

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER# 0027987 Report Period Beginning: 1/01/2007 Ending: 12/31/2007

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		Skilled (SNF)			1
2		Skilled Pediatric (SNF/PED)			2
3	96	Intermediate (ICF)	96	35,040	3
4		Intermediate/DD			4
5	135	Sheltered Care (SC)	135	49,275	5
6		ICF/DD 16 or Less			6
7	231	TOTALS	231	84,315	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF					8
9	SNF/PED					9
10	ICF	10,594	18,217		28,811	10
11	ICF/DD					11
12	SC	3,288	23,836		27,124	12
13	DD 16 OR LESS					13
14	TOTALS	13,882	42,053		55,935	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 66.34%

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 & 4 include expenses for services or investments not directly related to patient care?

YES NO

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

YES NO

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

Date started 03/01/1968

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

YES Date _____ NO

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

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

Medicare Intermediary _____

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH* Is your fiscal year identical to your tax year? YES NO Tax Year: 12/31/2007 Fiscal Year: 12/31/2007

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

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT # 0027987 Report Period Beginning: 1/01/2007 Ending: 12/31/2007

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	680,795	65,218	15,725	761,738		761,738	761,738			1
2	Food Purchase		511,839		511,839	(14,396)	497,443	(15,152)	482,291		2
3	Housekeeping	290,085	52,053		342,138		342,138		342,138		3
4	Laundry	148,725	33,554		182,279		182,279		182,279		4
5	Heat and Other Utilities			412,572	412,572	(6,600)	405,972	(16,478)	389,494		5
6	Maintenance	219,315	52,982	259,648	531,945		531,945	(6,931)	525,014		6
7	Other (specify):*			169,263	169,263		169,263		169,263		7
8	TOTAL General Services	1,338,920	715,646	857,208	2,911,774	(20,996)	2,890,778	(38,561)	2,852,217		8
	B. Health Care and Programs										
9	Medical Director			18,000	18,000		18,000		18,000		9
10	Nursing and Medical Records	2,626,186	119,881	103,178	2,849,245		2,849,245		2,849,245		10
10a	Therapy										10a
11	Activities	132,817	8,958	1,100	142,875		142,875		142,875		11
12	Social Services	43,241			43,241		43,241		43,241		12
13	CNA Training										13
14	Program Transportation			7,998	7,998		7,998	(1,143)	6,855		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	2,802,244	128,839	130,276	3,061,359		3,061,359	(1,143)	3,060,216		16
	C. General Administration										
17	Administrative	270,575			270,575		270,575		270,575		17
18	Directors Fees										18
19	Professional Services			85,212	85,212	(10,885)	74,327	(18,917)	55,410		19
20	Dues, Fees, Subscriptions & Promotions			31,544	31,544	670	32,214	(14,491)	17,723		20
21	Clerical & General Office Expenses	184,770	30,354	18,279	233,403		233,403		233,403		21
22	Employee Benefits & Payroll Taxes			1,131,156	1,131,156	24,611	1,155,767		1,155,767		22
23	Inservice Training & Education										23
24	Travel and Seminar			14,702	14,702		14,702	(12,209)	2,493		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			118,337	118,337	(27,500)	90,837	(859)	89,978		26
27	Other (specify):*			6,748	6,748		6,748	(4,714)	2,034		27
28	TOTAL General Administration	455,345	30,354	1,405,978	1,891,677	(13,104)	1,878,573	(51,190)	1,827,383		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,596,509	874,839	2,393,462	7,864,810	(34,100)	7,830,710	(90,894)	7,739,816		29

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

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

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			627,107	627,107	14,449	641,556	(110,607)	530,949			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			215,674	215,674		215,674	(53,154)	162,520			32
33	Real Estate Taxes			110,335	110,335		110,335	(110,335)				33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			2,345	2,345		2,345		2,345			35
36	Other (specify):*			12,448	12,448		12,448		12,448			36
37	TOTAL Ownership			967,909	967,909	14,449	982,358	(274,096)	708,262			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers											39
40	Barber and Beauty Shops					6,600	6,600		6,600			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			52,560	52,560		52,560		52,560			42
43	Other (specify):*			799,810	799,810	13,051	812,861		812,861			43
44	TOTAL Special Cost Centers			852,370	852,370	19,651	872,021		872,021			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,596,509	874,839	4,213,741	9,685,089		9,685,089	(364,990)	9,320,099			45

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

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(15,152)	Line2		4
5	Telephone, TV & Radio in Resident Rooms	(16,478)	Line5		5
6	Rented Facility Space	(6,931)	Line6		6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(33,290)	Line32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest	(19,864)	Line32		14
15	Non-Care Related Owner's Transactions	(110,607)	Line30		15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(12,209)	Line24		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	(3,000)	Line27		24
25	Fund Raising, Advertising and Promotional	(12,331)	Line20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(2,160)	Line20		28
29	Other-Attach Schedule	(132,968)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (364,990)		\$	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	SUBTOTAL (B): (sum of lines 31-35)	\$		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (364,990)		37

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

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

		1	2	3	4	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.		X	\$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops	X		6,600	Line5	41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44	Exceptional Care Program		X			44
45	Other-Attach Schedule <u>Dupl Insur</u>	X		27,500	Line26	45
46	Other-Attach Schedule		X			46
47	TOTAL (C): (sum of lines 38-46)			\$ 34,100		47

