | \$ 16,423 | 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 & ID Number Fair Havens Christian Home

# 0018143

Report Period Beginning: July 1, 2006

Ending: June 30, 2007

**XII. RENTAL COSTS**

**A. Building and Fixed Equipment (See instructions.)**

1. Name of Party Holding Lease: This workpaper is not applicable

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<br>Year<br>Constructed | 2<br>Number<br>of Beds | 3<br>Original<br>Lease Date | 4<br>Rental<br>Amount | 5<br>Total Years<br>of Lease | 6<br>Total Years<br>Renewal Option* |   |
|---|--------------------|--------------------------|------------------------|-----------------------------|-----------------------|------------------------------|-------------------------------------|---|
| 3 | Original Building: |                          |                        |                             | \$                    |                              |                                     | 3 |
| 4 | Additions          |                          |                        |                             |                       |                              |                                     | 4 |
| 5 |                    |                          |                        |                             |                       |                              |                                     | 5 |
| 6 |                    |                          |                        |                             |                       |                              |                                     | 6 |
| 7 | <b>TOTAL</b>       |                          |                        |                             | \$                    |                              |                                     | 7 |

10. Effective dates of current rental agreement:

Beginning \_\_\_\_\_

Ending \_\_\_\_\_

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

Fiscal Year Ending Annual Rent

|     |             |          |
|-----|-------------|----------|
| 12. | _____ /2008 | \$ _____ |
| 13. | _____ /2009 | \$ _____ |
| 14. | _____ /2010 | \$ _____ |

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<br>Use     | 2<br>Model Year<br>and Make | 3<br>Monthly Lease<br>Payment | 4<br>Rental Expense<br>for this Period |    |
|----|--------------|-----------------------------|-------------------------------|--|----|
| 17 |              |                             | \$                            | \$                                     | 17 |
| 18 |              |                             |                               |  | 18 |
| 19 |              |                             |                               |  | 19 |
| 20 |              |                             |                               |  | 20 |
| 21 | <b>TOTAL</b> |                             | \$                            | \$                                     | 21 |

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

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

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

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

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

**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

|    |                                 | Facility  |           | 3        | 4     |
|----|---------------------------------|-----------|-----------|----------|-------|
|    |                                 | 1         | 2         |          |       |
|    |                                 | 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) |  |
| <b>TOTAL TRAINED</b>         |  |

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

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

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

|    | Service  | Schedule V<br>Line & Column<br>Reference | Staff               |      | Outside Practitioner<br>(other than consultant) |      | Supplies<br>(Actual or<br>Allocated) | Total Units<br>(Column 2 + 4) | Total Cost<br>(Col. 3 + 5 + 6) |    |
|----|--|--|---------------------|------|---|------|--------------------------------------|-------------------------------|--------------------------------|----|
|    |  |  | Units of<br>Service | Cost | Units   | Cost |                                      |                               |                                |    |
|    |  |  |                     |      |   |      |                                      |                               |                                |    |
| 1  | Licensed Occupational Therapist  |  | hrs                 | \$   |   | \$   | \$                                   |                               | \$                             | 1  |
| 2  | Licensed Speech and Language<br>Development Therapist                          |  | hrs                 |      |   |      |                                      |                               |                                | 2  |
| 3  | Licensed Recreational Therapist  |  | hrs                 |      |   |      |                                      |                               |                                | 3  |
| 4  | Licensed Physical Therapist  | This workpaper<br>is not applicable      | 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<br>prescrpts   |      |   |      |                                      |                               |                                | 9  |
| 10 | Psychological Services<br>(Evaluation and Diagnosis/<br>Behavior Modification) |  | hrs                 |      |   |      |                                      |                               |                                | 10 |
| 11 | Academic Education   |  | hrs                 |      |   |      |                                      |                               |                                | 11 |
| 12 | Exceptional Care Program   |  |                     |      |   |      |                                      |                               |                                | 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.

