

Facility Name & ID Number **FAIRHAVEN CHRISTIAN RET CTR**

0027987 Report Period Beginning: **1/1/2016** Ending: **12/31/2016**

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	35,136	3
4		Intermediate/DD			4
5	122	Sheltered Care (SC)	122	44,652	5
6		ICF/DD 16 or Less			6
7	218	TOTALS	218	79,788	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				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF					8
9	SNF/PED					9
10	ICF	13,180	18,065		31,245	10
11	ICF/DD					11
12	SC		24,096		24,096	12
13	DD 16 OR LESS					13
14	TOTALS	13,180	42,161		55,341	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 69.36%

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: 12/31/16 Fiscal Year: 12/31/16

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

Facility Name & ID Number **FAIRHAVEN CHRISTIAN RET CTR** # **0027987** Report Period Beginning: **1/1/2016** Ending: **12/31/2016**

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	895,469	74,877	22,666	993,012		993,012		993,012		1
2	Food Purchase		699,413		699,413	(525)	698,888	(25,479)	673,409		2
3	Housekeeping	404,962	68,256		473,218		473,218		473,218		3
4	Laundry	133,979	40,325	2,036	176,340		176,340		176,340		4
5	Heat and Other Utilities			376,386	376,386	(9,537)	366,849	(14,018)	352,831		5
6	Maintenance	374,878	33,715	303,667	712,260		712,260	(10,647)	701,613		6
7	Other (specify):*			178,830	178,830		178,830		178,830		7
8	TOTAL General Services	1,809,288	916,586	883,585	3,609,459	(10,062)	3,599,397	(50,144)	3,549,253		8
	B. Health Care and Programs										
9	Medical Director			18,315	18,315		18,315		18,315		9
10	Nursing and Medical Records	3,376,257	150,013	164,720	3,690,990		3,690,990		3,690,990		10
10a	Therapy										10a
11	Activities	206,078	15,127		221,205		221,205		221,205		11
12	Social Services	51,851		1,520	53,371		53,371		53,371		12
13	CNA Training										13
14	Program Transportation			9,172	9,172		9,172	(779)	8,393		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	3,634,186	165,140	193,727	3,993,053		3,993,053	(779)	3,992,274		16
	C. General Administration										
17	Administrative	439,475			439,475		439,475		439,475		17
18	Directors Fees										18
19	Professional Services			138,592	138,592	(15,999)	122,593		122,593		19
20	Dues, Fees, Subscriptions & Promotions			59,639	59,639	1,450	61,089	(39,615)	21,474		20
21	Clerical & General Office Expenses	243,172	54,709	26,278	324,159		324,159		324,159		21
22	Employee Benefits & Payroll Taxes			1,334,720	1,334,720	15,074	1,349,794	(6,185)	1,343,609		22
23	Inservice Training & Education										23
24	Travel and Seminar			15,970	15,970		15,970	(12,850)	3,120		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			127,777	127,777	(30,775)	97,002	(490)	96,512		26
27	Other (specify):*			46,294	46,294		46,294	(44,636)	1,658		27
28	TOTAL General Administration	682,647	54,709	1,749,270	2,486,626	(30,250)	2,456,376	(103,776)	2,352,600		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,126,121	1,136,435	2,826,582	10,089,138	(40,312)	10,048,826	(154,699)	9,894,127		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	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			1,029,023	1,029,023	11,170	1,040,193	(175,903)	864,290		30
31	Amortization of Pre-Op. & Org.										31
32	Interest			329,013	329,013		329,013	(55,746)	273,267		32
33	Real Estate Taxes			218,754	218,754		218,754	(218,754)			33
34	Rent-Facility & Grounds										34
35	Rent-Equipment & Vehicles			2,861	2,861		2,861		2,861		35
36	Other (specify):*			5,593	5,593		5,593		5,593		36
37	TOTAL Ownership			1,585,244	1,585,244	11,170	1,596,414	(450,403)	1,146,011		37
	Ancillary Expense										
	E. Special Cost Centers										
38	Medically Necessary Transportation										38
39	Ancillary Service Centers										39
40	Barber and Beauty Shops					9,537	9,537		9,537		40
41	Coffee and Gift Shops										41
42	Provider Participation Fee			240,006	240,006		240,006		240,006		42
43	Other (specify):*			958,423	958,423	19,605	978,028		978,028		43
44	TOTAL Special Cost Centers			1,198,429	1,198,429	29,142	1,227,571		1,227,571		44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,126,121	1,136,435	5,610,255	12,872,811		12,872,811	(605,102)	12,267,709		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	(25,479)	Line2		4
5	Telephone, TV & Radio in Resident Rooms	(14,018)	Line5		5
6	Rented Facility Space	(10,647)	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	(55,746)	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	(175,903)	Line30		15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(12,850)	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	(42,842)	Line27		24
25	Fund Raising, Advertising and Promotional	(36,139)	Line20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(3,476)	Line20		28
29	Other-Attach Schedule	(221,817)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (605,102)		\$	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))	\$ (605,102)		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		9,537	Line5	41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44						44
45	Other-Attach Schedule Dupl Insur	X		30,775	Line26	45
46	Other-Attach Schedule		X			46
47	TOTAL (C): (sum of lines 38-46)			\$ 40,312		47

BHF USE ONLY							
48		49		50		51	

FAIRHAVEN CHRISTIAN RET CTR

ID# 0027987

Report Period Beginning: 1/1/2016

Ending: 12/31/2016

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	Sch. V Line
1	Gas for non-care vehicles	\$ (779)	Line 14	1
2	Insurance for non-care vehicles	(490)	Line 26	2
3	Flowers & decorations, miscellaneous	(1,794)	Line 27	3
4	Real estate taxes - main building	(218,754)	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	(221,817)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number FAIRHAVEN CHRISTIAN RET CTR

0027987

Report Period Beginning:

1/1/2016

Ending:

12/31/2016

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

	Operating Expenses	PAGES	PAGE	SUMMARY										
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
		(to Sch V, col.7)												
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	TOTAL General Services	0	0	0	0	0	0	0	0	0	0	0	0	8
	B. Health Care and Programs													
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	TOTAL Health Care and Programs	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
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	TOTAL General Administration	0	0	0	0	0	0	0	0	0	0	0	0	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	0	0	0	0	0	0	0	0	0	0	0	0	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number FAIRHAVEN CHRISTIAN RET CTR# 0027987

Report Period Beginning:

1/1/2016

Ending:

12/31/2016

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)	
	D. Ownership													
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	TOTAL Ownership	0	0	0	0	0	0	0	0	0	0	0	0	37
	Ancillary Expense													
	E. Special Cost Centers													
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	TOTAL Special Cost Centers	0	0	0	0	0	0	0	0	0	0	0	0	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	0	0	0	0	0	0	0	0	0	0	0	0	45

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.

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	Buzzard, Brenda	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	Versendaal, Rita	BOD						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: **1/1/2016** Ending: **12/31/2016**

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:

1/1/2016

Ending: 2/31/2016

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

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

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (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 2015 report.		\$	114,500	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.)		\$	144,944	2
3. Under or (over) accrual (line 2 minus line 1).		\$	30,444	3
4. Real Estate Tax accrual used for 2016 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	148,000	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:	2011	172,881	8
	2012	161,760	9
	2013	106,385	10
	2014	101,147	11
	2015	144,944	12

*** Since the nursing home portion of our facility is exempt from real estate taxes, all other tax related to the main building would not be allowable and is therefore, adjusted out of the total costs on this report.**

FOR BHF USE ONLY			
13	FROM R. E. TAX STATEMENT FOR 2015	\$	13
14	PLUS APPEAL COST FROM LINE 5	\$	14
15	LESS REFUND FROM LINE 6	\$	15
16	AMOUNT TO USE FOR RATE CALCULATION	\$	16

NOTES:

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

2015 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 2015 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 2015.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>152B028B</u>	<u>Main Building/Garden Lane Dupl.</u>	\$ <u>307,146.00</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>225,610.00</u>	\$ <u>none</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u>532,815.00</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 2015 tax bills which were listed in Section A to this statement. Be sure to use the 2015 tax bill which is normally paid during 2016.

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

Facility Name & ID Number FAIRHAVEN CHRISTIAN RET CTR

0027987 Report Period Beginning:

1/1/2016 Ending:

12/31/2016

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? [X] (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? [X] (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 [X] 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:

Table with 5 columns: 1 Use, 2 Square Feet, 3 Year Acquired, 4 Cost, and a final column for counts. Row 1: Main Building, 871,200, 1965, \$ 62,304, 1. Row 2: (blank), (blank), (blank), (blank), 2. Row 3: TOTALS, 871,200, (blank), \$ 62,304, 3.

Facility Name & ID Number FAIRHAVEN CHRISTIAN RET CTR

0027987

Report Period Beginning:

1/1/2016

Ending:

12/31/2016

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	81	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		20-40			255,191	6
7	41	1979	1979	1,323,223	31,213	40	31,213		1,248,117	7
8										8
	Improvement Type**									
9	Air condit.-laundry, new kitchen/apt, fire alarm	1994		11,134		10-20			11,134	9
10	Remodel of 6 rooms	1996		33,302	822	5-20	822		33,302	10
11	Remodeling of nurses station	1996		8,438	209	20	209		8,438	11
12	New lights	1996		7,499	186	20	186		7,499	12
13	New windows	1996		1,762	46	20	46		1,762	13
14	Rehab & conversion of rooms	1997		119,116	4,765	25	4,765		92,916	14
15	Remodel of Rehab dept., identicard door system	1997		37,374	1,200	10-25	1,200		30,772	15
16	Wall heaters,doors & wind.,water heater,chill water sys	1997		18,338	715	10-25	715		14,893	16
17	Roof work, office remodel,clock wiring,shelving,boiler	1997		33,616	1,445	10-25	1,445		32,442	17
18	Fence along Alpine Road	1998		84,198	4,210	20	4,210		77,885	18
19	Blacktop	1998		12,538	627	20	627		11,600	19
20	Remodel of Rehab Dept & Breakroom	1998		42,423	1,697	25	1,697		31,395	20
21	Rehab resident rooms	1998		92,743	3,710	25	3,710		68,635	21
22	Rehab offices-Ex dir.,ADON, Maint., Activities	1998		36,208	1,448	25	1,448		26,787	22
23	Rear entrance door, fire protection system	1998		6,051	242	25	242		4,477	23
24	Rehab Health Ctr., Halls, Storage, Conference room	1998		24,693	988	25	988		18,279	24
25	Rehab coffee shop & gift shop	1998		4,374	175	25	175		3,238	25
26	Electrical work, heating & air condit.	1998		5,180	207	25	207		3,830	26
27	Fence and grading	1999		13,566	678	20	678		11,865	27
28	Blacktop, patching, speed bumps	1999		18,220	871	10-20	871		16,042	28
29	Rehab resident rooms	1999		84,948	3,398	25	3,398		59,465	29
30	Rehab maint off., shop, laund room, housekeeping off.	1999		44,768	1,791	25	1,791		31,343	30
31	Health Ctr. Elevator conversion, emerg. Lights	1999		9,806	50	10-20	50		9,685	31
32	Windows, storm doors, boiler room electrical	1999		12,196	518	20-25	518		9,065	32
33	Rehab Health Ctr.-lighting,heat,ceiling panels,flooring	1999		33,716	657	25	657		33,716	33
34	Rehab Health Ctr.-conf room,util room,activ,air cond	1999		17,993	864	15-25	864		15,119	34
35	Rehab Health Ctr.-soc serv off., 1st floor restroom	1999		4,077	163	25	163		2,852	35
36	Remodel-Main office,coffee shop,gift shop	2000		1,110,762	27,769	40	27,769		458,189	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 RET CTR