BHF USE ONLY						
48		49		50		51
						52

STATE OF ILLINOIS
FAIRHAVEN CHRISTIAN RETIREMENT CENTER

ID# 0027987

Report Period Beginning: 1/01/2007

Ending: 12/31/2007

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Gas for non-care vehicles	\$ (1,143)	Line 14	1
2	Insurance for non-care vehicles	(859)	Line 26	2
3	Flowers & decorations, miscellaneous	(1,714)	Line 27	3
4	Bond trustee costs	(18,917)	Line 19	4
5	Real estate taxes - main building	(110,335)	Line 33	5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
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28				28
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31				31
32				32
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36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(132,968)		49

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
NONE						

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

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

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT # 0027987 Report Period Beginning: 1/01/2007 Ending: 12/31/2007

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

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

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

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER # 0027987 Report Period Beginning: 1/01/2007 Ending: 2/31/2007

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					\$	\$		\$	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 **FAIRHAVEN CHRISTIAN RETIREMENT** # **0027987** Report Period Beginning: **1/01/2007** Ending: **12/31/2007**

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 Name of Lender	2 Related**		3 Purpose of Loan	4 Monthly Payment Required	5 Date of Note	6 Amount of Note		8 Maturity Date	9 Interest Rate (4 Digits)	10 Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	A. Directly Facility Related											
	Long-Term											
1	Alpine Bank-Line of Credit	X		Construction - Phase 1	None	9/1/2005	\$ 1,500,000	\$ 1,500,000	9/1/2008	0.0649	\$ 97,350	1
2	Alpine Bank-Line of Credit	X		Construction - Phase 1	None	2/1/2006	1,700,000	1,700,000	2/1/2009	0.0699	65,170	2
3												3
4												4
5												5
	Working Capital											
6	Alpine Bank-Line of Credit	X		Operating Expenses	None	7/12/2007	500,000		8/11/2008	0.0825	31	6
7												7
8												8
9	TOTAL Facility Related						\$ 3,700,000	\$ 3,200,000			\$ 162,551	9
	B. Non-Facility Related*											
10	City of Rockford Bonds		X	Construction	None	2/22/2000	2,500,000	1,310,000	2/1/2013	0.0389	51,613	10
11	Alpine Bank- Line of Credit		X	Construction - Terr View Ln	None	10/2/2007	250,000	250,000	10/1/2008	0.0725	1,510	11
12												12
13												13
14	TOTAL Non-Facility Related						\$ 2,750,000	\$ 1,560,000			\$ 53,123	14
15	TOTALS (line 9+line14)						\$ 6,450,000	\$ 4,760,000			\$ 215,674	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.)

Facility Name & ID Number **FAIRHAVEN CHRISTIAN RETIREMENT CENTER**# **0027987** Report Period Beginning: **1/01/2007** Ending: **12/31/2007****IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)****B. Real Estate Taxes**

1. Real Estate Tax accrual used on 2006 report.		Important , please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.	\$	141,300	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)			\$	127,918	2
3. Under or (over) accrual (line 2 minus line 1).			\$	(13,382)	3
4. Real Estate Tax accrual used for 2007 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	134,300	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)			\$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)			\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	* 0.00	7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:		2002	417,845	8	
		2003	366,515	9	
		2004	292,672	10	
		2005	134,539	11	
		2006	127,918	12	
* Since the nursing home portion of our facility is exempt from real estate taxes, all other tax related to the main building would not be allowable and is therefore, adjusted out of the total costs on this report.					
FOR BHF USE ONLY					
13	FROM R. E. TAX STATEMENT FOR 2006	\$			13
14	PLUS APPEAL COST FROM LINE 5	\$			14
15	LESS REFUND FROM LINE 6	\$			15
16	AMOUNT TO USE FOR RATE CALCULATION	\$			16

NOTES:

1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

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,

2006 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME FAIRHAVEN CHRISTIAN RETIREMENT CENTER COUNTY WINNEBAGO

FACILITY IDPH LICENSE NUMBER 0027987

CONTACT PERSON REGARDING THIS REPORT Jeff Reiersen

TELEPHONE (815) 877-1441 FAX #: (815) 877-2040

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

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 Applicable to Nursing Home</u>
1. <u>152B028B</u>	<u>Main Building</u>	<u>\$ 134,193.00</u>	<u>\$ none</u>
2. <u>152B030B</u>	<u>3488 N. Alpine</u>	<u>\$ 9,061.00</u>	<u>\$ none</u>
3. <u>152B051</u>	<u>Land by Alpine</u>	<u>\$ 74.00</u>	<u>\$ none</u>
4. <u>149C081B</u>	<u>Verde Lane</u>	<u>\$ 106.00</u>	<u>\$ none</u>
5. <u>149C052,053,054</u>	<u>Rolling Meadow/Terrace View Dup.</u>	<u>\$ 161,170.00</u>	<u>\$ none</u>
6. <u>152B031</u>	<u>Garden Lane Duplexes</u>	<u>\$ 21,690.00</u>	<u>\$ none</u>
7. <u>152B152,153,154,155,156</u>	<u>Garden Lane Duplexes</u>	<u>\$ 13,901.00</u>	<u>\$ none</u>
8. <u>152B157,158,159,161,162</u>	<u>Garden Lane Duplexes</u>	<u>\$ 15,855.00</u>	<u>\$ none</u>
9. _____	_____	\$ _____	\$ _____
10. <u>SEE ATTACHED PAGE 10B FOR EXPLANATION</u>	_____	\$ _____	\$ _____
TOTALS		\$ <u>356,050.00</u>	\$ <u>none</u>

B. **Real Estate Tax Cost Allocation:**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not direct 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.

