

		FOR BHF USE					

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**2011
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2011)**

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

<p>I. IDPH License ID Number: <u>0027987</u></p> <p>Facility Name: <u>FAIRHAVEN CHRISTIAN RETIREMENT CENTER</u></p> <p>Address: <u>3470 NORTH ALPINE ROAD</u> <u>ROCKFORD</u> <u>61114</u> <small>Number City Zip Code</small></p> <p>County: <u>WINNEBAGO</u></p> <p>Telephone Number: <u>(815)877-1441</u> Fax # <u>(815)282-4217</u></p> <p>HFS ID Number: _____</p> <p>Date of Initial License for Current Owners: <u>03/01/1968</u></p> <p>Type of Ownership:</p> <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;"><input checked="" type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td style="width:33%; border: none;"><input type="checkbox"/> PROPRIETARY</td> <td style="width:33%; border: none;"><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Charitable Corp.</td> <td style="border: none;"><input type="checkbox"/> Individual</td> <td style="border: none;"><input type="checkbox"/> State</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Trust</td> <td style="border: none;"><input type="checkbox"/> Partnership</td> <td style="border: none;"><input type="checkbox"/> County</td> </tr> <tr> <td style="border: none;">IRS Exemption Code <u>501(C)(3)</u></td> <td style="border: none;"><input type="checkbox"/> Corporation</td> <td style="border: none;"><input type="checkbox"/> Other _____</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> "Sub-S" Corp.</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Limited Liability Co.</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Trust</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Other _____</td> <td style="border: none;"></td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>JEFF REIERSON</u> Telephone Number: <u>(815)877-1441 X1305</u> Email Address: _____</p>	<input checked="" type="checkbox"/> VOLUNTARY, NON-PROFIT	<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input checked="" type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	IRS Exemption Code <u>501(C)(3)</u>	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input type="checkbox"/> "Sub-S" Corp.			<input type="checkbox"/> Limited Liability Co.			<input type="checkbox"/> Trust			<input type="checkbox"/> Other _____		<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1/1/2011</u> to <u>12/31/2011</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 5px;">Officer or Administrator of Provider</td> <td style="padding: 5px;">(Signed) _____ (Type or Print Name) <u>THOMAS T. BLEED</u> (Title) <u>EXECUTIVE DIRECTOR</u></td> </tr> <tr> <td style="padding: 5px;">Paid Preparer</td> <td style="padding: 5px;">(Signed) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) () Fax # ()</td> </tr> </table> <p align="right">MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630</p>	Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) <u>THOMAS T. BLEED</u> (Title) <u>EXECUTIVE DIRECTOR</u>	Paid Preparer	(Signed) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) () Fax # ()
<input checked="" type="checkbox"/> VOLUNTARY, NON-PROFIT	<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																											
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Paid Preparer	(Signed) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) () Fax # ()																												

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER

0027987 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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	12,769	17,511		30,280	10
11	ICF/DD					11
12	SC		24,787		24,787	12
13	DD 16 OR LESS					13
14	TOTALS	12,769	42,298		55,067	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 67.65%

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

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/11 Fiscal Year: 12/31/11

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

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT (# 0027987 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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	830,885	76,322	37,951	945,158		945,158		945,158		1
2	Food Purchase		597,483		597,483	(400)	597,083	(19,116)	577,967		2
3	Housekeeping	315,735	61,073		376,808		376,808		376,808		3
4	Laundry	133,857	41,003		174,860		174,860		174,860		4
5	Heat and Other Utilities			386,022	386,022	(8,226)	377,796	(9,093)	368,703		5
6	Maintenance	277,987	32,152	289,156	599,295		599,295	(6,957)	592,338		6
7	Other (specify):*			167,166	167,166		167,166		167,166		7
8	TOTAL General Services	1,558,464	808,033	880,295	3,246,792	(8,626)	3,238,166	(35,166)	3,203,000		8
	B. Health Care and Programs										
9	Medical Director			18,000	18,000		18,000		18,000		9
10	Nursing and Medical Records	2,934,424	137,026	188,852	3,260,302		3,260,302		3,260,302		10
10a	Therapy										10a
11	Activities	172,962	18,258		191,220		191,220		191,220		11
12	Social Services	44,319		1,520	45,839		45,839		45,839		12
13	CNA Training										13
14	Program Transportation			16,810	16,810		16,810	(2,008)	14,802		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	3,151,705	155,284	225,182	3,532,171		3,532,171	(2,008)	3,530,163		16
	C. General Administration										
17	Administrative	330,132			330,132		330,132		330,132		17
18	Directors Fees										18
19	Professional Services			83,704	83,704	(11,560)	72,144		72,144		19
20	Dues, Fees, Subscriptions & Promotions			79,873	79,873	1,488	81,361	(61,280)	20,081		20
21	Clerical & General Office Expenses	235,546	47,866	27,688	311,100		311,100		311,100		21
22	Employee Benefits & Payroll Taxes			1,310,115	1,310,115	10,472	1,320,587	(6,185)	1,314,402		22
23	Inservice Training & Education										23
24	Travel and Seminar			11,765	11,765		11,765	(11,248)	517		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			107,120	107,120	(29,000)	78,120	(476)	77,644		26
27	Other (specify):*			14,584	14,584		14,584	(12,163)	2,421		27
28	TOTAL General Administration	565,678	47,866	1,634,849	2,248,393	(28,600)	2,219,793	(91,352)	2,128,441		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,275,847	1,011,183	2,740,326	9,027,356	(37,226)	8,990,130	(128,526)	8,861,604		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: 1/1/2011 Ending: 12/31/2011

