

		FOR BHF USE					

LL1

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

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

I. IDPH License ID Number: 0038604

Facility Name: BEVERLY FARM FOUNDATION

Address: 6301 HUMBERT ROAD GODFREY 62035
Number City Zip Code

County: MADISON

Telephone Number: (618) 466-0367 Fax # (618)466-3652

HFS ID Number:

Date of Initial License for Current Owners:

Type of Ownership:

☒ VOLUNTARY, NON-PROFIT
☒ Charitable Corp.
☐ Trust
IRS Exemption Code 501(c)(3)

☐ PROPRIETARY
☐ Individual
☐ Partnership
☐ Corporation
☐ "Sub-S" Corp.
☐ Limited Liability Co.
☐ Trust
☐ Other
☐ GOVERNMENTAL
☐ State
☐ County
☐ Other

In the event there are further questions about this report, please contact:
Name: BRENDA MILLER Telephone Number: (618)466-0367
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 07/01/2010 to 06/30/2011 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or
Administrator
of Provider

(Signed) _____ (Date) _____
(Type or Print Name) MARTHA WARFORD
(Title) EXECUTIVE DIRECTOR

Paid
Preparer

(Signed) _____ (Date) _____
(Print Name and Title) KIMBERLY S. LOY PRINCIPAL
(Firm Name & Address) SCHEFFEL & COMPANY PC 106 COUNTY ROAD, JERSEYVILLE, IL 62052
(Telephone) (618)498-6841 Fax # (618)498-6842

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

Facility Name & ID Number BEVERLY FARM FOUNDATION

0038604 Report Period Beginning: 07/01/2010 Ending: 06/30/2011

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1		Skilled (SNF)			1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4	300	Intermediate/DD	300	109,500	4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	300	TOTALS	300	109,500	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF					8
9	SNF/PED					9
10	ICF					10
11	ICF/DD	91,468	3,574		95,042	11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	91,468	3,574		95,042	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 86.80%

D. How many bed-hold days during this year were paid by the Department? 1,733 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)

NONE

F. Does the facility maintain a daily midnight census? YES

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES ☐ NO ☒

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES ☒ NO ☐

I. On what date did you start providing long term care at this location?
Date started 10/01/1957

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

ACCRAUAL ☒ MODIFIED CASH* ☐ CASH* ☐

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

Tax Year: 06/30/11 Fiscal Year: 06/30/11

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

Facility Name & ID Number **BEVERLY FARM FOUNDATION** # **0038604** Report Period Beginning: **07/01/2010** Ending: **06/30/2011**

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

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	A. General Services											
1	Dietary		78,582	1,149,159	1,227,741		1,227,741		1,227,741			1
2	Food Purchase		802,088		802,088		802,088		802,088			2
3	Housekeeping	837,082	23,340	49,756	910,178		910,178		910,178			3
4	Laundry		704	290,724	291,428		291,428		291,428			4
5	Heat and Other Utilities			416,790	416,790		416,790		416,790			5
6	Maintenance	261,037	14,244	320,883	596,164		596,164		596,164			6
7	Other (specify):* SECURITY	41,977	6,157	46,999	95,133		95,133		95,133			7
8	TOTAL General Services	1,140,096	925,115	2,274,311	4,339,522		4,339,522		4,339,522			8
	B. Health Care and Programs											
9	Medical Director											9
10	Nursing and Medical Records	5,229,584	169,750	314,013	5,713,347	(312,049)	5,401,298		5,401,298			10
10a	Therapy	133,238	1,119	20,345	154,702		154,702		154,702			10a
11	Activities	132,157	37,184	13,968	183,309		183,309		183,309			11
12	Social Services	127,227		1,014	128,241		128,241		128,241			12
13	CNA Training	81,777			81,777	312,049	393,826	(590)	393,236			13
14	Program Transportation	83,073			83,073		83,073		83,073			14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	5,787,056	208,053	349,340	6,344,449		6,344,449	(590)	6,343,859			16
	C. General Administration											
17	Administrative	130,637		90,156	220,793	28,464	249,257	(21,158)	228,099			17
18	Directors Fees											18
19	Professional Services			107,518	107,518		107,518		107,518			19
20	Dues, Fees, Subscriptions & Promotions			63,393	63,393		63,393		63,393			20
21	Clerical & General Office Expenses	322,481	51,393	203,529	577,403		577,403		577,403			21
22	Employee Benefits & Payroll Taxes			1,945,935	1,945,935		1,945,935		1,945,935			22
23	Inservice Training & Education			3,145	3,145		3,145		3,145			23
24	Travel and Seminar			802	802		802	(58)	744			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			152,847	152,847		152,847		152,847			26
27	Other (specify):* FUND RAISING	115,786		53,419	169,205		169,205	(169,205)				27
28	TOTAL General Administration	568,904	51,393	2,620,744	3,241,041	28,464	3,269,505	(190,421)	3,079,084			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	7,496,056	1,184,561	5,244,395	13,925,012	28,464	13,953,476	(191,011)	13,762,465			29

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

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

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			1,122,840	1,122,840		1,122,840	(377,400)	745,440			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			615,104	615,104	(28,464)	586,640	(463,994)	122,646			32
33	Real Estate Taxes			2,441	2,441		2,441	(2,441)				33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles											35
36	Other (specify):* MORTGAGE INS			29,733	29,733		29,733		29,733			36
37	TOTAL Ownership			1,770,118	1,770,118	(28,464)	1,741,654	(843,835)	897,819			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	27,756	3,032	72,892	103,680		103,680		103,680			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			693,180	693,180		693,180		693,180			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers	27,756	3,032	766,072	796,860		796,860		796,860			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	7,523,812	1,187,593	7,780,585	16,491,990		16,491,990	(1,034,846)	15,457,144			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.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(377,400)	30-7		9
10	Interest and Other Investment Income	(463,994)	32-7		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				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(21,158)	17-7		17
18	Fines and Penalties				18
19	Entertainment	(58)	24-7		19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(169,205)	27-7		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees	(590)	13-7		27
28	Yellow Page Advertising				28
29	Other-Attach Schedule REAL ESTATE TAXES	(2,441)	33-7		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (1,034,846)		\$	30

BHF USE ONLY							
48		49		50		51	

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 Amount	2 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))	\$ (1,034,846)		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 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.			\$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44						44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	TOTAL (C): (sum of lines 38-46)			\$		47

STATE OF ILLINOIS

BEVERLY FARM FOUNDATION

Report Period Beginning: ID# 0038604

Ending: 07/01/2010

06/30/2011

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference
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			25
26			26
27			27
28			28
29			29
30			30
31			31
32			32
33			33
34			34
35			35
36			36
37			37
38			38
39			39
40			40
41			41
42			42
43			43
44			44
45			45
46			46
47			47
48			48
49	Total	0	49

Summary A

06/30/2011

[illegible]

Summary B

06/30/2011

[illegible]

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
		GROUP HOME #1	GODFREY			
		GROUP HOME #2	GODFREY			
		GROUP HOME #3	GODFREY			
		GROUP HOME #4	GODFREY			
		GROUP HOME #5	GODFREY			
		GROUP HOME #6	GODFREY			

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

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

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

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1								1
2	Donald Perozzi	BOD						2
3	Kent Schuette	BOD						3
4	Barry Allswang	BOD						4
5	Hartley Carlton	BOD						5
6	Patricia Downey	BOD						6
7	Roger Queen	BOD						7
8	David Swain	BOD						8
9	Pamela Whisler	BOD						9
10	Keith Wright	BOD						10
11	George Walker	BOD						11
12	Leslie Landsman	BOD						12
13	Steve Schmidt	BOD						13
14	Terry Carlton	BOD						14
15	Keith Riddell	BOD						15
16	Jeff Rosignol	BOD						16
17	Nicholas Lynn	BOD						17
18	William McMahon	BOD						18
19	Alan Bradley	BOD						19
20	Glen Tiller	BOD						20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

