

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

0027987 Report Period Beginning: **1/1/2017** Ending: **12/31/2017**

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 5/01/2017

	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	122	Sheltered Care (SC)	90	36,690	5
6		ICF/DD 16 or Less			6
7	218	TOTALS	186	71,730	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	13,134	17,309		30,443	10
11	ICF/DD					11
12	SC		19,615		19,615	12
13	DD 16 OR LESS					13
14	TOTALS	13,134	36,924		50,058	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 69.79%

D. How many bed reserve days during this year were paid by the Department?
NONE (Do not include bed reserve 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: 12/31/2017 Fiscal Year: 12/31/2017

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

Facility Name & ID Number **FAIRHAVEN CHRISTIAN RETIREMENT** # **0027987** Report Period Beginning: **1/1/2017** Ending: **12/31/2017**

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	933,460	71,852	22,076	1,027,388		1,027,388		1,027,388		1
2	Food Purchase		725,129		725,129	(550)	724,579	(25,541)	699,038		2
3	Housekeeping	399,176	67,223		466,399		466,399		466,399		3
4	Laundry	161,753	40,338	1,892	203,983		203,983		203,983		4
5	Heat and Other Utilities			390,436	390,436	(9,823)	380,613	(17,204)	363,409		5
6	Maintenance	352,816	26,909	300,141	679,866		679,866	(9,240)	670,626		6
7	Other (specify):*			178,484	178,484		178,484		178,484		7
8	TOTAL General Services	1,847,205	931,451	893,029	3,671,685	(10,373)	3,661,312	(51,985)	3,609,327		8
	B. Health Care and Programs										
9	Medical Director			18,540	18,540		18,540		18,540		9
10	Nursing and Medical Records	3,544,540	172,247	149,641	3,866,428		3,866,428		3,866,428		10
10a	Therapy										10a
11	Activities	206,625	16,369		222,994		222,994		222,994		11
12	Social Services	59,588		1,140	60,728		60,728		60,728		12
13	CNA Training										13
14	Program Transportation			9,871	9,871		9,871	(753)	9,118		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	3,810,753	188,616	179,192	4,178,561		4,178,561	(753)	4,177,808		16
	C. General Administration										
17	Administrative	439,316			439,316		439,316		439,316		17
18	Directors Fees										18
19	Professional Services			135,570	135,570	(20,605)	114,965		114,965		19
20	Dues, Fees, Subscriptions & Promotions			65,058	65,058	2,960	68,018	(40,487)	27,531		20
21	Clerical & General Office Expenses	252,881	55,982	27,193	336,056		336,056		336,056		21
22	Employee Benefits & Payroll Taxes			1,414,543	1,414,543	18,195	1,432,738	(6,185)	1,426,553		22
23	Inservice Training & Education										23
24	Travel and Seminar			16,617	16,617		16,617	(13,052)	3,565		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			124,447	124,447	(31,390)	93,057	(505)	92,552		26
27	Other (specify):*			16,527	16,527		16,527	(14,334)	2,193		27
28	TOTAL General Administration	692,197	55,982	1,799,955	2,548,134	(30,840)	2,517,294	(74,563)	2,442,731		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,350,155	1,176,049	2,872,176	10,398,380	(41,213)	10,357,167	(127,301)	10,229,866		29

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

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

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			1,057,249	1,057,249	12,782	1,070,031	(184,821)	885,210			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			310,349	310,349		310,349	(90,739)	219,610			32
33	Real Estate Taxes			189,825	189,825		189,825	(189,825)				33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			11,010	11,010		11,010		11,010			35
36	Other (specify):*											36
37	TOTAL Ownership			1,568,433	1,568,433	12,782	1,581,215	(465,385)	1,115,830			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers											39
40	Barber and Beauty Shops					9,823	9,823		9,823			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			238,108	238,108		238,108		238,108			42
43	Other (specify):*			942,453	942,453	18,608	961,061		961,061			43
44	TOTAL Special Cost Centers			1,180,561	1,180,561	28,431	1,208,992		1,208,992			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,350,155	1,176,049	5,621,170	13,147,374		13,147,374	(592,686)	12,554,688			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	(25,541)	Line2		4
5	Telephone, TV & Radio in Resident Rooms	(17,204)	Line5		5
6	Rented Facility Space	(9,240)	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	(90,739)	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	(184,821)	Line30		15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(13,052)	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	(11,748)	Line27		24
25	Fund Raising, Advertising and Promotional	(37,032)	Line20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(3,455)	Line20		28
29	Other-Attach Schedule	(193,669)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (592,686)		\$	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))	\$ (592,686)		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		9,823	Line5	41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44						44
45	Other-Attach Schedule Dupl Insur	X		31,390	Line26	45
46	Other-Attach Schedule		X			46
47	TOTAL (C): (sum of lines 38-46)			\$ 41,213		47

BHF USE ONLY							
48		49		50		51	52

FAIRHAVEN CHRISTIAN RETIREMENT CENTER

ID# 0027987

Report Period Beginning: 1/1/2017

Ending: 12/31/2017

Sch. V Line

NON-ALLOWABLE EXPENSES

Amount

Reference

1	Gas for non-care vehicles	\$ (753)	Line 14	1
2	Insurance for non-care vehicles	(505)	Line 26	2
3	Flowers & decorations, miscellaneous	(2,586)	Line 27	3
4	Real estate taxes - main building	(189,825)	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
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26				26
27				27
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30				30
31				31
32				32
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38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(193,669)		49

