

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER

0027987 Report Period Beginning: 1/1/2010 Ending: 12/31/2010

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	127	Sheltered Care (SC)	127	46,355	5
6		ICF/DD 16 or Less			6
7	223	TOTALS	223	81,395	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				5 Total
		3 Medicaid Recipient	4 Private Pay	Other	5 Total	
8	SNF					8
9	SNF/PED					9
10	ICF	14,048	17,269		31,317	10
11	ICF/DD					11
12	SC		26,302		26,302	12
13	DD 16 OR LESS					13
14	TOTALS	14,048	43,571		57,619	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 70.79%

D. How many bed-hold days during this year were paid by the Department? NONE (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)
NONE

F. Does the facility maintain a daily midnight census? 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

ACCRAUAL MODIFIED CASH* CASH*

Is your fiscal year identical to your tax year? YES NO

Tax Year: 12/31/2010 Fiscal Year: 12/31/2010

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

Facility Name & ID Number

FAIRHAVEN CHRISTIAN RETIREMENT (

0027987

Report Period Beginning:

1/1/2010

Ending:

12/31/2010

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	784,973	66,882	18,699	870,554		870,554		870,554		1
2	Food Purchase		563,111		563,111	(375)	562,736	(20,293)	542,443		2
3	Housekeeping	312,883	45,112	5,105	363,100		363,100		363,100		3
4	Laundry	123,604	37,259	3,756	164,619		164,619		164,619		4
5	Heat and Other Utilities			393,506	393,506	(7,986)	385,520	(8,468)	377,052		5
6	Maintenance	263,334	47,514	274,376	585,224		585,224	(7,697)	577,527		6
7	Other (specify):*			173,463	173,463		173,463		173,463		7
8	TOTAL General Services	1,484,794	759,878	868,905	3,113,577	(8,361)	3,105,216	(36,458)	3,068,758		8
	B. Health Care and Programs										
9	Medical Director			18,000	18,000		18,000		18,000		9
10	Nursing and Medical Records	2,757,998	126,599	274,929	3,159,526		3,159,526		3,159,526		10
10a	Therapy										10a
11	Activities	171,404	18,447		189,851		189,851		189,851		11
12	Social Services	42,900		1,520	44,420		44,420		44,420		12
13	CNA Training										13
14	Program Transportation			8,207	8,207		8,207	(1,368)	6,839		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	2,972,302	145,046	302,656	3,420,004		3,420,004	(1,368)	3,418,636		16
	C. General Administration										
17	Administrative	316,773			316,773		316,773		316,773		17
18	Directors Fees										18
19	Professional Services			85,110	85,110	(13,931)	71,179		71,179		19
20	Dues, Fees, Subscriptions & Promotions			75,514	75,514	1,629	77,143	(58,962)	18,181		20
21	Clerical & General Office Expenses	237,836	50,599	26,690	315,125		315,125		315,125		21
22	Employee Benefits & Payroll Taxes			1,197,815	1,197,815	12,677	1,210,492		1,210,492		22
23	Inservice Training & Education										23
24	Travel and Seminar			13,420	13,420		13,420	(9,407)	4,013		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			108,981	108,981	(28,000)	80,981	(659)	80,322		26
27	Other (specify):*			23,353	23,353		23,353	(21,498)	1,855		27
28	TOTAL General Administration	554,609	50,599	1,530,883	2,136,091	(27,625)	2,108,466	(90,526)	2,017,940		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,011,705	955,523	2,702,444	8,669,672	(35,986)	8,633,686	(128,352)	8,505,334		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.

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER #0027987 Report Period Beginning: 1/1/2010 Ending: 12/31/2010

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			748,390	748,390	6,786	755,176	(113,284)	641,892			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			327,816	327,816		327,816	(49,571)	278,245			32
33	Real Estate Taxes			200,000	200,000		200,000	(200,000)				33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			608	608		608		608			35
36	Other (specify):*			5,593	5,593		5,593		5,593			36
37	TOTAL Ownership			1,282,407	1,282,407	6,786	1,289,193	(362,855)	926,338			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers											39
40	Barber and Beauty Shops					7,986	7,986		7,986			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			52,560	52,560		52,560		52,560			42
43	Other (specify):*			862,567	862,567	21,214	883,781		883,781			43
44	TOTAL Special Cost Centers			915,127	915,127	29,200	944,327		944,327			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,011,705	955,523	4,899,978	10,867,206		10,867,206	(491,207)	10,375,999			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	(20,293)	Line2		4
5	Telephone, TV & Radio in Resident Rooms	(8,468)	Line5		5
6	Rented Facility Space	(7,697)	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	(49,571)	Line32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions	(113,284)	Line30		15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(9,407)	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	(19,465)	Line27		24
25	Fund Raising, Advertising and Promotional	(56,202)	Line20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(2,760)	Line20		28
29	Other-Attach Schedule	(204,060)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (491,207)		\$	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))	\$ (491,207)		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		7,986	Line5
42	Laboratory and Radiology		X		42
43	Prescription Drugs		X		43
44					44
45	Other-Attach Schedule Dupl Insur	X		28,000	Line26
46	Other-Attach Schedule		X		46
47	TOTAL (C): (sum of lines 38-46)			\$ 35,986	47