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			789,037	789,037	8,394	797,431	(114,100)	683,331			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			313,074	313,074		313,074	(33,961)	279,113			32
33	Real Estate Taxes			181,660	181,660		181,660	(181,660)				33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			855	855		855		855			35
36	Other (specify):*			5,593	5,593		5,593		5,593			36
37	TOTAL Ownership			1,290,219	1,290,219	8,394	1,298,613	(329,721)	968,892			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers											39
40	Barber and Beauty Shops					8,226	8,226		8,226			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			53,222	53,222		53,222		53,222			42
43	Other (specify):*			925,266	925,266	20,606	945,872		945,872			43
44	TOTAL Special Cost Centers			978,488	978,488	28,832	1,007,320		1,007,320			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,275,847	1,011,183	5,009,033	11,296,063		11,296,063	(458,247)	10,837,816			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	(19,116)	Line2		4
5	Telephone, TV & Radio in Resident Rooms	(9,093)	Line5		5
6	Rented Facility Space	(6,957)	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	(33,961)	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	(114,100)	Line30		15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(11,248)	Line24		17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance	(6,185)	Line 22		21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(10,000)	Line27		24
25	Fund Raising, Advertising and Promotional	(58,460)	Line20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(2,820)	Line20		28
29	Other-Attach Schedule	(186,307)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (458,247)		\$	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))	\$ (458,247)		37

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

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

		1	2	3	4	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.		X	\$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops	X		8,226	Line5	41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44						44
45	Other-Attach Schedule Dupl Insur	X		29,000	Line26	45
46	Other-Attach Schedule		X			46
47	TOTAL (C): (sum of lines 38-46)			\$ 37,226		47

BHF USE ONLY							
48		49		50		51	52

FAIRHAVEN CHRISTIAN RETIREMENT CENTER

ID# 0027987

Report Period Beginning: 1/1/2011

Ending: 12/31/2011

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Gas for non-care vehicles	\$ (2,008)	Line 14	1
2	Insurance for non-care vehicles	(476)	Line 26	2
3	Flowers & decorations, miscellaneous	(2,163)	Line 27	3
4	Real estate taxes - main building	(181,660)	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	(186,307)		49

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Use Page 6-Supplemental as necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Page 6 - Supplemental						

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: 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: 1/1/2011 Ending: 12/31/2011

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	2	3	4	5	6		7		8	9
					Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**			
Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Hours	Percent	Description	Amount	Schedule V. Line & Column Reference	
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: 1/1/2011 Ending: 2/31/2011

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

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT (# 0027987 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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	\$ 7,515,365	6/17/2034	0.0425	\$ 309,907	1							
2	Capital Lease Obligation	X		New Phone System	\$2,461.55	10/1/2010	84,464	51,685	9/30/2013	0.0475	3,167	2							
3												3							
4												4							
5												5							
Working Capital																			
6	Alpine Bank-Line of Credit	X		Operating Expenses	NONE	7/31/2011	500,000		7/25/2012	0.0325		6							
7												7							
8												8							
9	TOTAL Facility Related				\$46,069.00		\$ 8,584,464	\$ 7,567,050			\$ 313,074	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	\$ 7,567,050			\$ 313,074	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 2010 report.		\$	170,000		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.)		\$	176,264		2
3. Under or (over) accrual (line 2 minus line 1).		\$	6,264		3
4. Real Estate Tax accrual used for 2011 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	180,000		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:	2006	127,918	8	FOR BHF USE ONLY	
	2007	156,571	9	13	FROM R. E. TAX STATEMENT FOR 2010 \$ 13
	2008	165,414	10	14	PLUS APPEAL COST FROM LINE 5 \$ 14
	2009	166,634	11	15	LESS REFUND FROM LINE 6 \$ 15
	2010	176,264	12	16	AMOUNT TO USE FOR RATE CALCULATION \$ 16
* 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.					