0027987

Report Period Beginning:

1/1/2016

Ending:

12/31/2016

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	\$	\$ 79,414	37
38	Irrigation system	2000	18,761	938	20	938		15,477	38
39	Beauty shops-1st & 3rd	2000	49,403	1,235	40	1,235		20,378	39
40	Remodel-Maint., Acctg, Activ.,& 2nd fl HC kitchen off.	2000	38,198	1,910	20	1,910		31,515	40
41	Rehab resident rooms	2000	64,544	2,867	10-20	2,867		54,515	41
42	Main entrance doors	2000	10,535	527	20	527		8,695	42
43	Roof repairs,elevator room repairs,electric,phone,comp.	2000	35,305	1,765	10-20	1,765		34,195	43
44	Back flow system	2000	65,706	3,285	20	3,285		54,203	44
45	Smoke barrier upgrade	2000	68,105	1,703	40	1,703		28,099	45
46	Vanity/Tops/Faucets	2001	8,998	298	15	298		8,998	46
47	Signage, OSHA modifications,HVAC modifications	2001	16,911	873	15-25	873		13,532	47
48	2nd floor remodeling-ceiling,sprinkler,lighting,duct work	2001	48,885	2,375	20-25	2,375		36,813	48
49	Rehab resident rooms,countertop,locks	2001	30,992	1,550	20	1,550		24,025	49
50	Miscell plants,pots,trees,mulch,sprinkler system supplies	2001	8,496	568	5-15	568		7,981	50
51	Rehab dietary office-elect,fan coil ductwork,door	2001	7,190	360	20	360		5,580	51
52	Redo wall,hallway,rear stairway coping stone reset	2002	2,104	105	20	105		1,523	52
53	Vanity/Tops/Faucets	2002	8,106	540	15	540		7,830	53
54	Keys,locks,windows	2002	6,335	351	15-20	351		5,089	54
55	East entrance doors-structual changes	2002	7,684	384	20	384		5,568	55
56	Doors	2002	7,581	505	15	505		7,323	56
57	Laundry,south lounge,water serv valve,roof,trash chute changes	2002	9,256	399	5-15	399		9,060	57
58	Main office,conference room,training room changes	2002	4,097	205	20	205		2,972	58
59	Room number signs	2002	6,070	304	20	304		4,408	59
60	Landscaping, front entrance and east drainage	2003	6,332		10-15			6,332	60
61	Modify patient toilet rooms and showers	2003	36,996	1,480	25	1,480		19,980	61
62	Garages-crown molding	2003	3,601	180	20	180		2,430	62
63	Screen,glass,wall,door,latches,locks replacement	2003	15,747	930	5-20	930		13,220	63
64	Lighting	2003	24,236	1,225	5-20	1,225		16,948	64
65	Vanity/Tops/Faucets	2003	4,908	327	15	327		4,415	65
66	Boiler room rework	2003	3,795	190	20	190		2,565	66
67	South wing roof	2003	66,135	3,307	20	3,307		44,644	67
68	Smoke barrier upgrade	2003	28,657	1,433	20	1,433		19,345	68
69	Employee parking lot, sidewalks	2004	14,283	952	15	952		11,900	69
70	TOTAL (lines 4 thru 69)		\$ 6,498,732	\$ 128,548		\$ 128,548	\$	\$ 5,405,979	70

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

Facility Name & ID Number FAIRHAVEN CHRISTIAN RET CTR

0027987

Report Period Beginning:

1/1/2016

Ending:

12/31/2016

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		\$ 6,498,732	\$ 128,548		\$ 128,548	\$	\$ 5,405,979	1
2	Landscaping drainage	2004	12,100	807	15	807		10,087	2
3	Employee patio, residents veranda	2004	42,639	2,139	15-20	2,139		26,737	3
4	Vanities/tops	2004	7,657	510	15	510		6,375	4
5	Emergency lighting, kitchen feeds, sink	2004	16,344	1,057	15-20	1,057		13,212	5
6	Library	2004	11,520	576	20	576		7,200	6
7	3rd floor renovation	2004	53,708	2,685	20	2,685		33,563	7
8	Thermostats, heaters, heat lamps	2004	7,888	526	15	526		6,575	8
9	Building equipment, mixing valve, wire fence	2004	14,689	1,043	15	1,043		13,038	9
10	HC room doors	2004	8,783	586	15	586		7,325	10
11	Room refurbishment- 302/304	2004	8,782	439	20	439		5,488	11
12	HVAC controls, a/c units	2004	24,793	1,653	15	1,653		20,662	12
13	Blacktop - HC entrance and kitchen parking lot	2005	8,225	548	15	548		6,302	13
14	Globe fixtures at front entrance and signage	2005	2,856	190	15	190		2,185	14
15	Roof exhaust fans, repairs & HC tuckpointing	2005	11,525	714	15-20	714		8,211	15
16	Upgrade elevator door-left side center building	2005	15,754	788	20	788		9,062	16
17	Remove/replace HC canopy	2005	46,471	1,859	25	1,859		21,378	17
18	Garage door-Kabota storage	2005	1,264	63	20	63		725	18
19	Storage room cages	2005	753	50	15	50		575	19
20	Boiler room walkway	2006	19,603	980	20	980		10,290	20
21	Signage	2006	5,011	334	15	334		3,507	21
22	Storage room cages	2006	16,254	813	20	813		8,536	22
23	Upgrade elevator doors	2006	58,240	2,912	20	2,912		30,576	23
24	Curb & gutter, irrigation system	2006	18,415	1,228	15	1,228		12,894	24
25	Repipe softners	2006	5,700	285	20	285		2,993	25
26	Vanities/tops	2006	4,530	302	15	302		3,171	26
27	Exhaust fans-roofs	2006	16,456	1,097	15	1,097		11,519	27
28	Window replacement and painting	2006	11,817	554	20	554		5,817	28
29	Bathtub conversions	2006	4,265	213	20	213		2,237	29
30	Lighting and electrical work	2006	1,615	81	20	81		850	30
31	Landscaping-veranda and health center	2007	5,764	276	15	276		2,622	31
32	Health center hydrant extension, air infiltration	2007	10,003	500	20	500		4,750	32
33	Front parking lot-coat and seal, grading and core out	2007	5,557		5-15			5,557	33
34	TOTAL (lines 1 thru 33)		\$ 6,977,713	\$ 154,356		\$ 154,356	\$	\$ 5,709,998	34