Facility Name & ID Number BEVERLY FARM FOUNDATION # 0038604 Report Period Beginning: 07/01/2010 Ending: 06/30/2011

VII. RELATED PARTIES (continued)

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

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

	1 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	BOARD OF DIRECTORS	BOD	BOD	0.00	NONE	82	0.00	NONE	\$ NONE	N/A	1
2	(SEE SCHEDULE VI)										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 BEVERLY FARM FOUNDATION # 0038604 Report Period Beginning: 07/01/2010 Ending: 6/30/2011

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization GROUP HOMES #1-6
Street Address _____
City / State / Zip Code GODFREY IL 62035
Phone Number (618)466-0367
Fax Number (618)466-3652

	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	22-3	EMPLOYEE BENEFITS	WAGES	10,000	8	\$ 3,538,126	\$	5,500	\$ 1,945,935	1
2	17-3	SCHOOL REIMBURSEMENT	WAGES	10,000	8	117,283		6,152	72,147	2
3	17-1	ADMINISTRATIVE SALARIES	HOURS	2,080	8	217,729	217,729	1,248	130,637	3
4	21-1	PERSONNEL/ACCOUNTING	HOURS	2,080	8	537,467	537,467	1,248	322,480	4
5	6-1	MAINTENANCE STAFF	HOURS	2,080	8	435,062	435,062	1,248	261,037	5
6	7-3	SECURITY/SAFETY	HOURS	2,080	8	78,331		1,248	46,999	6
7	7-1	SAFETY MANAGER	HOURS	2,080	8	69,959	69,959	1,248	41,975	7
8	7-2	SECURITY SUPPLIES	HOURS	2,080	8	10,262		1,248	6,157	8
9	6-2	MAINTENANCE SUPPLIES	HOURS	2,080	8	23,740		1,248	14,244	9
10	21-2	OSHA REQUIREMENTS	HOURS	2,080	8	48,496		1,248	29,098	10
11	21-3	CONSULTANTS	HOURS	2,080	8	120,226		1,248	72,136	11
12	6-3	MAINTENANCE - OTHER	HOURS	2,080	8	97,670		1,248	58,602	12
13	26-3	INSURANCE	HOURS	2,080	8	254,745		1,248	152,847	13
14	19-3	LEGAL & ACCOUNTING	HOURS	2,080	8	198,964		1,124	107,518	14
15	14-1	TRANSPORTATION STAFF	HOURS	2,080	8	138,455	138,455	1,248	83,073	15
16	20-3	DUES/SUBS/ADVERTISING	HOURS	2,080	8	98,381		1,340	63,393	16
17	36-3	MORTGAGE INSURANCE	HOURS	2,080	8	49,555		1,248	29,733	17
18	32-3	INTEREST	HOURS	2,080	8	996,329		1,248	597,797	18
19	23-3	INSERVICE TRAINING	HOURS	2,080	8	5,316		1,230	3,145	19
20	11-1	ACTIVITIES STAFF	HOURS	2,080	8	77,560	77,560	1,248	46,536	20
21	11-2	ACTIVITIES SUPPLIES	HOURS	2,080	8	6,676		1,248	4,006	21
22	11-3	ACTIVITIES OTHER	HOURS	2,080	8	4,450		1,248	2,670	22
23										23
24										24
25	TOTALS					\$ 7,124,782	\$ 1,476,232		\$ 4,092,165	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1		2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related												
	Long-Term												
1	GERSHMAN MORTGAGE		X	REFINANCE BONDS	\$36,578.00	07/01/10	\$ 5,973,180	\$ 5,842,517	08/01/31	0.0477	\$ 284,452	1	
2	LOSS ON BOND RETIREMENT		X								287,789	2	
3	AMORTIZATION OF DEBT COSTS		X								4,399	3	
4												4	
5												5	
	Working Capital												
6	LIBERTY BANK		X	WORKING CAPITAL		04/05/11			04/21/12	0.0500	10,000	6	
7												7	
8												8	
9	TOTAL Facility Related				\$36,578.00		\$ 5,973,180	\$ 5,842,517			\$ 586,640	9	
	B. Non-Facility Related*												
10												10	
11												11	
12												12	
13												13	
14	TOTAL Non-Facility Related						\$	\$			\$	14	
15	TOTALS (line 9+line14)						\$ 5,973,180	\$ 5,842,517			\$ 586,640	15	

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 29,733 Line # 36-3

* 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

1. Real Estate Tax accrual used on 2010 report.		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.		\$		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.)				\$	2,441	2
3. Under or (over) accrual (line 2 minus line 1).				\$	2,441	3
4. Real Estate Tax accrual used for 2011 report. (Detail and explain your calculation of this accrual on the lines below.)				\$		4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)				\$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)				\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.				\$	2,441	7
Real Estate Tax History:						
Real Estate Tax Bill for Calendar Year:	2006	2,711	8			
	2007	2,194	9			
	2008	2,320	10			
	2009	2,363	11			
	2010	2,387	12			

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

FACILITY NAME	BEVERLY FARM FOUNDATION	COUNTY	MADISON
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CONTACT PERSON REGARDING THIS REPORT

A. Summary of Real Estate Tax Cost

(A)	(B)	(C)	(D)
			<u>Tax</u>
<u>Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Applicable to Nursing Home</u>

1.			\$	\$
2.			\$	\$
3.			\$	\$
4.			\$	\$
5.			\$	\$
6.			\$	\$
7.			\$	\$
8.			\$	\$
9.			\$	\$
10.			\$	\$
TOTALS			\$	\$

B. Real Estate Tax Cost Allocations

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

C. Tax Bills

Attach a copy of the original 2010 tax bills which were listed in Section A to this statement. Be sure to use the 2010 tax bill which is normally paid during 2011.

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:

B. General Construction Type:

Exterior **BRICK**

Frame **WOOD & STEEL**

Number of Stories **ONE**

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).

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	FACILITY	6,701,800	1955	\$ 60,245	1
2	GROUND MP			138,971	2
3	TOTALS	6,701,800		\$ 199,216	3