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

XI. OWNERSHIP COSTS (continued)

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

	1	2	3	4	5	6	7	8	9		
	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	\$	40	\$	\$	\$ 1,115,078	4
5	76		1973	1973	1,051,996	26,186	40	26,186		1,012,696	5
6	20		1975	1975	255,191	5,843	20-40	5,843		234,729	6
7	41		1979	1979	1,323,223	31,213	40	31,213		1,092,052	7
8											8
		Improvement Type**									
9		Air condit.-2 kitchens, HC computer cab., burner/boiler	1991		44,311	372	15-20	372		44,135	9
10		Remodel dietary off., a/c coff shop, carpeting,smoke det.	1993		35,136	258	10-20	258		34,753	10
11		Air condit.-laundry, new kitchen/apt, fire alarm	1994		11,134	225	10-20	225		10,571	11
12		Remodel of 6 rooms	1996		33,302	1,643	5-20	1,643		25,908	12
13		Remodeling of nurses station	1996		8,438	422	20	422		6,541	13
14		New lights	1996		7,499	375	20	375		5,813	14
15		New windows	1996		1,762	88	20	88		1,364	15
16		Rehab & conversion of rooms	1997		119,116	4,765	25	4,765		69,091	16
17		Remodel of Rehab dept., identicard door system	1997		37,374	1,200	10-25	1,200		24,772	17
18		Wall heaters,doors & wind.,water heater,chill water sys	1997		18,338	715	10-25	715		11,318	18
19		Roof work, office remodel,clock wiring,shelving,boiler	1997		33,616	1,445	10-25	1,445		25,217	19
20		Fence along Alpine Road	1998		84,198	4,210	20	4,210		56,835	20
21		Blacktop	1998		12,538	627	20	627		8,465	21
22		Remodel of Rehab Dept & Breakroom	1998		42,423	1,697	25	1,697		22,910	22
23		Rehab resident rooms	1998		92,743	3,710	25	3,710		50,085	23
24		Rehab offices-Ex dir.,ADON, Maint., Activities	1998		36,208	1,448	25	1,448		19,547	24
25		Rear entrance door, fire protection system	1998		6,051	242	25	242		3,267	25
26		Rehab Health Ctr., Halls, Storage, Conference room	1998		24,693	988	25	988		13,339	26
27		Rehab coffee shop & gift shop	1998		4,374	175	25	175		2,363	27
28		Health Ctr. sound system,	1998		4,308	287	15	287		3,875	28
29		Electrical work, heating & air condit.	1998		5,180	207	25	207		2,795	29
30		Fence and grading	1999		13,566	678	20	678		8,475	30
31		Blacktop, patching, speed bumps	1999		18,220	871	10-20	871		11,687	31
32		Rehab resident rooms	1999		84,948	3,398	25	3,398		42,475	32
33		Rehab maint off., shop, laund room, housekeeping off.	1999		44,768	1,791	25	1,791		22,388	33
34		Health Ctr. Elevator conversion, emerg. Lights	1999		9,806	50	10-20	50		9,435	34
35		Windows, storm doors, boiler room electrical	1999		12,196	518	20-25	518		6,475	35
36		Rehab Health Ctr.-lighting,heat,ceiling panels,flooring	1999		33,716	3,149	25	3,149		20,463	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:

1/1/2011

Ending:

12/31/2011

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Rehab Health Ctr.-conf room,util room,activ,air cond	1999	\$ 17,993	\$ 864	15-25	\$ 864	\$	\$ 10,799	37
38	Rehab Health Ctr.-soc serv off., 1st floor restroom	1999	4,077	163	25	163		2,037	38
39	Remodel-Main office,coffee shop,gift shop	2000	1,110,762	27,769	40	27,769		319,344	39
40	Employee parking lot	2000	96,253	4,813	20	4,813		55,349	40
41	Irrigation system	2000	18,761	938	20	938		10,787	41
42	Beauty shops-1st & 3rd	2000	49,403	1,235	40	1,235		14,203	42
43	Remodel-Maint., Acctg, Activ.,& 2nd fl HC kitchen off.	2000	38,198	1,910	20	1,910		21,965	43
44	Rehab resident rooms	2000	64,544	2,867	10-20	2,867		40,180	44
45	Main entrance doors	2000	10,535	527	20	527		6,060	45
46	Roof repairs,elevator room repairs,electric,phone,comp.	2000	35,305	1,765	10-20	1,765		25,370	46
47	Back flow system	2000	65,706	3,285	20	3,285		37,778	47
48	Smoke barrier upgrade	2000	68,105	1,703	40	1,703		19,584	48
49	Vanity/Tops/Faucets	2001	8,998	600	15	600		6,300	49
50	Recalk-main entrance/main dining/S&W wings perimeters	2001	15,040	752	10	752		15,040	50
51	Signage, OSHA modifications,HVAC modifications	2001	16,911	873	15-25	873		9,167	51
52	2nd floor remodeling-ceiling,sprinkler,lighting,duct work	2001	48,885	2,375	20-25	2,375		24,938	52
53	Rehab resident rooms,countertop,locks	2001	30,992	1,550	20	1,550		16,275	53
54	Miscell plants,pots,trees,mulch,sprinkler system supplies	2001	8,496	568	5-15	568		5,141	54
55	Miscell boiler room doors/frames,castings-main,a/c install	2001	4,578	374	10-25	374		3,927	55
56	Rehab dietary office-elect,fan coil ductwork,door	2001	7,190	360	20	360		3,780	56
57	Redo wall,hallway,rear stairway coping stone reset	2002	2,104	105	20	105		998	57
58	Vanity/Tops/Faucets	2002	8,106	540	15	540		5,130	58
59	Keys,locks,windows	2002	6,335	351	15-20	351		3,334	59
60	East entrance doors-structual changes	2002	7,684	384	20	384		3,648	60
61	Recalk-HC wing perimeter	2002	12,695	1,270	10	1,270		12,065	61
62	Doors	2002	7,581	505	15	505		4,798	62
63	Laundry,south lounge,water serv valve,roof,trash chute changes	2002	9,256	399	5-15	399		7,065	63
64	Main office,conference room,training room changes	2002	4,097	205	20	205		1,947	64
65	Room number signs	2002	6,070	304	20	304		2,888	65
66	Landscaping, front entrance and east drainage	2003	6,332	555	10-15	555		4,717	66
67	Modify patient toilet rooms and showers	2003	36,996	1,480	25	1,480		12,580	67
68	Garages-crown molding	2003	3,601	180	20	180		1,530	68
69	Screen,glass,wall,door,latches,locks replacement	2003	15,747	930	5-20	930		8,570	69
70	TOTAL (lines 4 thru 69)		\$ 6,472,786	\$ 161,295		\$ 161,295	\$	\$ 4,736,211	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:

1/1/2011

Ending:

12/31/2011

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 6,472,786	\$ 161,295		\$ 161,295	\$	\$ 4,736,211	1
2	Lighting	2003	24,236	1,225	5-20	1,225		10,823	2
3	Vanity/Tops/Faucets	2003	4,908	327	15	327		2,780	3
4	Boiler room rework	2003	3,795	190	20	190		1,615	4
5	South wing roof	2003	66,135	3,307	20	3,307		28,109	5
6	Smoke barrier upgrade	2003	28,657	1,433	20	1,433		12,180	6
7	Employee parking lot, sidewalks	2004	14,283	952	15	952		7,140	7
8	Landscaping drainage	2004	12,100	807	15	807		6,052	8
9	Employee patio, residents veranda	2004	42,639	2,139	15-20	2,139		16,042	9
10	Vanities/tops	2004	7,657	510	15	510		3,825	10
11	Emergency lighting, kitchen feeds, sink	2004	16,344	1,057	15-20	1,057		7,927	11
12	Library	2004	11,520	576	20	576		4,320	12
13	3rd floor renovation	2004	53,708	2,685	20	2,685		20,138	13
14	Thermostats, heaters, heat lamps	2004	7,888	526	15	526		3,945	14
15	Building equipment, mixing valve, wire fence	2004	14,689	1,043	15	1,043		7,823	15
16	HC room doors	2004	8,783	586	15	586		4,395	16
17	Room refurbishment- 302/304	2004	8,782	439	20	439		3,293	17
18	HVAC controls, a/c units	2004	24,793	1,653	15	1,653		12,397	18
19	Blacktop - HC entrance and kitchen parking lot	2005	8,225	548	15	548		3,562	19
20	Globe fixtures at front entrance and signage	2005	2,856	190	15	190		1,235	20
21	Roof exhaust fans, repairs & HC tuckpointing	2005	11,525	714	15-20	714		4,641	21
22	Upgrade elevator door-left side center building	2005	15,754	788	20	788		5,122	22
23	Remove/replace HC canopy	2005	46,471	1,859	25	1,859		12,083	23
24	Garage door-Kabota storage	2005	1,264	63	20	63		410	24
25	Storage room cages	2005	753	50	15	50		325	25
26	Boiler room walkway	2006	19,603	980	20	980		5,390	26
27	Signage	2006	5,011	334	15	334		1,837	27
28	Storage room cages	2006	16,254	813	20	813		4,471	28
29	Upgrade elevator doors	2006	58,240	2,912	20	2,912		16,016	29
30	Curb & gutter, irrigation system	2006	18,415	1,228	15	1,228		6,754	30
31	Repipe softners	2006	5,700	285	20	285		1,568	31
32	Vanities/tops	2006	4,530	302	15	302		1,661	32
33	Exhaust fans-roofs	2006	16,456	1,097	15	1,097		6,034	33
34	TOTAL (lines 1 thru 33)		\$ 7,054,760	\$ 192,913		\$ 192,913	\$	\$ 4,960,124	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:

1/1/2011

Ending:

12/31/2011

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 7,054,760	\$ 192,913		\$ 192,913	\$	\$ 4,960,124	1
2	Window replacement and painting	2006	11,817	554	20	554		3,047	2
3	Bathtub conversions	2006	4,265	213	20	213		1,172	3
4	Lighting and electrical work	2006	1,615	81	20	81		445	4
5	Landscaping-veranda and health center	2007	5,764	276	15	276		1,242	5
6	Health center hydrant extension, air infiltration	2007	10,003	500	20	500		2,250	6
7	Front parking lot-coat and seal, grading and core out	2007	5,557	811	5-15	811		3,649	7
8	Signage	2007	2,192	146	15	146		657	8
9	Lighting	2007	6,143	347	15-20	347		1,562	9
10	Vanities/tops/air conditioner units	2007	11,404	760	15	760		3,420	10
11	Exhaust fans-roofs	2007	8,322	555	15	555		2,497	11
12	Bathtub conversions	2007	12,338	617	20	617		2,776	12
13	Health center soffit work,wrap-around, saniglaze	2007	21,849	1,142	15-20	1,142		5,139	13
14	Fire alarm system	2007	8,263	413	20	413		1,859	14
15	Condenser unit	2007	8,146	407	20	407		1,832	15
16	Veranda aluminum screen	2007	4,880	244	20	244		1,098	16
17	Windows and locks	2007	1,733	87	20	87		391	17
18	Modular nurses stations	2007	11,618	581	20	581		2,614	18
19	Building - phase 1 - air make-up, fire suppression, SC dining	2007	2,930,779	73,269	40	73,269		329,711	19
20	Capital report 7/1/10 - adjusted out	2007	(22,002)	(550)	40	(550)		(2,475)	20
21	Roofs - phase 1 - main building and health center	2007	209,834	8,393	25	8,393		37,769	21
22	Health center canopy - phase 1	2007	11,115	278	40	278		1,251	22
23	Move telephone pole to widen curve	2008	2,267	113	20	113		396	23
24	Lighting, new bollards	2008	10,902	564	15-20	564		1,974	24
25	Vanities, tops, faucets	2008	4,707	314	15	314		1,099	25
26	Signage	2008	1,193	80	15	80		280	26
27	Doors, door closers, windows	2008	5,623	344	15-20	344		1,204	27
28	Fire alarm system	2008	5,601	280	20	280		980	28
29	Roof top exhausters, maint garage roof	2008	11,059	703	15-40	703		2,461	29
30	Ceiling tile-hallways and laundry room	2008	17,556	878	20	878		3,073	30
31	Key switches for elevators	2008	1,300	65	20	65		227	31
32	Front entrance landscaping/improv, landscaping	2009	29,190	1,946	15	1,946		4,865	32
33	Vanities, tops, faucets,toilets	2009	4,596	306	15	306		765	33
34	TOTAL (lines 1 thru 33)		\$ 10,414,389	\$ 287,630		\$ 287,630	\$	\$ 5,379,354	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:

1/1/2011

Ending:

12/31/2011

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 10,414,389	\$ 287,630		\$ 287,630	\$	\$ 5,379,354	1
2	Signage	2009	2,410	161	15	161		402	2
3	Lighting, fire alarm expander board	2009	6,835	374	15-20	374		935	3
4	East & South wing ceilings	2009	25,447	1,272	20	1,272		3,180	4
5	Window, garage doors	2009	1,923	120	15-20	120		300	5
6	New office walls, windows, door, carpet, ceiling tile, fire alarm	2009	10,838	542	20	542		1,355	6
7	SC/HC automatic doors, card access	2009	18,943	1,263	15	1,263		3,157	7
8	Fascia, roof, and insulation improvements	2009	14,069	2,937	3-15	2,937		7,342	8
9	HC fluorescent fixtures, HC bathroom steel upgrade,	2009	13,973	699	20	699		1,747	9
10	Fire alarm system/separation walls/fire dampers								10
11	Remodel apartment #382-#384	2009	2,440	122	20	122		305	11
12	Kitchen - expansion & renovation-Schmeling gen'l contractor,	2009	1,844,229	46,106	40	46,106		115,265	12
13	Gary Anderson architects,Mackesey designers, BCN								13
14	owners rep. , Benchmark and Concrete Surface flooring,								14
15	Robert Rippe planners, Capitalized interest								15
16	Front parking lot	2009	162,072	10,805	15	10,805		27,012	16
17	Chapel & dining room rooftop a.c. units	2009	42,776	1,711	25	1,711		4,278	17
18	Irrigation lines, signage	2010	4,364	291	15	291		436	18
19	Vanities, tops, faucets,toilets	2010	4,705	314	15	314		471	19
20	Ceilings and lighting	2010	54,319	2,716	20	2,716		4,074	20
21	Windows, shelves, closet doors	2010	8,634	469	15-20	469		704	21
22	Stairway railing upgrades, elevator controls & fire protection	2010	29,273	1,464	20	1,464		2,196	22
23	Shower room flooring, ceiling, toilets, plumbing and thermostat	2010	14,266	713	20	713		1,070	23
24	Garage doors	2010	703	47	15	47		70	24
25	Construction upgrade with door frames, steel studs, plaster	2010	17,540	877	20	877		1,316	25
26	walls, counter, sink and cabinets - rooms 122, 123, 382, 384								26
27	Sidewalk - front entrance, curbing	2010	29,119	1,941	15	1,941		2,912	27
28	Constructed open storage room next to the dining room, walls	2010	25,466	1,273	20	1,273		1,910	28
29	and flooring, constructed maintenance office, walls and								29
30	flooring, moved wall and rehung door, ceiling in computer rm								30
31	Boiler room pipe insulation, receiving doors masonry	2010	7,173	710	5-20	710		1,065	31
32	Elevator moderization (4)	2010	175,162	8,758	20	8,758		13,137	32
33	New generator for HC and Shelted Care	2010	501,593	12,582	20-40	12,582		18,873	33
34	TOTAL (lines 1 thru 33)		\$ 13,432,661	\$ 385,897		\$ 385,897	\$	\$ 5,592,866	34

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 13,432,661	\$ 385,897		\$ 385,897	\$	\$ 5,592,866	1
2	Fire alarm system, door holders, card readers	2010	4,965	331	15	331		497	2
3	Blacktop - Campus roads	2011	2,895	290	5	290		290	3
4	Vanities, tops, faucets,toilets	2011	9,436	315	15	315		315	4
5	Windows, shelves, closet doors, keys	2011	15,621	414	15-20	414		414	5
6	Ceilings and lighting	2011	6,549	164	20	164		164	6
7	Health Ctr automatic door closers, card readers and kickplates	2011	12,688	423	15	423		423	7
8	Air Conditioner units	2011	6,341	211	15	211		211	8
9	Signage	2011	1,692	56	15	56		56	9
10	Wall mounted shelving, fire barriers	2011	3,449	115	15	115		115	10
11	Construction, piping, plumbing to transition to open dining rm.	2011	4,628	116	20	116		116	11
12	Cove SC - expansion & renovation-Schmeling gen'l contractor,	2011	331,868	4,148	40	4,148		4,148	12
13	Larson & Darby architects, BCN owners rep.								13
14	Benchmark flooring, capitalized interest								14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
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28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 13,832,793	\$ 392,480		\$ 392,480	\$	\$ 5,599,615	34