BHF USE ONLY							
48		49		50		51	52

FAIRHAVEN CHRISTIAN RETIREMENT CENTER

ID# 0027987

Report Period Beginning: 1/1/2010

Ending: 12/31/2010

Sch. V Line

NON-ALLOWABLE EXPENSES

Amount

Reference

1	Gas for non-care vehicles	\$ (1,368)	Line 14	1
2	Insurance for non-care vehicles	(659)	Line 26	2
3	Flowers & decorations, miscellaneous	(2,033)	Line 27	3
4	Real estate taxes - main building	(200,000)	Line 33	4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(204,060)		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: **1/1/2010** Ending: **12/31/2010**

VII. RELATED PARTIES (continued)

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

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

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

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

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

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER # 0027987 Report Period Beginning: 1/1/2010 Ending: 2/31/2010

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	2	3	4	5	6	7	8	9	10										
										Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
										YES	NO				Original	Balance			
A. Directly Facility Related																			
Long-Term																			
1	City of Rockford Bonds	X		Construction - Phase 1 & 2	\$43,607.45	6/17/2009	\$ 8,000,000	\$ 7,714,617	6/17/2034	0.0425	\$ 326,839	1							
2	Capital Lease Obligation	X		New Phone System	\$2,461.55	10/1/2010	84,464	78,057	9/30/2013	0.0475	977	2							
3												3							
4												4							
5												5							
Working Capital																			
6	Alpine Bank-Line of Credit	X		Operating Expenses	NONE	8/5/2010	500,000		7/31/2011	0.0450		6							
7												7							
8												8							
9	TOTAL Facility Related				\$46,069.00		\$ 8,584,464	\$ 7,792,674			\$ 327,816	9							
B. Non-Facility Related*																			
10												10							
11												11							
12												12							
13												13							
14	TOTAL Non-Facility Related						\$	\$			\$	14							
15	TOTALS (line 9+line14)						\$ 8,584,464	\$ 7,792,674			\$ 327,816	15							

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

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

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

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

B. Real Estate Taxes

Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.

1. Real Estate Tax accrual used on 2009 report.	\$	172,000	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	\$	166,634	2
3. Under or (over) accrual (line 2 minus line 1).	\$	(5,366)	3
4. Real Estate Tax accrual used for 2010 report. (Detail and explain your calculation of this accrual on the lines below.)	\$	170,000	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)	\$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)	\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	\$	* 0.00	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:	2005	134,539	8
	2006	127,918	9
	2007	156,571	10
	2008	165,414	11
	2009	166,634	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 2009	\$	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.

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 161,494 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>	<u>1</u>
2					<u>2</u>
3	TOTALS	871,200		\$ 62,304	3

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER

0027987

Report Period Beginning:

1/1/2010

Ending:

12/31/2010

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	86	1967	1967	\$ 1,115,078	\$ 49	40	\$ 49	\$	\$ 1,115,078	4
5	76	1973	1973	1,051,996	26,186	40	26,186		986,510	5
6	20	1975	1975	255,191	5,843	20-40	5,843		228,886	6
7	41	1979	1979	1,323,223	31,213	40	31,213		1,060,839	7
8										8
	Improvement Type**									
9	Land improvements		1968	36,138	4	20-40	4		36,138	9
10	Sliding doors-front entry, water softener		1989	25,488	2	10-20	2		25,488	10
11	Hot water heater, boiler repair, air condit., exam room		1990	24,368	93	10-20	93		24,368	11
12	Air condit.-2 kitchens, HC computer cab., burner/boiler		1991	44,311	372	15-20	372		43,763	12
13	Remodel dietary off., a/c coff shop, carpeting,smoke det.		1993	35,136	258	10-20	258		34,495	13
14	Air condit.-laundry, new kitchen/apt, fire alarm		1994	11,134	225	10-20	225		10,346	14
15	Remodel of 6 rooms		1996	33,302	1,643	5-20	1,643		24,265	15
16	Remodeling of nurses station		1996	8,438	422	20	422		6,119	16
17	New lights		1996	7,499	375	20	375		5,438	17
18	New windows		1996	1,762	88	20	88		1,276	18
19	Rehab & conversion of rooms		1997	119,116	4,765	25	4,765		64,326	19
20	Remodel of Rehab dept., identicard door system		1997	37,374	1,200	10-25	1,200		23,572	20
21	Wall heaters,doors & wind.,water heater,chill water sys		1997	18,338	715	10-25	715		10,603	21
22	Roof work, office remodel,clock wiring,shelving,boiler		1997	33,616	1,445	10-25	1,445		23,772	22
23	Fence along Alpine Road		1998	84,198	4,210	20	4,210		52,625	23
24	Blacktop		1998	12,538	627	20	627		7,838	24
25	Remodel of Rehab Dept & Breakroom		1998	42,423	1,697	25	1,697		21,213	25
26	Rehab resident rooms		1998	92,743	3,710	25	3,710		46,375	26
27	Rehab offices-Ex dir.,ADON, Maint., Activities		1998	36,208	1,448	25	1,448		18,099	27
28	Rear entrance door, fire protection system		1998	6,051	242	25	242		3,025	28
29	Rehab Health Ctr., Halls, Storage, Conference room		1998	24,693	988	25	988		12,351	29
30	Rehab coffee shop & gift shop		1998	4,374	175	25	175		2,188	30
31	Health Ctr. sound system,		1998	4,308	287	15	287		3,588	31
32	Electrical work, heating & air condit.		1998	5,180	207	25	207		2,588	32
33	Fence and grading		1999	13,566	678	20	678		7,797	33
34	Blacktop, patching, speed bumps		1999	18,220	871	10-20	871		10,816	34
35	Rehab resident rooms		1999	84,948	3,398	25	3,398		39,077	35
36	Rehab maint off., shop, laund room, housekeeping off		1999	44,768	1,791	25	1,791		20,597	36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER

0027987

Report Period Beginning:

1/1/2010

Ending:

12/31/2010

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	Health Ctr. Elevator conversion, emerg. Lights	1999	\$ 9,806	\$ 50	10-20	\$ 50	\$	\$ 9,385	37
38	Windows, storm doors, boiler room electrical	1999	12,196	518	20-25	518		5,957	38
39	Rehab Health Ctr.-lighting,heat,ceiling panels,flooring	1999	33,716	3,149	25	3,149		17,314	39
40	Rehab Health Ctr.-conf room,util room,activ,air cond	1999	17,993	864	15-25	864		9,935	40
41	Rehab Health Ctr.-soc serv off., 1st floor restroom	1999	4,077	163	25	163		1,874	41
42	Remodel-Main office,coffee shop,gift shop	2000	1,110,762	27,769	40	27,769		291,575	42
43	Employee parking lot	2000	96,253	4,813	20	4,813		50,536	43
44	Irrigation system	2000	18,761	938	20	938		9,849	44
45	Beauty shops-1st & 3rd	2000	49,403	1,235	40	1,235		12,968	45
46	Remodel-Maint., Acctg, Activ.,& 2nd fl HC kitchen off.	2000	38,198	1,910	20	1,910		20,055	46
47	Rehab resident rooms	2000	64,544	3,227	10-20	3,227		37,313	47
48	Main entrance doors	2000	10,535	527	20	527		5,533	48
49	Roof repairs,elevator room repairs,electric,phone,comp.	2000	35,305	1,765	10-20	1,765		23,605	49
50	Back flow system	2000	65,706	3,285	20	3,285		34,493	50
51	Smoke barrier upgrade	2000	68,105	1,703	40	1,703		17,881	51
52	Vanity/Tops/Faucets	2001	8,998	600	15	600		5,700	52
53	Recaulk-main entrance/main dining/S&W wings perimeters	2001	15,040	1,504	10	1,504		14,288	53
54	Signage, OSHA modifications,HVAC modifications	2001	16,911	873	15-25	873		8,294	54
55	2nd floor remodeling-ceiling,sprinkler,lighting,duct work	2001	48,885	2,375	20-25	2,375		22,563	55
56	Rehab resident rooms,countertop,locks	2001	30,992	1,550	20	1,550		14,725	56
57	Miscell plants,pots,trees,mulch,sprinkler system supplies	2001	8,496	568	5-15	568		4,573	57
58	Miscell boiler room doors/frames,castings-main,a/c install	2001	4,578	374	10-25	374		3,553	58
59	Rehab dietary office-elect,fan coil ductwork,door	2001	7,190	360	20	360		3,420	59
60	Redo wall,hallway,rear stairway coping stone reset	2002	2,104	105	20	105		893	60
61	Vanity/Tops/Faucets	2002	8,106	540	15	540		4,590	61
62	Keys,locks,windows	2002	6,335	351	15-20	351		2,983	62
63	East entrance doors-structural changes	2002	7,684	384	20	384		3,264	63
64	Recaulk-HC wing perimeter	2002	12,695	1,270	10	1,270		10,795	64
65	Doors	2002	7,581	505	15	505		4,293	65
66	Laundry,south lounge,water serv valve,roof,trash chute changes	2002	9,256	399	5-15	399		6,666	66
67	Main office,conference room,training room changes	2002	4,097	205	20	205		1,742	67
68	Room number signs	2002	6,070	304	20	304		2,584	68
69	Landscaping, front entrance and east drainage	2003	6,332	555	10-15	555		4,162	69
70	TOTAL (lines 4 thru 69)		\$ 6,502,436	\$ 159,965		\$ 159,965	\$	\$ 4,640,820	70

