



Facility Name & ID Number FAIRHAVEN CHRISTIAN RET CTR

# 0027987 Report Period Beginning: 1/1/2014 Ending: 12/31/2014

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	125	Sheltered Care (SC)	125	45,625	5
6		ICF/DD 16 or Less			6
7	221	TOTALS	221	80,665	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment			
		Medicaid Recipient	Private Pay	Other	
8	SNF				8
9	SNF/PED				9
10	ICF	11,680	18,751		30,431
11	ICF/DD				11
12	SC		25,122		25,122
13	DD 16 OR LESS				13
14	TOTALS	11,680	43,873		55,553

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 68.87%

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: 12/31/2014 Fiscal Year: 12/31/2014

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

Facility Name &amp; ID Number

FAIRHAVEN CHRISTIAN RET CTR

# 0027987

Report Period Beginning:

1/1/2014

Ending:

12/31/2014

**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
	<b>A. General Services</b>										
1	Dietary	895,528	80,535	21,387	997,450		997,450	997,450			1
2	Food Purchase		690,960		690,960	(475)	690,485	(27,456)	663,029		2
3	Housekeeping	317,093	67,342		384,435		384,435		384,435		3
4	Laundry	152,136	43,366	3,996	199,498		199,498		199,498		4
5	Heat and Other Utilities			461,647	461,647	(8,989)	452,658	(10,372)	442,286		5
6	Maintenance	350,521	29,740	299,979	680,240		680,240	(11,059)	669,181		6
7	Other (specify):*			166,048	166,048		166,048		166,048		7
8	<b>TOTAL General Services</b>	1,715,278	911,943	953,057	3,580,278	(9,464)	3,570,814	(48,887)	3,521,927		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			18,000	18,000		18,000		18,000		9
10	Nursing and Medical Records	3,233,677	145,910	113,263	3,492,850		3,492,850		3,492,850		10
10a	Therapy										10a
11	Activities	191,355	13,769		205,124		205,124		205,124		11
12	Social Services	48,664		760	49,424		49,424		49,424		12
13	CNA Training										13
14	Program Transportation			18,185	18,185		18,185	(2,511)	15,674		14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	3,473,696	159,679	150,208	3,783,583		3,783,583	(2,511)	3,781,072		16
	<b>C. General Administration</b>										
17	Administrative	379,202			379,202		379,202		379,202		17
18	Directors Fees										18
19	Professional Services			108,297	108,297	(17,143)	91,154		91,154		19
20	Dues, Fees, Subscriptions & Promotions			54,124	54,124	1,843	55,967	(34,733)	21,234		20
21	Clerical & General Office Expenses	217,514	57,802	26,690	302,006		302,006		302,006		21
22	Employee Benefits & Payroll Taxes			1,311,705	1,311,705	15,775	1,327,480	(6,185)	1,321,295		22
23	Inservice Training & Education										23
24	Travel and Seminar			16,051	16,051		16,051	(12,297)	3,754		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			117,413	117,413	(30,172)	87,241	(476)	86,765		26
27	Other (specify):*			85,884	85,884		85,884	(83,719)	2,165		27
28	<b>TOTAL General Administration</b>	596,716	57,802	1,720,164	2,374,682	(29,697)	2,344,985	(137,410)	2,207,575		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	5,785,690	1,129,424	2,823,429	9,738,543	(39,161)	9,699,382	(188,808)	9,510,574		29

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

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

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>D. Ownership</b>											
30	Depreciation			969,619	969,619	23,265	992,884	(156,721)	836,163			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			365,585	365,585		365,585	(49,576)	316,009			32
33	Real Estate Taxes			186,271	186,271		186,271	(186,271)				33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			3,097	3,097		3,097		3,097			35
36	Other (specify):*			5,593	5,593		5,593		5,593			36
37	<b>TOTAL Ownership</b>			1,530,165	1,530,165	23,265	1,553,430	(392,568)	1,160,862			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers											39
40	Barber and Beauty Shops					8,989	8,989		8,989			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			265,036	265,036		265,036		265,036			42
43	Other (specify):*			1,053,759	1,053,759	6,907	1,060,666		1,060,666			43
44	<b>TOTAL Special Cost Centers</b>			1,318,795	1,318,795	15,896	1,334,691		1,334,691			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	5,785,690	1,129,424	5,672,389	12,587,503		12,587,503	(581,376)	12,006,127			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	
	<b>NON-ALLOWABLE EXPENSES</b>	<b>Amount</b>	<b>Refer- ence</b>	<b>BHF USE ONLY</b>	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(27,456)	Line2		4
5	Telephone, TV & Radio in Resident Rooms	(10,372)	Line5		5
6	Rented Facility Space	(11,059)	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	(49,576)	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	(156,721)	Line30		15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(12,297)	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	(81,584)	Line27		24
25	Fund Raising, Advertising and Promotional	(31,400)	Line20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(3,333)	Line20		28
29	Other-Attach Schedule	(191,393)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	<b>\$ (581,376)</b>		<b>\$</b>	<b>30</b>

**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	
		<b>Amount</b>	<b>Reference</b>	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	<b>\$</b>		<b>36</b>
	(sum of SUBTOTALS)			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	<b>\$ (581,376)</b>		<b>37</b>

\*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	
		<b>Yes</b>	<b>No</b>	<b>Amount</b>	<b>Reference</b>	
38	Medically Necessary Transport.		X	\$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops	X		8,989	Line5	41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44						44
45	Other-Attach Schedule Dupl Insur	X		30,172	Line26	45
46	Other-Attach Schedule		X			46
47	<b>TOTAL (C): (sum of lines 38-46)</b>			<b>\$ 39,161</b>		<b>47</b>

<b>BHF USE ONLY</b>						
48		49		50	51	52

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NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Gas for non-care vehicles	\$ (2,511)	Line 14	1
2	Insurance for non-care vehicles	(476)	Line 26	2
3	Flowers & decorations, miscellaneous	(2,135)	Line 27	3
4	Real estate taxes - main building	(186,271)	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	<b>Total</b>		(191,393)	49

## STATE OF ILLINOIS

Summary A

Facility Name & ID Number FAIRHAVEN CHRISTIAN RET CTR# 0027987

Report Period Beginning:

1/1/2014

Ending:

12/31/2014

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

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

## STATE OF ILLINOIS

Facility Name & ID Number FAIRHAVEN CHRISTIAN RET CTR# 0027987

Report Period Beginning:

1/1/2014 Ending:

Summary B

12/31/2014

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

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

**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	<b>Total</b>		\$			\$	\$ *	14

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

VII. RELATED PARTIES

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

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

Facility Name & ID Number FAIRHAVEN CHRISTIAN RET CTR # 0027987 Report Period Beginning: 1/1/2014 Ending: 12/31/2014

## 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 RET CTR

# 0027987

Report Period Beginning:

1/1/2014

Ending: 2/31/2014

**VIII. ALLOCATION OF INDIRECT COSTS**

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	<b>TOTALS</b>				\$	\$		\$	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		8	9	10									
					Name of Lender	Related**				Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
						YES							NO	Original				Balance
<b>A. Directly Facility Related</b>																		
<b>Long-Term</b>																		
1	City of Rockford Bonds	X		Construction - Phase 1 & 2	\$43,607.45	6/17/2009	\$ 8,000,000	\$ 6,864,280	6/17/2034	0.0425	\$ 291,943	1						
2	Bank Loans	X		Construction - Phase 4	\$7,678.96	9/15/2012	4,400,000	1,364,659	8/15/2017	0.0400	73,642	2						
3												3						
4												4						
5												5						
<b>Working Capital</b>																		
6	Alpine Bank-Line of Credit	X		Operating Expenses	NONE	12/9/2014	1,000,000		12/3/2015	0.0400		6						
7												7						
8												8						
9	<b>TOTAL Facility Related</b>				\$51,286.41		\$ 13,400,000	\$ 8,228,939			\$ 365,585	9						
<b>B. Non-Facility Related*</b>																		
10												10						
11												11						
12												12						
13												13						
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$	14						
15	<b>TOTALS (line 9+line14)</b>						\$ 13,400,000	\$ 8,228,939			\$ 365,585	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**

		<b>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</b>			
1. Real Estate Tax accrual used on 2013 report.		\$	<b>167,000</b>		<b>1</b>
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.)		\$	<b>106,385</b>		<b>2</b>
3. Under or (over) accrual (line 2 minus line 1).		\$	<b>(60,615)</b>		<b>3</b>
4. Real Estate Tax accrual used for 2014 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<b>110,000</b>		<b>4</b>
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. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>		\$			<b>5</b>
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. <b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		\$			<b>6</b>
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	<b>* 0.00</b>		<b>7</b>
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2009	<b>166,634</b>	<b>8</b>	<b>FOR BHF USE ONLY</b>	
	2010	<b>176,264</b>	<b>9</b>	<b>13</b>	FROM R. E. TAX STATEMENT FOR 2013 \$ <b>13</b>
	2011	<b>172,881</b>	<b>10</b>	<b>14</b>	PLUS APPEAL COST FROM LINE 5 \$ <b>14</b>
	2012	<b>161,760</b>	<b>11</b>	<b>15</b>	LESS REFUND FROM LINE 6 \$ <b>15</b>
	2013	<b>106,385</b>	<b>12</b>	<b>16</b>	AMOUNT TO USE FOR RATE CALCULATION \$ <b>16</b>
<b>* 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</b>					

**NOTES:**

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

## 2013 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME FAIRHAVEN CHRISTIAN RET CTR COUNTY WINNEBAGO

FACILITY IDPH LICENSE NUMBER 0027987

CONTACT PERSON REGARDING THIS REPORT Jeff Reiersen

TELEPHONE (815) 877-1441 FAX #: (815) 282-4217

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

Enter the tax index number and real estate tax assessed for 2013 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2013.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>152B028B</u>	<u>Main Building/Garden Lane Dupl.</u>	\$ <u>284,411.00</u>	\$ <u>none</u>
2. <u>149C081B</u>	<u>Verde Lane</u>	\$ <u>59.00</u>	\$ <u>none</u>
3. <u>149C052,053,054</u>	<u>Rolling Meadow/Terrace View Dup.</u>	\$ <u>196,393.00</u>	\$ <u>none</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u><u>480,863.00</u></u>	\$ <u>none</u>

**B. Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services?      X   YES                   NO

If YES, attach an explanation and a schedule which shows the calculation of the cost allocated to the nursing home.  
(Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C.    **Tax Bills**

Attach a copy of the original 2013 tax bills which were listed in Section A to this statement. Be sure to use the 2013 tax bill which is normally paid during 2014.

**PLEASE NOTE: *Payment information from the Internet* or otherwise is *not considered acceptable tax bill documentation* . Facilities located in Cook County are required to provide copies of their original **second installment** tax bill.**

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 183,865 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 3

C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization.  
 (Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from Completely Unrelated Organization.  
 (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

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

FAIRHAVEN CHRISTIAN RETIREMENT CENTER, RETIREMENT LIVING, DUPLEXES (112 UNITS TOTAL)