VII. RELATED PARTIES

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

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

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

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

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

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

Facility Name & ID Number **FAIRHAVEN CHRISTIAN RETIREMENT** # **0027987** Report Period Beginning: **1/1/2017** Ending: **12/31/2017**

VII. RELATED PARTIES (continued)

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

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

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

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

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

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER # 0027987 Report Period Beginning: 1/1/2017 Ending: 2/31/2017

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

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

0027987 Report Period Beginning:

1/1/2017 Ending:

12/31/2017

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>	<u>1</u>
2					<u>2</u>
3	TOTALS	871,200		\$ 62,304	3

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER

0027987

Report Period Beginning:

1/1/2017

Ending:

12/31/2017

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	49	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		1,279,330	7
8										8
	Improvement Type**									
9										9
10	Remodel of 6 rooms		1996	33,302		5-20			33,302	10
11	Remodeling of nurses station		1996	8,438		20			8,438	11
12	New lights		1996	7,499		20			7,499	12
13	New windows		1996	1,762		20			1,762	13
14	Rehab & conversion of rooms		1997	119,116	4,765	25	4,765		97,681	14
15	Remodel of Rehab dept., identicard door system		1997	37,374	1,200	10-25	1,200		31,972	15
16	Wall heaters,doors & wind.,water heater,chill water sys		1997	18,338	715	10-25	715		15,608	16
17	Roof work, office remodel,clock wiring,shelving,boiler		1997	33,616	1,174	10-25	1,174		33,616	17
18	Fence along Alpine Road		1998	84,198	4,210	20	4,210		82,095	18
19	Blacktop		1998	12,538	627	20	627		12,227	19
20	Remodel of Rehab Dept & Breakroom		1998	42,423	1,697	25	1,697		33,092	20
21	Rehab resident rooms		1998	92,743	3,710	25	3,710		72,345	21
22	Rehab offices-Ex dir.,ADON, Maint., Activities		1998	36,208	1,448	25	1,448		28,235	22
23	Rear entrance door, fire protection system		1998	6,051	242	25	242		4,719	23
24	Rehab Health Ctr., Halls, Storage, Conference room		1998	24,693	988	25	988		19,267	24
25	Rehab coffee shop & gift shop		1998	4,374	175	25	175		3,413	25
26	Electrical work, heating & air condit.		1998	5,180	207	25	207		4,037	26
27	Fence and grading		1999	13,566	678	20	678		12,543	27
28	Blacktop, patching, speed bumps		1999	18,220	871	10-20	871		16,913	28
29	Rehab resident rooms		1999	84,948	3,398	25	3,398		62,863	29
30	Rehab maint off., shop, laund room, housekeeping off.		1999	44,768	1,791	25	1,791		33,134	30
31	Health Ctr. Elevator conversion, emerg. Lights		1999	9,806	50	10-20	50		9,735	31
32	Windows, storm doors, boiler room electrical		1999	12,196	518	20-25	518		9,583	32
33	Rehab Health Ctr.-lighting,heat,ceiling panels,flooring		1999	33,716		15			33,716	33
34	Rehab Health Ctr.-conf room,util room,activ,air cond		1999	17,993	864	15-25	864		15,983	34
35	Rehab Health Ctr.-soc serv off., 1st floor restroom		1999	4,077	163	25	163		3,015	35
36	Remodel-Main office,coffee shop,gift shop		2000	1,110,762	27,769	40	27,769		485,958	36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER

0027987

Report Period Beginning:

1/1/2017

Ending:

12/31/2017

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	\$	\$ 84,227	37
38	Irrigation system	2000	18,761	938	20	938		16,415	38
39	Beauty shops-1st & 3rd	2000	49,403	1,235	40	1,235		21,613	39
40	Remodel-Maint., Acctg, Activ.,& 2nd fl HC kitchen off.	2000	38,198	1,910	20	1,910		33,425	40
41	Rehab resident rooms	2000	64,544	2,867	10-20	2,867		57,382	41
42	Main entrance doors	2000	10,535	527	20	527		9,222	42
43	Roof repairs,elevator room repairs,electric,phone,comp.	2000	35,305	1,110	10-20	1,110		35,305	43
44	Back flow system	2000	65,706	3,285	20	3,285		57,488	44
45	Smoke barrier upgrade	2000	68,105	1,703	40	1,703		29,802	45
46	Vanity/Tops/Faucets	2001	8,998		15			8,998	46
47	Signage, OSHA modifications,HVAC modifications	2001	16,911	873	15-25	873		14,405	47
48	2nd floor remodeling-ceiling,sprinkler,lighting,duct work	2001	48,885	2,375	20-25	2,375		39,188	48
49	Rehab resident rooms,countertop,locks	2001	30,992	1,550	20	1,550		25,575	49
50	Miscell plants,pots,trees,mulch,sprinkler system supplies	2001	8,496	515	5-15	515		8,496	50
51	Rehab dietary office-elect,fan coil ductwork,door	2001	7,190	360	20	360		5,940	51
52	Redo wall,hallway,rear stairway coping stone reset	2002	2,104	105	20	105		1,628	52
53	Vanity/Tops/Faucets	2002	8,106	276	15	276		8,106	53
54	Keys,locks,windows	2002	6,335	351	15-20	351		5,440	54
55	East entrance doors-structual changes	2002	7,684	384	20	384		5,952	55
56	Doors	2002	7,581	258	15	258		7,581	56
57	Laundry,south lounge,water serv valve,roof,trash chute changes	2002	9,256	196	5-15	196		9,256	57
58	Main office,conference room,training room changes	2002	4,097	205	20	205		3,177	58
59	Room number signs	2002	6,070	304	20	304		4,712	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		21,460	61
62	Garages-crown molding	2003	3,601	180	20	180		2,610	62
63	Screen,glass,wall,door,latches,locks replacement	2003	15,747	930	5-20	930		14,150	63
64	Lighting	2003	24,236	1,225	5-20	1,225		18,173	64
65	Vanity/Tops/Faucets	2003	4,908	327	15	327		4,742	65
66	Boiler room rework	2003	3,795	190	20	190		2,755	66
67	South wing roof	2003	66,135	3,307	20	3,307		47,951	67
68	Smoke barrier upgrade	2003	28,657	1,433	20	1,433		20,778	68
69	Employee parking lot, sidewalks	2004	14,283	952	15	952		12,852	69
70	TOTAL (lines 4 thru 69)		\$ 6,487,598	\$ 124,637		\$ 124,637	\$	\$ 5,519,482	70