Facility Name &amp; ID Number Fair Havens Christian Home

# 0018143

Report Period Beginning: July 1, 2006

Ending:

June 30, 2007

## XV. BALANCE SHEET - Unrestricted Operating Fund.

As of June 30, 2007 (last day of reporting year)

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

|                            |   | 1            | 2              |    |
|----------------------------|---|--------------|----------------|----|
|                            |   | Operating    | After          |    |
|                            |   |              | Consolidation* |    |
| <b>A. Current Assets</b>   |   |              |                |    |
| 1                          | Cash on Hand and in Banks   | \$ 2,335,607 | \$             | 1  |
| 2                          | Cash-Patient Deposits   | 30,696       |                | 2  |
| 3                          | Accounts & Short-Term Notes Receivable-Patients (less allowance (136,014) ) | 705,458      |                | 3  |
| 4                          | Supply Inventory (priced at )   | 16,717       |                | 4  |
| 5                          | Short-Term Investments  | 939,732      |                | 5  |
| 6                          | Prepaid Insurance   |              |                | 6  |
| 7                          | Other Prepaid Expenses  | 3,670        |                | 7  |
| 8                          | Accounts Receivable (owners or related parties)                             |              |                | 8  |
| 9                          | Other(specify): <u>Other A/R &amp; Accrued Int.</u>                         | 153,328      |                | 9  |
| 10                         | <b>TOTAL Current Assets (sum of lines 1 thru 9)</b>                         | \$ 4,185,208 | \$             | 10 |
| <b>B. Long-Term Assets</b> |   |              |                |    |
| 11                         | Long-Term Notes Receivable  |              |                | 11 |
| 12                         | Long-Term Investments   |              |                | 12 |
| 13                         | Land  | 101,875      |                | 13 |
| 14                         | Buildings, at Historical Cost   | 4,813,601    |                | 14 |
| 15                         | Leasehold Improvements, at Historical Cost                                  | 149,232      |                | 15 |
| 16                         | Equipment, at Historical Cost   | 1,475,681    |                | 16 |
| 17                         | Accumulated Depreciation (book methods)                                     | (4,264,886)  |                | 17 |
| 18                         | Deferred Charges  |              |                | 18 |
| 19                         | Organization & Pre-Operating Costs  |              |                | 19 |
| 20                         | Accumulated Amortization - Organization & Pre-Operating Costs               |              |                | 20 |
| 21                         | Restricted Funds  | 791,994      |                | 21 |
| 22                         | Other Long-Term Assets (spe CIP)  | 179,085      |                | 22 |
| 23                         | Other(specify):   | 6,540        |                | 23 |
| 24                         | <b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>                     | \$ 3,253,122 | \$             | 24 |
| 25                         | <b>TOTAL ASSETS (sum of lines 10 and 24)</b>                                | \$ 7,438,330 | \$             | 25 |

