



Facility Name & ID Number Fairhaven Christian Retirement Center

# 0027987 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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	90	Sheltered Care (SC)	90	32,940	5
6		ICF/DD 16 or Less			6
7	186	TOTALS	186	68,076	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	9,880	17,083		26,963	10
11	ICF/DD					11
12	SC		17,189		17,189	12
13	DD 16 OR LESS					13
14	TOTALS	9,880	34,272		44,152	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 64.86%

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 3/1/68

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 n/a

IV. ACCOUNTING BASIS

ACCRUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 12/31/20 Fiscal Year: 12/31/20

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

Facility Name & ID Number Fairhaven Christian Retirement Center # 0027987 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

**V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)**

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	1,019,883	109,758	16,674	1,146,315		1,146,315		1,146,315		1
2	Food Purchase		761,623		761,623	(600)	761,023	(16,739)	744,284		2
3	Housekeeping	472,005	79,766		551,771		551,771		551,771		3
4	Laundry	162,520	40,953		203,473		203,473		203,473		4
5	Heat and Other Utilities			383,125	383,125	(10,734)	372,391	(18,279)	354,112		5
6	Maintenance	375,428	80,594	208,919	664,941	6,568	671,509	(5,063)	666,446		6
7	Other (specify):* security			165,743	165,743	18,764	184,507		184,507		7
8	<b>TOTAL General Services</b>	2,029,836	1,072,694	774,461	3,876,991	13,998	3,890,989	(40,081)	3,850,908		8
	<b>B. Health Care and Programs</b>										
9	Medical Director					18,960	18,960		18,960		9
10	Nursing and Medical Records	3,694,117	242,215	921,521	4,857,853	(39,204)	4,818,649		4,818,649		10
10a	Therapy										10a
11	Activities	178,703	18,503		197,206	(8,000)	189,206		189,206		11
12	Social Services					1,480	1,480		1,480		12
13	CNA Training										13
14	Program Transportation			6,954	6,954		6,954	(1,073)	5,881		14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	3,872,820	260,718	928,475	5,062,013	(26,764)	5,035,249	(1,073)	5,034,176		16
	<b>C. General Administration</b>										
17	Administrative	416,762			416,762		416,762		416,762		17
18	Directors Fees										18
19	Professional Services			138,494	138,494	(31,055)	107,439		107,439		19
20	Dues, Fees, Subscriptions & Promotions			72,556	72,556	1,760	74,316	(40,034)	34,282		20
21	Clerical & General Office Expenses	379,328	28,750	130,480	538,558	5,217	543,775		543,775		21
22	Employee Benefits & Payroll Taxes			1,360,705	1,360,705	26,110	1,386,815	(1,545)	1,385,270		22
23	Inservice Training & Education										23
24	Travel and Seminar			25,935	25,935		25,935	(25,935)			24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			172,636	172,636	(33,312)	139,324	(1,000)	138,324		26
27	Other (specify):* non-allowable admin			499,178	499,178		499,178	(497,521)	1,657		27
28	<b>TOTAL General Administration</b>	796,090	28,750	2,399,984	3,224,824	(31,280)	3,193,544	(566,035)	2,627,509		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	6,698,746	1,362,162	4,102,920	12,163,828	(44,046)	12,119,782	(607,189)	11,512,593		29

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

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

Facility Name &amp; ID Number Fairhaven Christian Retirement Center

#0027987

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

## 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			1,731,221	1,731,221	(637,013)	1,094,208	(150,543)	943,665			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			228,847	228,847		228,847	(101,219)	127,628			32
33	Real Estate Taxes			194,928	194,928		194,928	(194,928)				33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			13,779	13,779		13,779		13,779			35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			2,168,775	2,168,775	(637,013)	1,531,762	(446,690)	1,085,072			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers											39
40	Barber and Beauty Shops					10,734	10,734		10,734			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			218,366	218,366		218,366		218,366			42
43	Other (specify):* duplexes			412,970	412,970	670,325	1,083,295		1,083,295			43
44	<b>TOTAL Special Cost Centers</b>			631,336	631,336	681,059	1,312,395		1,312,395			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	6,698,746	1,362,162	6,903,031	14,963,939		14,963,939	(1,053,879)	13,910,060			45