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

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER

0027987

Report Period Beginning:

1/1/2017

Ending:

12/31/2017

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		\$ 6,487,598	\$ 124,637		\$ 124,637	\$	\$ 5,519,482	1
2	Landscaping drainage	2004	12,100	807	15	807		10,894	2
3	Employee patio, residents veranda	2004	42,639	2,139	15-20	2,139		28,876	3
4	Vanities/tops	2004	7,657	510	15	510		6,885	4
5	Emergency lighting, kitchen feeds, sink	2004	16,344	1,057	15-20	1,057		14,269	5
6	Library	2004	11,520	576	20	576		7,776	6
7	3rd floor renovation	2004	53,708	2,685	20	2,685		36,248	7
8	Thermostats, heaters, heat lamps	2004	7,888	526	15	526		7,101	8
9	Building equipment, mixing valve, wire fence	2004	14,689	1,043	15	1,043		14,081	9
10	HC room doors	2004	8,783	586	15	586		7,911	10
11	Room refurbishment- 302/304	2004	8,782	439	20	439		5,927	11
12	HVAC controls, a/c units	2004	24,793	1,653	15	1,653		22,315	12
13	Blacktop - HC entrance and kitchen parking lot	2005	8,225	548	15	548		6,850	13
14	Globe fixtures at front entrance and signage	2005	2,856	190	15	190		2,375	14
15	Roof exhaust fans, repairs & HC tuckpointing	2005	11,525	714	15-20	714		8,925	15
16	Upgrade elevator door-left side center building	2005	15,754	788	20	788		9,850	16
17	Remove/replace HC canopy	2005	46,471	1,859	25	1,859		23,237	17
18	Garage door-Kabota storage	2005	1,264	63	20	63		788	18
19	Storage room cages	2005	753	50	15	50		625	19
20	Boiler room walkway	2006	19,603	980	20	980		11,270	20
21	Signage	2006	5,011	334	15	334		3,841	21
22	Storage room cages	2006	16,254	813	20	813		9,349	22
23	Upgrade elevator doors	2006	58,240	2,912	20	2,912		33,488	23
24	Curb & gutter, irrigation system	2006	18,415	1,228	15	1,228		14,122	24
25	Repipe softners	2006	5,700	285	20	285		3,278	25
26	Vanities/tops	2006	4,530	302	15	302		3,473	26
27	Exhaust fans-roofs	2006	16,456	1,097	15	1,097		12,616	27
28	Window replacement and painting	2006	11,817	554	20	554		6,371	28
29	Bathtub conversions	2006	4,265	213	20	213		2,450	29
30	Lighting and electrical work	2006	1,615	81	20	81		931	30
31	Landscaping-veranda and health center	2007	5,764	276	15	276		2,898	31
32	Health center hydrant extension, air infiltration	2007	10,003	500	20	500		5,250	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 6,961,022	\$ 150,445		\$ 150,445	\$	\$ 5,843,752	34

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

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER

0027987

Report Period Beginning:

1/1/2017

Ending:

12/31/2017

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		\$ 6,961,022	\$ 150,445		\$ 150,445	\$	\$ 5,843,752	1
2	Signage	2007	2,192	146	15	146		1,533	2
3	Lighting	2007	6,143	347	15-20	347		3,644	3
4	Vanities/tops/air conditioner units	2007	11,404	760	15	760		7,980	4
5	Exhaust fans-roofs	2007	8,322	555	15	555		5,827	5
6	Bathtub conversions	2007	12,338	617	20	617		6,478	6
7	Health center soffit work,wrap-around, saniglaze	2007	21,849	1,142	15-20	1,142		11,991	7
8	Fire alarm system	2007	8,263	413	20	413		4,337	8
9	Condenser unit	2007	8,146	407	20	407		4,274	9
10	Veranda aluminum screen	2007	4,880	244	20	244		2,562	10
11	Windows and locks	2007	1,733	87	20	87		913	11
12	Modular nurses stations	2007	11,618	581	20	581		6,100	12
13	Building - phase 1 - air make-up, fire suppression, SC dining	2007	2,930,779	73,269	40	73,269		769,325	13
14	Capital report 7/1/10 - adjusted out	2007	(22,002)	(550)	40	(550)		(5,775)	14
15	Roofs - phase 1 - main building and health center	2007	209,834	8,393	25	8,393		88,127	15
16	Health center canopy - phase 1	2007	11,115	278	40	278		2,919	16
17	Move telephone pole to widen curve	2008	2,267	113	20	113		1,074	17
18	Lighting, new bollards	2008	10,902	564	15-20	564		5,358	18
19	Vanities, tops, faucets	2008	4,707	314	15	314		2,983	19
20	Signage	2008	1,193	80	15	80		760	20
21	Doors, door closers, windows	2008	5,623	344	15-20	344		3,268	21
22	Fire alarm system	2008	5,601	280	20	280		2,660	22
23	Roof top exhausters, maint garage roof	2008	11,059	703	15-40	703		6,679	23
24	Ceiling tile-hallways and laundry room	2008	17,556	878	20	878		8,341	24
25	Key switches for elevators	2008	1,300	65	20	65		617	25
26	Front entrance landscaping/improv, landscaping	2009	29,190	1,946	15	1,946		16,541	26
27	Vanities, tops, faucets,toilets	2009	4,596	306	15	306		2,601	27
28	Signage	2009	2,410	161	15	161		1,368	28
29	Lighting, fire alarm expander board	2009	6,835	374	15-20	374		3,179	29
30	East & South wing ceilings	2009	25,447	1,272	20	1,272		10,812	30
31	Window, garage doors	2009	1,923	120	15-20	120		1,020	31
32	New office walls, windows, door, carpet, ceiling tile, fire alm	2009	10,838	542	20	542		4,607	32
33	SC/HC automatic doors, card access	2009	18,943	1,263	15	1,263		10,735	33
34	TOTAL (lines 1 thru 33)		\$ 10,348,026	\$ 246,459		\$ 246,459	\$	\$ 6,836,590	34