|  |  | 1            | 2              |    |
|--|--|--------------|----------------|----|
|  |  | Operating    | After          |    |
|  |  |              | Consolidation* |    |
| <b>C. Current Liabilities</b>                |  |              |                |    |
| 26   | Accounts Payable   | \$ 365,898   | \$             | 26 |
| 27   | Officer's Accounts Payable                                   |              |                | 27 |
| 28   | Accounts Payable-Patient Deposits                            | 30,696       |                | 28 |
| 29   | Short-Term Notes Payable                                     |              |                | 29 |
| 30   | Accrued Salaries Payable                                     | 216,814      |                | 30 |
| 31   | Accrued Taxes Payable (excluding real estate taxes)          |              |                | 31 |
| 32   | Accrued Real Estate Taxes(Sch.IX-B)                          | 393          |                | 32 |
| 33   | Accrued Interest Payable                                     |              |                | 33 |
| 34   | Deferred Compensation  |              |                | 34 |
| 35   | Federal and State Income Taxes                               |              |                | 35 |
| <b>Other Current Liabilities(specify):</b>   |  |              |                |    |
| 36   | <u>Accrued Liabilities</u>                                   | 23,648       |                | 36 |
| 37   |  |              |                | 37 |
| 38   | <b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>   | \$ 637,449   | \$             | 38 |
| <b>D. Long-Term Liabilities</b>              |  |              |                |    |
| 39   | Long-Term Notes Payable                                      |              |                | 39 |
| 40   | Mortgage Payable   |              |                | 40 |
| 41   | Bonds Payable  | 287,700      |                | 41 |
| 42   | Deferred Compensation  |              |                | 42 |
| <b>Other Long-Term Liabilities(specify):</b> |  |              |                |    |
| 43   | <u>Deferred Life Right Revenue</u>                           | 247,304      |                | 43 |
| 44   | <u>Due Life Right Residents</u>                              | 158,799      |                | 44 |
| 45   | <b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b> | \$ 693,803   | \$             | 45 |
| 46   | <b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>            | \$ 1,331,252 | \$             | 46 |
| 47   | <b>TOTAL EQUITY(page 18, line 24)</b>                        | \$ 6,107,078 | \$             | 47 |
| 48   | <b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b> | \$ 7,438,330 | \$             | 48 |

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

|    |  | 1<br>Total   |      |
|----|--|--------------|------|
| 1  | Balance at Beginning of Year, as Previously Reported         | \$ 5,548,686 | 1    |
| 2  | Restatements (describe):                                     |              | 2    |
| 3  | Prior Period Adjustment - Insurance Accrual                  | 45,054       | 3    |
| 4  |  |              | 4    |
| 5  |  |              | 5    |
| 6  | Balance at Beginning of Year, as Restated (sum of lines 1-5) | \$ 5,593,740 | 6    |
|    | <b>A. Additions (deductions):</b>                            |              |      |
| 7  | NET Income (Loss) (from page 19, line 43)                    | 623,337      | 7    |
| 8  | Aquisitions of Pooled Companies                              |              | 8    |
| 9  | Proceeds from Sale of Stock                                  |              | 9    |
| 10 | Stock Options Exercised                                      |              | 10   |
| 11 | Contributions and Grants                                     |              | 11   |
| 12 | Expenditures for Specific Purposes                           |              | 12   |
| 13 | Dividends Paid or Other Distributions to Owners              | ( )          | 13   |
| 14 | Donated Property, Plant, and Equipment                       |              | 14   |
| 15 | Other (describe)   |              | 15   |
| 16 | Other (describe)   |              | 16   |
| 17 | TOTAL Additions (deductions) (sum of lines 7-16)             | \$ 623,337   | 17   |
|    | <b>B. Transfers (Itemize):</b>                               |              |      |
| 18 | Transfer to Affiliate  | (110,000)    | 18   |
| 19 | Rounding   | 1            | 19   |
| 20 |  |              | 20   |
| 21 |  |              | 21   |
| 22 |  |              | 22   |
| 23 | TOTAL Transfers (sum of lines 18-22)                         | \$ (109,999) | 23   |
| 24 | BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)            | \$ 6,107,078 | 24 * |