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



Fairhaven Christian Retirement Center

ID# 0027987

Report Period Beginning: 1/1/2020

Ending: 12/31/2020

Sch. V Line

NON-ALLOWABLE EXPENSES

Amount

Reference

1	real estate tax - main building	\$ (194,928)	33	1
2	gas for non-care vehicles	(1,073)	14	2
3	insurance for non-care vehicles	(1,000)	26	3
4	flowers and decorations miscellandous	(1,631)	27	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
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28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>	(198,632)		49

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number Fairhaven Christian Retirement Center

# 0027987

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	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	(16,739)	0	0	0	0	0	0	0	0	0	0	(16,739)	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	(18,279)	0	0	0	0	0	0	0	0	0	0	(18,279)	5
6	Maintenance	(5,063)	0	0	0	0	0	0	0	0	0	0	(5,063)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	<b>TOTAL General Services</b>	<b>(40,081)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(40,081)</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	(1,073)	0	0	0	0	0	0	0	0	0	0	(1,073)	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	<b>TOTAL Health Care and Programs</b>	<b>(1,073)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(1,073)</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	0	0	0	0	0	0	0	0	0	0	0	19
20	Fees, Subscriptions & Promotions	(40,034)	0	0	0	0	0	0	0	0	0	0	(40,034)	20
21	Clerical & General Office Expenses	0	0	0	0	0	0	0	0	0	0	0	0	21
22	Employee Benefits & Payroll Taxes	(1,545)	0	0	0	0	0	0	0	0	0	0	(1,545)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(25,935)	0	0	0	0	0	0	0	0	0	0	(25,935)	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	(1,000)	0	0	0	0	0	0	0	0	0	0	(1,000)	26
27	Other (specify):*	(497,521)	0	0	0	0	0	0	0	0	0	0	(497,521)	27
28	<b>TOTAL General Administration</b>	<b>(566,035)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(566,035)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> (sum of lines 8,16 & 28)	<b>(607,189)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(607,189)</b>	<b>29</b>

## STATE OF ILLINOIS

Summary B

Facility Name &amp; ID Number Fairhaven Christian Retirement Center

# 0027987

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	(150,543)	0	0	0	0	0	0	0	0	0	0	(150,543)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(101,219)	0	0	0	0	0	0	0	0	0	0	(101,219)	32
33	Real Estate Taxes	(194,928)	0	0	0	0	0	0	0	0	0	0	(194,928)	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	<b>TOTAL Ownership</b>	<b>(446,690)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(446,690)</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	<b>TOTAL Special Cost Centers</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>44</b>
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	<b>(1,053,879)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(1,053,879)</b>	<b>45</b>

**VII. RELATED PARTIES**

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
<a href="#">see page 6 - supplemental</a>						

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

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

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

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



Facility Name & ID Number Fairhaven Christian Retirement Center # 0027987 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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	n/a								\$	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:

1/1/2020

Ending: 2/31/2020

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

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.

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:

1/1/2020

Ending:

12/31/2020

**IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE**

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

1	Name of Lender	2		3	4	5	6		7	8	9	10						
		Related**					Purpose of Loan	Monthly Payment Required					Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO											Original	Balance			
<b>A. Directly Facility Related</b>																		
<b>Long-Term</b>																		
1	City of Rockford Bonds	x		Construction phase 1 & 2	\$43,607.45	6/17/09	\$ 8,000,000	\$ 5,195,611	6/17/2034	0.0319	\$ 175,209	1						
2	Bank Loans	x		Construction phase 4	\$7,678.96	2/15/17	4,400,000	733,473	2/15/2022	0.0400	33,139	2						
3	Property Loan	x		Purchase of land and building	none	5/16/19	500,000	46,870	3/17/2025	0.0448	20,499	3						
4												4						
5												5						
<b>Working Capital</b>																		
6	Midland Bank LOC	x		Operating expenses	none		1,000,000	none		0.0400		6						
7												7						
8												8						
9	<b>TOTAL Facility Related</b>				\$51,286.41		\$ 13,900,000	\$ 5,975,954			\$ 228,847	9						
<b>B. Non-Facility Related*</b>																		
10								offset investment income			(101,219)	10						
11												11						
12												12						
13												13						
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$ (101,219)	14						
15	<b>TOTALS (line 9+line14)</b>						\$ 13,900,000	\$ 5,975,954			\$ 127,628	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ \_\_\_\_\_ Line # \_\_\_\_\_