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

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER

0027987

Report Period Beginning:

1/1/2017

Ending:

12/31/2017

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		\$ 10,348,026	\$ 246,459		\$ 246,459	\$	\$ 6,836,590	1
2	Fascia, roof, and insulation improvements	2009	14,069	438	3-15	438		12,469	2
3	HC flourescent fixtures, HC bathroom steel upgrade,	2009	13,973	699	20	699		5,941	3
4	Fire alarm system/separation walls/fire dampers								4
5	Remodel apartment #382-#384	2009	2,440	122	20	122		1,037	5
6	Kitchen - expansion & renovation-Schmeling gen'l contractor,	2009	1,844,229	46,106	40	46,106		391,901	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		91,842	10
11	Chapel & dining room rooftop a.c. units	2009	42,776	1,711	25	1,711		14,544	11
12	Irrigation lines, signage	2010	4,364	291	15	291		2,182	12
13	Vanities, tops, faucets,toilets	2010	4,705	314	15	314		2,355	13
14	Ceilings and lighting	2010	54,319	2,716	20	2,716		20,370	14
15	Windows, shelves, closet doors	2010	8,634	469	15-20	469		3,518	15
16	Stairway railing upgrades, elevator controls & fire protection	2010	29,273	1,464	20	1,464		10,980	16
17	Shower room flooring, ceiling, toilets, plumbing and thermostat	2010	14,266	713	20	713		5,348	17
18	Garage doors	2010	703	47	15	47		352	18
19	Construction upgrade with door frames, steel studs, plaster	2010	17,540	877	20	877		6,578	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		14,558	21
22	Constructed open storage room next to the dining room, walls	2010	25,466	1,273	20	1,273		9,548	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		5,325	25
26	Elevator moderization (4)	2010	175,162	8,758	20	8,758		65,685	26
27	New generator for HC and Shelted Care	2010	501,593	12,582	20-40	12,582		94,365	27
28	Fire alarm system, door holders, card readers	2010	4,965	331	15	331		2,483	28
29	Blacktop - Campus roads	2011	2,895		5			2,895	29
30	Vanities, tops, faucets,toilets	2011	9,436	629	15	629		4,089	30
31	Windows, shelves, closet doors, keys	2011	15,621	828	15-20	828		5,382	31
32	Ceilings and lighting	2011	6,549	327	20	327		2,126	32
33	Health Ctr automatic door closers, card readers and kickplates	2011	12,688	846	15	846		5,499	33
34	TOTAL (lines 1 thru 33)		\$ 13,352,056	\$ 341,456		\$ 341,456	\$	\$ 7,617,962	34

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

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER

0027987

Report Period Beginning:

1/1/2017

Ending:

12/31/2017

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		\$ 13,352,056	\$ 341,456		\$ 341,456	\$	\$ 7,617,962	1
2	Air Conditioner units	2011	6,341	423	15	423		2,749	2
3	Signage	2011	1,692	113	15	113		734	3
4	Wall mounted shelving, fire barriers	2011	3,449	230	15	230		1,495	4
5	Construction, piping, plumbing to transition to open dining rm.	2011	4,628	231	20	231		1,502	5
6	Cove SC - expansion & renovation-Schmeling gen'l contractor,	2011	331,868	8,297	40	8,297		53,930	6
7	Larson & Darby architects, BCN owners rep.								7
8	Benchmark flooring, capitalized interest								8
9	Blacktop - Campus roads	2012	11,907	1,192	5	1,192		11,907	9
10	Courtyard /Landscap/Irrigat./Drainage-Marshall N. contractor	2012	191,186	9,714	15-20	9,714		53,427	10
11	Capital report 7/1/12 - adjusted out	2012	(131,529)	(8,769)	15	(8,769)		(48,229)	11
12	Sidewalks/Patio	2012	11,750	783	15	783		4,307	12
13	Front Parking Lot-Northern Ill Service Co. contractor	2012	292,254	14,613	20	14,613		80,371	13
14	Capital report 7/1/12 - adjusted out	2012	(219,191)	(10,960)	20	(10,960)		(60,280)	14
15	Toilets	2012	8,612	574	15	574		3,157	15
16	Cabinets/countertops/pantries/window sill shelves	2012	9,179	612	15	612		3,366	16
17	Signage	2012	4,598	307	15	307		1,688	17
18	Windows, doors, door closers	2012	15,000	750	20	750		4,125	18
19	Ceilings and lighting	2012	7,699	385	20	385		2,117	19
20	HC Canopy bird netting	2012	8,400	560	15	560		3,080	20
21	Fire protection, cooling system, cabling and wiring	2012	14,017	934	15	934		5,137	21
22	Roof exhausters, boiler room plumbing	2012	2,299	115	20	115		632	22
23	HC Elevator - Schmeling gen'l contractor, Larson&Darby archit.	2012	83,352	2,084	40	2,084		11,462	23
24	Sjostrom Center and Health Center expansion - Schmeling	2012	3,550,678	88,767	40	88,767		488,219	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)		(182,374)	27
28	Nursing Center Parking Lot - Stenstrom contractor	2013	229,321	11,520	15-20	11,520		51,840	28
29	Storm Sewer Extension Project - Stenstrom contractor	2013	72,895	3,644	20	3,644		16,398	29
30	Duplex Drainage and Irrigation	2013	23,116	1,660	10-15	1,660		7,470	30
31	Courtyard Gazebo	2013	2,715	136	20	136		612	31
32	Toilets purchased from Ferguson and Columbia Pipe & Supp	2013	5,154	344	15	344		1,548	32
33	installed by Fairhaven in health center and sheltered wings								33
34	TOTAL (lines 1 thru 33)		\$ 16,567,087	\$ 436,556		\$ 436,556	\$	\$ 8,138,352	34

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

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER

0027987

Report Period Beginning:

1/1/2017

Ending:

12/31/2017

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		\$ 16,567,087	\$ 436,556		\$ 436,556	\$	\$ 8,138,352	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		1,323	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		1,062	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		5,661	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		7,128	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		3,402	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		8,595	15
16	Tile - 3rd Floor Shower Floor	2013	6,778	452	15	452		2,034	16
17	Exterior Window Painting (16 new chapel side)	2013	1,936	128	15	128		576	17
18	Blacktop Sealing and Restriping	2013	2,775	556	5	556		2,502	18
19	Smoke Detectors, Fire Barriers, Access Controls	2013	2,927	194	15	194		873	19
20	Blacktop Sealing and Restriping	2014	18,500	3,700	5	3,700		12,950	20
21	Duplex Drainage and Irrigation	2014	12,060	804	15	804		2,814	21
22	Landscaping, tree removal & replacement, Marshall Nelson, Tree Care were the vendors.	2014	16,630	1,109	15	1,109		3,881	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		536	24
25									25
26	Window sill shelves and butler pantries installed by Robert Peterson in sheltered studios.	2014	833	56	15	56		196	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		88	28
29									29
30	John Evans installed 17 windows on the health center west	2014	48,281	2,414	20	2,414		8,449	30
31	Doors installed by Tee Jay and Schemling vendors	2014	19,581	979	20	979		3,427	31
32	Exit lights installed by Ballard Electric	2014	4,588	229	20	229		802	32
33	Domestic water valve replacement by Nelson Carlson Mech.	2014	33,795	1,690	20	1,690		5,915	33
34	TOTAL (lines 1 thru 33)		\$ 16,845,170	\$ 455,083		\$ 455,083	\$	\$ 8,210,566	34

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

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER

0027987

Report Period Beginning:

1/1/2017

Ending:

12/31/2017

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		\$ 16,845,170	\$ 455,083		\$ 455,083	\$	\$ 8,210,566	1
2	Air Make-up Units, Heating and Cooling Units	2014	6,514	434	15	434		1,519	2
3	Room 101 bathroom renovated by John Evans construction	2014	11,983	799	15	799		2,796	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		2,660	6
7	Shower Drain and Drain pipe, Nelson Carlson Mech. vendor	2014	6,122	326	15-20	326		1,141	7
8	Garage roof by Freeport Industrial Roofing	2014	1,975	99	20	99		346	8
9	Foam insulation and fascia panels on north side of building	2014	17,468	1,164	15	1,164		4,074	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		11,025	11
12	Construction and Audio Engineering								12
13	Construct footings at the south end of the health center.	2014	29,741	744	40	744		2,604	13
14	Work done by Stenstrom Construction.								14
15	Blacktop Sealing and Restriping	2015	6,545	218	15	218		654	15
16	Duplex Drainage and Irrigation	2015	5,582	186	15	186		558	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		381	18
19	Window sill shelves and butler pantries installed by Robert								19
20	Peterson in sheltered studios.	2015	1,195	40	15	40		120	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		28,386	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		42	24
25	John Evans installed 21 windows on the southeast wing	2015	58,317	1,458	20	1,458		4,374	25
26	Domestic water valve replacement by Nelson Carlson Mech.	2015	22,629	566	20	566		1,698	26
27	Front Entrance Island by Marshall Nelson Landscaping	2015	7,352	245	15	245		735	27
28	Replace HC Kitchen Hood done by Schmeling Construction	2015	112,881	2,258	25	2,258		6,774	28
29	Doors installed by Tee Jay, John Evans and Schemling vendors	2015	7,506	188	20	188		564	29
30	Foam insulation-south wing to prevent frozen pipes, Schmeling	2015	27,563	689	20	689		2,067	30
31	Air Make-up Units, Heating and Cooling Units	2015	12,599	420	15	420		1,260	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		816	33
34	TOTAL (lines 1 thru 33)		\$ 18,015,651	\$ 478,702		\$ 478,702	\$	\$ 8,285,160	34