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

Facility Name & ID Number FAIRHAVEN CHRISTIAN RET CTR

0027987

Report Period Beginning:

1/1/2016

Ending:

12/31/2016

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		\$ 6,977,713	\$ 154,356		\$ 154,356	\$	\$ 5,709,998	1
2	Signage	2007	2,192	146	15	146		1,387	2
3	Lighting	2007	6,143	347	15-20	347		3,297	3
4	Vanities/tops/air conditioner units	2007	11,404	760	15	760		7,220	4
5	Exhaust fans-roofs	2007	8,322	555	15	555		5,272	5
6	Bathtub conversions	2007	12,338	617	20	617		5,861	6
7	Health center soffit work,wrap-around, saniglaze	2007	21,849	1,142	15-20	1,142		10,849	7
8	Fire alarm system	2007	8,263	413	20	413		3,924	8
9	Condenser unit	2007	8,146	407	20	407		3,867	9
10	Veranda aluminum screen	2007	4,880	244	20	244		2,318	10
11	Windows and locks	2007	1,733	87	20	87		826	11
12	Modular nurses stations	2007	11,618	581	20	581		5,519	12
13	Building - phase 1 - air make-up, fire suppression, SC dining	2007	2,930,779	73,269	40	73,269		696,056	13
14	Capital report 7/1/10 - adjusted out	2007	(22,002)	(550)	40	(550)		(5,225)	14
15	Roofs - phase 1 - main building and health center	2007	209,834	8,393	25	8,393		79,734	15
16	Health center canopy - phase 1	2007	11,115	278	40	278		2,641	16
17	Move telephone pole to widen curve	2008	2,267	113	20	113		961	17
18	Lighting, new bollards	2008	10,902	564	15-20	564		4,794	18
19	Vanities, tops, faucets	2008	4,707	314	15	314		2,669	19
20	Signage	2008	1,193	80	15	80		680	20
21	Doors, door closers, windows	2008	5,623	344	15-20	344		2,924	21
22	Fire alarm system	2008	5,601	280	20	280		2,380	22
23	Roof top exhausters, maint garage roof	2008	11,059	703	15-40	703		5,976	23
24	Ceiling tile-hallways and laundry room	2008	17,556	878	20	878		7,463	24
25	Key switches for elevators	2008	1,300	65	20	65		552	25
26	Front entrance landscaping/improv, landscaping	2009	29,190	1,946	15	1,946		14,595	26
27	Vanities, tops, faucets,toilets	2009	4,596	306	15	306		2,295	27
28	Signage	2009	2,410	161	15	161		1,207	28
29	Lighting, fire alarm expander board	2009	6,835	374	15-20	374		2,805	29
30	East & South wing ceilings	2009	25,447	1,272	20	1,272		9,540	30
31	Window, garage doors	2009	1,923	120	15-20	120		900	31
32	New office walls, windows, door, carpet, ceiling tile, fire alm	2009	10,838	542	20	542		4,065	32
33	SC/HC automatic doors, card access	2009	18,943	1,263	15	1,263		9,472	33
34	TOTAL (lines 1 thru 33)		\$ 10,364,717	\$ 250,370		\$ 250,370	\$	\$ 6,606,822	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 12C, Carried Forward		\$ 10,364,717	\$ 250,370		\$ 250,370	\$	\$ 6,606,822	1
2	Fascia, roof, and insulation improvements	2009	14,069	438	3-15	438		12,031	2
3	HC flourescent fixtures, HC bathroom steel upgrade,	2009	13,973	699	20	699		5,242	3
4	Fire alarm system/separation walls/fire dampers								4
5	Remodel apartment #382-#384	2009	2,440	122	20	122		915	5
6	Kitchen - expansion & renovation-Schmeling gen'l contractor,	2009	1,844,229	46,106	40	46,106		345,795	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		81,037	10
11	Chapel & dining room rooftop a.c. units	2009	42,776	1,711	25	1,711		12,833	11
12	Irrigation lines, signage	2010	4,364	291	15	291		1,891	12
13	Vanities, tops, faucets,toilets	2010	4,705	314	15	314		2,041	13
14	Ceilings and lighting	2010	54,319	2,716	20	2,716		17,654	14
15	Windows, shelves, closet doors	2010	8,634	469	15-20	469		3,049	15
16	Stairway railing upgrades, elevator controls & fire protection	2010	29,273	1,464	20	1,464		9,516	16
17	Shower room flooring, ceiling, toilets, plumbing and thermostat	2010	14,266	713	20	713		4,635	17
18	Garage doors	2010	703	47	15	47		305	18
19	Construction upgrade with door frames, steel studs, plaster	2010	17,540	877	20	877		5,701	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		12,617	21
22	Constructed open storage room next to the dining room, walls	2010	25,466	1,273	20	1,273		8,275	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		4,615	25
26	Elevator moderization (4)	2010	175,162	8,758	20	8,758		56,927	26
27	New generator for HC and Shelted Care	2010	501,593	12,582	20-40	12,582		81,783	27
28	Fire alarm system, door holders, card readers	2010	4,965	331	15	331		2,152	28
29	Blacktop - Campus roads	2011	2,895	289	5	289		2,895	29
30	Vanities, tops, faucets,toilets	2011	9,436	629	15	629		3,460	30
31	Windows, shelves, closet doors, keys	2011	15,621	828	15-20	828		4,554	31
32	Ceilings and lighting	2011	6,549	327	20	327		1,799	32
33	Health Ctr automatic door closers, card readers and kickplates	2011	12,688	846	15	846		4,653	33
34	TOTAL (lines 1 thru 33)		\$ 13,368,747	\$ 345,656		\$ 345,656	\$	\$ 7,293,197	34