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

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

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

**B. Real Estate Taxes**

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

1. Real Estate Tax accrual used on 2019 report.		\$	<b>210,000</b>	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.)		\$	<b>214,798</b>	2
3. Under or (over) accrual (line 2 minus line 1).		\$	<b>4,798</b>	3
4. Real Estate Tax accrual used for 2020 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<b>225,000</b>	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. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>		\$		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. <b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	<b>229,798</b>	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:	2015	<b>144,944</b>	8
	2016	<b>140,213</b>	9
	2017	<b>147,836</b>	10
	2018	<b>202,824</b>	11
	2019	<b>214,798</b>	12

<b>FOR BHF USE ONLY</b>			
13	FROM R. E. TAX STATEMENT FOR 2019	\$	13
14	PLUS APPEAL COST FROM LINE 5	\$	14
15	LESS REFUND FROM LINE 6	\$	15
16	AMOUNT TO USE FOR RATE CALCULATION	\$	16

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

**NOTES:**

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

# 2019 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Fairhaven Christian Retirement Center COUNTY Winnebago

FACILITY IDPH LICENSE NUMBER 0027987

CONTACT PERSON REGARDING THIS REPORT Keith Pennington

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 2019 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 2019.

	(A)	(B)	(C)	(D)
	<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1.	<u>12-08-126-031</u>	<u>main building</u>	\$ <u>56,673.14</u>	\$ _____
2.	<u>12-05-355-008</u>	<u>main building</u>	\$ <u>58.30</u>	\$ _____
3.	<u>12-05-376-002</u>	<u>main building</u>	\$ <u>10,771.06</u>	\$ _____
4.	<u>12-05-377-001</u>	<u>duplexes</u>	\$ <u>40,517.26</u>	\$ _____
5.	<u>12-05-376-009</u>	<u>duplexes</u>	\$ <u>55,442.58</u>	\$ _____
6.	<u>12-05-378-004</u>	<u>duplexes</u>	\$ <u>51,335.40</u>	\$ _____
7.	_____	_____	\$ _____	\$ _____
8.	_____	_____	\$ _____	\$ _____
9.	_____	_____	\$ _____	\$ _____
10.	_____	_____	\$ _____	\$ _____
<b>TOTALS</b>			\$ <u>214,797.74</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?            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 copies of the original 2019 tax bills which were listed in Section A to this statement. Be sure to use the 2019 tax bill which is normally paid during 2020.

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

**X. BUILDING AND GENERAL INFORMATION:**

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

C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)

List entity name, type of business, square footage, and number of beds/units available (where applicable).

Fairhaven Christian Retirement Center, Retirement Living, Duplexes (112 units total)

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

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

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

**XI. OWNERSHIP COSTS:**

A. Land.

	1	2	3	4	
	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	<b>TOTALS</b>	<b>871,200</b>		<b>\$ 62,304</b>	<b>3</b>

**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	\$ 1,115,078	\$	40	\$	\$	\$ 1,115,078	4
5	76		1973	1,051,996		40			1,051,996	5
6	20		1975	255,191		20-40			255,191	6
7	41		1979	1,323,223	12,680	40	12,680		1,323,223	7
8										8
<b>Improvement Type**</b>										
9										9
10	improvements		1996	51,001					51,001	10
11	improvements		1997	208,444	6,680		6,680		198,917	11
12	improvements		1998	308,408	8,467		8,467		287,245	12
13	improvements		1999	239,290	7,536		7,536		220,890	13
14	improvements		2000	1,557,572	45,047		45,047		965,978	14
15	improvements		2001	121,472	5,158		5,158		118,076	15
16	improvements		2002	51,233	1,349		1,349		49,899	16
17	improvements		2003	190,407	8,482		8,482		164,826	17
18	improvements		2004	223,186	9,634		9,634		206,941	18
19	improvements		2005	86,848	4,212		4,212		65,286	19
20	improvements		2006	161,906	8,799		8,799		127,586	20
21	improvements		2007	3,242,381	87,465		87,465		1,180,778	21
22	improvements		2008	60,208	3,341		3,341		41,763	22
23	improvements		2009	2,179,741	65,865		65,865		766,192	23
24	improvements		2010	877,282	32,486		32,486		341,105	24
25	improvements		2011	395,167	11,924		11,924		116,173	25
26	improvements		2012	2,533,852	67,310		67,310		584,042	26
27	improvements		2013	454,333	24,389		24,389		184,091	27
28	improvements		2014	293,198	18,635		18,635		121,128	28
29	improvements		2015	1,094,733	17,870		17,870		107,220	29
30										30
31										31
32										32
33										33
34										34
35										35
36										36