XI. OWNERSHIP COSTS (continued)

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

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	129		1960	1960	\$ 340,034	\$	40	\$	\$	\$ 340,034	4
5	26		1965	1965	166,210		40			166,210	5
6	35		1969	1969	309,300		40			309,300	6
7	26		1972	1972	277,051	4,001	40	4,001		267,200	7
8	84		1979	1979	628,784	15,720	40	15,720		518,747	8
	Improvement Type**										
9	43 BEDS INCLUDED IN LINE 8 YEAR ACQUIRED 1984			1984	1,188,870	29,721	40	29,721		783,770	9
10	BUILDING ADDITIONS			1968	395,455	9,886	40	9,886		393,969	10
11	BUILDING IMPROVEMENTS			1973	1,958	49	40	49		1,724	11
12	BUILDING ADDITIONS			1974	62,866	1,572	40	1,572		55,613	12
13	BUILDING IMPROVEMENTS			1977	6,665	167	40	167		5,415	13
14	BUILDING IMPROVEMENTS			1978	29,299	732	40	732		23,061	14
15	BUILDING IMPROVEMENTS			1979	3,697	92	40	92		2,810	15
16	BUILDING IMPROVEMENTS			1980	178,379	4,459	40	4,459		130,998	16
17	BUILDING IMPROVEMENTS			1981	31,403		10			31,403	17
18	BUILDING IMPROVEMENTS			1982	9,517		10			9,517	18
19	BUILDING IMPROVEMENTS			1981	95,850	2,396	40	2,396		67,403	19
20	BUILDING IMPROVEMENTS			1982	12,542	313	40	313		8,829	20
21	BUILDING IMPROVEMENTS			1983	151,953	2,945	VAR	2,945		140,435	21
22	BUILDING IMPROVEMENTS			1984	57,602	600	VAR	600		50,091	22
23	BUILDING IMPROVEMENTS			1985	118,087	624	VAR	624		111,257	23
24	BUILDING IMPROVEMENTS			1986	1,074,281	11,803	VAR	11,803		903,262	24
25	BUILDING IMPROVEMENTS			1987	121,493	2,965	VAR	2,965		80,328	25
26	BUILDING IMPROVEMENTS			1988	71,953	1,009	VAR	1,009		65,975	26
27	BUILDING IMPROVEMENTS			1989	16,642		VAR			16,642	27
28	BUILDING IMPROVEMENTS			1990	6,986		10			6,986	28
29	BUILDING IMPROVEMENTS			1991	1,034,987	24,316	VAR	24,316		549,011	29
30	RENOVATIONS-CAMPBELL			1992	4,282	171	25	171		3,424	30
31	SIDEWALKS			1992	10,289		10			10,289	31
32	ROOM ADDITION-CAMPBELL			1992	38,900	1,556	25	1,556		28,782	32
33	WINDOWS-LOGAN			1992	16,450	658	25	658		12,173	33
34	DOORS/WINDOWS/REMODELLING-ALL 10 COTTAGES			1993	1,422,666	56,907	25	56,907		1,052,774	34
35	SEWER LINE/ROADWORK/PAVILION			1993	21,585		10 \ 15			21,585	35
36	NEW ROOF/CONCRETE WORK			1994	43,632		15			43,632	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 BEVERLY FARM FOUNDATION

0038604

Report Period Beginning:

07/01/2010 Ending: 06/30/2011

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	REMODELED BEVERLY, SMITH & STAHL BLDGS	1993	\$ 567,397	\$ 22,696	25	\$ 22,696	\$	\$ 397,181	37
38	FURNACE/AIR CONDITIONER/SPRINKLER	1994	13,403	536	25	536		9,382	38
39	ROAD & LOT WORK	1994	21,683		15			21,683	39
40	FLOW METER	1994	5,754		15			5,754	40
41	SIDEWALK & DRAINAGE WORK	1995	10,534		10			10,534	41
42	CABINETS	1995	5,460		15			5,460	42
43	GAZEBO	1995	8,490		15			8,490	43
44	WINDOWS	1995	41,000	1,640	25	1,640		27,060	44
45	PARKING LOT REPAIRS/SPRINKLER/FIRE ALARM	1994	1,272	51	25	51		841	45
46	ROAD WORK	1994	76,071		15			76,071	46
47	SEWER & GAS LINES	1995	12,104		10			12,104	47
48	AIRCOND./FLOORING/CEILING REPAIR/PAVILION	1996	26,015	1,041	25	1,041		16,130	48
49	KITCHEN AT LOGAN	1996	7,494	249	15	249		7,494	49
50	PARKING LOT & ROAD	1996	164,403		10			164,403	50
51	PATIO & SIDEWALK	1996	13,517		10			13,517	51
52	GAS & WATER LINES EVANS HALL	1996	1,347		10			1,347	52
53	WINDOWS	1998	11,490	766	15	766		11,107	53
54	PORCH - CHAPPE	1998	4,110	206	20	206		2,981	54
55	LIGHTING/ROOF DRAINS/DIETARY REPAIRS	1998	11,782	785	15	785		11,388	55
56	PARKING LOT	1997	78,536		10			78,536	56
57	SIDEWALK	1997	11,311	452	25	452		6,559	57
58	SEWER REPAIR	1997	4,232		10			4,232	58
59	LANDSCAPING	1997	9,668		5			9,668	59
60	SIDEWALKS	1997	4,125		10			4,125	60
61	PARKING LOT	1997	3,876		10			3,876	61
62	ADMINISTRATION BUILDING	1997	667,309	16,683	40	16,683		241,901	62
63	SECURITY OFFICE	1997	3,399		10			3,399	63
64	CARPET/LINOLEUM/LAVATORY/SUNROOM	1997	21,007	1,400	15	1,400		18,905	64
65	ROOFS-HERRING & DONNELLY	1997	55,560	3,704	15	3,704		50,004	65
66	CABINETS - DONNELLY	1998	10,638	709	15	709		9,574	66
67	ROOF- LAUNDRY	1998	20,652	1,377	15	1,377		18,588	67
68	ROOF REPAIR DONNELLY/NEW DOORS/FURNACE	1997	16,030	1,069	15	1,069		14,428	68
69	HARDWARE - ADMINISTRATION BLDG	1997	6,556		10			6,556	69
70	TOTAL (lines 4 thru 69)		\$ 9,865,893	\$ 226,026		\$ 226,026	\$	\$ 7,485,927	70

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

Facility Name & ID Number BEVERLY FARM FOUNDATION

0038604

Report Period Beginning:

07/01/2010 Ending: 06/30/2011

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 9,865,893	\$ 226,026		\$ 226,026		\$ 7,485,927	1
2	SECURITY SYSTEM - ADMINISTRATION BLDG	1997	2,046		10			2,046	2
3	PARKING LOT/SIDEWALKS/SEWER REPAIR/FENCE	1998	65,741		10			65,741	3
4	WINDOWS/ROOF REPAIRS/DOORS	1999	96,828	3,873	25	3,873		48,414	4
5	WINDOWS - LAUNDRY	1999	6,670	267	25	267		3,336	5
6	DOORS - MAINTENANCE	1999	13,314		10			13,314	6
7	WINDOWS-NURSING	1998	6,182	247	25	247		3,090	7
8	FENCE - LAGOON	1999	6,734	449	15	449		5,612	8
9	ROAD REPAIR	1999	6,667		10			6,667	9
10	WATER LINE REPAIR ADMIN	1999	564		10			564	10
11	SIDEWALKS	1999	22,707		10			22,707	11
12	PATIO - DONNELLY	1999	1,020		10			1,020	12
13	WINDOWS - CAMPBELL	1993	440	18	25	18		331	13
14	PARKING LOT REPAIRS/SPRINKLER/FIRE ALARM	1994	9,528	381	25	381		6,287	14
15	ROOF-CAMP BEVERLY	2000	1,350	68	20	68		778	15
16	BEVERLY COTTAGE-SIDING,GUTTERS, FASCIA	2000	8,636	432	20	432		4,967	16
17	CARRIAGE HOUSE-WINDOWS	2000	586	23	25	23		268	17
18	CHAPPE-ROOF	1999	615	31	20	31		354	18
19	DIETARY-DOOR	1999	3,262		10			3,262	19
20	DONNELLY-DOORS	2000	6,927	693	10	693		4,967	20
21	EVANS-SIDING & GUTTERS	1999	10,527	526	20	526		6,052	21
22	FUNDRAISING-SIDING & GUTTERS	1999	2,125	106	20	106		1,221	22
23	GARAGE-WINDOW	1999	909	36	25	36		417	23
24	MAIN CAMPUS GAS LINE	1999	10,235	512	20	512		5,886	24
25	HERRING-SIDING & GUTTERS	1999	5,789	289	20	289		3,327	25
26	HERRING-DOOR	2000	2,857		10			2,857	26
27	HILLIER-ROOF	2000	34,732	1,737	20	1,737		19,972	27
28	HILLIER-SPRINKLER & FLOORING	1999	12,663	633	20	633		7,281	28
29	HOUSEKEEPING-SOFFIT & GUTTERS	1999	925	46	20	46		531	29
30	LAUNDRY-DOOR,SIDING & SOFFIT	1999	2,586	129	20	129		1,486	30
31	LAVENTHAL-DOOR,SIDING & SOFFIT	1999	5,972	299	20	299		3,435	31
32	LOGAN-DOOR,SOFFIT,FLOORING	1999	18,805	940	20	940		10,812	32
33	OLD HERRING-SIDING	1999	1,173	59	20	59		675	33
34	TOTAL (lines 1 thru 33)		\$ 10,235,008	\$ 237,820		\$ 237,820		\$ 7,743,604	34