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 5,004,681	\$ 270,218	\$ 270,218	\$	5-20 yrs.	\$ 3,404,764	71
72	Current Year Purchases	288,711	14,998	14,998		5-20 yrs.	14,998	72
73	Fully Depreciated Assets	(2,053,162)				5-20 yrs.	(2,053,162)	73
74								74
75	TOTALS	\$ 3,240,230	\$ 285,216	\$ 285,216	\$		\$ 1,366,600	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Bus	Ford Turtle Top - 2003	2003	\$ 56,345	\$ 5,635	\$ 5,635	\$	10 yrs.	\$ 47,893	76
77										77
78										78
79										79
80	TOTALS			\$ 56,345	\$ 5,635	\$ 5,635	\$		\$ 47,893	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)	\$ 17,191,672	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 683,331	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 683,331	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 7,014,108	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 1989-2011	\$ 66,149	\$ 770	\$ 57,154	86
87	Landscaping equipment-1968-2011	48,635		48,635	87
88	Duplexes & Land Improv.1990-2011	15,066,580	552,083	8,498,670	88
89	E-wing furn.&land improv1990-2011	3,605,221	82,147	2,119,728	89
90	Land-Duplexes	411,576			90
91	TOTALS	\$ 19,198,161	\$ 635,000	\$ 10,724,187	91

G. Construction-in-Progress

	Description	Cost	
92	Construction-in-progress	\$ 1,657,366	92
93			93
94			94
95		\$ 1,657,366	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

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. _____/2012 \$ _____

13. _____/2013 \$ _____

14. _____/2014 \$ _____

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

* 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. 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		Contract	Total
		1 Drop-outs	2 Completed		
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		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: **1/1/2011**

Ending: **12/31/2011**

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of **12/31/2011** (last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 889,246	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 12,000)	748,854		3
4	Supply Inventory (priced at Lwr Cst or Mk)	41,900		4
5	Short-Term Investments	995,012		5
6	Prepaid Insurance	43,894		6
7	Other Prepaid Expenses	52,100		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Limited Use Assets	496,306		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,267,312	\$	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	32,083,173		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	6,595,418		16
17	Accumulated Depreciation (book methods)	(20,581,990)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	1,375,737		21
22	Other Long-Term Assets (spe Bond Clsg Cost(Net))	125,623		22
23	Other(specify): Vehicles, CIP	1,932,534		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 22,004,375	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 25,271,687	\$	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 309,752	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	280,360		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	180,000		32
33	Accrued Interest Payable	13,308		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	Property Tax Credits Due Residents	360,000		36
37	Accrued Retirement	18,005		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,161,425	\$	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	51,685		39
40	Mortgage Payable			40
41	Bonds Payable	7,515,365		41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	Advance Deposits on Founder's Fees	127,000		43
44	Founder's Fees	5,826,492		44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 13,520,542	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 14,681,967	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 10,589,720	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 25,271,687	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 8,961,229	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 8,961,229	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	219,668	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants	1,415,342	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	(18,193)	15
16	Other (describe) Inc in beneficial int. in annuity contract	11,674	16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 1,628,491	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 10,589,720	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number **FAIRHAVEN CHRISTIAN RETIREMENT CENT # 0027987** Report Period Beginning: **1/1/2011**Ending: **12/31/2011**

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	\$ 9,310,504	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 9,310,504	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	8,400	13
14	Non-Patient Meals	35,400	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space	6,957	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	147,160	21
22	Laundry	7,153	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 205,070	23
D. Non-Operating Revenue			
24	Contributions	56,339	24
25	Interest and Other Investment Income***	33,961	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 90,300	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Duplex Income	1,829,637	28
28a	Equipment Rental & Other Income	80,220	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 1,909,857	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 11,515,731	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	3,246,792	31
32	Health Care	3,532,171	32
33	General Administration	2,248,393	33
B. Capital Expense			
34	Ownership	1,290,219	34
C. Ancillary Expense			
35	Special Cost Centers	925,266	35
36	Provider Participation Fee	53,222	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 11,296,063	40
41	Income before Income Taxes (line 30 minus line 40)**	219,668	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 219,668	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: **1/1/2011**

Ending:

12/31/2011

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	2,200	2,432	\$ 98,296	\$ 40.42	1
2	Assistant Director of Nursing	1,864	2,080	58,839	28.29	2
3	Registered Nurses	22,491	24,322	587,779	24.17	3
4	Licensed Practical Nurses	26,932	29,431	605,467	20.57	4
5	CNAs & Orderlies	103,874	112,173	1,448,877	12.92	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	5,574	6,204	82,592	13.31	8
9	Activity Director	3,416	3,632	63,715	17.54	9
10	Activity Assistants	9,427	10,415	109,247	10.49	10
11	Social Service Workers	1,904	2,080	44,319	21.31	11
12	Dietician					12
13	Food Service Supervisor	4,137	4,655	94,915	20.39	13
14	Head Cook					14
15	Cook Helpers/Assistants	17,940	19,866	240,316	12.10	15
16	Dishwashers	50,386	53,395	495,654	9.28	16
17	Maintenance Workers	14,696	15,339	277,987	18.12	17
18	Housekeepers	28,980	31,481	315,735	10.03	18
19	Laundry	10,936	12,212	133,857	10.96	19
20	Administrator	1,864	2,080	137,317	66.02	20
21	Assistant Administrator	1,864	2,080	109,789	52.78	21
22	Other Administrative	1,864	2,080	83,026	39.92	22
23	Office Manager	1,480	1,696	33,953	20.02	23
24	Clerical	11,718	12,890	201,593	15.64	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	1,946	2,198	52,574	23.92	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	325,493	352,741	\$ 5,275,847 *	\$ 14.96	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	596	\$ 37,951	1-3	35
36	Medical Director	36	18,000	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	168	7,403	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)	816	\$ 64,874		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	147	\$ 6,411	10-3	50
51	Licensed Practical Nurses	3,066	113,248	10-3	51
52	Certified Nurse Assistants/Aides	3,004	61,790	10-3	52
53	TOTAL (lines 50 - 52)	6,217	\$ 181,449		53

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER

0027987

Report Period Beginning:

1/1/2011

Ending:

12/31/2011

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) \$11,081
- (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. \$ 48,687 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. \$ 53,222
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. \$ 400 Has any meal income been offset against related costs? YES Indicate the amount. \$ 19,116
- (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

1/1/11 - 12/31/11

RECLASSIFICATIONS:

LINE 2	Food purchase	<u>\$ (400)</u>	Take out cost of meals provided to employees
LINE 5	Heat & other utilities	<u>\$ (8,226)</u>	Take out utilities allocable to beauty shop
LINE 19	Professional services	\$ (1,488)	Take out background checks/fingerprinting
		\$ (4,674)	Take out employee exams
		\$ (5,398)	Take out 403-B administration function
		<u>\$ (11,560)</u>	
LINE 20	Fees, subscriptions, & promotions	<u>\$ 1,488</u>	Add in background checks/fingerprinting from line 19
LINE 22	Employee benefits & payroll taxes	\$ 400	Add in cost of meals from line 2
		\$ 4,674	Add in employee exams from line 19
		\$ 5,398	Add in 403-B administration function from line 19
		<u>\$ 10,472</u>	
LINE 26	Insurance-Property & Liability	<u>\$ (29,000)</u>	Take out insurance-property for Duplexes
LINE 30	Depreciation	<u>\$ 8,394</u>	Add in additional depreciation relating to Duplexes
LINE 40	Barber & Beauty Shops	<u>\$ 8,226</u>	Add in utilities taken out of line 5
LINE 43	Other-Duplexes	\$ 29,000	Add in insurance-property from line 26
		\$ (8,394)	Take out depreciation from line 30
		<u>\$ 20,606</u>	
TOTAL		<u>\$ -</u>	

FAIRHAVEN CHRISTIAN RETIREMENT CENTER

#0027987

1/1/11-12/31/11

Schedule V p. 3 & 4

LINE 7

Security Services	\$	150,795
Trash Disposal	\$	16,371
	\$	<u>167,166</u>

LINE 27

Flowers & Decorations-Nursing Ctr.	\$	<u>2,421</u>
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LINE 36

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

Duplexes: Real Estate Taxes	\$	242,131
Depreciation	\$	552,083
Utilities	\$	67,437
Maintenance	\$	55,221
Insurance	\$	29,000
	\$	<u>945,872</u>

FAIRHAVEN CHRISTIAN RETIREMENT CENTER

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LINE 29

Gas for Non-Care Vehicles	\$	(2,008)
Insurance for Non-Care Vehicles	\$	(476)
Flowers & Decorations, Miscellaneous	\$	(2,163)
Real Estate Taxes - Main Building	\$	(181,660)
	\$	<u>(186,307)</u>

LINE 45

Duplex Insurance		<u>\$29,000</u>
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E. Other Revenue

Line 28	<u>\$ 1,829,637</u>	Duplex Monthly Maintenance and Founder's Fee Income
Line 28a	\$ 8,736	Equipment Rental-Wheelchairs & Gerichairs
	<u>\$ 71,484</u>	Other Income such as Vending Machine, Monthly Cable, Activities, Gain on Sale,
	<u>\$ 80,220</u>	

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PAGE 10B: 2010 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
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2011 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	No		
Brogren, Neil	Director	No		
Norberg, Dave	Director	No		
Arnold, Kathy	Director	No		