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

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

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

**XI. OWNERSHIP COSTS:**

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Main Building</u>	<u>871,200</u>	<u>1965</u>	<u>\$ 62,304</u>	1
2					2
3	<b>TOTALS</b>	<b>871,200</b>		<b>\$ 62,304</b>	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	84		1967	1967	\$ 1,115,078	\$	40	\$	\$	\$ 1,115,078	4
5	76		1973	1973	1,051,996		40			1,051,996	5
6	20		1975	1975	255,191	5,843	20-40	5,843		252,258	6
7	41		1979	1979	1,323,223	31,213	40	31,213		1,185,691	7
8											8
	Improvement Type**										
9		Air condit.-laundry, new kitchen/apt, fire alarm	1994		11,134	113	10-20	113		11,134	9
10		Remodel of 6 rooms	1996		33,302	1,643	5-20	1,643		30,837	10
11		Remodeling of nurses station	1996		8,438	422	20	422		7,807	11
12		New lights	1996		7,499	375	20	375		6,938	12
13		New windows	1996		1,762	88	20	88		1,628	13
14		Rehab & conversion of rooms	1997		119,116	4,765	25	4,765		83,386	14
15		Remodel of Rehab dept., identicard door system	1997		37,374	1,200	10-25	1,200		28,372	15
16		Wall heaters,doors & wind.,water heater,chill water sys	1997		18,338	715	10-25	715		13,463	16
17		Roof work, office remodel,clock wiring,shelving,boiler	1997		33,616	1,445	10-25	1,445		29,552	17
18		Fence along Alpine Road	1998		84,198	4,210	20	4,210		69,465	18
19		Blacktop	1998		12,538	627	20	627		10,346	19
20		Remodel of Rehab Dept & Breakroom	1998		42,423	1,697	25	1,697		28,001	20
21		Rehab resident rooms	1998		92,743	3,710	25	3,710		61,215	21
22		Rehab offices-Ex dir.,ADON, Maint., Activities	1998		36,208	1,448	25	1,448		23,891	22
23		Rear entrance door, fire protection system	1998		6,051	242	25	242		3,993	23
24		Rehab Health Ctr., Halls, Storage, Conference room	1998		24,693	988	25	988		16,303	24
25		Rehab coffee shop & gift shop	1998		4,374	175	25	175		2,888	25
26		Electrical work, heating & air condit.	1998		5,180	207	25	207		3,416	26
27		Fence and grading	1999		13,566	678	20	678		10,509	27
28		Blacktop, patching, speed bumps	1999		18,220	871	10-20	871		14,300	28
29		Rehab resident rooms	1999		84,948	3,398	25	3,398		52,669	29
30		Rehab maint off., shop, laund room, housekeeping off.	1999		44,768	1,791	25	1,791		27,761	30
31		Health Ctr. Elevator conversion, emerg. Lights	1999		9,806	50	10-20	50		9,585	31
32		Windows, storm doors, boiler room electrical	1999		12,196	518	20-25	518		8,029	32
33		Rehab Health Ctr.-lighting,heat,ceiling panels,flooring	1999		33,716	3,149	25	3,149		29,910	33
34		Rehab Health Ctr.-conf room,util room,activ,air cond	1999		17,993	864	15-25	864		13,391	34
35		Rehab Health Ctr.-soc serv off., 1st floor restroom	1999		4,077	163	25	163		2,526	35
36		Remodel-Main office,coffee shop,gift shop	2000		1,110,762	27,769	40	27,769		402,651	36

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

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

See Page 12A, Line 70 for total

Facility Name &amp; ID Number FAIRHAVEN CHRISTIAN RET CTR

# 0027987

Report Period Beginning:

1/1/2014

Ending:

12/31/2014

## 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	Employee parking lot	2000	\$ 96,253	\$ 4,813	20	\$ 4,813	\$	\$ 69,788	37
38	Irrigation system	2000	18,761	938	20	938		13,601	38
39	Beauty shops-1st & 3rd	2000	49,403	1,235	40	1,235		17,908	39
40	Remodel-Maint., Acctg, Activ.,& 2nd fl HC kitchen off.	2000	38,198	1,910	20	1,910		27,695	40
41	Rehab resident rooms	2000	64,544	2,867	10-20	2,867		48,781	41
42	Main entrance doors	2000	10,535	527	20	527		7,641	42
43	Roof repairs,elevator room repairs,electric,phone,comp.	2000	35,305	1,765	10-20	1,765		30,665	43
44	Back flow system	2000	65,706	3,285	20	3,285		47,633	44
45	Smoke barrier upgrade	2000	68,105	1,703	40	1,703		24,693	45
46	Vanity/Tops/Faucets	2001	8,998	600	15	600		8,100	46
47	Signage, OSHA modifications,HVAC modifications	2001	16,911	873	15-25	873		11,786	47
48	2nd floor remodeling-ceiling,sprinkler,lighting,duct work	2001	48,885	2,375	20-25	2,375		32,063	48
49	Rehab resident rooms,countertop,locks	2001	30,992	1,550	20	1,550		20,925	49
50	Miscell plants,pots,trees,mulch,sprinkler system supplies	2001	8,496	568	5-15	568		6,845	50
51	Rehab dietary office-elect,fan coil ductwork,door	2001	7,190	360	20	360		4,860	51
52	Redo wall,hallway,rear stairway coping stone reset	2002	2,104	105	20	105		1,313	52
53	Vanity/Tops/Faucets	2002	8,106	540	15	540		6,750	53
54	Keys,locks,windows	2002	6,335	351	15-20	351		4,387	54
55	East entrance doors-structual changes	2002	7,684	384	20	384		4,800	55
56	Doors	2002	7,581	505	15	505		6,313	56
57	Laundry,south lounge,water serv valve,roof,trash chute changes	2002	9,256	399	5-15	399		8,262	57
58	Main office,conference room,training room changes	2002	4,097	205	20	205		2,562	58
59	Room number signs	2002	6,070	304	20	304		3,800	59
60	Landscaping, front entrance and east drainage	2003	6,332	505	10-15	505		6,332	60
61	Modify patient toilet rooms and showers	2003	36,996	1,480	25	1,480		17,020	61
62	Garages-crown molding	2003	3,601	180	20	180		2,070	62
63	Screen,glass,wall,door,latches,locks replacement	2003	15,747	930	5-20	930		11,360	63
64	Lighting	2003	24,236	1,225	5-20	1,225		14,498	64
65	Vanity/Tops/Faucets	2003	4,908	327	15	327		3,761	65
66	Boiler room rework	2003	3,795	190	20	190		2,185	66
67	South wing roof	2003	66,135	3,307	20	3,307		38,030	67
68	Smoke barrier upgrade	2003	28,657	1,433	20	1,433		16,479	68
69	Employee parking lot, sidewalks	2004	14,283	952	15	952		9,996	69
70	TOTAL (lines 4 thru 69)		\$ 6,498,732	\$ 139,068		\$ 139,068	\$	\$ 5,141,891	70