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 159,494 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 3

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.

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

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.

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

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

FAIRHAVEN CHRISTIAN RETIREMENT CENTER, RETIREMENT LIVING, DUPLEXES (114 UNITS TOTAL)

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES NO
If so, please complete the following:

1. Total Amount Incurred: _____ 2. Number of Years Over Which it is Being Amortized: _____
3. Current Period Amortization: _____ 4. Dates Incurred: _____

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

XI. OWNERSHIP COSTS:

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

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER

0027987

Report Period Beginning:

1/01/2007

Ending:

12/31/2007

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	94		1967	1967	\$ 1,115,078	\$ 27,041	40	\$ 27,041	\$	\$ 1,101,366	4
5	76		1973	1973	1,051,996	26,186	40	26,186		907,952	5
6	20		1975	1975	255,191	5,843	20-40	5,843		211,357	6
7	41		1979	1979	1,323,223	31,213	40	31,213		967,200	7
8											8
	Improvement Type**										
9		Land improvements		1968	36,138	27	20-40	27		36,096	9
10		Expansion tank, carpet, light fixt., closet door, windows		1987	14,030	63	5-20	63		14,030	10
11		Fire alarm system, new laundry doors		1988	30,856	738	5-20	738		30,496	11
12		Sliding doors-front entry, water softener		1989	25,488	1,132	10-20	1,132		23,793	12
13		Hot water heater, boiler repair, air condit., exam room		1990	24,368	192	10-20	192		23,891	13
14		Air condit.-2 kitchens, HC computer cab., burner/boiler		1991	44,311	378	15-20	378		42,647	14
15		Remodel dietary off., a/c coff shop, carpeting,smoke det.		1993	35,136	258	10-20	258		33,721	15
16		Air condit.-laundry, new kitchen/apt, fire alarm		1994	11,134	225	10-20	225		9,671	16
17		Remodel of 6 rooms		1996	33,302	1,643	5-20	1,643		19,336	17
18		Remodeling of nurses station		1996	8,438	422	20	422		4,853	18
19		Boiler repair and new boiler		1996	5,363	4	10	4		5,363	19
20		New lights		1996	7,499	375	20	375		4,313	20
21		New windows		1996	1,762	88	20	88		1,012	21
22		Mixing valve and cartridge		1996	6,459	2	5-10	2		6,459	22
23		Rehab & conversion of rooms		1997	119,116	4,765	25	4,765		50,031	23
24		Remodel of Rehab dept., identicard door system		1997	37,374	1,569	10-25	1,569		19,971	24
25		Wall heaters,doors & wind.,water heater,chill water sys		1997	18,338	763	10-25	763		8,458	25
26		Roof work, office remodel,clock wiring,shelving,boiler		1997	33,616	1,587	10-25	1,587		19,437	26
27		Fence along Alpine Road		1998	84,198	4,210	20	4,210		39,995	27
28		Blacktop		1998	12,538	627	20	627		5,957	28
29		Remodel of Rehab Dept & Breakroom		1998	42,423	1,697	25	1,697		16,122	29
30		Rehab resident rooms		1998	92,743	3,710	25	3,710		35,245	30
31		Rehab offices-Ex dir.,ADON, Maint., Activities		1998	36,208	1,448	25	1,448		13,755	31
32		Rear entrance door, fire protection system		1998	6,051	242	25	242		2,299	32
33		Rehab Health Ctr., Halls, Storage, Conference room		1998	24,693	988	25	988		9,387	33
34		Rehab coffee shop & gift shop		1998	4,374	175	25	175		1,663	34
35		Health Ctr. sound system,		1998	4,308	287	15	287		2,727	35
36		Electrical work, heating & air condit.		1998	5,180	207	25	207		1,967	36

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

See Page 12A, Line 70 for total

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

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER

0027987

Report Period Beginning:

1/01/2007 Ending: 12/31/2007

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	Fence and grading	1999	\$ 13,566	\$ 678	20	\$ 678	\$	\$ 5,763	37
38	Blacktop, patching, speed bumps	1999	18,220	951	10-20	951		8,083	38
39	Rehab resident rooms	1999	84,948	3,398	25	3,398		28,883	39
40	Rehab maint off., shop, laund room, housekeeping off.	1999	44,768	1,791	25	1,791		15,224	40
41	Health Ctr. Elevator conversion, emerg. Lights	1999	9,806	931	10-20	931		7,914	41
42	Windows, storm doors, boiler room electrical	1999	12,196	518	20-25	518		4,403	42
43	Rehab Health Ctr.-lighting,heat,ceiling panels,flooring	1999	33,716	1,349	25	1,349		11,467	43
44	Rehab Health Ctr.-conf room,util room,activ,air cond	1999	17,993	864	15-25	864		7,343	44
45	Rehab Health Ctr.-soc serv off., 1st floor restroom	1999	4,077	163	25	163		1,385	45
46	Wanderguard door alarm	1999	530	53	10	53		451	46
47	Remodel-Main office,coffee shop,gift shop	2000	1,110,762	27,769	40	27,769		208,268	47
48	Employee parking lot	2000	96,253	4,813	20	4,813		36,097	48
49	Irrigation system	2000	18,761	938	20	938		7,035	49
50	Beauty shops-1st & 3rd	2000	49,403	1,235	40	1,235		9,263	50
51	Remodel-Maint., Acctg, Activ.,& 2nd fl HC kitchen off.	2000	38,198	1,910	20	1,910		14,325	51
52	Rehab resident rooms	2000	64,544	3,588	10-20	3,588		26,910	52
53	Main entrance doors	2000	10,535	527	20	527		3,952	53
54	Roof repairs,elevator room repairs,electric,phone,comp.	2000	35,305	2,299	10-20	2,299		17,242	54
55	Back flow system	2000	65,706	3,285	20	3,285		24,638	55
56	Smoke barrier upgrade	2000	68,105	1,703	40	1,703		12,772	56
57	Vanity/Tops/Faucets	2001	8,998	600	15	600		3,900	57
58	Recaulk-main entrance/main dining/S&W wings perimeters	2001	15,040	1,504	10	1,504		9,776	58
59	Signage, OSHA modifications,HVAC modifications	2001	16,911	873	15-25	873		5,675	59
60	2nd floor remodeling-ceiling,sprinkler,lighting,duct work	2001	48,885	2,375	20-25	2,375		15,438	60
61	Rehab resident rooms,countertop,locks	2001	30,992	1,550	20	1,550		10,075	61
62	Miscell plants,pots,trees,mulch,sprinkler system supplies	2001	8,496	568	5-15	568		2,869	62
63	Miscell boiler room doors/frames,castings-main,a/c install	2001	4,578	374	10-25	374		2,431	63
64	Rehab dietary office-elect,fan coil ductwork,door	2001	7,190	360	20	360		2,340	64
65	Redo wall,hallway,rear stairway coping stone reset	2002	2,104	105	20	105		578	65
66	Vanity/Tops/Faucets	2002	8,106	540	15	540		2,970	66
67	Keys,locks,windows	2002	6,335	351	15-20	351		1,930	67
68	East entrance doors-structual changes	2002	7,684	384	20	384		2,112	68
69	Recaulk-HC wing perimeter	2002	12,695	1,270	10	1,270		6,985	69
70	TOTAL (lines 4 thru 69)		\$ 6,526,338	\$ 187,722		\$ 187,722	\$	\$ 4,189,067	70

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

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER

0027987

Report Period Beginning:

1/01/2007 Ending: 12/31/2007

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	Totals from Page 12A, Carried Forward		\$ 6,526,338	\$ 187,722		\$ 187,722	\$	\$ 4,189,067	1
2	Doors	2002	7,581	505	15	505		2,778	2
3	Laundry,south lounge,water serv valve,roof,trash chute changes	2002	9,256	726	5-15	726		5,469	3
4	Main office,conference room,training room changes	2002	4,097	205	20	205		1,127	4
5	Room number signs	2002	6,070	304	20	304		1,672	5
6	Landscaping, front entrance and east drainage	2003	6,332	555	10-15	555		2,497	6
7	Back parking lot-coat and seal	2003	8,175		3			8,175	7
8	Modify patient toilet rooms and showers	2003	36,996	1,480	25	1,480		6,660	8
9	Garages-crown molding	2003	3,601	180	20	180		810	9
10	Screen,glass,wall,door,latches,locks replacement	2003	15,747	1,063	5-20	1,063		4,783	10
11	Lighting	2003	24,236	1,307	5-20	1,307		5,882	11
12	Vanity/Tops/Faucets	2003	4,908	327	15	327		1,472	12
13	Boiler room rework	2003	3,795	190	20	190		855	13
14	South wing roof	2003	66,135	3,307	20	3,307		14,881	14
15	Smoke barrier upgrade	2003	28,657	1,433	20	1,433		6,448	15
16	Employee parking lot, sidewalks	2004	14,283	952	15	952		3,332	16
17	Landscaping drainage	2004	12,100	807	15	807		2,824	17
18	Employee patio, residents veranda	2004	42,639	2,139	15-20	2,139		7,486	18
19	Vanities/tops	2004	7,657	510	15	510		1,785	19
20	Emergency lighting, kitchen feeds, sink	2004	16,344	1,057	15-20	1,057		3,699	20
21	Library	2004	11,520	576	20	576		2,016	21
22	3rd floor renovation	2004	53,708	2,685	20	2,685		9,398	22
23	Thermostats, heaters, heat lamps	2004	7,888	526	15	526		1,841	23
24	Building equipment, mixing valve, wire fence	2004	14,689	1,043	15	1,043		3,651	24
25	HC room doors	2004	8,783	586	15	586		2,051	25
26	Room refurbishment- 302/304	2004	8,782	439	20	439		1,537	26
27	HVAC controls, a/c units	2004	24,793	1,653	15	1,653		5,785	27
28	Curve improvement and walkway	2005	43,285	2,886	15	2,886		7,215	28
29	Recreational path - veranda	2005	10,099	673	15	673		1,683	29
30	Blacktop - HC entrance and kitchen parking lot	2005	8,225	548	15	548		1,370	30
31	Globe fixtures at front entrance and signage	2005	2,856	190	15	190		475	31
32	Boiler room floor drains,rebrick boiler #2	2005	11,544	577	20	577		1,442	32
33	Vanities/tops	2005	2,581	172	15	172		430	33
34	TOTAL (lines 1 thru 33)		\$ 7,053,700	\$ 217,323		\$ 217,323	\$	\$ 4,310,596	34