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

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER

0027987

Report Period Beginning:

1/1/2010

Ending:

12/31/2010

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		\$ 6,502,436	\$ 159,965		\$ 159,965	\$	\$ 4,640,820	1
2	Modify patient toilet rooms and showers	2003	36,996	1,480	25	1,480		11,100	2
3	Garages-crown molding	2003	3,601	180	20	180		1,350	3
4	Screen,glass,wall,door,latches,locks replacement	2003	15,747	930	5-20	930		7,640	4
5	Lighting	2003	24,236	1,225	5-20	1,225		9,598	5
6	Vanity/Tops/Faucets	2003	4,908	327	15	327		2,453	6
7	Boiler room rework	2003	3,795	190	20	190		1,425	7
8	South wing roof	2003	66,135	3,307	20	3,307		24,802	8
9	Smoke barrier upgrade	2003	28,657	1,433	20	1,433		10,747	9
10	Employee parking lot, sidewalks	2004	14,283	952	15	952		6,188	10
11	Landscaping drainage	2004	12,100	807	15	807		5,245	11
12	Employee patio, residents veranda	2004	42,639	2,139	15-20	2,139		13,903	12
13	Vanities/tops	2004	7,657	510	15	510		3,315	13
14	Emergency lighting, kitchen feeds, sink	2004	16,344	1,057	15-20	1,057		6,870	14
15	Library	2004	11,520	576	20	576		3,744	15
16	3rd floor renovation	2004	53,708	2,685	20	2,685		17,453	16
17	Thermostats, heaters, heat lamps	2004	7,888	526	15	526		3,419	17
18	Building equipment, mixing valve, wire fence	2004	14,689	1,043	15	1,043		6,780	18
19	HC room doors	2004	8,783	586	15	586		3,809	19
20	Room refurbishment- 302/304	2004	8,782	439	20	439		2,854	20
21	HVAC controls, a/c units	2004	24,793	1,653	15	1,653		10,744	21
22	Blacktop - HC entrance and kitchen parking lot	2005	8,225	548	15	548		3,014	22
23	Globe fixtures at front entrance and signage	2005	2,856	190	15	190		1,045	23
24	Roof exhaust fans, repairs & HC tuckpointing	2005	11,525	714	15-20	714		3,927	24
25	Upgrade elevator door-left side center building	2005	15,754	788	20	788		4,334	25
26	Remove/replace HC canopy	2005	46,471	1,859	25	1,859		10,224	26
27	Garage door-Kabota storage	2005	1,264	63	20	63		347	27
28	Storage room cages	2005	753	50	15	50		275	28
29	Boiler room walkway	2006	19,603	980	20	980		4,410	29
30	Signage	2006	5,011	334	15	334		1,503	30
31	Storage room cages	2006	16,254	813	20	813		3,658	31
32	Upgrade elevator doors	2006	58,240	2,912	20	2,912		13,104	32
33	Curb & gutter, irrigation system	2006	18,415	1,228	15	1,228		5,526	33
34	TOTAL (lines 1 thru 33)		\$ 7,114,068	\$ 192,489		\$ 192,489	\$	\$ 4,845,626	34

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

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER

0027987

Report Period Beginning:

1/1/2010

Ending:

12/31/2010

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		\$ 7,114,068	\$ 192,489		\$ 192,489	\$	\$ 4,845,626	1
2	Repipe softners	2006	5,700	285	20	285		1,283	2
3	Vanities/tops	2006	4,530	302	15	302		1,359	3
4	Exhaust fans-roofs	2006	16,456	1,097	15	1,097		4,937	4
5	Window replacement and painting	2006	11,817	554	20	554		2,493	5
6	Bathtub conversions	2006	4,265	213	20	213		959	6
7	Lighting and electrical work	2006	1,615	81	20	81		364	7
8	Landscaping-veranda and health center	2007	5,764	276	15	276		966	8
9	Health center hydrant extension, air infiltration	2007	10,003	500	20	500		1,750	9
10	Front parking lot-coat and seal, grading and core out	2007	5,557	811	5-15	811		2,838	10
11	Signage	2007	2,192	146	15	146		511	11
12	Lighting	2007	6,143	347	15-20	347		1,215	12
13	Vanities/tops/air conditioner units	2007	11,404	760	15	760		2,660	13
14	Exhaust fans-roofs	2007	8,322	555	15	555		1,942	14
15	Bathtub conversions	2007	12,338	617	20	617		2,159	15
16	Health center soffit work,wrap-around, saniglaze	2007	21,849	1,142	15-20	1,142		3,997	16
17	Fire alarm system	2007	8,263	413	20	413		1,446	17
18	Condenser unit	2007	8,146	407	20	407		1,425	18
19	Veranda aluminum screen	2007	4,880	244	20	244		854	19
20	Windows and locks	2007	1,733	87	20	87		304	20
21	Modular nurses stations	2007	11,618	581	20	581		2,033	21
22	Building - phase 1 - air make-up, fire suppression, SC dining	2007	2,930,779	73,269	40	73,269		256,442	22
23	Capital report 7/1/10 - adjusted out	2007	(22,002)	(550)	40	(550)		(1,925)	23
24	Roofs - phase 1 - main building and health center	2007	209,834	8,393	25	8,393		29,376	24
25	Health center canopy - phase 1	2007	11,115	278	40	278		973	25
26	Move telephone pole to widen curve	2008	2,267	113	20	113		283	26
27	Lighting, new bollards	2008	10,902	564	15-20	564		1,410	27
28	Vanities, tops, faucets	2008	4,707	314	15	314		785	28
29	Signage	2008	1,193	80	15	80		200	29
30	Doors, door closers, windows	2008	5,623	344	15-20	344		860	30
31	Fire alarm system	2008	5,601	280	20	280		700	31
32	Roof top exhausters, maint garage roof	2008	11,059	703	15-40	703		1,758	32
33	Ceiling tile-hallways and laundry room	2008	17,556	878	20	878		2,195	33
34	TOTAL (lines 1 thru 33)		\$ 10,465,297	\$ 286,573		\$ 286,573	\$	\$ 5,174,178	34

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

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER

0027987

Report Period Beginning:

1/1/2010

Ending:

12/31/2010

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		\$ 10,465,297	\$ 286,573		\$ 286,573	\$	\$ 5,174,178	1
2	Key switches for elevators	2008	1,300	65	20	65		162	2
3	Front entrance landscaping/improv, landscaping	2009	29,190	1,946	15	1,946		2,919	3
4	Vanities, tops, faucets,toilets	2009	4,596	306	15	306		459	4
5	Signage	2009	2,410	161	15	161		241	5
6	Lighting, fire alarm expander board	2009	6,835	374	15-20	374		561	6
7	East & South wing ceilings	2009	25,447	1,272	20	1,272		1,908	7
8	Window, garage doors	2009	1,923	120	15-20	120		180	8
9	New office walls, windows, door, carpet, ceiling tile, fire alarm	2009	10,838	542	20	542		813	9
10	SC/HC automatic doors, card access	2009	18,943	1,263	15	1,263		1,894	10
11	Fascia, roof, and insulation improvements	2009	14,069	2,937	3-15	2,937		4,405	11
12	HC flourescent fixtures, HC bathroom steel upgrade,	2009	13,973	699	20	699		1,048	12
13	Fire alarm system/separation walls/fire dampers								13
14	Remodel apartment #382-#384	2009	2,440	122	20	122		183	14
15	Kitchen - expansion & renovation-Schmeling gen'l contractor,	2009	1,844,229	46,106	40	46,106		69,159	15
16	Gary Anderson architects,Mackesey designers, BCN								16
17	owners rep. , Benchmark and Concrete Surface flooring,								17
18	Robert Rippe planners, Capitalized interest								18
19	Front parking lot	2009	162,072	10,805	15	10,805		16,207	19
20	Chapel & dining room rooftop a.c. units	2009	42,776	1,711	25	1,711		2,567	20
21	Irrigation lines, signage	2010	4,364	145	15	145		145	21
22	Vanities, tops, faucets,toilets	2010	4,705	157	15	157		157	22
23	Ceilings and lighting	2010	54,319	1,358	20	1,358		1,358	23
24	Windows, shelves, closet doors	2010	8,634	235	15-20	235		235	24
25	Stairway railing upgrades, elevator controls & fire protection	2010	29,273	732	20	732		732	25
26	Shower room flooring, ceiling, toilets, plumbing and thermostat	2010	14,266	357	20	357		357	26
27	Garage doors	2010	703	23	15	23		23	27
28	Construction upgrade with door frames, steel studs, plaster	2010	17,540	439	20	439		439	28
29	walls, counter, sink and cabinets - rooms 122, 123, 382, 384								29
30	Sidewalk - front entrance, curbing	2010	29,119	971	15	971		971	30
31	Constructed open storage room next to the dining room, walls	2010	25,466	637	20	637		637	31
32	and flooring, constructed maintenance office, walls and								32
33	flooring, moved wall and rehung door, ceiling in computer rm								33
34	TOTAL (lines 1 thru 33)		\$ 12,834,727	\$ 360,056		\$ 360,056	\$	\$ 5,281,938	34