\*\*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	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 6,498,732	\$ 139,068		\$ 139,068	\$	\$ 5,141,891	1
2	Landscaping drainage	2004	12,100	807	15	807		8,473	2
3	Employee patio, residents veranda	2004	42,639	2,139	15-20	2,139		22,459	3
4	Vanities/tops	2004	7,657	510	15	510		5,355	4
5	Emergency lighting, kitchen feeds, sink	2004	16,344	1,057	15-20	1,057		11,098	5
6	Library	2004	11,520	576	20	576		6,048	6
7	3rd floor renovation	2004	53,708	2,685	20	2,685		28,193	7
8	Thermostats, heaters, heat lamps	2004	7,888	526	15	526		5,523	8
9	Building equipment, mixing valve, wire fence	2004	14,689	1,043	15	1,043		10,952	9
10	HC room doors	2004	8,783	586	15	586		6,153	10
11	Room refurbishment- 302/304	2004	8,782	439	20	439		4,610	11
12	HVAC controls, a/c units	2004	24,793	1,653	15	1,653		17,356	12
13	Blacktop - HC entrance and kitchen parking lot	2005	8,225	548	15	548		5,206	13
14	Globe fixtures at front entrance and signage	2005	2,856	190	15	190		1,805	14
15	Roof exhaust fans, repairs & HC tuckpointing	2005	11,525	714	15-20	714		6,783	15
16	Upgrade elevator door-left side center building	2005	15,754	788	20	788		7,486	16
17	Remove/replace HC canopy	2005	46,471	1,859	25	1,859		17,660	17
18	Garage door-Kabota storage	2005	1,264	63	20	63		599	18
19	Storage room cages	2005	753	50	15	50		475	19
20	Boiler room walkway	2006	19,603	980	20	980		8,330	20
21	Signage	2006	5,011	334	15	334		2,839	21
22	Storage room cages	2006	16,254	813	20	813		6,910	22
23	Upgrade elevator doors	2006	58,240	2,912	20	2,912		24,752	23
24	Curb & gutter, irrigation system	2006	18,415	1,228	15	1,228		10,438	24
25	Repipe softners	2006	5,700	285	20	285		2,423	25
26	Vanities/tops	2006	4,530	302	15	302		2,567	26
27	Exhaust fans-roofs	2006	16,456	1,097	15	1,097		9,325	27
28	Window replacement and painting	2006	11,817	554	20	554		4,709	28
29	Bathtub conversions	2006	4,265	213	20	213		1,811	29
30	Lighting and electrical work	2006	1,615	81	20	81		688	30
31	Landscaping-veranda and health center	2007	5,764	276	15	276		2,070	31
32	Health center hydrant extension, air infiltration	2007	10,003	500	20	500		3,750	32
33	Front parking lot-coat and seal, grading and core out	2007	5,557	286	5-15	286		5,557	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 6,977,713	\$ 165,162		\$ 165,162	\$	\$ 5,394,294	34

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

Facility Name &amp; ID Number FAIRHAVEN CHRISTIAN RET CTR

# 0027987

Report Period Beginning:

1/1/2014

Ending:

12/31/2014

## 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	<b>Totals from Page 12B, Carried Forward</b>		\$ 6,977,713	\$ 165,162		\$ 165,162	\$	\$ 5,394,294	1
2	Signage	2007	2,192	146	15	146		1,095	2
3	Lighting	2007	6,143	347	15-20	347		2,603	3
4	Vanities/tops/air conditioner units	2007	11,404	760	15	760		5,700	4
5	Exhaust fans-roofs	2007	8,322	555	15	555		4,162	5
6	Bath tub conversions	2007	12,338	617	20	617		4,627	6
7	Health center soffit work,wrap-around, saniglaze	2007	21,849	1,142	15-20	1,142		8,565	7
8	Fire alarm system	2007	8,263	413	20	413		3,098	8
9	Condenser unit	2007	8,146	407	20	407		3,053	9
10	Veranda aluminum screen	2007	4,880	244	20	244		1,830	10
11	Windows and locks	2007	1,733	87	20	87		652	11
12	Modular nurses stations	2007	11,618	581	20	581		4,357	12
13	Building - phase 1 - air make-up, fire suppression, SC dining	2007	2,930,779	73,269	40	73,269		549,518	13
14	Capital report 7/1/10 - adjusted out	2007	(22,002)	(550)	40	(550)		(4,125)	14
15	Roofs - phase 1 - main building and health center	2007	209,834	8,393	25	8,393		62,948	15
16	Health center canopy - phase 1	2007	11,115	278	40	278		2,085	16
17	Move telephone pole to widen curve	2008	2,267	113	20	113		735	17
18	Lighting, new bollards	2008	10,902	564	15-20	564		3,666	18
19	Vanities, tops, faucets	2008	4,707	314	15	314		2,041	19
20	Signage	2008	1,193	80	15	80		520	20
21	Doors, door closers, windows	2008	5,623	344	15-20	344		2,236	21
22	Fire alarm system	2008	5,601	280	20	280		1,820	22
23	Roof top exhausters, maint garage roof	2008	11,059	703	15-40	703		4,570	23
24	Ceiling tile-hallways and laundry room	2008	17,556	878	20	878		5,707	24
25	Key switches for elevators	2008	1,300	65	20	65		422	25
26	Front entrance landscaping/improv, landscaping	2009	29,190	1,946	15	1,946		10,703	26
27	Vanities, tops, faucets,toilets	2009	4,596	306	15	306		1,683	27
28	Signage	2009	2,410	161	15	161		885	28
29	Lighting, fire alarm expander board	2009	6,835	374	15-20	374		2,057	29
30	East & South wing ceilings	2009	25,447	1,272	20	1,272		6,996	30
31	Window, garage doors	2009	1,923	120	15-20	120		660	31
32	New office walls, windows, door, carpet, ceiling tile, fire alarm	2009	10,838	542	20	542		2,981	32
33	SC/HC automatic doors, card access	2009	18,943	1,263	15	1,263		6,946	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 10,364,717	\$ 261,176		\$ 261,176	\$	\$ 6,099,090	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	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12C, Carried Forward</b>		\$ 10,364,717	\$ 261,176		\$ 261,176	\$	\$ 6,099,090	1
2	Fascia, roof, and insulation improvements	2009	14,069	438	3-15	438		11,155	2
3	HC flourescent fixtures, HC bathroom steel upgrade,	2009	13,973	699	20	699		3,844	3
4	Fire alarm system/separation walls/fire dampers								4
5	Remodel apartment #382-#384	2009	2,440	122	20	122		671	5
6	Kitchen - expansion & renovation-Schmeling gen'l contractor,	2009	1,844,229	46,106	40	46,106		253,583	6
7	Gary Anderson architects,Mackesey designers, BCN								7
8	owners rep. , Benchmark and Concrete Surface flooring,								8
9	Robert Rippe planners, Capitalized interest								9
10	Front parking lot	2009	162,072	10,805	15	10,805		59,427	10
11	Chapel & dining room rooftop a.c. units	2009	42,776	1,711	25	1,711		9,411	11
12	Irrigation lines, signage	2010	4,364	291	15	291		1,309	12
13	Vanities, tops, faucets,toilets	2010	4,705	314	15	314		1,413	13
14	Ceilings and lighting	2010	54,319	2,716	20	2,716		12,222	14
15	Windows, shelves, closet doors	2010	8,634	469	15-20	469		2,111	15
16	Stairway railing upgrades, elevator controls & fire protection	2010	29,273	1,464	20	1,464		6,588	16
17	Shower room flooring, ceiling, toilets, plumbing and thermostat	2010	14,266	713	20	713		3,209	17
18	Garage doors	2010	703	47	15	47		211	18
19	Construction upgrade with door frames, steel studs, plaster	2010	17,540	877	20	877		3,947	19
20	walls, counter, sink and cabinets - rooms 122, 123, 382, 384								20
21	Sidewalk - front entrance, curbing	2010	29,119	1,941	15	1,941		8,735	21
22	Constructed open storage room next to the dining room, walls	2010	25,466	1,273	20	1,273		5,729	22
23	and flooring, constructed maintenance office, walls and								23
24	flooring, moved wall and rehung door, ceiling in computer rm								24
25	Boiler room pipe insulation, receiving doors masonry	2010	7,173	710	5-20	710		3,195	25
26	Elevator moderization (4)	2010	175,162	8,758	20	8,758		39,411	26
27	New generator for HC and Shelted Care	2010	501,593	12,582	20-40	12,582		56,619	27
28	Fire alarm system, door holders, card readers	2010	4,965	331	15	331		1,490	28
29	Blacktop - Campus roads	2011	2,895	579	5	579		2,027	29
30	Vanities, tops, faucets,toilets	2011	9,436	629	15	629		2,202	30
31	Windows, shelves, closet doors, keys	2011	15,621	828	15-20	828		2,898	31
32	Ceilings and lighting	2011	6,549	327	20	327		1,145	32
33	Health Ctr automatic door closers, card readers and kickplates	2011	12,688	846	15	846		2,961	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 13,368,747	\$ 356,752		\$ 356,752	\$	\$ 6,594,603	34