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

Facility Name & ID Number FAIRHAVEN CHRISTIAN RET CTR

0027987

Report Period Beginning:

1/1/2016

Ending:

12/31/2016

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	\$ 345,656		\$ 345,656	\$	\$ 7,293,197	1
2	Air Conditioner units	2011	6,341	423	15	423		2,326	2
3	Signage	2011	1,692	113	15	113		621	3
4	Wall mounted shelving, fire barriers	2011	3,449	230	15	230		1,265	4
5	Construction, piping, plumbing to transition to open dining rm.	2011	4,628	231	20	231		1,271	5
6	Cove SC - expansion & renovation-Schmeling gen'l contractor,	2011	331,868	8,297	40	8,297		45,633	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		10,715	9
10	Courtyard /Landscap/Irrigat./Drainage-Marshall N. contractor	2012	191,186	9,714	15-20	9,714		43,713	10
11	Capital report 7/1/12 - adjusted out	2012	(131,529)	(8,769)	15	(8,769)		(39,460)	11
12	Sidewalks/Patio	2012	11,750	783	15	783		3,524	12
13	Front Parking Lot-Northern Ill Service Co. contractor	2012	292,254	14,613	20	14,613		65,758	13
14	Capital report 7/1/12 - adjusted out	2012	(219,191)	(10,960)	20	(10,960)		(49,320)	14
15	Toilets	2012	8,612	574	15	574		2,583	15
16	Cabinets/countertops/pantries/window sill shelves	2012	9,179	612	15	612		2,754	16
17	Signage	2012	4,598	307	15	307		1,381	17
18	Windows, doors, door closers	2012	15,000	750	20	750		3,375	18
19	Ceilings and lighting	2012	7,699	385	20	385		1,732	19
20	HC Canopy bird netting	2012	8,400	560	15	560		2,520	20
21	Fire protection, cooling system, cabling and wiring	2012	14,017	934	15	934		4,203	21
22	Roof exhausters, boiler room plumbing	2012	2,299	115	20	115		517	22
23	HC Elevator - Schmeling gen'l contractor, Larson&Darby archit.	2012	83,352	2,084	40	2,084		9,378	23
24	Sjostrom Center and Health Center expansion - Schmeling	2012	3,550,678	88,767	40	88,767		399,452	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)		(149,215)	27
28	Nursing Center Parking Lot - Stenstrom contractor	2013	229,321	11,520	15-20	11,520		40,320	28
29	Storm Sewer Extension Project - Stenstrom contractor	2013	72,895	3,644	20	3,644		12,754	29
30	Duplex Drainage and Irrigation	2013	23,116	1,660	10-15	1,660		5,810	30
31	Courtyard Gazebo	2013	2,715	136	20	136		476	31
32	Toilets purchased from Ferguson and Columbia Pipe & Supp	2013	5,154	344	15	344		1,204	32
33	installed by Fairhaven in health center and sheltered wings								33
34	TOTAL (lines 1 thru 33)		\$ 16,583,778	\$ 441,945		\$ 441,945	\$	\$ 7,718,487	34

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

Facility Name & ID Number FAIRHAVEN CHRISTIAN RET CTR

0027987

Report Period Beginning:

1/1/2016

Ending:

12/31/2016

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 12E, Carried Forward		\$ 16,583,778	\$ 441,945		\$ 441,945	\$	\$ 7,718,487	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		1,029	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		826	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		4,403	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		5,544	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		2,646	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		6,685	15
16	Tile - 3rd Floor Shower Floor	2013	6,778	452	15	452		1,582	16
17	Exterior Window Painting (16 new chapel side)	2013	1,936	128	15	128		448	17
18	Blacktop Sealing and Restriping	2013	2,775	556	5	556		1,946	18
19	Smoke Detectors, Fire Barriers, Access Controls	2013	2,927	194	15	194		679	19
20	Blacktop Sealing and Restriping	2014	18,500	3,700	5	3,700		9,250	20
21	Duplex Drainage and Irrigation	2014	12,060	804	15	804		2,010	21
22	Landscaping, tree removal & replacement, Marshall Nelson, Tree Care were the vendors.	2014	16,630	1,109	15	1,109		2,772	22
23									23
24	Toilets purchased from Ferguson and Columbia Pipe & Supp installed by Fairhaven in health center and sheltered wings	2014	2,301	153	15	153		383	24
25									25
26	Window sill shelves and butler pantries installed by Robert Peterson in sheltered studios.	2014	833	56	15	56		140	26
27									27
28	Signage purchased from Image Signs, Signs Now and Grainger installed in main building, health center and outdoors.	2014	382	25	15	25		63	28
29									29
30	John Evans installed 17 windows on the health center west	2014	48,281	2,414	20	2,414		6,035	30
31	Doors installed by Tee Jay and Schemling vendors	2014	19,581	979	20	979		2,448	31
32	Exit lights installed by Ballard Electric	2014	4,588	229	20	229		573	32
33	Domestic water valve replacement by Nelson Carlson Mech.	2014	33,795	1,690	20	1,690		4,225	33
34	TOTAL (lines 1 thru 33)		\$ 16,861,861	\$ 460,472		\$ 460,472	\$	\$ 7,772,174	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	\$ 460,472		\$ 460,472	\$	\$ 7,772,174	1
2	Air Make-up Units, Heating and Cooling Units	2014	6,514	434	15	434		1,085	2
3	Room 101 bathroom renovated by John Evans construction	2014	11,983	799	15	799		1,997	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	760	20	760		1,900	6
7	Shower Drain and Drain pipe, Nelson Carlson Mech. vendor	2014	6,122	326	15-20	326		815	7
8	Garage roof by Freeport Industrial Roofing	2014	1,975	99	20	99		247	8
9	Foam insulation and fascia panels on north side of building	2014	17,468	1,164	15	1,164		2,910	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	3,150	15	3,150		7,875	11
12	Construction and Audio Engineering								12
13	Construct footings at the south end of the health center.	2014	29,741	744	40	744		1,860	13
14	Work done by Stenstrom Construction.								14
15	Blacktop Sealing and Restriping	2015	6,545	218	15	218		436	15
16	Duplex Drainage and Irrigation	2015	5,582	186	15	186		372	16
17	Toilets purchased from Ferguson and Columbia Pipe & Supp								17
18	installed by Fairhaven in health center and sheltered wings	2015	3,798	127	15	127		254	18
19	Window sill shelves and butler pantries installed by Robert								19
20	Peterson in sheltered studios.	2015	1,195	40	15	40		80	20
21	Maintenance Building constructed by Morton Buildings with								21
22	Schmeling Construction and Nelson Carlson Mechanical	2015	756,965	9,462	40	9,462		18,924	22
23	Signage purchased from Image Signs, Signs Now and Grainger								23
24	installed in main building, health center and outdoors.	2015	424	14	15	14		28	24
25	John Evans installed 21 windows on the southeast wing	2015	58,317	1,458	20	1,458		2,916	25
26	Domestic water valve replacement by Nelson Carlson Mech.	2015	22,629	566	20	566		1,132	26
27	Front Entrance Island by Marshall Nelson Landscaping	2015	7,352	245	15	245		490	27
28	Replace HC Kitchen Hood done by Schmeling Construction	2015	112,881	2,258	25	2,258		4,516	28
29	Doors installed by Tee Jay, John Evans and Schemling vendors	2015	7,506	188	20	188		376	29
30	Foam insulation-south wing to prevent frozen pipes, Schmeling	2015	27,563	689	20	689		1,378	30
31	Air Make-up Units, Heating and Cooling Units	2015	12,599	420	15	420		840	31
32	Room 101 bathroom renovated by John Evans construction								32
33	Majority of the work was plumbing and drywall	2015	10,878	272	20	272		544	33
34	TOTAL (lines 1 thru 33)		\$ 18,032,342	\$ 484,091		\$ 484,091	\$	\$ 7,823,149	34

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

Facility Name & ID Number FAIRHAVEN CHRISTIAN RET CTR

0027987

Report Period Beginning:

1/1/2016

Ending:

12/31/2016

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 12G, Carried Forward		\$ 18,032,342	\$ 484,091		\$ 484,091	\$	\$ 7,823,149	1
2	East Elevator upgrade - Kone, Inc. and Pierce Laminated	2015	11,379	379	15	379		758	2
3	Fire equipment and doors installed. Work done by Schmeling								3
4	Construction and Area Mechanical	2015	27,071	797	15-40	797		1,594	4
5	Concrete floor in Laund room for washer,Work by Stenstrom	2015	3,928	98	20	98		196	5
6	New Panel to eliminate generator,Work done by Ballard Elec	2015	18,121	453	20	453		906	6
7	Front Entrance resurfacing done by Stenstrom	2016	82,360	2,745	15	2,745		2,745	7
8	Front Entrance fire doors done by Schmeling Construction	2016	26,556	664	20	664		664	8
9	Duplex Drainage and Irrigation, Marshall Nelson Landscap.	2016	20,373	679	15	679		679	9
10	Toilets purchased from Ferguson and Columbia Pipe & Supp								10
11	installed by Fairhaven in health center and sheltered wings	2016	5,578	186	15	186		186	11
12	Vanities installed by John Evans Construction in studio								12
13	and apartment rooms.	2016	580	19	15	19		19	13
14	Signage purchased from Image Signs, Signs Now and Grainger								14
15	installed in main building, health center and outdoors.	2016	1,213	40	15	40		40	15
16	John Evans installed windows on the 2nd floor HC wing	2016	52,231	1,306	20	1,306		1,306	16
17	Domestic water valve replacement by Nelson Carlson Mech.	2016	17,352	434	20	434		434	17
18	Doors installed by Tee Jay, John Evans and Schemling vendors	2016	5,883	147	20	147		147	18
19	Fire alarm equipment installed by Audio Engineering	2016	1,747	58	15	58		58	19
20	Portico installed by Schmeling and landscaping done by								20
21	Marshall Nelson Landscaping	2016	323,557	4,045	40	4,045		4,045	21
22	Landscaping, tree removal & replacement, Marshall Nelson	2016	4,446	148	15	148		148	22
23	Roof duct work replacement, vendors Schmeling and Area								23
24	Mechanical	2016	40,139	1,004	20	1,004		1,004	24
25	GFI rewiring in the HC, work done by Ballard Electric	2016	24,355	609	20	609		609	25
26	Family room sliding door and light fixtures, work done by								26
27	Widmer Interiors and Ballard Electric	2016	2,404	80	15	80		80	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 18,701,615	\$ 497,982		\$ 497,982	\$	\$ 7,838,767	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	\$ 7,109,509	\$ 353,597	\$ 353,597	\$	5-20 yrs.	\$ 4,810,947	71
72	Current Year Purchases	259,490	11,041	11,041		5-20 yrs.	11,041	72
73	Fully Depreciated Assets	(3,124,349)				5-20 yrs.	(3,124,349)	73
74								74
75	TOTALS	\$ 4,244,650	\$ 364,638	\$ 364,638	\$		\$ 1,697,639	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 Starcraft - 2015	2016	\$ 33,398	\$ 1,670	\$ 1,670	\$	10 yrs.	\$ 1,670	76
77										77
78										78
79										79
80	TOTALS			\$ 33,398	\$ 1,670	\$ 1,670	\$		\$ 1,670	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)	\$ 23,041,967	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 864,290	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 864,290	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)	\$ 9,538,076	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 1989-2016	\$ 66,149	\$ 538	\$ 59,960	86
87	Landscaping equipment-1968-2016	48,635		48,635	87
88	Duplexes & Land Improv.1990-2016	17,293,418	599,551	11,031,567	88
89	E-wing furn.&land improv1990-2016	3,605,221	79,254	2,523,024	89
90	Land-Duplexes	411,576			90
91	TOTALS	\$ 21,424,999	\$ 679,343	\$ 13,663,186	91