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

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER

0027987

Report Period Beginning:

1/1/2010

Ending:

12/31/2010

XI. OWNERSHIP COSTS (continued)

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

1	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		\$ 12,834,727	\$ 360,056		\$ 360,056	\$	\$ 5,281,938	1
2	2010	7,173	355	5-20	355		355	2
3	2010	175,162	4,379	20	4,379		4,379	3
4	2010	501,593	6,291	20-40	6,291		6,291	4
5	2010	4,965	166	15	166		166	5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34		\$ 13,523,620	\$ 371,247		\$ 371,247	\$	\$ 5,293,129	34

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

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	\$ 4,571,929	\$ 242,568	\$ 242,568	\$	5-20 yrs.	\$ 3,112,103	71
72	Current Year Purchases	432,752	22,443	22,443		5-20 yrs.	22,443	72
73	Fully Depreciated Assets	(1,813,132)				5-20 yrs.	(1,813,132)	73
74								74
75	TOTALS	\$ 3,191,549	\$ 265,011	\$ 265,011	\$		\$ 1,321,414	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.	\$ 42,258	76
77										77
78										78
79										79
80	TOTALS			\$ 56,345	\$ 5,634	\$ 5,634	\$		\$ 42,258	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)	\$ 16,833,818	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 641,892	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 641,892	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)	\$ 6,656,801	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 1989-2010	\$ 66,149	\$ 2,163	\$ 56,384	86
87	Landscaping equipment-1968-2010	48,635		48,635	87
88	Duplexes & Land Improv.1990-2010	14,710,390	540,420	7,946,587	88
89	E-wing furn.&land improv1990-2010	3,591,965	84,346	2,037,581	89
90	Land-Duplexes	411,576			90
91	TOTALS	\$ 18,828,715	\$ 626,929	\$ 10,089,187	91

G. Construction-in-Progress

	Description	Cost	
92	Construction-in-progress	\$ 477,209	92
93			93
94			94
95		\$ 477,209	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. _____ /2011 \$ _____

13. _____ /2012 \$ _____

14. _____ /2013 \$ _____

* 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>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. <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)	
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	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	NONE	hrs	\$		\$	\$		\$	1
2	Licensed Speech and Language Development Therapist		hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs							4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescrpts							9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):									13
14	TOTAL			\$		\$	\$		\$	14

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

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

0027987

Report Period Beginning: **1/1/2010**

Ending: **12/31/2010**

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of **12/31/2010** (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	\$ 989,708	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance 9,500)	279,999		3
4	Supply Inventory (priced at <u>Lwr Cst or Mk</u>)	37,376		4
5	Short-Term Investments	1,781,177		5
6	Prepaid Insurance	45,703		6
7	Other Prepaid Expenses	43,825		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Limited Use Assets</u>	645,898		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,823,686	\$	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	31,412,124		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	6,205,129		16
17	Accumulated Depreciation (book methods)	(19,232,476)		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>)	131,215		22
23	Other(specify): <u>Vehicles, CIP</u>	734,546		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 19,724,418	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 23,548,104	\$	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 350,293	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	245,409		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	170,000		32
33	Accrued Interest Payable	13,661		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>Property Tax Credits Due Residents</u>	360,000		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,139,363	\$	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	78,057		39
40	Mortgage Payable			40
41	Bonds Payable	7,714,617		41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>Advance Deposits on Founder's Fees</u>	289,964		43
44	<u>Founder's Fees</u>	5,364,874		44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 13,447,512	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 14,586,875	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 8,961,229	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 23,548,104	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 8,688,943	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 8,688,943	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	173,170	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants	70,610	11
12	Expenditures for Specific Purposes	(345)	12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe) Unrealized gains on investments	28,851	15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 272,286	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)	\$ 8,961,229	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number **FAIRHAVEN CHRISTIAN RETIREMENT CENT # 0027987** Report Period Beginning: **1/1/2010**Ending: **12/31/2010**