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

Facility Name &amp; ID Number FAIRHAVEN CHRISTIAN RET CTR

# 0027987

Report Period Beginning:

1/1/2014

Ending:

12/31/2014

## 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 12D, Carried Forward		\$ 13,368,747	\$ 356,752		\$ 356,752	\$	\$ 6,594,603	1
2	Air Conditioner units	2011	6,341	423	15	423		1,480	2
3	Signage	2011	1,692	113	15	113		395	3
4	Wall mounted shelving, fire barriers	2011	3,449	230	15	230		805	4
5	Construction, piping, plumbing to transition to open dining rm.	2011	4,628	231	20	231		809	5
6	Cove SC - expansion & renovation-Schmeling gen'l contractor,	2011	331,868	8,297	40	8,297		29,039	6
7	Larson & Darby architects, BCN owners rep.								7
8	Benchmark flooring, capitalized interest								8
9	Blacktop - Campus roads	2012	11,907	2,381	5	2,381		5,953	9
10	Courtyard /Landscap/Irrigat./Drainage-Marshall N. contractor	2012	191,186	9,714	15-20	9,714		24,285	10
11	Capital report 7/1/12 - adjusted out	2012	(131,529)	(8,769)	15	(8,769)		(21,922)	11
12	Sidewalks/Patio	2012	11,750	783	15	783		1,958	12
13	Front Parking Lot-Northern Ill Service Co. contractor	2012	292,254	14,613	20	14,613		36,532	13
14	Capital report 7/1/12 - adjusted out	2012	(219,191)	(10,960)	20	(10,960)		(27,400)	14
15	Toilets	2012	8,612	574	15	574		1,435	15
16	Cabinets/countertops/pantries/window sill shelves	2012	9,179	612	15	612		1,530	16
17	Signage	2012	4,598	307	15	307		767	17
18	Windows, doors, door closers	2012	15,000	750	20	750		1,875	18
19	Ceilings and lighting	2012	7,699	385	20	385		962	19
20	HC Canopy bird netting	2012	8,400	560	15	560		1,400	20
21	Fire protection, cooling system, cabling and wiring	2012	14,017	934	15	934		2,335	21
22	Roof exhausters, boiler room plumbing	2012	2,299	115	20	115		287	22
23	HC Elevator - Schmeling gen'l contractor, Larson&Darby archit.	2012	83,352	2,084	40	2,084		5,210	23
24	Sjostrom Center and Health Center expansion - Schmeling	2012	3,550,678	88,767	40	88,767		221,918	24
25	gen'l contractor, Larson&Darby architects, BCN owners rep.,								25
26	Benchmark Flooring, capitalized interest								26
27	Capital report 7/1/12 - adjusted out	2012	(1,326,359)	(33,159)	40	(33,159)		(82,897)	27
28	Nursing Center Parking Lot - Stenstrom contractor	2013	229,321	11,520	15-20	11,520		17,280	28
29	Storm Sewer Extension Project - Stenstrom contractor	2013	72,895	3,644	20	3,644		5,466	29
30	Duplex Drainage and Irrigation	2013	23,116	1,660	10-15	1,660		2,490	30
31	Courtyard Gazebo	2013	2,715	136	20	136		204	31
32	Toilets purchased from Ferguson and Columbia Pipe & Supp	2013	5,154	344	15	344		516	32
33	installed by Fairhaven in health center and sheltered wings								33
34	TOTAL (lines 1 thru 33)		\$ 16,583,778	\$ 453,041		\$ 453,041	\$	\$ 6,827,315	34

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

Facility Name &amp; ID Number FAIRHAVEN CHRISTIAN RET CTR

# 0027987

Report Period Beginning:

1/1/2014

Ending:

12/31/2014

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12E, Carried Forward</b>		\$ 16,583,778	\$ 453,041		\$ 453,041	\$	\$ 6,827,315	1
2	Window sill shelves and butler pantries installed by Robert Peterson in sheltered studios, John Evans installed counter top in apartment #114.	2013	4,398	294	15	294		441	2
3									3
4									4
5	Signage purchased from Image Signs, Signs Now and Grainger installed in main building, health center and outdoors.	2013	3,536	236	15	236		354	5
6									6
7	Schmeling company installed health center panic doors at 2nd floor entrance, restroom doors, closet doors in the health center, John Evans Constr installed studio room doors (2)	2013	25,140	1,258	20	1,258		1,887	7
8									8
9									9
10	John Evans installed 11 windows on the south wing of building	2013	31,693	1,584	20	1,584		2,376	10
11	Lighting purchased from Visions and Steiner installed by Fairhaven in the dining room, ceiling panels 1 hour rated installed by Schmeling in the plaster ceilings of sheltered and health center wings.	2013	13,156	756	15-20	756		1,134	11
12									12
13									13
14									14
15	Air Make-up Units, Heating and Cooling Units	2013	28,793	1,910	15-20	1,910		2,865	15
16	Tile - 3rd Floor Shower Floor	2013	6,778	452	15	452		678	16
17	Exterior Window Painting (16 new chapel side)	2013	1,936	128	15	128		192	17
18	Blacktop Sealing and Restriping	2013	2,775	556	5	556		834	18
19	Smoke Detectors, Fire Barriers, Access Controls	2013	2,927	194	15	194		291	19
20	Blacktop Sealing and Restriping	2014	18,500	1,850	5	1,850		1,850	20
21	Duplex Drainage and Irrigation	2014	12,060	402	15	402		402	21
22	Landscaping, tree removal & replacement, Marshall Nelson, Tree Care were the vendors.	2014	16,630	554	15	554		554	22
23									23
24	Toilets purchased from Ferguson and Columbia Pipe & Supp installed by Fairhaven in health center and sheltered wings	2014	2,301	77	15	77		77	24
25									25
26	Window sill shelves and butler pantries installed by Robert Peterson in sheltered studios.	2014	833	28	15	28		28	26
27									27
28	Signage purchased from Image Signs, Signs Now and Grainger installed in main building, health center and outdoors.	2014	382	13	15	13		13	28
29									29
30	John Evans installed 17 windows on the health center west	2014	48,281	1,207	20	1,207		1,207	30
31	Doors installed by Tee Jay and Schmeling vendors	2014	19,581	490	20	490		490	31
32	Exit lights installed by Ballard Electric	2014	4,588	115	20	115		115	32
33	Domestic water valve replacement by Nelson Carlson Mech.	2014	33,795	845	20	845		845	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 16,861,861	\$ 465,990		\$ 465,990	\$	\$ 6,843,948	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	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 12F, Carried Forward		\$ 16,861,861	\$ 465,990		\$ 465,990	\$	\$ 6,843,948	1
2	Air Make-up Units, Heating and Cooling Units	2014	6,514	217	15	217		217	2
3	Room 101 bathroom renovated by John Evans construction	2014	11,983	399	15	399		399	3
4	Majority of the work was plumbing, also some electrical								4
5	plaster and a vanity cabinet and top.								5
6	Oxygen storage closet constructed by Schmeling Construction	2014	15,200	380	20	380		380	6
7	Shower Drain and Drain pipe, Nelson Carlson Mech. vendor	2014	6,122	163	15-20	163		163	7
8	Garage roof by Freeport Industrial Roofing	2014	1,975	49	20	49		49	8
9	Foam insulation and fascia panels on north side of building	2014	17,468	582	15	582		582	9
10	to prevent frozen pipes. Work done by Schmeling Constr.								10
11	Fire equipment and doors installed. Work done by Schmeling	2014	47,244	1,575	15	1,575		1,575	11
12	Construction and Audio Engineering								12
13	Construct footings at the south end of the health center.	2014	29,741	372	40	372		372	13
14	Work done by Stenstrom Construction.								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	TOTAL (lines 1 thru 33)		\$ 16,998,108	\$ 469,727		\$ 469,727	\$	\$ 6,847,685	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	\$ 6,342,094	\$ 344,386	\$ 344,386	\$	5-20 yrs.	\$ 4,080,852	71
72	Current Year Purchases	430,249	19,069	19,069		5-20 yrs.	19,069	72
73	Fully Depreciated Assets	(2,566,876)				5-20 yrs.	(2,566,876)	73
74								74
75	TOTALS	\$ 4,205,467	\$ 363,455	\$ 363,455	\$		\$ 1,533,045	75

D. Vehicle Costs. (See instructions.)\*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Van	Ford Elkhart - 2012	2012	\$ 29,814	\$ 2,981	\$ 2,981	\$	10 yrs.	\$ 7,453	76
77										77
78										78
79										79
80	TOTALS			\$ 29,814	\$ 2,981	\$ 2,981	\$		\$ 7,453	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)	\$ 21,295,693	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 836,163	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 836,163	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)	\$ 8,388,183	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 1989-2014	\$ 66,149	\$ 538	\$ 58,884	86
87	Landscaping equipment-1968-2014	48,635		48,635	87
88	Duplexes & Land Improv.1990-2014	16,354,163	565,365	9,846,926	88
89	E-wing furn.&land improv1990-2014	3,605,221	80,607	2,363,355	89
90	Land-Duplexes	411,576			90
91	TOTALS	\$ 20,485,744	\$ 646,510	\$ 12,317,800	91

G. Construction-in-Progress

	Description	Cost	
92	Construction-in-progress	\$ 84,305	92
93			93
94			94
95		\$ 84,305	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	<b>TOTAL</b>				\$			7

10. Effective dates of current rental agreement:

Beginning \_\_\_\_\_

Ending \_\_\_\_\_

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

	Fiscal Year Ending	Annual Rent
--	--------------------	-------------

12. \_\_\_\_\_ /2015 \$ \_\_\_\_\_

13. \_\_\_\_\_ /2016 \$ \_\_\_\_\_

14. \_\_\_\_\_ /2017 \$ \_\_\_\_\_

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	<b>TOTAL</b>		\$	\$	21

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

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

Facility Name & ID Number FAIRHAVEN CHRISTIAN RET CTR # 0027987 Report Period Beginning: 1/1/2014 Ending: 12/31/2014  
**XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS** (See instructions.)