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

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

See Page 12A, Line 70 for total

Facility Name &amp; ID Number Fairhaven Christian Retirement Center

# 0027987

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

## 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	Front Entrance resurfacing done by Stenstrom	2016	\$ 82,360	\$ 2,745	15	\$ 2,745	\$	\$ 13,725	37
38	Front Entrance fire doors done by Schmeling Construction	2016	26,556	664	20	664		3,320	38
39	Duplex Drainage and Irrigation, Marshall Nelson Landscap.	2016	20,373	679	15	679		3,395	39
40	Toilets purchased from Ferguson and Columbia Pipe & Supp	2016							40
41	installed by Fairhaven in health center and sheltered wings	2016	5,578	186	15	186		930	41
42	Vanities installed by John Evans Construction in studio	2016							42
43	and apartment rooms.	2016	580	19	15	19		95	43
44	Signage purchased from Image Signs, Signs Now and Grainger	2016							44
45	installed in main building, health center and outdoors.	2016	1,213	40	15	40		200	45
46	John Evans installed windows on the 2nd floor HC wing	2016	52,231	1,306	20	1,306		6,530	46
47	Domestic water valve replacement by Nelson Carlson Mech.	2016	17,352	434	20	434		2,170	47
48	Doors installed by Tee Jay, John Evans and Schemling vendors	2016	5,883	147	20	147		735	48
49	Fire alarm equipment installed by Audio Engineering	2016	1,747	58	15	58		290	49
50	Portico installed by Schmeling and landscaping done by	2016							50
51	Marshall Nelson Landscaping	2016	323,557	4,045	40	4,045		20,225	51
52	Landscaping, tree removal & replacement, Marshall Nelson	2016	4,446	148	15	148		740	52
53	Roof duct work replacement, vendors Schmeling and Area	2016							53
54	Mechanical	2016	40,139	1,004	20	1,004		5,020	54
55	GFI rewiring in the HC, work done by Ballard Electric	2016	24,355	609	20	609		3,045	55
56	Family room sliding door and light fixtures, work done by	2016							56
57	Widmer Interiors and Ballard Electric	2016	2,404	80	15	80		400	57
58									58
59	Front Parking Lot and TV lane resurfacing done by	2017							59
60	Ground Up SSI	2017	16,494	1,100	15	1,100		3,850	60
61	Landscaping, tree removal & replacement, Marshall Nelson	2017	4,628	308	15	308		1,078	61
62	Storm Sewer rework and Sidewalks done by Stenstrom	2017	10,800	720	15	720		2,520	62
63	John Evans installed windows on the main bldg south wing	2017	34,443	1,722	20	1,722		6,027	63
64	Doors installed by Schemling construction	2017	17,535	876	20	876		3,066	64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 18,768,824	\$ 464,219		\$ 464,219	\$	\$ 9,721,986	70