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

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER

0027987

Report Period Beginning:

1/01/2007 Ending: 12/31/2007

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	Totals from Page 12B, Carried Forward		\$ 7,053,700	\$ 217,323		\$ 217,323	\$	\$ 4,310,596	1
2	East wing mixing value	2005	6,422	428	15	428		1,070	2
3	Roof exhaust fans, repairs & HC tuckpointing	2005	11,525	714	15-20	714		1,785	3
4	Upgrade elevator door-left side center building	2005	15,754	788	20	788		1,970	4
5	Window replacement and painting	2005	22,075	1,104	20	1,104		2,760	5
6	Remove/replace HC canopy	2005	46,471	1,859	25	1,859		4,647	6
7	Garage door-Kabota storage	2005	1,264	63	20	63		158	7
8	Storage room cages	2005	753	50	15	50		125	8
9	Boiler room walkway	2006	19,603	980	20	980		1,470	9
10	Signage	2006	5,011	334	15	334		501	10
11	Storage room cages	2006	16,254	813	20	813		1,219	11
12	Upgrade elevator doors	2006	58,240	2,912	20	2,912		4,368	12
13	Curb & gutter, irrigation system	2006	18,415	1,228	15	1,228		1,842	13
14	Repipe softners	2006	5,700	285	20	285		428	14
15	Vanities/tops	2006	4,530	302	15	302		453	15
16	Exhaust fans-roofs	2006	16,456	1,097	15	1,097		1,646	16
17	Window replacement and painting	2006	11,817	554	20	554		831	17
18	Bathtub conversions	2006	4,265	213	20	213		320	18
19	Lighting and electrical work	2006	1,615	81	20	81		121	19
20	Landscaping-veranda and health center	2007	5,764	138	15	138		138	20
21	Health center hydrant extension, air infiltration	2007	10,003	250	20	250		250	21
22	Front parking lot-coat and seal, grading and core out	2007	5,557	405	5-15	405		405	22
23	Signage	2007	2,192	73	15	73		73	23
24	Lighting	2007	6,143	174	15-20	174		174	24
25	Vanities/tops/air conditioner units	2007	11,404	380	15	380		380	25
26	Exhaust fans-roofs	2007	8,322	277	15	277		277	26
27	Bathtub conversions	2007	12,338	308	20	308		308	27
28	Health center soffit work,wrap-around, saniglaze	2007	21,849	571	15-20	571		571	28
29	Fire alarm system	2007	8,263	207	20	207		207	29
30	Condenser unit	2007	8,146	204	20	204		204	30
31	Veranda aluminum screen	2007	4,880	122	20	122		122	31
32	Windows and locks	2007	1,733	43	20	43		43	32
33	Modular nurses stations	2007	11,618	290	20	290		290	33
34	TOTAL (lines 1 thru 33)		\$ 7,438,082	\$ 234,570		\$ 234,570	\$	\$ 4,339,752	34

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

Facility Name & ID Number **FAIRHAVEN CHRISTIAN RETIREMENT CENTER**

0027987

Report Period Beginning:

1/01/2007 Ending: 12/31/2007

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	Totals from Page 12C, Carried Forward		\$ 7,438,082	\$ 234,570		\$ 234,570	\$	\$ 4,339,752	1
2	Building - phase 1 - air make-up, fire suppression, SC dining	2007	2,930,779	36,635	40	36,635		36,635	2
3	Roofs - phase 1 - main building and health center	2007	209,834	4,197	25	4,197		4,197	3
4	Health center canopy - phase 1	2007	11,115	139	40	139		139	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
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19									19
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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	TOTAL (lines 1 thru 33)		\$ 10,589,810	\$ 275,541		\$ 275,541	\$	\$ 4,380,723	34

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

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTE# 0027987 Report Period Beginning: 1/01/2007 Ending: 12/31/2007

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 3,522,653	\$ 232,729	\$ 232,729	\$	5-20 yrs.	\$ 2,244,094	71
72	Current Year Purchases	347,173	17,045	17,045		5-20 yrs.	17,045	72
73	Fully Depreciated Assets	(1,175,180)				5-20 yrs.	(1,175,180)	73
74								74
75	TOTALS	\$ 2,694,646	\$ 249,774	\$ 249,774	\$		\$ 1,085,959	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Bus	Ford Turtle Top - 2003	2003	\$ 56,345	\$ 5,634	\$ 5,634	\$	10 yrs.	\$ 25,355	76
77										77
78										78
79										79
80	TOTALS			\$ 56,345	\$ 5,634	\$ 5,634	\$		\$ 25,355	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)	\$ 13,403,105	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 530,949	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 530,949	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 5,492,037	85

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

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	Garages 1968-92, Vehicles 1989-2007	\$ 69,375	\$ 2,970	\$ 56,896	86
87	Landscaping equipment-1968-2007	49,439		49,439	87
88	Duplexes & Land Improv.1990-2007	13,881,376	467,139	6,380,204	88
89	E-wing furn.&land improv1990-2007	3,482,300	93,053	1,773,656	89
90	Land-Duplexes	411,576			90
91	TOTALS	\$ 17,894,066	\$ 563,162	\$ 8,260,195	91

G. Construction-in-Progress

	Description	Cost	
92	Construction-in-progress	\$ 75,586	92
93			93
94			94
95		\$ 75,586	95

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: NONE

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

If NO, see instructions. YES NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

**

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized
by the length of the lease _____.