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	\$ 8,991,757	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 8,991,757	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	7,200	13
14	Non-Patient Meals	37,580	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space	7,697	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	158,529	21
22	Laundry	5,217	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 216,223	23
D. Non-Operating Revenue			
24	Contributions	32,362	24
25	Interest and Other Investment Income***	49,571	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 81,933	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Duplex Income	1,683,823	28
28a	Equipment Rental & Other Income	66,640	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 1,750,463	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 11,040,376	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	3,113,577	31
32	Health Care	3,420,004	32
33	General Administration	2,136,091	33
B. Capital Expense			
34	Ownership	1,282,407	34
C. Ancillary Expense			
35	Special Cost Centers	862,567	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)*	\$ 10,867,206	40
41	Income before Income Taxes (line 30 minus line 40)**	173,170	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 173,170	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: **1/1/2010**

Ending:

12/31/2010

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	1,904	2,080	\$ 84,065	\$ 40.42	1
2	Assistant Director of Nursing	1,864	2,080	56,978	27.39	2
3	Registered Nurses	20,937	21,732	540,494	24.87	3
4	Licensed Practical Nurses	26,467	29,098	589,495	20.26	4
5	CNAs & Orderlies	99,109	104,111	1,364,966	13.11	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	5,531	6,204	80,752	13.02	8
9	Activity Director	3,328	3,504	64,691	18.46	9
10	Activity Assistants	9,798	10,525	106,713	10.14	10
11	Social Service Workers	1,944	2,080	42,900	20.63	11
12	Dietician					12
13	Food Service Supervisor	4,057	4,523	90,472	20.00	13
14	Head Cook					14
15	Cook Helpers/Assistants	19,490	21,358	252,464	11.82	15
16	Dishwashers	45,982	48,656	442,037	9.08	16
17	Maintenance Workers	14,138	15,398	263,334	17.10	17
18	Housekeepers	27,880	30,571	312,883	10.23	18
19	Laundry	10,335	11,568	123,604	10.68	19
20	Administrator	1,864	2,080	130,352	62.67	20
21	Assistant Administrator	1,864	2,080	106,275	51.09	21
22	Other Administrative	1,864	2,080	80,146	38.53	22
23	Office Manager	1,864	2,080	32,863	15.80	23
24	Clerical	12,490	14,311	204,973	14.32	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	1,798	1,942	41,248	21.24	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	314,508	338,061	\$ 5,011,705 *	\$ 14.82	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	398	\$ 18,699	1-3	35
36	Medical Director	36	18,000	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	108	4,201	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				44
45	Social Service Consultant	16	1,520	12-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	558	\$ 42,420		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	574	\$ 21,698	10-3	50
51	Licensed Practical Nurses	4,742	175,561	10-3	51
52	Certified Nurse Assistants/Aides	3,552	73,469	10-3	52
53	TOTAL (lines 50 - 52)	8,868	\$ 270,728		53

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER

0027987

Report Period Beginning: 1/1/2010

Ending: 12/31/2010

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) \$10,832
- (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? 8-10 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 49,243 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. \$ 375 Has any meal income been offset against related costs? YES Indicate the amount. \$ 20,293
- (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
- (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? N/A
Attach invoices and a summary of services for all architect and appraisal fees.