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

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>All nurses aides come to Fairhaven having already completed C.N.A. classes prior to employment. If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
--	--	---

**B. EXPENSES**

ALLOCATION OF COSTS (d)

		Facility		3	4
		1	2		
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

**C. CONTRACTUAL INCOME**

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

\$

**D. NUMBER OF CNAs TRAINED**

<b>COMPLETED</b>	
1. From this facility	
2. From other facilities (f)	
<b>DROP-OUTS</b>	
1. From this facility	
2. From other facilities (f)	
<b>TOTAL TRAINED</b>	

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

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

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

	Service	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 RET CTR**# **0027987**Report Period Beginning: **1/1/2014**

Ending:

**12/31/2014****XV. BALANCE SHEET - Unrestricted Operating Fund.**As of **12/31/2014**

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 215,983	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <b>81,000</b> )	1,040,395		3
4	Supply Inventory (priced at <b>Lwr Cst or Mk</b> )	57,340		4
5	Short-Term Investments	502,874		5
6	Prepaid Insurance	27,752		6
7	Other Prepaid Expenses	44,334		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <b>Limited Use Assets</b>	1,422,227		9
10	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 3,310,905	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	473,880		13
14	Buildings, at Historical Cost	38,064,121		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	8,388,494		16
17	Accumulated Depreciation (book methods)	(24,662,688)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	1,403,000		21
22	Other Long-Term Assets (spec <b>Bond Clsg Cost(Net)</b> )	108,844		22
23	Other(specify): <b>Vehicles, CIP</b>	331,159		23
24	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 24,106,810	\$	24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 27,417,715	\$	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 477,136	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	192,999		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	110,000		32
33	Accrued Interest Payable	14,506		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	<b>Property Tax Credits Due Residents</b>	375,000		36
37	<b>Accrued Retirement</b>	15,753		37
38	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 37)	\$ 1,185,394	\$	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable	1,364,659		39
40	Mortgage Payable			40
41	Bonds Payable	6,864,280		41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43	<b>Advance Deposits on Founder's Fees</b>	265,999		43
44	<b>Founder's Fees</b>	6,159,461		44
45	<b>TOTAL Long-Term Liabilities</b> (sum of lines 39 thru 44)	\$ 14,654,399	\$	45
46	<b>TOTAL LIABILITIES</b> (sum of lines 38 and 45)	\$ 15,839,793	\$	46
47	<b>TOTAL EQUITY</b> (page 18, line 24)	\$ 11,577,922	\$	47
48	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 46 and 47)	\$ 27,417,715	\$	48

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 11,180,064	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 11,180,064	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	392,548	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe) <u>Unrealized loss on investments</u>	(1,190)	15
16	Other (describe) <u>Inc in beneficial int. in annuity contract</u>	6,500	16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 397,858	17
<b>B. Transfers (Itemize):</b>			
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)	\$ 11,577,922	24 *

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

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

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

		1	
I. Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 11,813,979	1
2	Discounts and Allowances for all Levels	(1,223,622)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	<b>\$ 10,590,357</b>	<b>3</b>
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	<b>\$</b>	<b>8</b>
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	9,970	13
14	Non-Patient Meals	50,844	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space	11,059	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	128,331	21
22	Laundry	11,104	22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	<b>\$ 211,308</b>	<b>23</b>
<b>D. Non-Operating Revenue</b>			
24	Contributions	146,836	24
25	Interest and Other Investment Income***	49,576	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	<b>\$ 196,412</b>	<b>26</b>
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<b>Duplex Income</b>	1,896,974	28
28a	<b>Equipment Rental &amp; Other Income</b>	85,000	28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	<b>\$ 1,981,974</b>	<b>29</b>
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	<b>\$ 12,980,051</b>	<b>30</b>

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	3,580,278	31
32	Health Care	3,783,583	32
33	General Administration	2,374,682	33
<b>B. Capital Expense</b>			
34	Ownership	1,530,165	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	1,053,759	35
36	Provider Participation Fee	265,036	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	<b>\$ 12,587,503</b>	<b>40</b>
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	<b>392,548</b>	<b>41</b>
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	<b>\$ 392,548</b>	<b>43</b>

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 1,285,248	44
45	Private Pay - Net Inpatient Revenue	9,305,109	45
46	Medicare - Net Inpatient Revenue		46
47	Other-(specify)		47
48	Other-(specify)		48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	<b>\$ 10,590,357</b>	<b>49</b>

\* 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 RET CTR**

# **0027987**

Report Period Beginning:

1/1/2014

Ending:

12/31/2014

**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	1,912	2,080	\$ 92,085	\$ 44.27	1
2	Assistant Director of Nursing	1,944	2,080	64,100	30.82	2
3	Registered Nurses	20,099	27,175	553,003	20.35	3
4	Licensed Practical Nurses	34,132	36,518	806,512	22.09	4
5	CNAs & Orderlies	109,304	116,474	1,570,271	13.48	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	5,621	6,111	88,489	14.48	8
9	Activity Director	5,467	5,787	90,459	15.63	9
10	Activity Assistants	9,400	9,900	100,896	10.19	10
11	Social Service Workers	1,864	2,080	48,664	23.40	11
12	Dietician					12
13	Food Service Supervisor	3,174	3,471	81,166	23.38	13
14	Head Cook					14
15	Cook Helpers/Assistants	18,459	19,945	261,864	13.13	15
16	Dishwashers	53,500	56,701	552,498	9.74	16
17	Maintenance Workers	17,066	18,495	350,521	18.95	17
18	Housekeepers	27,447	29,332	317,093	10.81	18
19	Laundry	12,739	13,799	152,136	11.03	19
20	Administrator	1,864	2,080	136,195	65.48	20
21	Assistant Administrator	1,864	2,080	115,822	55.68	21
22	Other Administrative	4,600	4,992	146,029	29.25	22
23	Office Manager	1,864	2,080	38,098	18.32	23
24	Clerical	8,315	8,860	145,149	16.38	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	1,944	2,080	59,217	28.47	31
32	Other Health Care(specify)					32
33	Other(specify) <u>Fitness Director</u>	868	880	15,423	17.53	33
34	TOTAL (lines 1 - 33)	343,447	373,000	\$ 5,785,690 *	\$ 15.51	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	436	\$ 21,387	1-3	35
36	Medical Director	36	18,000	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	145	9,420	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	8	760	12-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	625	\$ 49,567		49

**C. CONTRACT NURSES**

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	365	\$ 16,049	10-3	50
51	Licensed Practical Nurses	1,840	65,746	10-3	51
52	Certified Nurse Assistants/Aides	1,019	22,048	10-3	52
53	TOTAL (lines 50 - 52)	3,224	\$ 103,843		53



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

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

Facility Name &amp; ID Number FAIRHAVEN CHRISTIAN RET CTR

# 0027987

Report Period Beginning:

1/1/2014

Ending:

12/31/2014

## 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. Leading Age Illinois \$10,510
- (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. \$ 44,468 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. \$ 265,036  
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. \$ 475 Has any meal income been offset against related costs? YES Indicate the amount. \$ 27,456
- (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, LLP
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? YES
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. N/A  
Attach invoices and a summary of services for all architect and appraisal fees.