9. Option to Buy: YES NO Terms: _____ *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?

YES NO

16. Rental Amount for movable equipment: \$ _____ Description: _____

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18					18
19					19
20					20
21	TOTAL		\$	\$	21

10. Effective dates of current rental agreement:

Beginning _____
Ending _____

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

	Fiscal Year Ending	Annual Rent
12.	<u>/2008</u>	\$ _____
13.	<u>/2009</u>	\$ _____
14.	<u>/2010</u>	\$ _____

* 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.

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER # 0027987 Report Period Beginning: 1/01/2007 Ending: 12/31/2007

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>All nurses aides come to Fairhaven having already completed C.N.A. classes prior to employment. If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. CLASSROOM PORTION:</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. CLINICAL PORTION:</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)	
TOTAL TRAINED	

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

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

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

	Service	1 Schedule V Line & Column Reference	2		3		4		5		6		7		8		
			Staff		Units of Service	Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)						
							Units	Cost									
1	Licensed Occupational Therapist	NONE	hrs	\$													1
2	Licensed Speech and Language Development Therapist		hrs														2
3	Licensed Recreational Therapist		hrs														3
4	Licensed Physical Therapist		hrs														4
5	Physician Care		visits														5
6	Dental Care		visits														6
7	Work Related Program		hrs														7
8	Habilitation		hrs														8
9	Pharmacy		# of prescripts														9
10	Psychological Services (Evaluation and Diagnosis/ 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 & ID Number **FAIRHAVEN CHRISTIAN RETIREMENT CENTER** # **0027987** Report Period Beginning: **1/01/2007** Ending: **12/31/2007**

XV. BALANCE SHEET - Unrestricted Operating Fund. As of **12/31/2007** (last day of reporting year)

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

		1 Operating	2 After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 437,233	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance 500)	399,879		3
4	Supply Inventory (priced at Lwr Cst or Mk)	41,066		4
5	Short-Term Investments			5
6	Prepaid Insurance	23,861		6
7	Other Prepaid Expenses	30,106		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Limited Use Assets</u>	505,684		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,437,829	\$	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	473,880		13
14	Buildings, at Historical Cost	27,543,343		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	4,875,557		16
17	Accumulated Depreciation (book methods)	(15,723,817)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (spe <u>Bond Clsg Cost(Net)</u>)	63,274		22
23	Other(specify): <u>Vehicles, CIP</u>	302,792		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 17,535,029	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 18,972,858	\$	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 243,846	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	210,000		29
30	Accrued Salaries Payable	157,383		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	134,300		32
33	Accrued Interest Payable	20,501		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>Property Tax Credits Due Residents</u>	307,000		36
37	<u>Accrued Retirement - 403-B</u>	15,813		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,088,843	\$	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	3,450,000		39
40	Mortgage Payable			40
41	Bonds Payable	1,100,000		41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>Advance Deposits on Founder's Fees</u>	172,350		43
44	<u>Founder's Fees</u>	5,497,981		44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 10,220,331	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 11,309,174	\$	46
47	TOTAL EQUITY (page 18, line 24)	\$ 7,663,684	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 18,972,858	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 7,383,537	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 7,383,537	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	282,706	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants	173	11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe) Unrealized losses on investments	(2,732)	15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 280,147	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 7,663,684	24 *

* This must agree with page 17, line 47.

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	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 7,782,569	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 7,782,569	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	6,600	13
14	Non-Patient Meals	28,060	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space	6,931	16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	139,122	21
22	Laundry	4,374	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 185,087	23
D. Non-Operating Revenue			
24	Contributions	96,818	24
25	Interest and Other Investment Income***	33,290	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 130,108	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Duplex Income	1,795,729	28
28a	Equipment Rental & Other Income	74,302	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 1,870,031	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 9,967,795	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	2,911,774	31
32	Health Care	3,061,359	32
33	General Administration	1,891,677	33
B. Capital Expense			
34	Ownership	967,909	34
C. Ancillary Expense			
35	Special Cost Centers	799,810	35
36	Provider Participation Fee	52,560	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 9,685,089	40
41	Income before Income Taxes (line 30 minus line 40)**	282,706	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 282,706	43

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? YES 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 **FAIRHAVEN CHRISTIAN RETIREMENT CENTER**

0027987

Report Period Beginning:

1/01/2007

Ending:

12/31/2007

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	2,172	2,348	\$ 85,185	\$ 36.28	1
2	Assistant Director of Nursing	1,864	2,080	51,355	24.69	2
3	Registered Nurses	23,830	25,470	585,968	23.01	3
4	Licensed Practical Nurses	26,705	29,313	549,522	18.75	4
5	CNAs & Orderlies	93,113	100,938	1,224,658	12.13	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	7,054	8,021	95,473	11.90	8
9	Activity Director	4,888	5,174	77,515	14.98	9
10	Activity Assistants	5,635	6,078	55,302	9.10	10
11	Social Service Workers	1,944	2,080	43,241	20.79	11
12	Dietician					12
13	Food Service Supervisor	3,862	4,286	80,142	18.70	13
14	Head Cook					14
15	Cook Helpers/Assistants	24,711	27,227	298,652	10.97	15
16	Dishwashers	35,296	37,061	302,001	8.15	16
17	Maintenance Workers	12,641	13,611	219,315	16.11	17
18	Housekeepers	28,319	29,920	290,085	9.70	18
19	Laundry	12,797	14,235	148,725	10.45	19
20	Administrator	1,864	2,080	108,377	52.10	20
21	Assistant Administrator	1,864	2,080	91,650	44.06	21
22	Other Administrative	1,904	2,080	70,548	33.92	22
23	Office Manager	1,864	2,080	37,136	17.85	23
24	Clerical	9,578	10,375	147,634	14.23	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	1,539	1,652	34,025	20.60	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	303,444	328,189	\$ 4,596,509 *	\$ 14.01	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	394	\$ 15,725	1-3	35
36	Medical Director	36	18,000	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	102	1,431	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	16	1,100	11-3	44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	548	\$ 36,256		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	240	\$ 9,377	10-3	50
51	Licensed Practical Nurses	2,326	79,635	10-3	51
52	Certified Nurse Assistants/Aides	664	12,735	10-3	52
53	TOTAL (lines 50 - 52)	3,230	\$ 101,747		53

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Tom Bleed	Exec. Director	0	\$ 108,377	Workers' Compensation Insurance	\$ 159,988	IDPH License Fee	\$ 995	
Jeff Reiersen	Asst. Administrator	0	91,650	Unemployment Compensation Insurance	10,114	Advertising: Employee Recruitment	3,254	
Steve Hemenway	Dir. Of Resid & Human Serv.	0	70,548	FICA Taxes	332,033	Health Care Worker Background Check		
				Employee Health Insurance	535,523	(Indicate # of checks performed <u>7</u>)	70	
				Employee Meals	14,396	Patient Background Checks <u>60</u>	600	
				Illinois Municipal Retirement Fund (IMRF)*		LSN Membership Fees	10,554	
				403-B Annuity Expense-company match	67,704	Required Minority Advertising	495	
				403-B Annuity Expense-administration	6,020	Profess & Business Related Subscript.	1,199	
				Company Appreciation Events	21,387	State Licenses & IL CPA Society Dues	556	
				Employee Benefits Corp-Flex Spending admin	1,556	Promotional & Advertising Fees	12,331	
				Employee-Physicals	4,195	Less: Public Relations Expense	(1,980)	
				Employee Assistance Program	2,851	Non-allowable advertising	(8,405)	
						Yellow page advertising	(1,946)	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)					\$ 270,575	TOTAL (agree to Sch. V, line 20, col. 8)		\$ 17,723
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description				Description			Description	
Amount				Line #			Amount	
\$				\$			\$	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)				TOTAL			TOTAL (agree to Sch. V, line 24, col. 8)	
\$				\$			\$	
C. Professional Services				G. Schedule of Travel and Seminar**			Description	
Vendor/Payee	Type	Amount		Description			Amount	
ADP	Payroll Services	\$ 16,231		Out-of-State Travel			\$ 0	
Amcore Bank	3rd Party Admin-403-B	6,020						
Chase Bank	Trustee Serv Bond Issue	18,917						
Illinois State Police	Background Checks	670						
Jackson Lewis	Attorney - HR issues	6,499						
McGladrey & Pullen	Annual Audit & Acctg Serv.	15,625						
MDI/Achieve Healthcare Tech	Acctg/Med Record Support	11,977						
Mygait	Residents Computer Serv.	4,500						
Physicians Immed Care	Employee Physicals	4,195						
Williams McCarthy	Attorney - 403-B issues	578						
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)				TOTAL			Entertainment Expense (agree to Sch. V, line 24, col. 8)	
\$ 85,212				\$			\$ 2,493	

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER

0027987

Report Period Beginning: 1/01/2007

Ending: 12/31/2007

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(LSN) \$10,554
- (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? 8 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 50,700 Line 10(Col. 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.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 52,560
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? NONE
- (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. \$ 14,396 Has any meal income been offset against related costs? YES Indicate the amount. \$ 15,152
- (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? 100%
d. Have vehicle usage logs been maintained? YES
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? YES
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? YES
g. Does the facility transport residents to and from day training? NO
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? YES
Firm Name: McGladrey & Pullen, CPA'S The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? YES If no, please explain. _____
- (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.