G. Construction-in-Progress

	Description	Cost	
92	Construction-in-progress	\$ 35,535	92
93			93
94			94
95		\$ 35,535	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.	_____ /2017	\$ _____
13.	_____ /2018	\$ _____
14.	_____ /2019	\$ _____

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. <u>CLASSROOM PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. <u>CLINICAL PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

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

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2016

(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	\$ 778,417	\$	1
2	Cash-Patient Deposits	14,540		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 175,000)	955,782		3
4	Supply Inventory (priced at Lwr Cst or Mk)	66,427		4
5	Short-Term Investments	545,475		5
6	Prepaid Insurance	15,216		6
7	Other Prepaid Expenses	61,055		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Limited Use Assets</u>	1,375,817		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,812,729	\$	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	40,433,849		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	9,210,492		16
17	Accumulated Depreciation (book methods)	(27,886,864)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	1,409,000		21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>Vehicles, CIP</u>	275,881		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 23,916,238	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 27,728,967	\$	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 358,354	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	14,540		28
29	Short-Term Notes Payable	297,539		29
30	Accrued Salaries Payable	200,051		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	148,000		32
33	Accrued Interest Payable	13,520		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>Property Tax Credits Due Residents</u>	402,000		36
37	<u>Accrued Retirement</u>	20,300		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,454,304	\$	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	1,247,655		39
40	Mortgage Payable			40
41	Bonds Payable	6,027,255		41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>Advance Deposits on Founder's Fees</u>	151,135		43
44	<u>Founder's Fees</u>	6,179,817		44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 13,605,862	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 15,060,166	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 12,668,801	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 27,728,967	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 12,167,541	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 12,167,541	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	440,970	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	(394)	12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe) Unrealized gain on investments	57,684	15
16	Other (describe) Inc in beneficial int. in annuity contract	3,000	16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 501,260	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)	\$ 12,668,801	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number FAIRHAVEN CHRISTIAN RET CTR

0027987

Report Period Beginning: 1/1/2016

Ending: 12/31/2016

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

I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 12,398,236	1
2	Discounts and Allowances for all Levels	(1,475,978)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 10,922,258	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	10,800	13
14	Non-Patient Meals	47,183	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space	10,647	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	132,090	21
22	Laundry	6,717	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 207,437	23
D. Non-Operating Revenue			
24	Contributions	134,324	24
25	Interest and Other Investment Income***	55,746	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 190,070	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Duplex Income	1,904,047	28
28a	Equipment Rental & Other Income	89,969	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 1,994,016	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 13,313,781	30

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	3,609,459	31
32	Health Care	3,993,053	32
33	General Administration	2,486,626	33
B. Capital Expense			
34	Ownership	1,585,244	34
C. Ancillary Expense			
35	Special Cost Centers	958,423	35
36	Provider Participation Fee	240,006	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 12,872,811	40
41	Income before Income Taxes (line 30 minus line 40)**	440,970	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 440,970	43

III. Net Inpatient Revenue detailed by Payer Source		Amount	
44	Medicaid - Net Inpatient Revenue	\$ 1,542,203	44
45	Private Pay - Net Inpatient Revenue	9,380,055	45
46	Medicare - Net Inpatient Revenue		46
47	Other-(specify)		47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 10,922,258	49

* 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: **1/1/2016**

Ending:

12/31/2016

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	1,902	2,080	\$ 99,055	\$ 47.62	1
2	Assistant Director of Nursing	1,912	2,080	68,580	32.97	2
3	Registered Nurses	18,222	19,356	533,490	27.56	3
4	Licensed Practical Nurses	32,703	35,548	812,769	22.86	4
5	CNAs & Orderlies	115,649	123,977	1,706,130	13.76	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	5,734	6,226	94,322	15.15	8
9	Activity Director	5,279	5,689	98,739	17.36	9
10	Activity Assistants	9,301	10,090	107,339	10.64	10
11	Social Service Workers	1,880	2,080	51,851	24.93	11
12	Dietician					12
13	Food Service Supervisor	3,807	4,084	90,702	22.21	13
14	Head Cook					14
15	Cook Helpers/Assistants	16,183	17,529	246,840	14.08	15
16	Dishwashers	52,145	55,017	557,927	10.14	16
17	Maintenance Workers	19,039	20,739	374,878	18.08	17
18	Housekeepers	33,738	35,980	404,962	11.26	18
19	Laundry	10,715	11,288	133,979	11.87	19
20	Administrator	1,848	2,080	161,438	77.61	20
21	Assistant Administrator	1,860	2,080	133,688	64.27	21
22	Other Administrative	4,916	5,148	160,205	31.12	22
23	Office Manager	1,852	2,080	40,592	19.52	23
24	Clerical	9,506	10,261	176,537	17.20	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	1,936	2,080	61,911	29.76	31
32	Other Health Care(specify)					32
33	Other(specify)	607	625	10,187	16.30	33
34	TOTAL (lines 1 - 33)	350,734	376,117	\$ 6,126,121 *	\$ 16.29	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	452	\$ 22,666	1-3	35
36	Medical Director	36	18,315	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	155	10,043	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)	659	\$ 52,544		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	2,823	\$ 99,700	10-3	50
51	Licensed Practical Nurses	1,201	47,465	10-3	51
52	Certified Nurse Assistants/Aides	325	7,512	10-3	52
53	TOTAL (lines 50 - 52)	4,349	\$ 154,677		53