## FAIRHAVEN CHRISTIAN RETIREMENT CENTER

#0027987      1/1/14 - 12/31/14

**RECLASSIFICATIONS:**

<b>LINE 2</b>	Food purchase	<u>\$ (475)</u>	Take out cost of meals provided to employees
<b>LINE 5</b>	Heat & other utilities	<u>\$ (8,989)</u>	Take out utilities allocable to beauty shop
<b>LINE 19</b>	Professional services	\$ (1,843)	Take out background checks/fingerprinting
		\$ (7,390)	Take out employee exams
		<u>\$ (7,910)</u>	Take out 403-B administration function
		<u>\$ (17,143)</u>	
<b>LINE 20</b>	Fees, subscriptions, & promotions	<u>\$ 1,843</u>	Add in background checks/fingerprinting from line 19
<b>LINE 22</b>	Employee benefits & payroll taxes	\$ 475	Add in cost of meals from line 2
		\$ 7,390	Add in employee exams from line 19
		\$ 7,910	Add in 403-B administration function from line 19
		<u>\$ 15,775</u>	
<b>LINE 26</b>	Insurance-Property & Liability	<u>\$ (30,172)</u>	Take out insurance-property for Duplexes
<b>LINE 30</b>	Depreciation	<u>\$ 23,265</u>	Add in additional depreciation relating to Duplexes
<b>LINE 40</b>	Barber & Beauty Shops	<u>\$ 8,989</u>	Add in utilities taken out of line 5
<b>LINE 43</b>	Other-Duplexes	\$ 30,172	Add in insurance-property from line 26
		<u>\$ (23,265)</u>	Take out depreciation from line 30
		<u>\$ 6,907</u>	
<b>TOTAL</b>		<u>\$ -</u>	

FAIRHAVEN CHRISTIAN RETIREMENT CENTER  
#0027987 1/1/14-12/31/14

Schedule V p. 3 & 4

LINE 7

Security Services	\$ 146,061
Trash Disposal	\$ 19,987
	<u>\$ 166,048</u>

LINE 27

Flowers & Decorations-Nursing Ctr.	<u>\$ 2,165</u>
------------------------------------	-----------------

LINE 36

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

LINE 43

Duplexes: Real Estate Taxes	\$ 142,601
Depreciation	\$ 565,365
Utilities	\$ 65,533
Maintenance	\$ 47,068
Loss on Disposal of CIP	\$ 209,927
Insurance	\$ 30,172
	<u>\$ 1,060,666</u>

**FAIRHAVEN CHRISTIAN RETIREMENT CENTER**

**#0027987      1/1/14 - 12/31/14**

Sch VI   p. 5

**LINE 29**

Gas for Non-Care Vehicles	\$	(2,511)
Insurance for Non-Care Vehicles	\$	(476)
Flowers & Decorations, Miscellaneous	\$	(2,135)
Real Estate Taxes - Main Building	\$	(186,271)
	\$	<u>(191,393)</u>

**LINE 45**

Duplex Insurance		<u>\$30,172</u>
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**FAIRHAVEN CHRISTIAN RETIREMENT CENTER**  
**#0027987      1/1/14 - 12/31/14**

Sch XVII Income Statement Page 19

**E. Other Revenue**

<b>Line 28</b>	<u>\$ 1,896,974</u>	Duplex Monthly Maintenance and Founder's Fee Income
<b>Line 28a</b>	\$ 11,052	Equipment Rental-Wheelchairs & Gerichairs
	<u>\$ 73,948</u>	Other Income such as Vending Machine, Monthly Cable, Activities
	<u>\$ 85,000</u>	

**FAIRHAVEN CHRISTIAN RETIREMENT CENTER**  
**#0027987 1/1/14-12/31/14**

**PAGE 10B: 2013 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 1/1/14 - 12/31/14

**2014 SCHEDULE VII - NON-PROFIT NURSING HOMES**

<b><u>Board of Director</u></b>	<b><u>Officer</u></b>	<b><u>Provided services to Fairhaven?</u></b>	<b><u>Service/Product</u></b>	<b><u>Entity of Ownership</u></b>
Wiles, David	President	Yes	Carbon Dioxide/Nitrogen Cylinder Rentals	
Nyberg, Dan	Secretary	No		
Brogren, Neil	Vice Secretary	No		
Johnson, Steve	Vice President	Yes	Property/Liability/Auto/Umbrella Insurance	Williams Manny Insurance Co.
Johnson, Larry	Treasurer	No		
Lindquist, Evie	Director	No		
Schlueter, Chuck	Director	Yes	Attorney - General Issues	Schlueter Ecklund
Thompson, Richard	Director	No		
Sjogren, Steve	Director	No		
Voorhies, Randy	Director	No		
Norberg, Dave	Director	No		
Arnold, Kathy	Director	No		
Ewing, Tom	Director	No		
Klaas, Palmer	Director	Yes	Financial Services - Endowment Fund	Palmer Klaas, CFP

FAIRHAVEN CHRISTIAN F  
#0027987 1/1

**2014 SCHEDULE V**

**DATE**

**SEMINAR**

**LOCATION SPONSOR**

4/30/14-5/1/14 Life Services Network - State Long-Term Care Conference Rosemont, IL LSN

**RETIREMENT CENTER**  
**1/14 - 12/31/14**

**(LINE 24)**

**ATTENDEE(S)**

**COST**

Tom Bleed, Executive Director, Sandy Bellair, ADON, Jane Anderson, MDS Coordinator \$3,754  
Diana Naser, Nursing Administrator, Kim Bender, Dir of HR & Support Services  
Jeff Reiersen, Assistant Admin/CFO, Jodi Naser, Dir of Rehab Services  
Tammy Hays, Charge Nurse, Katie Martin, Nursing Life Enrich Supervisor  
Donna Suthers, Soc Serv Director, Dolores Andre, Charge Nurse  
Chris Hintzsche, Dir of Marketing & Res. Services, Tina Pool, Charge Nurse  
Laura McFarlin, Dir of Food Services, Tina Harper, Indep Life Enrich Supervisor