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

Facility Name & ID Number BEVERLY FARM FOUNDATION

0038604

Report Period Beginning:

07/01/2010 Ending: 06/30/2011

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 10,235,008	\$ 237,820		\$ 237,820	\$	\$ 7,743,604	1
2	SMITH-DOOR,SIDING & FASCIA	1999	9,851	493	20	493		5,666	2
3	STAHL-SIDING,SOFFIT & FLOORING	2000	14,075	704	20	704		8,094	3
4	SUPPLY-SIDING & SOFFIT	1999	3,806	190	20	190		2,188	4
5	GAS PIPELINE	1999	4,000		10			4,000	5
6	TAR/CHIP ROADS	1999	12,403		10			12,403	6
7	GASOLINE TANK	1999	2,788		10			2,788	7
8	ASPHALT WORK	1999	74,611		10			74,611	8
9	WATERLINES	1999	23,855		10			23,855	9
10	CHAPPEE-SIDEWALK	1999	1,515		10			1,515	10
11	FENCE ABOVE LPG VAPOR TANK	2000	4,200	280	15	280		3,220	11
12	HERRING-PARKING LOT	1999	3,493		10			3,493	12
13	HILLIER-SIDEWALK	1999	3,466		10			3,466	13
14	LOGAN-PATIO	1999	10,258		10			10,258	14
15	GROUND COVER FOR SWING SET	1999	5,962		10			5,962	15
16	OLD HERRING-ELECTRIC	2000	2,579		10			2,579	16
17	SMITH SIDEWALK	1999	1,063		10			1,063	17
18	TREE REMOVAL	2000	875		5			875	18
19	BEVERLY - SPRINKLER	2001	1,049	52	10	52		1,049	19
20	BEVERLY - WATER HEATER	2000	1,170	58	10	58		1,170	20
21	BEVERLY - FLOOR/DOOR	2000	5,073	254	10	254		5,073	21
22	CARIAGE HSE-GUTTERS	2000	5,115	256	20	256		2,686	22
23	CHAPPEE-A/C; FLOORS	2000	14,128	706	10	706		14,128	23
24	CROSS COTTAGE-SIDING	2000	1,945	97	20	97		1,020	24
25	DIETARY-DOOR	2000	1,685	83	10	83		1,685	25
26	DONNELLY-DOORS	2000	5,249	262	10	262		5,249	26
27	EVANS-A/C	2001	2,081	105	10	105		2,081	27
28	EVANS-WINDOWS/DOORS	2000	6,196	248	25	248		2,603	28
29	LAVENTHAL-FIRE ALARM	2000	12,000	600	10	600		12,000	29
30	SMALL GARAGE DOOR	2000	3,000	200	15	200		2,100	30
31	HERRING-FRP WALLS	2000	864	58	15	58		606	31
32	HILLIER-SPRINKLER REP	2001	5,862	294	10	294		5,862	32
33	HILLIER-NEW WINDOWS	2000	11,361	454	25	454		4,770	33
34	TOTAL (lines 1 thru 33)		\$ 10,490,586	\$ 243,214		\$ 243,214	\$	\$ 7,971,722	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	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 10,490,586	\$ 243,214		\$ 243,214	\$	\$ 7,971,722	1
2	HILLIER-DOOR/FLOORING	2001	8,040	402	10	402		8,040	2
3	LAUNDRY-CHIMNEY/DOOR	2000	10,074	504	10	504		10,074	3
4	LAVENTHAL-SPRINKLER	2001	7,501	375	10	375		7,501	4
5	LOGAN-DOOR/SPRINKLER	2001	5,261	264	10	264		5,261	5
6	LOGAN-FIRE ALARM	2000	10,350	517	10	517		10,350	6
7	OLD HERRING-WINDOWS	2000	5,535	221	25	221		2,324	7
8	SEWING-STEEL DOORS	2000	2,281	114	10	114		2,281	8
9	SMITH-DOOR	2001	1,070	53	10	53		1,070	9
10	STAHL-DOOR/FLOORING	2001	6,934	348	10	348		6,934	10
11	DRAINAGE DITCH	2001	9,170	458	10	458		9,170	11
12	CABIN ROAD REPAIR	2000	26,843	1,343	10	1,343		26,843	12
13	MAIN CAMPUS-SIDEWALK	2000	28,716	1,435	10	1,435		28,716	13
14	HERRING PARKING LOT	2000	12,341	617	10	617		12,341	14
15	ROAD IMPROVEMENTS	2000	106,706	5,334	10	5,334		106,706	15
16	SRS BLDG-SITE PREP	2001	936	46	10	46		936	16
17	STORM SEWER REPAIR	2000	2,600	130	10	130		2,600	17
18	WIDEN ROAD	2000	2,650	132	10	132		2,650	18
19	OIL & CHIP ROADS	2001	12,362	1,236	10	1,236		11,743	19
20	ROAD REPAIRS	2001	83,836	8,384	10	8,384		79,645	20
21	SIDEWALKS	2001	12,977	1,298	10	1,298		12,329	21
22	BEVERLY - DOORS/JAMBS	2001	919	92	10	92		873	22
23	CHAPPEE - DOORS	2001	1,722	172	10	172		1,635	23
24	DIETARY - DOORS	2001	506	51	10	51		482	24
25	DONNELLEY - FIRE ALARM	2002	12,390		10			12,390	25
26	EVANS - FIRE ALARM	2002	11,667	1,167	10	1,167		11,085	26
27	HERRING - FIRE ALARM	2002	11,666	1,167	10	1,167		11,084	27
28	HERRING - DOORS	2001	2,680	268	10	268		2,546	28
29	HILLIER - SPRINKLER	2001	786	79	10	79		748	29
30	HOUSEKEEPING - DOOR	2001	846	85	10	85		805	30
31	COTTAGES - SPRINKLER	2001	8,195	820	10	820		7,787	31
32	BATHROOM DOORS	2001	4,601	460	10	460		4,371	32
33	MAINTENANCE - GUTTERS & ROOF	2001	6,256	313	20	313		2,972	33
34	TOTAL (lines 1 thru 33)		\$ 10,909,003	\$ 271,099		\$ 271,099	\$	\$ 8,376,014	34

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

Facility Name & ID Number BEVERLY FARM FOUNDATION

0038604

Report Period Beginning:

07/01/2010 Ending: 06/30/2011

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 10,909,003	\$ 271,099		\$ 271,099	\$	\$ 8,376,014	1
2	MAINTENANCE - GARAGE DOORS	2001	679	68	10	68		645	2
3	MAINTENANCE - SHED DOORS	2001	1,492	149	10	149		1,417	3
4	SEWING - WINDOWS	2001	3,926	157	25	157		1,492	4
5	AIR COND REPAIRS - ALL COTTAGES	2003	10,066	1,007	10	1,007		8,557	5
6	DIGITAL THERMOMETERS - ALL COTTAGES	2003	9,450	945	10	945		8,033	6
7	FLOOR TILE - CHAPPEE	2002	3,299	330	10	330		2,804	7
8	SPRINKLER - DIETARY	2002	5,600	560	10	560		4,760	8
9	FLOORING - DONNELLEY	2003	2,196	220	10	220		1,868	9
10	SPRINKLER - HILLIER	2003	4,990	499	10	499		4,242	10
11	GENERATOR REPAIR - HILLIER	2002	2,466	164	15	164		1,396	11
12	BOILER REPAIR - LOGAN	2002	2,865	191	15	191		1,624	12
13	VINYL FLOORING - LOGAN	2003	696	70	10	70		593	13
14	DOOR - MAINTENANCE SHED	2002	1,398	140	10	140		1,189	14
15	DOOR - SMITH	2003	1,118	112	10	112		951	15
16	BEDROOM FLOOR - STAHL	2003	890	89	10	89		757	16
17	SIDEWALKS - OLD HERRING	2003	2,335	234	10	234		1,986	17
18	LANDSCAPING - BEVERLY	2002	6,699	670	10	670		5,694	18
19	PARKING LOT - CHAPPEE	2002	4,175	418	10	418		3,550	19
20	SIDEWALKS - MAIN CAMPUS	2002	2,502	250	10	250		2,126	20
21	SIDEWALKS - LOGAN	2002	740	74	10	74		629	21
22	ROAD REPAIRS - MAIN CAMPUS	2002	41,503	4,150	10	4,150		35,277	22
23	LANDSCAPING - SMITH	2002	1,548	155	10	155		1,316	23
24	UV FILTERS ADMIN BLDG	2004	2,000	200	10	200		1,500	24
25	SEPTIC SYSTEM CABIN	2004	4,600	460	10	460		3,450	25
26	BOILER - DIETARY	2004	4,122	412	10	412		3,091	26
27	CEILING TILES - DIETARY	2004	998	100	10	100		749	27
28	STOVE HOOD - DIETARY	2004	2,594	259	10	259		1,944	28
29	FURNACE - EVANS	2003	3,055	306	10	306		2,293	29
30	WATER HEATER - EVANS	2003	5,891	589	10	589		4,418	30
31	FLOORING - EVANS	2003	1,223	122	10	122		917	31
32	SPRINKLER - HERRING	2003	2,745	275	10	275		2,060	32
33	HANDRAILS - HERRING	2003	4,467	447	10	447		3,351	33
34	TOTAL (lines 1 thru 33)		\$ 11,051,331	\$ 284,921		\$ 284,921	\$	\$ 8,490,693	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	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 11,051,331	\$ 284,921		\$ 284,921	\$	\$ 8,490,693	1
2	FLOORING - HERRING	2003	2,328	233	10	233		1,747	2
3	STALL REPAIR - HILLIER	2003	2,444	244	10	244		1,832	3
4	ROOF/GUTTERS - LAVENTHAL	2003	15,829	1,055	15	1,055		7,913	4
5	NEW DOOR - LAVENTHAL	2003	1,096	110	10	110		824	5
6	LIFE SAFETY CODE EXIT	2004	27,232	2,723	10	2,723		20,423	6
7	CABINETS - LOGAN	2004	5,187	519	10	519		3,891	7
8	FLOORING - LOGAN	2003	4,815	482	10	482		3,613	8
9	SHUTTERS - LOGAN	2003	558	56	10	56		419	9
10	DOORS - MAINTENANCE	2004	1,786	179	10	179		1,341	10
11	SEWER BACKFLOW	2004	958	96	10	96		719	11
12	A/C & HEATING MAINT.	2003	911	91	10	91		683	12
13	TOILET STOOLS - ALL	2003	1,192	119	10	119		893	13
14	FRP - ALL	2003	1,555	156	10	156		1,168	14
15	SPRINKLER REPAIR - ALL	2003	3,351	335	10	335		2,513	15
16	REPLACE GARAGE DOORS	2004	1,005	101	10	101		755	16
17	FIRE HYDRANTS	2004	1,440	144	10	144		1,080	17
18	CIRCUIT UPGRADES - ALL	2004	8,690	869	10	869		6,518	18
19	SMOKE DETECTORS - ALL	2003	6,749	675	10	675		5,062	19
20	SPRINKLER - SMITH	2004	2,417	242	10	242		1,814	20
21	CLOSET - STAHL	2004	980	98	10	98		735	21
22	NEW ROOF - STAHL	2003	15,978	1,065	15	1,065		7,988	22
23	SIDEWALKS - CHAPPEE	2003	531	53	10	53		398	23
24	MAIN CAMPUS ROAD	2003	53,628	5,363	10	5,363		40,221	24
25	SIDEWALKS - DONNELLEY	2004	690	69	10	69		518	25
26	DRAIN PIPE	2003	1,570	157	10	157		1,177	26
27	SIDEWALKS - MAIN CAMPUS	2003	8,404	840	10	840		6,302	27
28	LAGOON DRAINAGE	2004	800		5			800	28
29	SPRINKLER MAINTENANCE	2003	7,244	724	10	724		5,432	29
30	SIDEWALK - STAHL	2004	920	92	10	92		690	30
31	CABINETS - LOGAN	2004	2,039	204	10	204		1,326	31
32	BEVERLY BACK ENTRANCE	2004	3,160	126	25	126		820	32
33	DRY PIPE SYSTEM - HILLIER	2004	1,046	105	10	105		681	33
34	TOTAL (lines 1 thru 33)		\$ 11,237,864	\$ 302,246		\$ 302,246	\$	\$ 8,620,989	34

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

Facility Name & ID Number BEVERLY FARM FOUNDATION

0038604

Report Period Beginning:

07/01/2010 Ending: 06/30/2011

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 11,237,864	\$ 302,246		\$ 302,246	\$	\$ 8,620,989	1
2	CONDENSORS/COILS - MAIN CAMPUS	2004	5,406	541	10	541		3,515	2
3	DRYWALL MECHANICAL ROOM - DIETARY	2004	21,480	859	25	859		5,584	3
4	FIRE SAFETY UPGRADES - MAIN CAMPUS	2005	69,085	6,909	10	6,909		44,907	4
5	HANDRAILS/DOORS/FLOORS	2004	22,588	2,149	10/25	2,149		13,862	5
6	SAFETY EQUIPMENT INSPECTIONS	2004	7,542	754	10	754		4,902	6
7	ROOF - SUPPLY BUILDING	2005	4,200	168	25	168		1,092	7
8	OPTICAL CABLE/PHONE LINE - MAIN CAMPUS	2005	31,706	3,170	10	3,170		20,607	8
9	TERMITE CONTROL SYSTEM	2005	1,357	136	10	136		883	9
10	WATERLINE - LOGAN	2005	14,684	1,468	10	1,468		9,543	10
11	FUEL/GAS PUMP AREA IMPROVEMENTS	2004	57,355	5,736	10	5,736		37,282	11
12	SIDEWALKS	2004	6,892	689	10	689		4,479	12
13	GAS LINE REPLACEMENTS	2005	22,925	2,293	10	2,293		14,903	13
14	LAGOON DRAINAGE	2005	3,216		5			3,216	14
15	ADMIN BLDG TILE FLOOR	2005	752	75	10	75		488	15
16	SPRINKLER SYSTEM MAINTENANCE	2005	11,718	1,172	10	1,172		7,617	16
17	TRAINING BUILDING ALLOCATION	1998	17,777	1,169	15	1,169		15,173	17
18	DIETARY - NEW BACK DOOR	2006	1,499	150	10	150		825	18
19	DIETARY - BOILER	2006	9,282	928	10	928		5,105	19
20	DIETARY - NEW ROOF	2006	2,100	105	20	105		578	20
21	DONNELLY - LANDSCAPING	2006	3,215	321	5	321		3,215	21
22	MENS BATHROOMS	2006	1,179	117	5	117		1,179	22
23	HERRING - ELECTRIC BOILER	2006	3,476	348	10	348		1,913	23
24	HERRING - DUCT WORK	2006	1,045	104	10	104		573	24
25	HILLIER - NEW BACK DOOR	2006	1,796	180	10	180		989	25
26	LOGAN - HANDRAILS	2006	201	20	10	20		110	26
27	FIRE SYSTEM UPGRADES	2006	26,843	2,684	10	2,684		14,763	27
28	SEWAGE CHIPPER	2006	5,853	585	10	585		3,218	28
29	GENERATOR IMPROVEMENTS	2006	6,308	630	10	630		3,467	29
30	AIR CONDITIONING IMPROVEMENTS	2006	951	95	10	95		523	30
31	NURSING - AWNING	2006	595	60	10	60		330	31
32	NURSING - FLOORING	2006	8,952	895	10	895		4,923	32
33	PHONE LINE CABLING	2006	1,328	133	10	133		731	33
34	TOTAL (lines 1 thru 33)		\$ 11,611,170	\$ 336,889		\$ 336,889	\$	\$ 8,851,484	34