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

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER

0027987

Report Period Beginning:

1/1/2017

Ending:

12/31/2017

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		\$ 18,015,651	\$ 478,702		\$ 478,702	\$	\$ 8,285,160	1
2	East Elevator upgrade - Kone, Inc. and Pierce Laminated	2015	11,379	379	15	379		1,137	2
3	Fire equipment and doors installed. Work done by Schmeling								3
4	Construction and Area Mechanical	2015	27,071	797	15-40	797		2,391	4
5	Concrete floor in Laund room for washer,Work by Stenstrom	2015	3,928	98	20	98		294	5
6	New Panel to eliminate generator,Work done by Ballard Elec	2015	18,121	453	20	453		1,359	6
7	Front Entrance resurfacing done by Stenstrom	2016	82,360	2,745	15	2,745		5,490	7
8	Front Entrance fire doors done by Schmeling Construction	2016	26,556	664	20	664		1,328	8
9	Duplex Drainage and Irrigation, Marshall Nelson Landscap.	2016	20,373	679	15	679		1,358	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		372	11
12	Vanities installed by John Evans Construction in studio								12
13	and apartment rooms.	2016	580	19	15	19		38	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		80	15
16	John Evans installed windows on the 2nd floor HC wing	2016	52,231	1,306	20	1,306		2,612	16
17	Domestic water valve replacement by Nelson Carlson Mech.	2016	17,352	434	20	434		868	17
18	Doors installed by Tee Jay, John Evans and Schemling vendors	2016	5,883	147	20	147		294	18
19	Fire alarm equipment installed by Audio Engineering	2016	1,747	58	15	58		116	19
20	Portico installed by Schmeling and landscaping done by								20
21	Marshall Nelson Landscaping	2016	323,557	4,045	40	4,045		8,090	21
22	Landscaping, tree removal & replacement, Marshall Nelson	2016	4,446	148	15	148		296	22
23	Roof duct work replacement, vendors Schmeling and Area								23
24	Mechanical	2016	40,139	1,004	20	1,004		2,008	24
25	GFI rewiring in the HC, work done by Ballard Electric	2016	24,355	609	20	609		1,218	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		160	27
28	Front Parking Lot and TV lane resurfacing done by								28
29	Ground Up SSI	2017	16,494	550	15	550		550	29
30	Landscaping, tree removal & replacement, Marshall Nelson	2017	4,628	154	15	154		154	30
31	Storm Sewer rework and Sidewalks done by Stenstrom	2017	10,800	360	15	360		360	31
32	John Evans installed windows on the main bldg south wing	2017	34,443	861	20	861		861	32
33	Doors installed by Schemling construction	2017	17,535	438	20	438		438	33
34	TOTAL (lines 1 thru 33)		\$ 18,768,824	\$ 494,956		\$ 494,956	\$	\$ 8,317,032	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 12H, Carried Forward		\$ 18,768,824	\$ 494,956		\$ 494,956	\$	\$ 8,317,032	1
2	Toilets purchased from Ferguson and Columbia Pipe & Supp								2
3	installed by Fairhaven in health center and sheltered wings	2017	3,953	132	15	132		132	3
4	Signage purchased from Image Signs, Signs Now and Grainger								4
5	installed in main building, health center and outdoors.	2017	1,238	41	15	41		41	5
6	Door security done by Pro Com Systems throughout building	2017	12,175	406	15	406		406	6
7	Hot Water System and Potable Water Survey by Nelson								7
8	Carlson Mechanical and Willet Hoffman - main building	2017	26,059	662	15-20	662		662	8
9	Gift shop wall done by Schmeling Construct in main bldg.	2017	12,446	249	25	249		249	9
10	Building upgrade for 1st impressions in main building and								10
11	health center by Schmeling Const., Brick, Wood, Dry Wall	2017	1,108,056	13,851	40	13,851		13,851	11
12	Roof top duct work and furnace - vendors MMJV and Area								12
13	Mechanical - main building	2017	10,403	260	20	260		260	13
14	Quad receptable work in health center by Ballard Electric Co.	2017	28,080	702	20	702		702	14
15	Room 228 walk-in shower renovated by John Evans Construct.								15
16	Majority of the work was plumbing and drywall	2017	10,989	220	25	220		220	16
17	HVAC controls installed for main building and health								17
18	center heating and cooling done by Johnson Controls	2017	75,525	1,888	20	1,888		1,888	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)		\$ 20,057,748	\$ 513,367		\$ 513,367	\$	\$ 8,335,443	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	\$ 7,368,999	\$ 353,127	\$ 353,127	\$	5-20 yrs.	\$ 5,175,585	71
72	Current Year Purchases	386,369	15,376	15,376		5-20 yrs.	15,376	72
73	Fully Depreciated Assets	(3,447,387)				5-20 yrs.	(3,447,387)	73
74								74
75	TOTALS	\$ 4,307,981	\$ 368,503	\$ 368,503	\$		\$ 1,743,574	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	\$ 3,340	\$ 3,340	\$	10 yrs.	\$ 5,010	76
77										77
78										78
79										79
80	TOTALS			\$ 33,398	\$ 3,340	\$ 3,340	\$		\$ 5,010	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)	\$ 24,461,431	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 885,210	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 885,210	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)	\$ 10,084,027	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 1989-2017	\$ 66,149	\$ 538	\$ 60,498	86
87	Landscaping equipment-1968-2017	48,635		48,635	87
88	Duplexes & Land Improv.1990-2017	17,632,550	604,601	11,636,168	88
89	E-wing furn.&land improv1990-2017	3,605,221	78,093	2,601,117	89
90	Land-Duplexes	411,576			90
91	TOTALS	\$ 21,764,131	\$ 683,232	\$ 14,346,418	91

G. Construction-in-Progress

	Description	Cost	
92	Construction-in-progress	\$ 8,693	92
93			93
94			94
95		\$ 8,693	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.	_____ /2018	\$ _____
13.	_____ /2019	\$ _____
14.	_____ /2020	\$ _____

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	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.