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? NO
- (2) Are there any dues to nursing home associations included on the cost report? YES
If YES, give association name and amount. Leading Age Illinois \$10,306
- (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. \$ 42,000 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. \$ 240,006
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. \$ 525 Has any meal income been offset against related costs? YES Indicate the amount. \$ 25,479
- (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: WIPFLI
- (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 1/1/16 - 12/31/16

RECLASSIFICATIONS:

LINE 2	Food purchase	<u>\$ (525)</u>	Take out cost of meals provided to employees
LINE 5	Heat & other utilities	<u>\$ (9,537)</u>	Take out utilities allocable to beauty shop
LINE 19	Professional services	\$ (1,450)	Take out background checks/fingerprinting
		\$ (5,952)	Take out employee exams
		<u>\$ (8,597)</u>	Take out 403-B administration function
		<u>\$ (15,999)</u>	
LINE 20	Fees, subscriptions, & promotions	<u>\$ 1,450</u>	Add in background checks/fingerprinting from line 19
LINE 22	Employee benefits & payroll taxes	\$ 525	Add in cost of meals from line 2
		\$ 5,952	Add in employee exams from line 19
		<u>\$ 8,597</u>	Add in 403-B administration function from line 19
		<u>\$ 15,074</u>	
LINE 26	Insurance-Property & Liability	<u>\$ (30,775)</u>	Take out insurance-property for Duplexes
LINE 30	Depreciation	<u>\$ 11,170</u>	Add in additional depreciation relating to Duplexes
LINE 40	Barber & Beauty Shops	<u>\$ 9,537</u>	Add in utilities taken out of line 5
LINE 43	Other-Duplexes	\$ 30,775	Add in insurance-property from line 26
		<u>\$ (11,170)</u>	Take out depreciation from line 30
		<u>\$ 19,605</u>	
TOTAL		<u>\$ -</u>	

FAIRHAVEN CHRISTIAN RETIREMENT CENTER

#0027987

1/1/16-12/31/16

Schedule V p. 3 & 4

LINE 7

Security Services	\$	160,238
Trash Disposal	\$	18,592
	\$	<u>178,830</u>

LINE 27

Flowers & Decorations-Nursing Ctr.	\$	<u>1,658</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	\$	225,440
Depreciation	\$	599,551
Utilities	\$	66,082
Maintenance	\$	45,965
Loss on Disposal of CIP	\$	10,215
Insurance	\$	30,775
	\$	<u>978,028</u>

FAIRHAVEN CHRISTIAN RETIREMENT CENTER

#0027987

1/1/16 - 12/31/16

Sch VI p. 5

LINE 29

Gas for Non-Care Vehicles	\$	(779)
Insurance for Non-Care Vehicles	\$	(490)
Flowers & Decorations, Miscellaneous	\$	(1,794)
Real Estate Taxes - Main Building	\$	(218,754)
	\$	<u>(221,817)</u>

LINE 45

Duplex Insurance		<u>\$30,775</u>
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FAIRHAVEN CHRISTIAN RETIREMENT CENTER
#0027987 1/1/16 - 12/31/16

Sch XVII Income Statement Page 19

E. Other Revenue

Line 28	<u>\$ 1,904,047</u>	Duplex Monthly Maintenance and Founder's Fee Income
Line 28a	\$ 7,454	Equipment Rental-Wheelchairs & Gerichairs
	<u>\$ 82,515</u>	Other Income such as Vending Machine, Monthly Cable, Activities
	<u>\$ 89,969</u>	

FAIRHAVEN CHRISTIAN RETIREMENT CENTER
#0027987 1/1/16-12/31/16

PAGE 10B: 2015 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 1/1/16 - 12/31/16

2016 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	No		
Nyberg, Dan	Secretary	No		
Brogren, Neil	Vice Secretary	No		
Johnson, Steve	Vice President	No		
Johnson, Larry	Treasurer	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, BTS	Palmer Klaas, CFP
Buzzard, Brenda	Director	No		
Versendaal, Rita	Director	No		

FAIRHAVEN CHRISTIAN RETIREMENT CENTER
#0027987 1/1/16 - 12/31/16

2016 SCHEDULE V (LINE 24)

<u>DATE</u>	<u>SEMINAR</u>	<u>LOCATION</u>	<u>SPONSOR</u>	<u>ATTENDEE(S)</u>	<u>COST</u>
4/5/16-4/7/16	Leading Age Illinois - State Long-Term Care Conference	Schaumburg,IL	Leading Age IL	Tom Bleed, Executive Director, Sandy Bellair, ADON, Dianna Sanchez, MDS Coordinator, Diana Naser, Nursing Administrator, Kim Bender, Dir of HR & Support Services, Tammy Hays, Charge Nurse, Jodi Naser, Dir of Rehab Services, Donna Suthers, Soc Serv Director, Dolores Andree, Charge Nurse, Chris Hintzsche, Dir of Marketing & Res. Services, Tina Pool, Charge Nurse	\$3,120

FAIRHAVEN CHRISTIAN RETIREMENT CENTER
#0027987 1/1/16 - 12/31/16

2016 Page 21C - Legal Invoice Detail

<u>DATE</u>	<u>VENDOR</u>	<u>ALLOWED AMOUNT</u>	<u>DESCRIPTION OF SERVICES</u>
3/1/2016	Hinshaw & Culbertson	\$156.40	HR issues, handbook and policies
5/5/2016	Guyer & Enichen	\$2,735.04	Real estate tax assessment issues and appeals
6/15/2016	Schlueter & Ecklund	\$1,601.50	Collectibility issues
7/25/2016	Hinshaw & Culbertson	\$2,970.65	HR issues, handbook and policies
12/16/2016	McGreevy Williams	\$1,002.50	Research on occupancy and building codes
12/20/2016	Whitham Law Office	\$225.00	Collectibility issues on Medicaid balance
		<u>\$8,691.09</u>	