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

Facility Name & ID Number BEVERLY FARM FOUNDATION

0038604

Report Period Beginning:

07/01/2010 Ending: 06/30/2011

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		\$ 11,611,170	\$ 336,889		\$ 336,889	\$	\$ 8,851,484	1
2	STAHL - PATIO	2006	8,935	894	10	894		4,916	2
3	STAHL - BACK DOOR AND CANOPY	2006	2,927	293	10	293		1,611	3
4	LAVENTHAL - FLOORING	2006	9,835	983	10	983		5,408	4
5	LAGOON	2006	62,960	2,518	25	2,518		13,848	5
6	GAS MAIN REPAIR	2006	2,400	240	10	240		1,320	6
7	REPAIR SEWER LIFT STATION	2006	6,281	628	10	628		3,454	7
8	ROAD REPAIR - MAIN CAMPUS	2006	25,068	2,507	10	2,507		13,786	8
9	SIDEWALK REPAIR - LOGAN	2006	6,765	677	10	677		3,722	9
10	STAHL - LANDSCAPING	2006	1,049	105	10	105		577	10
11	GAS MAIN REPAIR	2007	43,149	4,315	10	4,315		19,417	11
12	STAHL - SIDEWALKS	2007	4,925	493	10	493		2,218	12
13	Retaining Wall - Nursing Building	2007	39,392	3,939	10	3,939		17,725	13
14	T & T PARKING LOT RESURFACING	2007	26,568	2,657	10	2,657		11,956	14
15	RESURFACE GYM FLOOR	2007	1,875	375	5	375		1,688	15
16	BEVERLY ROOF REPAIR	2007	20,184	807	25	807		3,632	16
17	CAMPBELL CABINETS	2007	19,000	1,900	10	1,900		8,550	17
18	DONNELLY - NEW DOOR	2007	2,898	290	10	290		1,305	18
19	EVANS - HANDRAILS	2007	3,111	311	10	311		1,400	19
20	HILLIER - NEW CABINETS	2007	10,500	1,050	10	1,050		4,725	20
21	HILLIER - DOOR/FLOOR RPRS	2007	18,474	1,847	10	1,847		8,312	21
22	HILLIER - NEW GENERATOR	2007	143,290	5,732	25	5,732		30,092	22
23	HILLIER - SPRINKLER REPAIRS	2007	9,084	908	10	908		4,087	23
24	ANNUAL SPRINKLER REPAIRS	2007	22,195	2,220	10	2,220		9,989	24
25	BOILER ROOM - NEW DOORS	2007	1,845	185	10	185		832	25
26	SMITH - FLOORING	2007	1,153	115	10	115		518	26
27	STAHL - FLOORING	2007	1,328	133	10	133		598	27
28	WHEELCHAIR BUILDING REPAIRS	2007	537	54	10	54		243	28
29	BEVERLY - GUTTERS	2008	2,386	159	15	159		556	29
30	DIETARY - SPRINKLER	2008	4,791	479	10	479		1,677	30
31	HILLIER - GENERATOR	2008	934	93	10	93		326	31
32	HILLIER - HVAC Duct Work, Flooring, & Wall Coverings	2008	13,873	1,387	10	1,387		4,855	32
33	HILLIER - ELECTRICAL	2008	14,234	1,423	10	1,423		4,980	33
34	TOTAL (lines 1 thru 33)		\$ 12,143,116	\$ 376,606		\$ 376,606	\$	\$ 9,039,807	34

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

Facility Name & ID Number BEVERLY FARM FOUNDATION

0038604

Report Period Beginning:

07/01/2010 Ending: 06/30/2011

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		\$ 12,143,116	\$ 376,606		\$ 376,606	\$	\$ 9,039,807	1
2	LOGAN - BATHROOM	2008	10,605	1,061	10	1,061		3,713	2
3	SMITH - ROOF	2008	21,136	846	25	846		2,961	3
4	MAIN CAMPUS - SIDEWALKS	2008	7,100	710	10	710		2,485	4
5	MAIN CAMPUS - TAR/CHIP ROADS	2008	39,752	3,975	10	3,975		13,913	5
6	HERRING - GENERATOR PAD	2008	1,181	47	25	47		165	6
7	Logan - Flooring	2009	9,446	945	10	945		2,362	7
8	Dietary - Door	2009	1,585	159	10	159		397	8
9	Donnelley - Picnic Table	2009	1,021	102	10	102		255	9
10	Evans - Generator	2009	3,331	333	10	333		833	10
11	Herring - Sink/Cabinets	2009	11,595	1,160	10	1,160		2,900	11
12	Laventhal - Bath/Shower	2009	881	88	10	88		220	12
13	Logan - Curtains	2009	2,942	588	5	588		1,470	13
14	Logan - Doors	2009	12,574	1,257	10	1,257		3,143	14
15	Logan - Flooring	2009	2,971	594	5	594		1,485	15
16	Main Campus - Doors	2009	5,506	551	10	551		1,377	16
17	Main Campus - FRP	2009	4,620	462	10	462		1,155	17
18	Old Sewing Bldg - Flooring	2009	2,416	242	10	242		605	18
19	Smith - Bath/Shower/Cabinets	2009	18,772	1,877	10	1,877		4,693	19
20	Stahl - Bathroom	2009	2,170	434	5	434		1,085	20
21	Telephone Poles	2010	4,900	980	5	980		1,225	21
22	Main Enterance - Asphalt Repair	2010	9,000	900	10	900		1,350	22
23	Old Herring - Roof Replacement	2011	7,050	176	20	176		176	23
24	Sidewalks	2011	19,888	994	10	994		994	24
25	Landscaping	2011	7,390	370	10	370		370	25
26	Paving and Striping	2011	75,625	3,781	10	3,781		3,781	26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,426,573	\$ 399,238		\$ 399,238	\$	\$ 9,092,920	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	\$ 2,376,484	\$ 236,206	\$ 236,206	\$	5-25	\$ 1,113,621	71
72	Current Year Purchases	717,605	52,989	52,989		5-25	52,989	72
73	Fully Depreciated Assets	3,058,375	9,980	9,980		5-10	3,058,375	73
74								74
75	TOTALS	\$ 6,152,464	\$ 299,175	\$ 299,175	\$		\$ 4,224,985	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	SEE ATTACHED SCHEDULE			\$ 641,198	\$ 47,027	\$ 47,027	\$	5-10	\$ 517,685
77									
78									
79									
80	TOTALS			\$ 641,198	\$ 47,027	\$ 47,027	\$		\$ 517,685

E. Summary of Care-Related Assets				1	2
		Reference			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)			\$ 19,419,451
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)			\$ 745,440
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)			\$ 745,440
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)			\$
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)			\$ 13,835,590

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	SEE ATTACHED SCHEDULE	\$ 11,154,432	\$ 377,400	\$ 6,098,562	86
87					87
88					88
89					89
90					90
91	TOTALS	\$ 11,154,432	\$ 377,400	\$ 6,098,562	91

G. Construction-in-Progress			
	Description	Cost	
92		\$	92
93			93
94			94
95		\$	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:
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

**

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

10. Effective dates of current rental agreement:

Beginning

Ending

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

	Fiscal Year Ending	Annual Rent
12.	/2012	\$
13.	/2013	\$
14.	/2014	\$

* 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.