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER

0027987

Report Period Beginning: 1/1/2017

Ending:

12/31/2017

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2017

(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	\$ 526,582	\$	1
2	Cash-Patient Deposits	12,294		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance 60,000)	914,032		3
4	Supply Inventory (priced at Lwr Cst or Mk)	63,729		4
5	Short-Term Investments	565,807		5
6	Prepaid Insurance	20,622		6
7	Other Prepaid Expenses	55,572		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Limited Use Assets</u>	1,634,006		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,792,644	\$	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	42,065,351		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	9,677,313		16
17	Accumulated Depreciation (book methods)	(29,557,355)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	1,412,000		21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>Vehicles, CIP</u>	254,290		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 24,325,479	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 28,118,123	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 552,527	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	12,294		28
29	Short-Term Notes Payable	311,099		29
30	Accrued Salaries Payable	223,780		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	143,000		32
33	Accrued Interest Payable	12,995		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Property Tax Credits Due Residents</u>	400,000		36
37	<u>Accrued Retirement</u>	19,704		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,675,399	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	1,204,578		39
40	Mortgage Payable			40
41	Bonds Payable	5,764,702		41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>Advance Deposits on Founder's Fees</u>	102,252		43
44	<u>Founder's Fees</u>	6,522,294		44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 13,593,826	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 15,269,225	\$	46
47	TOTAL EQUITY (page 18, line 24)	\$ 12,848,898	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 28,118,123	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 12,668,801	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 12,668,801	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	44,153	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	(45)	12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe) Unrealized gain on investments	132,989	15
16	Other (describe) Inc in beneficial int. in annuity contract	3,000	16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 180,097	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)	\$ 12,848,898	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENT # 0027987 Report Period Beginning: 1/1/2017

Ending: 12/31/2017

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		2	
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 12,194,056	1
2	Discounts and Allowances for all Levels	(1,516,523)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 10,677,533	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	47,299	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space	9,240	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	129,707	21
22	Laundry	8,136	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 205,182	23
D. Non-Operating Revenue			
24	Contributions	85,777	24
25	Interest and Other Investment Income***	90,739	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 176,516	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Duplex Income	2,047,461	28
28a	Equipment Rental & Other Income	84,835	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 2,132,296	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 13,191,527	30

1		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	3,671,685	31
32	Health Care	4,178,561	32
33	General Administration	2,548,134	33
B. Capital Expense			
34	Ownership	1,568,433	34
C. Ancillary Expense			
35	Special Cost Centers	942,453	35
36	Provider Participation Fee	238,108	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 13,147,374	40
41	Income before Income Taxes (line 30 minus line 40)**	44,153	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 44,153	43

1		2	
III. Net Inpatient Revenue detailed by Payer Source		Amount	
44	Medicaid - Net Inpatient Revenue	\$ 1,434,998	44
45	Private Pay - Net Inpatient Revenue	9,242,535	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)	\$ 10,677,533	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 RETIREMENT CENTER**

0027987

Report Period Beginning: **1/1/2017**

Ending: **12/31/2017**

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	1,884	2,080	\$ 101,752	\$ 48.92	1
2	Assistant Director of Nursing	1,980	2,228	79,551	35.71	2
3	Registered Nurses	19,929	21,336	648,495	30.39	3
4	Licensed Practical Nurses	35,819	37,999	803,176	21.14	4
5	CNAs & Orderlies	114,203	121,417	1,756,940	14.47	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	5,546	6,042	94,438	15.63	8
9	Activity Director	4,962	5,303	96,822	18.26	9
10	Activity Assistants	9,636	10,214	109,803	10.75	10
11	Social Service Workers	1,698	1,860	59,588	32.04	11
12	Dietician					12
13	Food Service Supervisor	3,645	4,034	93,326	23.13	13
14	Head Cook					14
15	Cook Helpers/Assistants	17,908	19,307	277,612	14.38	15
16	Dishwashers	51,393	54,559	562,522	10.31	16
17	Maintenance Workers	17,873	19,261	352,816	18.32	17
18	Housekeepers	31,665	33,982	399,176	11.75	18
19	Laundry	12,211	13,359	161,753	12.11	19
20	Administrator	1,876	2,080	160,746	77.28	20
21	Assistant Administrator	1,884	2,080	130,985	62.97	21
22	Other Administrative	4,436	4,680	163,168	34.86	22
23	Office Manager	1,860	2,080	41,529	19.97	23
24	Clerical	9,744	10,391	183,640	17.67	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	60,188	28.94	31
32	Other Health Care(specify)					32
33	Other(specify)	631	698	12,129	17.38	33
34	TOTAL (lines 1 - 33)	352,719	377,070	\$ 6,350,155 *	\$ 16.84	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	448	\$ 22,076	1-3	35
36	Medical Director	36	18,540	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	178	12,492	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	12	1,140	12-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	674	\$ 54,248		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	3,800	\$ 84,968	10-3	50
51	Licensed Practical Nurses	1,976	44,968	10-3	51
52	Certified Nurse Assistants/Aides	376	7,213	10-3	52
53	TOTAL (lines 50 - 52)	6,152	\$ 137,149		53