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

Facility Name & ID Number Fair Havens Christian Home# 0018143Report Period Beginning: July 1, 2006Ending: June 30, 2007**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            |     |
|--|---|--------------|-----|
| Revenue                                |   | Amount       |     |
| <b>A. Inpatient Care</b>               |   |              |     |
| 1                                      | Gross Revenue -- All Levels of Care                       | \$ 7,963,824 | 1   |
| 2                                      | Discounts and Allowances for all Levels                   | (1,642,215)  | 2   |
| 3                                      | <b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>      | \$ 6,321,609 | 3   |
| <b>B. Ancillary Revenue</b>            |   |              |     |
| 4                                      | Day Care  |              | 4   |
| 5                                      | Other Care for Outpatients                                |              | 5   |
| 6                                      | Therapy   | 914,347      | 6   |
| 7                                      | Oxygen  |              | 7   |
| 8                                      | <b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>        | \$ 914,347   | 8   |
| <b>C. Other Operating Revenue</b>      |   |              |     |
| 9                                      | Payments for Education                                    |              | 9   |
| 10                                     | Other Government Grants                                   |              | 10  |
| 11                                     | CNA Training Reimbursements                               |              | 11  |
| 12                                     | Gift and Coffee Shop                                      |              | 12  |
| 13                                     | Barber and Beauty Care                                    | 31,650       | 13  |
| 14                                     | Non-Patient Meals   | 1,703        | 14  |
| 15                                     | Telephone, Television and Radio                           | 1,100        | 15  |
| 16                                     | Rental of Facility Space                                  |              | 16  |
| 17                                     | Sale of Drugs   | 1,650        | 17  |
| 18                                     | Sale of Supplies to Non-Patients                          |              | 18  |
| 19                                     | Laboratory  | 25,661       | 19  |
| 20                                     | Radiology and X-Ray                                       | 9,531        | 20  |
| 21                                     | Other Medical Services                                    |              | 21  |
| 22                                     | Laundry   |              | 22  |
| 23                                     | <b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b> | \$ 71,295    | 23  |
| <b>D. Non-Operating Revenue</b>        |   |              |     |
| 24                                     | Contributions   | 22,854       | 24  |
| 25                                     | Interest and Other Investment Income***                   | 122,390      | 25  |
| 26                                     | <b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>   | \$ 145,244   | 26  |
| <b>E. Other Revenue (specify):****</b> |   |              |     |
| 27                                     | <b>Settlement Income (Insurance, Legal, Etc.)</b>         |              | 27  |
| 28                                     | <u>Apartment/Duplex</u>                                   | 87,806       | 28  |
| 28a                                    | <u>Gain/Loss on Investments</u>                           | 43,623       | 28a |
| 29                                     | <b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>      | \$ 131,429   | 29  |
| 30                                     | <b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>   | \$ 7,583,924 | 30  |

|                                     |  | 2            |    |
|-------------------------------------|--|--------------|----|
| Expenses                            |  | Amount       |    |
| <b>A. Operating Expenses</b>        |  |              |    |
| 31                                  | General Services   | 1,272,069    | 31 |
| 32                                  | Health Care  | 3,474,705    | 32 |
| 33                                  | General Administration   | 1,788,884    | 33 |
| <b>B. Capital Expense</b>           |  |              |    |
| 34                                  | Ownership  | 228,622      | 34 |
| <b>C. Ancillary Expense</b>         |  |              |    |
| 35                                  | Special Cost Centers   | 108,159      | 35 |
| 36                                  | Provider Participation Fee                                     | 88,148       | 36 |
| <b>D. Other Expenses (specify):</b> |  |              |    |
| 37                                  |  |              | 37 |
| 38                                  |  |              | 38 |
| 39                                  |  |              | 39 |
| 40                                  | <b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>               | \$ 6,960,587 | 40 |
| 41                                  | <b>Income before Income Taxes (line 30 minus line 40)**</b>    | 623,337      | 41 |
| 42                                  | <b>Income Taxes</b>  |              | 42 |
| 43                                  | <b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b> | \$ 623,337   | 43 |

\* 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.