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.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?

☒ YES

☐ NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER CNA

☒

☐

☐

72

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER CNA

☒

☐

88

B. EXPENSES

		ALLOCATION OF COSTS		(d)	
		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies	2,600	6,875	25	9,500
3	Classroom Wages (a)	16,795	156,420		173,215
4	Clinical Wages (b)		191,180		191,180
5	In-House Trainer Wages (c)	4,949	14,417	215	19,581
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$ 24,344	\$ 368,892	\$ 240	\$ 393,476
10	SUM OF line 9, col. 1 and 2 (e)	\$ 393,236			

C. CONTRACTUAL INCOME

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

\$590

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	275
2. From other facilities (f)	1
DROP-OUTS	
1. From this facility	104
2. From other facilities (f)	
TOTAL TRAINED	380

(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	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	10A-3	hrs		\$	82	\$ 5,587	\$	82	\$ 5,587	1	
2	Licensed Speech and Language Development Therapist	10A-1	158 hrs		1,857				158	1,857	2	
3	Licensed Recreational Therapist		hrs								3	
4	Licensed Physical Therapist	10A-1/10A-3/10A-2	12493 hrs		131,381	334	14,758	1,119	12,827	147,258	4	
5	Physician Care	39-3	visits				50,364			50,364	5	
6	Dental Care	39-1/39-3/39-2	visits		27,756	380	22,528	3,032	380	53,316	6	
7	Work Related Program		hrs								7	
8	Habilitation		hrs								8	
9	Pharmacy		# of prescrpts								9	
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs								10	
11	Academic Education		hrs								11	
12	Other (specify):										12	
13	Other (specify):										13	
14	TOTAL				\$ 160,994	796	\$ 93,237	\$ 4,151	13,447	\$ 258,382	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.

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	\$ 10,523,794	\$	1
2	Cash-Patient Deposits	101,999		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 159,442)	1,992,064		3
4	Supply Inventory (priced at)	103,845		4
5	Short-Term Investments	6,069,956		5
6	Prepaid Insurance	78,691		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): CONTRIBS RECEIVABLE	17,185		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 18,887,534	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	755,573		12
13	Land	222,234		13
14	Buildings, at Historical Cost	20,934,686		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	9,416,961		16
17	Accumulated Depreciation (book methods)	(19,934,150)		17
18	Deferred Charges	153,942		18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): MISCELLANEOUS	334		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 11,549,580	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 30,437,114	\$	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,133,650	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	101,999		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	713,657		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	OTHER ACCRUED EXPENSES	423,215		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 2,372,521	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable	9,737,528		40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 9,737,528	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 12,110,049	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 18,327,065	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 30,437,114	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 16,896,994	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 16,896,994	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	92,622	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) SEE ATTACHED	1,337,449	15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 1,430,071	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)	\$ 18,327,065	24 *

* This must agree with page 17, line 47.

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.
Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

1			
	Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 12,706,039	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 12,706,039	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		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		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		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$	23
	D. Non-Operating Revenue		
24	Contributions	2,228,810	24
25	Interest and Other Investment Income***	773,324	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 3,002,134	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	SEE ATTACHED	876,439	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 876,439	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 16,584,612	30

2			
	Expenses	Amount	
	A. Operating Expenses		
31	General Services	4,339,522	31
32	Health Care	6,344,449	32
33	General Administration	3,241,041	33
	B. Capital Expense		
34	Ownership	1,770,118	34
	C. Ancillary Expense		
35	Special Cost Centers	103,680	35
36	Provider Participation Fee	693,180	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 16,491,990	40
41	Income before Income Taxes (line 30 minus line 40)**	92,622	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 92,622	43

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? YES If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	2,080	2,288	\$ 56,249	\$ 24.58	1
2	Assistant Director of Nursing					2
3	Registered Nurses	14,446	15,216	305,622	20.09	3
4	Licensed Practical Nurses	29,848	31,237	618,059	19.79	4
5	CNAs & Orderlies	319,822	348,903	3,997,584	11.46	5
6	CNA Trainees					6
7	Licensed Therapist	4,160	4,472	85,621	19.15	7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	751	751	6,859	9.13	10
11	Social Service Workers	3,722	4,183	46,536	11.13	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants					15
16	Dishwashers					16
17	Maintenance Workers	21,234	23,545	261,037	11.09	17
18	Housekeepers	100,490	100,490	837,082	8.33	18
19	Laundry					19
20	Administrator	1,248	1,248	61,069	48.93	20
21	Assistant Administrator	1,248	1,248	39,471	31.63	21
22	Other Administrative	2,448	2,760	52,965	19.19	22
23	Office Manager					23
24	Clerical	29,185	31,910	319,168	10.00	24
25	Vocational Instruction	6,240	6,368	81,777	12.84	25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	17,262	17,262	216,200	12.52	28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,883	2,107	29,011	13.77	31
32	Other Health Care(specify)					32
33	Other(specify) ATTACHED	38,238	41,457	509,502	12.29	33
34	TOTAL (lines 1 - 33)	594,305	635,445	\$ 7,523,812 *	\$ 11.84	34

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		\$		35
36	Medical Director				36
37	Medical Records Consultant				37
38	Nurse Consultant	12 MOS	1,400	10-3	38
39	Pharmacist Consultant	12 MOS	13,309	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	36	1,014	12-3	45
46	Other(specify) PSYCHOLOGIST	89	4,385	11-3	46
47	PHYSICIAN CONSULTANT	55	7,200	10-3	47
48					48
49	TOTAL (lines 35 - 48)	180	\$ 27,308		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses		\$		50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides	14,605	292,104	10-3	52
53	TOTAL (lines 50 - 52)	14,605	\$ 292,104		53

* This total must agree with page 4, column 1, line 45.

** See instructions.

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.

IL HEALTH CARE ASSN (\$3,516)
- (3)

Did the nursing home make political contributions or payments to a political action organization?

YES

If YES, have these costs been properly adjusted out of the cost report?

YES
- (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?

N/A
- (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?

10 YRS
- (6)

Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V.

\$

77,340

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.

N/A
- (9)

Are you presently operating under a sublease agreement?

YES

XXX

NO
- (10)

Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)?

YES

NO

XXX

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.

\$

693,180

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?

YES
- (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.

\$

58
- (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?

YES

If YES, please indicate the amount of income earned from such a program during this reporting period.

\$

4,510

c. What percent of all travel expense relates to transportation of nurses and patients?

0

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?

YES

Indicate the amount of income earned from providing such transportation during this reporting period.

\$

0
- (17)

Has an audit been performed by an independent certified public accounting firm?

YES

Firm Name:

SCHEFFEL & COMPANY, PC
- (18)

Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V?

YES
- (19)

If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report?

YES

Attach invoices and a summary of services for all architect and appraisal fees.

BEVERLY FARM FOUNDATION #0038604
PAGE 10, SCHEDULE IX - REAL ESTATE TAXES
JUNE 30, 2011

REAL ESTATE TAXES ON PAGE 10 OF THE COST REPORT ARE ON LAND HELD
FOR NON-CARE RELATED PURPOSES.