FAIRHAVEN CHRISTIAN RETIREMENT CENTER

#0027987

1/1/07 - 12/31/07

RECLASSIFICATIONS:

LINE 2	Food purchase	<u>\$ (14,396)</u>	Take out cost of meals provided to employees
LINE 5	Heat & other utilities	<u>\$ (6,600)</u>	Take out utilities allocable to beauty shop
LINE 19	Professional services	\$ (670)	Take out background checks
		\$ (4,195)	Take out employee exams
		<u>\$ (6,020)</u>	Take out 403-B administration function
		<u>\$ (10,885)</u>	
LINE 20	Fees, subscriptions, & promotions	<u>\$ 670</u>	Add in background checks from line 19
LINE 22	Employee benefits & payroll taxes	\$ 14,396	Add in cost of meals from line 2
		\$ 4,195	Add in employee exams from line 19
		\$ 6,020	Add in 403-B administration function from line 19
		<u>\$ 24,611</u>	
LINE 26	Insurance-Property & Liability	<u>\$ (27,500)</u>	Take out insurance-property for Duplexes
LINE 30	Depreciation	<u>\$ 14,449</u>	Add in additional depreciation relating to Duplexes
LINE 40	Barber & Beauty Shops	<u>\$ 6,600</u>	Add in utilities taken out of line 5
LINE 43	Other-Duplexes	\$ 27,500	Add in insurance-property from line 26
		<u>\$ (14,449)</u>	Take out depreciation from line 30
		<u>\$ 13,051</u>	
TOTAL		<u>\$ -</u>	

FAIRHAVEN CHRISTIAN RETIREMENT CENTER

#0027987

1/1/07-12/31/07

Schedule V p. 3 & 4

LINE 7

Security Services	\$ 139,052
Trash Disposal	\$ 30,211
	<u>\$ 169,263</u>

LINE 27

Flowers & Decorations-Nursing Ctr.	<u>\$ 2,034</u>
------------------------------------	-----------------

LINE 36

Amortization of Bond Closing Costs	<u>\$ 12,448</u>
------------------------------------	------------------

LINE 43

Duplexes: Real Estate Taxes	\$ 215,964
Depreciation	\$ 467,139
Utilities	\$ 51,411
Maintenance	\$ 50,847
Insurance	\$ 27,500
	<u>\$ 812,861</u>

FAIRHAVEN CHRISTIAN RETIREMENT CENTER

#0027987

1/1/07 - 12/31/07

Sch VI p. 5

LINE 29

Gas for Non-Care Vehicles	\$	(1,143)
Insurance for Non-Care Vehicles	\$	(859)
Flowers & Decorations, Miscellaneous	\$	(1,714)
Bond Trustee Costs	\$	(18,917)
Real Estate Taxes - Main Building	\$	(110,335)
	\$	<u>(132,968)</u>

LINE 45

Duplex Insurance	<u>\$27,500</u>
------------------	-----------------

FAIRHAVEN CHRISTIAN RETIREMENT CENTER
#0027987 1/1/07 - 12/31/07

Sch XVII Income Statement Page 19

E. Other Revenue

Line 28	<u>\$ 1,795,729</u>	Duplex Monthly Maintenance and Founder's Fee Income
Line 28a	\$ 6,544	Equipment Rental-Wheelchairs & Gerichairs
	<u>\$ 67,758</u>	Other Income such as Vending Machine, Monthly Cable, Activities, Gain on Sale,
	<u>\$ 74,302</u>	

FAIRHAVEN CHRISTIAN RETIREMENT CENTER

#0027987 1/1/07-12/31/07

PAGE 10B: 2006 LONG TERM CARE REAL ESTATE TAX STATEMENT

EXPLANATION REGARDING PAGE 10A PARTS B & C:

- B. Our tax bills relate to property that is not directly used for nursing home services, such as duplex living and independent living in the main building. None is allocated to the nursing home section since it is exempt from real estate taxes.

- C. No tax bills have been attached to this report since all of our company real estate tax has been adjusted out.

FAIRHAVEN CHRISTIAN RETIREMENT CENTER

#0027987 1/1/07 - 12/31/07

2007 SCHEDULE V (LINE 24)

<u>DATE</u>	<u>SEMINAR</u>	<u>LOCATION</u>	<u>SPONSOR</u>	<u>ATTENDEE(S)</u>	<u>COST</u>
3/28/07-3/29/07	Life Services Network Conference 2007	Chicago, IL	LSN	Steve Hemenway, HR & Resident Serv Dir., Mary Carlson, ADON Tammy Lewis, Social Serv Dir., Peggy Otto, DON, Judy Oberg, Charge Nurse, Michele Ellis, Charge Nurse, Cindy Speece, Charge Nurse, Tonja Fletcher, HC Activities Dir., Laura Harrison, MDS Coordinator, Val Valadez, Housekeeping & Laundry Superv.	\$2,493

FAIRHAVEN CHRISTIAN RETIREMENT CENTER
#0027987 1/1/07 - 12/31/07

2007 SCHEDULE VII - NON-PROFIT NURSING HOMES

<u>Board of Director</u>	<u>Officer</u>	<u>Provided services to Fairhaven?</u>	<u>Service/Product</u>	<u>Entity of Ownership</u>
Wiles, David	President	Yes	Carbon Dioxide/Nitrogen Cylinder Rentals	
Nyberg, Dan	Secretary	No		
Evans, John	Vice Secretary	Yes	Construction/Refurbishing Rooms/Duplexes	John Evans Construction Co.
Johnson, Steve	Vice President	Yes	Property/Liability/Auto/Umbrella Insurance	Williams Manny Insurance Co.
Kingstrom, Paul	Treasurer	No		
Sjogren, Steve	Director	No		
Lindquist, Evie	Director	No		
Meyer, Ken	Director	No		
Thompson, Richard	Director	No		
Watts, Linda	Director	No		
Johnson, Larry	Director	No		
Voorhies, Randy	Director	Yes	Building Sprinkler Installation	
Brogan, Neil	Director	No		