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

Facility Name &amp; ID Number Fairhaven Christian Retirement Center

# 0027987

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 18,768,824	\$ 464,219		\$ 464,219	\$	\$ 9,721,986	1
2	Toilets purchased from Ferguson and Columbia Pipe & Supp								2
3	installed by Fairhaven in health center and sheltered wings	2017	3,953	264	15	264		924	3
4	Signage purchased from Image Signs, Signs Now and Grainger								4
5	installed in main building, health center and outdoors.	2017	1,238	82	15	82		287	5
6	Door security done by Pro Com Systems throughout building	2017	12,175	812	15	812		2,842	6
7	Hot Water System and Potable Water Survey by Nelson								7
8	Carlson Mechanical and Willet Hoffman - main building	2017	26,059	1,324	15-20	1,324		4,634	8
9	Gift shop wall done by Schmeling Construct in main bldg.	2017	12,446	498	25	498		1,743	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	27,702	40	27,702		96,957	11
12	Roof top duct work and furnace - vendors MMJV and Area								12
13	Mechanical - main building	2017	10,403	520	20	520		1,820	13
14	Quad receptable work in health center by Ballard Electric Co.	2017	28,080	1,404	20	1,404		4,914	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	440	25	440		1,540	16
17	HVAC controls installed for main building and health								17
18	center heating and cooling done by Johnson Controls	2017	75,525	3,776	20	3,776		13,216	18
19	Back lots & Rolling Meadow road resurfacing done by								19
20	Ground Up SSI	2018	13,064	1,306	10	1,306		3,265	20
21	John Evans installed windows on the main bldg 2nd & 3rd flrs	2018	41,393	2,070	20	2,070		5,175	21
22	Toilets purchased from Ferguson and Columbia Pipe & Supp								22
23	installed by Fairhaven in health center and sheltered wings	2018	4,687	312	15	312		780	23
24	Signage purchased from CorPro Screentech and Grainger								24
25	installed throughout main building and health center.	2018	10,417	695	15	695		1,737	25
26	Fire sprinkler system (36 heads) and rated access panel from								26
27	SJ Carlson Fire Protection & Schmeling Construction.	2018	8,912	526	15-20	526		1,315	27
28	Bathroom renovation, Room 109, John Evans Construction	2018	15,312	766	20	766		1,915	28
29	Health Center activity doors (4) by Tee Jay Service Company	2018	5,073	254	20	254		635	29
30	HVAC unit, east wing by Area Mechanical	2018	15,400	1,026	15	1,026		2,565	30
31	Loren Cook rooftop exhaust fans (3), Bowman and Associates	2018	2,359	118	20	118		295	31
32	Termite damage restoration done by John Evans Construction	2018	4,593	230	20	230		575	32
33	Vanities & Pantries done by John Evans Const & Robert Peterson	2018	7,599	506	15	506		1,265	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 20,186,557	\$ 508,850		\$ 508,850	\$	\$ 9,870,385	34

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

Facility Name &amp; ID Number Fairhaven Christian Retirement Center

# 0027987

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12B, Carried Forward</b>		\$ 20,186,557	\$ 508,850		\$ 508,850	\$	\$ 9,870,385	1
2	Patch/repair health care resident shower rooms - R&M Reclass	2019	2,940		5	588	588	1,176	2
3	Tear out and haul away concrete	2019	3,650	365	10	365		548	3
4	Landscaping - trees and bushes	2019	1,874	187	10	187		281	4
5	6 foot Winfield Casual Bench	2019	822	82	10	82		123	5
6	Underground electrical feed lines	2019	3,710	247	15	247		371	6
7	Employee entrance erosion prevention	2019	1,925	193	10	193		289	7
8	Blacktop parking lot	2019	14,058	1,406	10	1,406		2,109	8
9	Fitness center - remove and replace sidewalk	2019	638	43	15	43		64	9
10	Raise sidewalk - 11 areas on property	2019	2,450	163	15	163		245	10
11	Garage #8 - replace door	2019	875	58	15	58		87	11
12	Remove and replace overhead fire door	2019	29,952	1,997	15	1,997		2,995	12
13	Signage	2019	252	17	15	17		25	13
14	Wall Repair - main building	2019	773	52	15	52		78	14
15	Duct Work - main building	2019	18,034	1,202	15	1,202		1,803	15
16	1st floor chapel restrooms - replaced toilets, door openers	2019	2,873	192	15	192		288	16
17	Fitness center - automatic door opener, handicap switches	2019	3,976	265	15	265		398	17
18	Vanties/cabinets	2019	3,254	217	15	217		325	18
19	Windows in main building	2019	42,506	2,125	20	2,125		3,188	19
20	Various laminate tops	2019	6,007	400	15	400		600	20
21	New office - lower level	2019	8,311	554	15	554		831	21
22	Building insulation	2019	46,180	3,079	15	3,079		4,618	22
23	Remove and replace flooring in main dining room	2019	22,750	2,275	10	2,275		3,413	23
24									24
25	Synthetic Nicklaus golf green	2020	31,000	1,550	10	1,550		1,550	25
26	Replace metal culvert pipe under roadway	2020	17,767	592	15	592		592	26
27	Sealcoat hand application of pavement tar sealer	2020	12,628	631	10	631		631	27
28	East and West loop walking path	2020	14,125	706	10	706		706	28
29	landscape area around putting green/deck box	2020	1,999	100	10	100		100	29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 20,481,886	\$ 527,548		\$ 528,136	\$ 588	\$ 9,897,819	34