BEVERLY FARM FOUNDATION #0038604
INCOME RECEIVED BY BROAD CATEGORY NOT LISTED ON P. 19
JUNE 30, 2011

DAY TRAINING	\$ 5,067,444
APARTMENTS & INCIDENTALS	612,474
GROUP HOMES	3,958,321
GIFT SHOP	80,414
	<u>\$ 9,718,653</u>

EXPENSES INCURRED BY BROAD CATEGORY
NOT LISTED IN THIS COST REPORT

DAY TRAINING (DIRECT)	\$ 2,758,249
DAY TRAINING (ALLOCATED)	1,477,618
APARTMENTS	397,027
GROUP HOMES (DIRECT)	2,109,453
GROUP HOMMES (ALLOCATED)	1,554,999
GIFT SHOP	78,084
GREENHOUSE	5,774
	<u>\$ 8,381,204</u>

NET INCOME (Page 18, Schedule XVI, Line 15)	<u>\$ 1,337,449</u>
---	---------------------

BEVERLY FARM FOUNDATION #0038604
PAGE 20, SCHEDULE XVIII, LINE 33
JUNE 30, 2011

SERVICE	1	2	3	4
	HRS. WORKED	HRS. PAID	WAGES	HOURLY WAGE
PHYSICAL THERAPY	10,976	12,493	\$ 131,380	10.52
SOCIAL WORKER	10,333	10,869	127,226	11.71
SPEECH THERAPY	158	158	1,856	11.75
DENTAL ASSISTANT	1,861	2,061	27,756	13.47
TRANSPORTATION	8,475	9,441	83,073	8.80
SAFETY & SECURITY	2,448	2,448	41,975	17.15
DEVELOPMENT DIRECTOR	3,987	3,987	96,236	24.14
	38,238	41,457	\$ 509,502	

BEVERLY FARM FOUNDATION
MISCELLANEOUS INCOME, PAGE 19, LINE 28
JUNE 30, 2011

HAB-AIDE REIMBURSEMENT	\$ 273,056
IPA TRANSPORTATION REIMBURSEMENT	4,510
SODA MACHINE	18,075
OTHER REFUNDS AND REIMBURSEMENTS	579,938
MISCELLANEOUS	860
	<u>\$ 876,439</u>

BEVERLY FARM FOUNDATION #0038604
VEHICLE DEPRECIATION - SCHEDULE XI., Section D.
JUNE 30, 2011

Model, Make, Year	Cost	Current Book Depreciation	Straight Line Depreciation	Accumulated Depreciation
1995 CHEVY VAN #7	15,119	-	-	15,119
SUPPLY LUMINA	9,496	-	-	9,496
MAINTENANCE #2 TRUCK	8,483	-	-	8,483
CAR # 4 REPAIRS	2,490	-	-	2,490
LIFT ON VAN # 10	3,075	-	-	3,075
MAINT #3 AND SPREADER	7,157	-	-	7,157
MAINT #1 DUMP TRUCK	14,400	-	-	14,400
VAN #6 FORD E350	9,015	-	-	9,015
MAINT #7 -BUCKET TRUCK	5,400	-	-	5,400
TRANSPORT-IDOT VAN #12	32,326	-	-	32,326
TRANS MAINT #4-F150	3,957	-	-	3,957
FORD FOCUS-CAR #1	6,545	-	-	6,545
TRANSP-15 PASS. VAN #1	20,513	2,051	2,051	19,487
IDOT VAN #15	26,612	2,661	2,661	22,620
IDOT VAN #16	26,612	2,661	2,661	22,620
TRANS. MAINT #6 -TRUCK	3,591	-	-	3,591
MAINT. #8 F350 TRUCK	15,944	-	-	15,944
TRANS. CAR # 3	910	-	-	910
Trans- Car # 6	2,362	-	-	2,362
BUS RENNOVATIONS	3,106	-	-	3,106
TRANS-VAN # 13	14,941	-	-	14,941
WHEELCHAIR VAN #5	21,903	-	-	21,903
IDOT BUS-VAN #17	52,612	-	-	52,612
Supply Van Mats	132	-	-	132
E-350 Van #18-15 pass.	16,349	-	-	16,349
E-350 Van #19-15 pass.	16,427	-	-	16,427
2005 GMC-VAN # 3-15 pass.	16,974	-	-	16,974
2005 GMC-VAN # 11-15 pass.	17,004	-	-	17,004
Truck for Maintenance	3,081	308	308	3,081
Wheelchair Straps for Van #17	380	38	38	380
2006 Chrysler Van #21	9,993	999	999	9,993
2006 Chrysler Van #10	10,407	1,041	1,041	10,407
Wheelchair Van # 20	20,362	2,036	2,036	20,362
IDOT VAN-#8	22,023	2,202	2,202	12,113
Maintenance Truck w/Snow Plow	20,035	4,007	4,007	18,032
Vans-Wheelchair Strap	1,454	291	291	1,309
Security Car	7,914	1,583	1,583	7,123
Transportation Van	21,651	4,330	4,330	19,486
Transportation Van	17,190	3,438	3,438	12,033
IDOT Van	19,538	3,908	3,908	13,677
Maintenance - Truck	20,434	4,087	4,087	10,217
Shoulder Harnesses	1,036	207	207	311
14 Passenger Van	35,400	7,080	7,080	10,620
IDOT Van	34,646	1,879	1,879	1,879
2010 Chrysler	18,885	1,888	1,888	1,888
Maintenance Truck	3,315	332	332	332
	641,198	47,027	47,027	517,685

BEVERLY FARM FOUNDATION #0038604
DEPRECIABLE NON-CARE ASSETS - SCHEDULE XI., Section F.
JUNE 30, 2011

Description	Cost	Current Book Depreciation	Accumulated Depreciation
DAY TRAINING BUILDING	1,969,443	56,067	1,044,867
DAY TRAINING EQUIPMENT & VEHICLES	755,082	30,680	675,051
TOMBSTONES	3,186	-	3,186
GROVES B. SMITH BUILDING	1,133,240	33,256	488,887
GROVES B. SMITH EQUIPMENT	149,457	5,311	117,009
ADMINISTRATION & TRAINING BUILDINGS (ALLOCATED)	462,960	11,952	177,444
ADMINISTRATION EQUIPMENT (ALLOCATED)	340,196	24,050	189,974
GIFT SHOP EQUIPMENT	10,769	998	8,261
JUDAH SENIORS BUILDING	456,508	13,906	130,804
JUDAH EQUIPMENT	17,392	1,332	16,583
TREIN VOCATIONAL BUILDING	755,990	18,207	266,719
TREIN EQUIPMENT	11,613	178	11,425
HARDIN APARTMENTS	838,594	24,358	482,256
HARDIN APARTMENTS EQUIPMENT	350,332	24,785	220,316
GREENHOUSE	366,278	9,596	210,043
ARENA BUILDING	178,440	7,515	76,091
ARENA EQUIPMENT	42,449	1,061	41,767
HORTICULTURE	115,669	2,650	66,633
GROUP HOMES	2,201,979	62,191	1,117,769
GROUP HOMES EQUIPMENT	586,613	25,793	494,634
GROUP HOMES VEHICLES (ALLOCATED)	320,599	23,514	258,843
GROUP HOMES LAND	30,000	-	-
OTHER LAND	57,643	-	-
	<u>\$ 11,154,432</u>	<u>\$ 377,400</u>	<u>\$ 6,098,562</u>

BEVERLY FARM FOUNDATION #0038604
CNAS TRAINED FOR OTHERS
JUNE 30, 2011

ATTACHMENT FOR SCHEDULE XIII(D)(2)(f)

CNAS WERE TRAINED FOR THE FOLLOWING FACILITY:

New Opportunities, Inc.
1510 W. Seventh Street
Granite City, IL 62040

BEVERLY FARM FOUNDATION #0038604
SCHEDULE V RECLASSIFICATIONS
JUNE 30, 2011

BANK & BROKER FEES INCLUDED AS INTEREST	28,464	17-4
	(28,464)	32-4
CNA TRAINING INCLUDED AS NURSING	312,049	13-4
	(312,049)	10-4