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER

0027987

Report Period Beginning:

1/1/2017

Ending:

12/31/2017

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 \$13,633
- (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. \$ 47,462 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. \$ 238,108
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. \$ 550 Has any meal income been offset against related costs? YES Indicate the amount. \$ 25,541
- (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. YES
Attach invoices and a summary of services for all architect and appraisal fees

FAIRHAVEN CHRISTIAN RETIREMENT CENTER

#0027987

1/1/17 - 12/31/17

RECLASSIFICATIONS:

LINE 2	Food purchase	<u>\$ (550)</u>	Take out cost of meals provided to employees
LINE 5	Heat & other utilities	<u><u>\$ (9,823)</u></u>	Take out utilities allocable to beauty shop
LINE 19	Professional services	\$ (2,960)	Take out background checks/fingerprinting
		\$ (8,791)	Take out employee exams
		\$ (8,854)	Take out 403-B administration function
		<u><u>\$ (20,605)</u></u>	
LINE 20	Fees, subscriptions, & promotions	<u>\$ 2,960</u>	Add in background checks/fingerprinting from line 19
LINE 22	Employee benefits & payroll taxes	\$ 550	Add in cost of meals from line 2
		\$ 8,791	Add in employee exams from line 19
		\$ 8,854	Add in 403-B administration function from line 19
		<u><u>\$ 18,195</u></u>	
LINE 26	Insurance-Property & Liability	<u><u>\$ (31,390)</u></u>	Take out insurance-property for Duplexes
LINE 30	Depreciation	<u><u>\$ 12,782</u></u>	Add in additional depreciation relating to Duplexes
LINE 40	Barber & Beauty Shops	<u><u>\$ 9,823</u></u>	Add in utilities taken out of line 5
LINE 43	Other-Duplexes	\$ 31,390	Add in insurance-property from line 26
		\$ (12,782)	Take out depreciation from line 30
		<u><u>\$ 18,608</u></u>	
TOTAL		<u><u>\$ -</u></u>	

FAIRHAVEN CHRISTIAN RETIREMENT CENTER
#002987 1/1/17-12/31/17

Schedule V p. 3 & 4

LINE 7

Security Services	\$	160,415
Trash Disposal	\$	18,069
	\$	<u>178,484</u>

LINE 27

Flowers & Decorations-Nursing Ctr.	\$	<u>2,193</u>
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LINE 43

Duplexes: Real Estate Taxes	\$	201,488
Depreciation	\$	604,601
Utilities	\$	69,028
Maintenance	\$	57,454
Gain on Disposal of Asset	\$	(2,900)
Insurance	\$	31,390
	\$	<u>961,061</u>

FAIRHAVEN CHRISTIAN RETIREMENT CENTER
#0027987 1/1/17 - 12/31/17

Sch VI p. 5

LINE 29

Gas for Non-Care Vehicles	\$	(753)
Insurance for Non-Care Vehicles	\$	(505)
Flowers & Decorations, Miscellaneous	\$	(2,586)
Real Estate Taxes - Main Building	\$	(189,825)
	\$	<u>(193,669)</u>

LINE 45

Duplex Insurance		<u>\$31,390</u>
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FAIRHAVEN CHRISTIAN RETIREMENT CENTER
#0027987 1/1/17 - 12/31/17

Sch XVII Income Statement Page 19

E. Other Revenue

Line 28	<u>\$ 2,047,461</u>	Duplex Monthly Maintenance and Founder's Fee Income
Line 28a	\$ 7,507	Equipment Rental-Wheelchairs & Gerichairs
	<u>\$ 77,328</u>	Other Income such as Vending Machine, Monthly Cable, Activities
	<u>\$ 84,835</u>	

FAIRHAVEN CHRISTIAN RETIREMENT CENTER

#0027987 1/1/17-12/31/17

PAGE 10B: 2016 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 1/1/17 - 12/31/17

2017 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		
Sjogren, Steve	Treasurer	No		
Schlueter, Chuck	Vice President	Yes	Attorney - General Issues	Schlueter Ecklund
Thompson, Richard	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		
Johnson, Greg	Director	No		

FAIRHAVEN CHRISTIAN RETIREMENT CENTER

#0027987 1/1/17 - 12/31/17

2017 SCHEDULE V (LINE 24)

<u>DATE</u>	<u>SEMINAR</u>	<u>LOCATION</u>	<u>SPONSOR</u>	<u>ATTENDEE(S)</u>	<u>COST</u>
4/26/17-4/28/17	Leading Age Illinois - State Long-Term Care Conference	Chicago, IL	Leading Age IL	Tom Bleed, Executive Director, Dawn Gregory, Acctg Mgr., Laura McFarlin, Dir of Food Ser 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 Jeff Reiersen, Assistant Admin./Dir of Finance, Peg Chase, Education Liaison	\$3,565

FAIRHAVEN CHRISTIAN RETIREMENT CENTER
#0027987 1/1/17 - 12/31/17

2017 Page 21C - Legal Invoice Detail

<u>DATE</u>	<u>VENDOR</u>	<u>ALLOWED AMOUNT</u>	<u>DESCRIPTION OF SERVICES</u>
1/17/2017	McGreevy Williams	\$3,170.00	Research on occupancy and building codes
8/8/2017	Hinshaw & Culbertson	\$821.10	HR issues, handbook and policies
11/9/2017	Hinshaw & Culbertson	\$234.60	HR issues, handbook and policies
		<u>\$4,225.70</u>	