FAIRHAVEN CHRISTIAN RETIREMENT CENTER

#0027987

1/1/10 - 12/31/10

RECLASSIFICATIONS:

LINE 2	Food purchase	<u>\$ (375)</u>	Take out cost of meals provided to employees
LINE 5	Heat & other utilities	<u><u>\$ (7,986)</u></u>	Take out utilities allocable to beauty shop
LINE 19	Professional services	\$ (1,629)	Take out background checks/fingerprinting
		\$ (4,537)	Take out employee exams
		<u>\$ (7,765)</u>	Take out 403-B administration function
		<u><u>\$ (13,931)</u></u>	
LINE 20	Fees, subscriptions, & promotions	<u>\$ 1,629</u>	Add in background checks/fingerprinting from line 19
LINE 22	Employee benefits & payroll taxes	\$ 375	Add in cost of meals from line 2
		\$ 4,537	Add in employee exams from line 19
		\$ 7,765	Add in 403-B administration function from line 19
		<u>\$ 12,677</u>	
LINE 26	Insurance-Property & Liability	<u><u>\$ (28,000)</u></u>	Take out insurance-property for Duplexes
LINE 30	Depreciation	<u><u>\$ 6,786</u></u>	Add in additional depreciation relating to Duplexes
LINE 40	Barber & Beauty Shops	<u><u>\$ 7,986</u></u>	Add in utilities taken out of line 5
LINE 43	Other-Duplexes	\$ 28,000	Add in insurance-property from line 26
		<u>\$ (6,786)</u>	Take out depreciation from line 30
		<u><u>\$ 21,214</u></u>	
TOTAL		<u><u>\$ -</u></u>	

FAIRHAVEN CHRISTIAN RETIREMENT CENTER

#0027987

1/1/10-12/31/10

Schedule V p. 3 & 4

LINE 7

Security Services	\$ 147,055
Trash Disposal	\$ 26,408
	<u>\$ 173,463</u>

LINE 27

Flowers & Decorations-Nursing Ctr.	<u>\$ 1,855</u>
------------------------------------	-----------------

LINE 36

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

LINE 43

Duplexes: Real Estate Taxes	\$ 205,072
Depreciation	\$ 540,420
Utilities	\$ 59,414
Maintenance	\$ 50,875
Insurance	\$ 28,000
	<u>\$ 883,781</u>

FAIRHAVEN CHRISTIAN RETIREMENT CENTER
#0027987 1/1/10 - 12/31/10

Sch VI p. 5

LINE 29

Gas for Non-Care Vehicles	\$	(1,368)
Insurance for Non-Care Vehicles	\$	(659)
Flowers & Decorations, Miscellaneous	\$	(2,033)
Real Estate Taxes - Main Building	\$	(200,000)
	\$	<u>(204,060)</u>

LINE 45

Duplex Insurance		<u>\$28,000</u>
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FAIRHAVEN CHRISTIAN RETIREMENT CENTER
#0027987 1/1/10 - 12/31/10

Sch XVII Income Statement Page 19

E. Other Revenue

Line 28	<u>\$ 1,683,823</u>	Duplex Monthly Maintenance and Founder's Fee Income
Line 28a	\$ 7,393	Equipment Rental-Wheelchairs & Gerichairs
	<u>\$ 59,247</u>	Other Income such as Vending Machine, Monthly Cable, Activities, Gain on Sale,
	<u>\$ 66,640</u>	

FAIRHAVEN CHRISTIAN RETIREMENT CENTER
#0027987 1/1/10-12/31/10

PAGE 10B: 2009 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 1/1/10 - 12/31/10

2010 SCHEDULE V (LINE 24)

<u>DATE</u>	<u>SEMINAR</u>	<u>LOCATION</u>	<u>SPONSOR</u>	<u>ATTENDEE(S)</u>	<u>COST</u>
3/24/10-3/25/10	Life Services Network - State Long-Term Care Conference	Chicago, IL	LSN	Tom Bleed, Executive Director, Mary Carlson, ADON, Al Cottrill, Maint. Mgr Peggy Otto, Nursing Administrator, Kim Bender, Manager of Res. Services Jeff Reiersen, Assistant Administrator, Bryan Noreen, Consultant Jenny Kline, MDS Coordinator, Katie Martin, Nursing Life Enrich Supervisor Donna Suthers, Soc Serv Dir, Andrea Crittendon, Rehab Supervisor Steve Hemenway, Dir of HR and Res. Services, Loren Cabral, R.N. Flora Greenberg, Dir of Food Services	\$4,013

FAIRHAVEN CHRISTIAN RETIREMENT CENTER
#0027987 1/1/10 - 12/31/10

2010 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.
Johnson, Larry	Treasurer	No		
Lindquist, Evie	Director	No		
Schlueter, Chuck	Director	Yes	Attorney - General Issues	Schlueter Ecklund
Thompson, Richard	Director	No		
Watts, Linda	Director	No		
Sjogren, Steve	Director	No		
Voorhies, Randy	Director	Yes	Building Sprinkler Installation/Service	
Brogren, Neil	Director	No		
Norberg, Dave	Director	No		