Facility Name & ID Number Fair Havens Christian Home

# 0018143

Report Period Beginning: July 1, 2006

Ending:

June 30, 2007

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

(This schedule must cover the entire reporting period.)

|    |                                      | 1                         | 2**                        | 3                                      | 4                   |    |
|----|--------------------------------------|---------------------------|----------------------------|--|---------------------|----|
|    |                                      | # of Hrs. Actually Worked | # of Hrs. Paid and Accrued | Reporting Period Total Salaries, Wages | Average Hourly Wage |    |
| 1  | Director of Nursing                  | 1,770                     | 1,970                      | \$ 81,737                              | \$ 41.49            | 1  |
| 2  | Assistant Director of Nursing        | 2,025                     | 2,065                      | 57,191                                 | 27.70               | 2  |
| 3  | Registered Nurses                    | 6,374                     | 7,000                      | 178,574                                | 25.51               | 3  |
| 4  | Licensed Practical Nurses            | 24,677                    | 27,287                     | 515,148                                | 18.88               | 4  |
| 5  | CNAs & Orderlies                     | 101,248                   | 113,684                    | 1,257,646                              | 11.06               | 5  |
| 6  | CNA Trainees                         |                           |                            |  |                     | 6  |
| 7  | Licensed Therapist                   |                           |                            |  |                     | 7  |
| 8  | Rehab/Therapy Aides                  | 5,723                     | 6,236                      | 74,621                                 | 11.97               | 8  |
| 9  | Activity Director                    |                           |                            |  |                     | 9  |
| 10 | Activity Assistants                  |                           |                            |  |                     | 10 |
| 11 | Social Service Workers               | 11,164                    | 12,412                     | 149,510                                | 12.05               | 11 |
| 12 | Dietician                            |                           |                            |  |                     | 12 |
| 13 | Food Service Supervisor              | 3,067                     | 3,141                      | 48,077                                 | 15.31               | 13 |
| 14 | Head Cook                            |                           |                            |  |                     | 14 |
| 15 | Cook Helpers/Assistants              | 26,656                    | 30,642                     | 255,448                                | 8.34                | 15 |
| 16 | Dishwashers                          |                           |                            |  |                     | 16 |
| 17 | Maintenance Workers                  | 5,133                     | 5,671                      | 84,411                                 | 14.88               | 17 |
| 18 | Housekeepers                         | 25,982                    | 29,877                     | 263,506                                | 8.82                | 18 |
| 19 | Laundry                              |                           |                            |  |                     | 19 |
| 20 | Administrator                        | 2,160                     | 2,328                      | 158,334                                | 68.01               | 20 |
| 21 | Assistant Administrator              |                           |                            |  |                     | 21 |
| 22 | Other Administrative                 |                           |                            |  |                     | 22 |
| 23 | Office Manager                       | 1,778                     | 1,950                      | 35,597                                 | 18.25               | 23 |
| 24 | Clerical                             | 5,873                     | 6,886                      | 82,597                                 | 11.99               | 24 |
| 25 | Vocational Instruction               |                           |                            |  |                     | 25 |
| 26 | Academic Instruction                 |                           |                            |  |                     | 26 |
| 27 | Medical Director                     |                           |                            |  |                     | 27 |
| 28 | Qualified MR Prof. (QMRP)            |                           |                            |  |                     | 28 |
| 29 | Resident Services Coordinator        |                           |                            |  |                     | 29 |
| 30 | Habilitation Aides (DD Homes)        |                           |                            |  |                     | 30 |
| 31 | Medical Records                      |                           |                            |  |                     | 31 |
| 32 | Other Health Care Dir. Of Admissions | 5,305                     | 5,667                      | 68,846                                 | 12.15               | 32 |
| 33 | Other(specify) CNL, Vol. Coord,      | 8,358                     | 9,430                      | 191,527                                | 20.31               | 33 |
| 34 | TOTAL (lines 1 - 33)                 | 237,293                   | 266,246                    | \$ 3,502,770 *                         | \$ 13.16            | 34 |

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

\*\* See instructions.