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	<b>Totals from Page 12C, Carried Forward</b>		\$ 20,481,886	\$ 527,548		\$ 528,136	\$ 588	\$ 9,897,819	1
2									2
3	Third Floor Neighborhood - relace doors, toilets, door sensors	2020	7,612	254	15	254		254	3
4	Windows	2020	1,271	32	20	32		32	4
5	Replace water valves, install door closers	2020	4,217	141	5	141		141	5
6	Repair entrance sign	2020	1,035	35	15	35		35	6
7	Locks	2020	984	33	15	33		33	7
8	Lighting fixtures	2020	4,230	141	15	141		141	8
9	Butler cabinets	2020	1,000	33	15	33		33	9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
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26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 20,502,235	\$ 528,217		\$ 528,805	\$ 588	\$ 9,898,488	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	\$ 8,580,174	\$ 327,105	\$ 327,105	\$	5-20 yrs	\$ 6,611,828	71
72	Current Year Purchases	723,293	84,415	84,415		5-20 yrs	84,415	72
73	Fully Depreciated Assets	4,070,235				5-20 yrs	4,070,235	73
74								74
75	TOTALS	\$ 13,373,702	\$ 411,520	\$ 411,520	\$		\$ 10,766,478	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	\$ 15,029	76
77										77
78										78
79										79
80	TOTALS			\$ 33,398	\$ 3,340	\$ 3,340	\$		\$ 15,029	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)	\$ 33,971,639	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 943,077	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 943,665	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 588	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 20,679,995	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 1989-2020	\$ 66,150	\$ 538	\$ 62,113	86
87	Landscaping equipment 1968-2020	48,635		48,635	87
88	duplexes & land improv 1990-2020	19,113,518	637,013	13,496,297	88
89	e-wing furn & land impr 1990-2020	3,880,892	94,762	2,860,120	89
90	land - duplexes, new land 2019-20	970,454			90
91	TOTALS	\$ 24,079,649	\$ 732,313	\$ 16,467,165	91

G. Construction-in-Progress

	Description	Cost	
92	construction in progress	\$ 17,173	92
93			93
94			94
95		\$ 17,173	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: n/a

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.	_____ /2021	\$ _____
13.	_____ /2022	\$ _____
14.	_____ /2023	\$ _____

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>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	<b>TOTALS</b>	\$	\$	\$	\$
10	<b>SUM OF line 9, col. 1 and 2 (e)</b>	\$			

**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)	
<b>TOTAL TRAINED</b>	

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

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

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

	Service	1 Schedule V Line & Column Reference	2		3		4		5		6		7		8	
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)						
			Units of Service			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 12/31/2020

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 3,953,798	\$	1
2	Cash-Patient Deposits	14,943		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 135,000 )	244,312		3
4	Supply Inventory (priced at )	221,559		4
5	Short-Term Investments	552,537		5
6	Prepaid Insurance	23,265		6
7	Other Prepaid Expenses	112,195		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	2,292,920		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 7,415,529	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	1,032,757		13
14	Buildings, at Historical Cost	43,836,538		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	11,250,191		16
17	Accumulated Depreciation (book methods)	(34,658,763)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	1,051,984		21
22	Other Long-Term Assets (specify):			22
23	Other(specify): CIP/Vehicles	308,470		23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 22,821,177	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 30,236,706	\$	25

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 312,542	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	14,943		28
29	Short-Term Notes Payable	452,487		29
30	Accrued Salaries Payable	313,888		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	225,000		32
33	Accrued Interest Payable	8,926		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	see grouped trial balance	1,132,445		36
37	accrued retirement	20,430		37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 2,480,661	\$	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable	1,202,253		39
40	Mortgage Payable			40
41	Bonds Payable	4,667,837		41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43	advanced deposits	105,000		43
44	founders fee/potential refund	7,115,457		44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 13,090,547	\$	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 15,571,208	\$	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 14,665,498	\$	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 30,236,706	\$	48

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 13,248,615	1
2	Restatements (describe):		2
3	adjustment	79,173	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 13,327,788	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	1,337,710	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 1,337,710	17
<b>B. Transfers (Itemize):</b>			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 14,665,498	24 *