**B. CONSULTANT SERVICES**

|    |                                 | 1                             | 2  | 3                                  |    |
|----|---------------------------------|-------------------------------|--|------------------------------------|----|
|    |                                 | Number of Hrs. Paid & Accrued | Total Consultant Cost for Reporting Period | Schedule V Line & Column Reference |    |
| 35 | Dietary Consultant              | 246                           | \$ 12,522                                  | 3.1.3                              | 35 |
| 36 | Medical Director                | 144                           | 33,625                                     | 3.9.3                              | 36 |
| 37 | Medical Records Consultant      | 12                            | 1,440                                      | 3.10.3                             | 37 |
| 38 | Nurse Consultant                | 1                             | 76   | 3.10.3                             | 38 |
| 39 | Pharmacist Consultant           | 192                           | 4,450                                      | 3.10.3                             | 39 |
| 40 | Physical Therapy Consultant     | 3,731                         | 239,110                                    | 3.10a.3                            | 40 |
| 41 | Occupational Therapy Consultant | 3,959                         | 264,029                                    | 3.10a.3                            | 41 |
| 42 | Respiratory Therapy Consultant  |                               |  |                                    | 42 |
| 43 | Speech Therapy Consultant       | 739                           | 61,805                                     | 3.10a.3                            | 43 |
| 44 | Activity Consultant             |                               |  |                                    | 44 |
| 45 | Social Service Consultant       | 174                           | 9,983                                      | 3.12.3                             | 45 |
| 46 | Other(specify) Dental           | 12                            | 600  | 3.10.3                             | 46 |
| 47 |                                 |                               |  |                                    | 47 |
| 48 |                                 |                               |  |                                    | 48 |
| 49 | TOTAL (lines 35 - 48)           | 9,210                         | \$ 627,640                                 |                                    | 49 |

**C. CONTRACT NURSES**

|    |                                  | 1                             | 2                    | 3                                  |    |
|----|----------------------------------|-------------------------------|----------------------|------------------------------------|----|
|    |                                  | Number of Hrs. Paid & Accrued | Total Contract Wages | Schedule V Line & Column Reference |    |
| 50 | Registered Nurses                | 289                           | \$ 13,188            | 3.10.3                             | 50 |
| 51 | Licensed Practical Nurses        | 294                           | 9,927                | 3.10.3                             | 51 |
| 52 | Certified Nurse Assistants/Aides |                               |                      |                                    | 52 |
| 53 | TOTAL (lines 50 - 52)            | 583                           | \$ 23,115            |                                    | 53 |





**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? NO
- (2) Are there any dues to nursing home associations included on the cost report? YES  
If YES, give association name and amount. Life Services Network - \$7313.77, AANAC - \$85
- (3) Did the nursing home make political contributions or payments to a political action organization? NO If YES, have these costs been properly adjusted out of the cost report? \_\_\_\_\_
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? NO If YES, what is the capacity? \_\_\_\_\_
- (5) Have you properly capitalized all major repairs and equipment purchases? YES  
What was the average life used for new equipment added during this period? 5 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 13,950 Line 3.10.2
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? YES If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? NO  
If YES, give effective date of lease. \_\_\_\_\_
- (9) Are you presently operating under a sublease agreement? \_\_\_\_\_ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES \_\_\_\_\_ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.  
N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 88,148  
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? NO If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? YES
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? NO For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 0 Has any meal income been offset against related costs? YES Indicate the amount. \$ 1,703
- (16) Travel and Transportation
- a. Are there costs included for out-of-state travel? NO  
If YES, attach a complete explanation.
- b. Do you have a separate contract with the Department to provide medical transportation for residents? NO If YES, please indicate the amount of income earned from such a program during this reporting period. \$ \_\_\_\_\_
- c. What percent of all travel expense relates to transportation of nurses and patients? NONE
- d. Have vehicle usage logs been maintained? Only on the new bus, not the van
- 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**
- (17) Has an audit been performed by an independent certified public accounting firm? YES  
Firm Name: LarsonAllen@ LLP The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? NO If no, please explain. It will be sent when audit is complete
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? YES
- (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? YES  
Attach invoices and a summary of services for all architect and appraisal fees.