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

Facility Name &amp; ID Number Fairhaven Christian Retirement Center

# 0027987

Report Period Beginning: 1/1/2020

Ending: 12/31/2020

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

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

1

I. Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 12,562,784	1
2	Discounts and Allowances for all Levels	(1,504,887)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 11,057,897	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	2,700	13
14	Non-Patient Meals	30,999	14
15	Telephone, Television and Radio	12,704	15
16	Rental of Facility Space	5,063	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	115,879	21
22	Laundry	5,569	22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 172,914	23
<b>D. Non-Operating Revenue</b>			
24	Contributions	406,286	24
25	Interest and Other Investment Income***	101,219	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 507,505	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>duplex income and founders fees, govt relief funds</u>	4,507,260	28
28a	<u>other revenue (see grouped fb)</u>	56,073	28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 4,563,333	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 16,301,649	30

2

II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	3,876,991	31
32	Health Care	5,062,013	32
33	General Administration	3,224,824	33
<b>B. Capital Expense</b>			
34	Ownership	2,168,775	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	412,970	35
36	Provider Participation Fee	218,366	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 14,963,939	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	1,337,710	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 1,337,710	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 880,883	44
45	Private Pay - Net Inpatient Revenue	10,177,014	45
46	Medicare - Net Inpatient Revenue		46
47	Other-(specify)		47
48	Other-(specify)		48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 11,057,897	49

\* This must agree with page 4, line 45, column 4.

\*\* Does this agree with taxable income (loss) per Federal Income Tax Return? \_\_\_\_\_ 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:

1/1/2020

Ending:

12/31/2020

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	1,920	2,080	\$ 108,545	\$ 52.19	1
2	Assistant Director of Nursing	1,920	2,080	76,879	36.96	2
3	Registered Nurses	22,111	23,176	675,044	29.13	3
4	Licensed Practical Nurses	27,580	29,387	856,062	29.13	4
5	CNAs & Orderlies	101,640	106,073	1,716,312	16.18	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	3,701	3,901	65,974	16.91	8
9	Activity Director	4,414	4,489	92,451	20.60	9
10	Activity Assistants	9,741	10,087	121,508	12.05	10
11	Social Service Workers	2,760	2,936	75,381	25.67	11
12	Dietician					12
13	Food Service Supervisor	3,710	3,894	101,559	26.08	13
14	Head Cook					14
15	Cook Helpers/Assistants	18,125	19,491	319,533	16.39	15
16	Dishwashers	50,578	52,859	626,380	11.85	16
17	Maintenance Workers	14,915	15,324	403,877	26.36	17
18	Housekeepers	34,665	36,424	480,028	13.18	18
19	Laundry	11,718	12,057	159,135	13.20	19
20	Administrator	1,916	2,080	154,575	74.31	20
21	Assistant Administrator	1,962	2,080	95,571	45.95	21
22	Other Administrative	5,916	6,240	222,470	35.65	22
23	Office Manager	3,885	4,297	68,377	15.91	23
24	Clerical	7,079	7,496	161,068	21.49	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	1,570	1,733	57,901	33.41	31
32	Other Health C: <u>marketing</u>	1,908	1,992	43,633	21.90	32
33	Other(specify) <u>fitness director</u>	965	990	16,483	16.65	33
34	TOTAL (lines 1 - 33)	334,699	351,166	\$ 6,698,746 *	\$ 19.08	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	341	\$ 16,674	3-1	35
36	Medical Director	36	18,960	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	165	12,521	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	21	1,480	10-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	563	\$ 49,635		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	3,974	\$ 238,594	10-3	50
51	Licensed Practical Nurses	1,785	92,950	10-3	51
52	Certified Nurse Assistants/Aides	16,031	557,016	10-3	52
53	TOTAL (lines 50 - 52)	21,790	\$ 888,560		53



Facility Name &amp; ID Number Fairhaven Christian Retirement Center

# 0027987

Report Period Beginning: 1/1/2020

Ending: 12/31/2020

**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 \$13,183
- (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 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 32,187 Line 10(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. \$ 218,366  
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. \$ 0 Has any meal income been offset against related costs? yes Indicate the amount. \$ 600
- (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 LLP
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. yes  
Attach invoices and a summary of services for all architect and appraisal fees.