

		FOR BHF USE					

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2012
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2012)

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: <u>0038604</u>		II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER																							
Facility Name: <u>BEVERLY FARM FOUNDATION</u>		I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>07/01/2011</u> to <u>06/30/2012</u> 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.																							
Address: <u>6301 HUMBERT ROAD</u> <u>GODFREY</u> <u>62035</u>																									
Number City Zip Code																									
County: <u>MADISON</u>																									
Telephone Number: <u>(618) 466-0367</u> Fax # <u>(618) 466-3652</u>																									
HFS ID Number: _____		<table><tr><td rowspan="4">Officer or Administrator of Provider</td><td>(Signed) _____</td></tr><tr><td>(Type or Print Name) <u>MARTHA WARFORD</u></td></tr><tr><td>(Title) <u>EXECUTIVE DIRECTOR</u></td></tr><tr><td>(Signed) _____</td></tr><tr><td rowspan="4">Paid Preparer</td><td>(Print Name and Title) <u>KIMBERLY S. LOY</u> <u>PRINCIPAL</u></td></tr><tr><td>(Firm Name & Address) <u>SCHEFFEL & COMPANY, P.C.</u> <u>106 W. COUNTY ROAD, JERSEYVILLE, IL 62052</u></td></tr><tr><td>(Telephone) <u>(618) 498-6841</u> Fax # <u>(618) 498-6842</u></td></tr><tr><td>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</td></tr></table>		Officer or Administrator of Provider	(Signed) _____	(Type or Print Name) <u>MARTHA WARFORD</u>	(Title) <u>EXECUTIVE DIRECTOR</u>	(Signed) _____	Paid Preparer	(Print Name and Title) <u>KIMBERLY S. LOY</u> <u>PRINCIPAL</u>	(Firm Name & Address) <u>SCHEFFEL & COMPANY, P.C.</u> <u>106 W. COUNTY ROAD, JERSEYVILLE, IL 62052</u>	(Telephone) <u>(618) 498-6841</u> Fax # <u>(618) 498-6842</u>	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												
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	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																								
Date of Initial License for Current Owners: _____																									
Type of Ownership:																									
<table><tr><td>☒ VOLUNTARY, NON-PROFIT</td><td>☐ PROPRIETARY</td><td>☐ GOVERNMENTAL</td></tr><tr><td>☒ Charitable Corp.</td><td>☐ Individual</td><td>☐ State</td></tr><tr><td>☐ Trust</td><td>☐ Partnership</td><td>☐ County</td></tr><tr><td>IRS Exemption Code <u>501(c)(3)</u></td><td>☐ Corporation</td><td>☐ Other _____</td></tr><tr><td></td><td>☐ "Sub-S" Corp.</td><td>_____</td></tr><tr><td></td><td>☐ Limited Liability Co.</td><td>_____</td></tr><tr><td></td><td>☐ Trust</td><td></td></tr><tr><td></td><td>☐ Other _____</td><td></td></tr></table>		☒ VOLUNTARY, NON-PROFIT	☐ PROPRIETARY	☐ GOVERNMENTAL	☒ Charitable Corp.	☐ Individual	☐ State	☐ Trust	☐ Partnership	☐ County	IRS Exemption Code <u>501(c)(3)</u>	☐ Corporation	☐ Other _____		☐ "Sub-S" Corp.	_____		☐ Limited Liability Co.	_____		☐ Trust			☐ Other _____	
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	☐ Limited Liability Co.	_____																							
	☐ Trust																								
	☐ Other _____																								
In the event there are further questions about this report, please contact:																									
Name: <u>BRENDA MILLER</u> Telephone Number: <u>(618) 466-0367</u>																									
Email Address: _____																									

Facility Name & ID Number BEVERLY FARM FOUNDATION# 0038604 Report Period Beginning: 07/01/2011 Ending: 06/30/2012

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	2	3	4	5	
	Level of Care	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	91,975	3,106		95,081	11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	91,975	3,106		95,081	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4.) 86.83%

D. How many bed-hold days during this year were paid by the Department?

1,938 (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?

YESG. 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 N/A

IV. ACCOUNTING BASIS

ACCRUAL ☒

MODIFIED

CASH* ☐CASH* ☐

Is your fiscal year identical to your tax year?

YES ☒NO ☐Tax Year: 6/30/12Fiscal Year: 6/30/12

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

	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		79,455	1,180,942	1,260,397		1,260,397		1,260,397			1
2	Food Purchase		853,969		853,969		853,969	(60,968)	793,001			2
3	Housekeeping	831,052	17,018	46,848	894,918		894,918		894,918			3
4	Laundry		8,538	301,522	310,060		310,060		310,060			4
5	Heat and Other Utilities			356,846	356,846		356,846		356,846			5
6	Maintenance	234,684	27,470	316,623	578,777		578,777		578,777			6
7	Other (specify):* SECURITY	38,003	1,471	48,398	87,872		87,872		87,872			7
8	TOTAL General Services	1,103,739	987,921	2,251,179	4,342,839		4,342,839	(60,968)	4,281,871			8
	B. Health Care and Programs											
9	Medical Director											9
10	Nursing and Medical Records	5,361,790	163,629	339,114	5,864,533	(339,478)	5,525,055		5,525,055			10
10a	Therapy	201,484	1,037	29,534	232,055		232,055		232,055			10a
11	Activities	46,960	30,298	3,960	81,218		81,218		81,218			11
12	Social Services	112,260		938	113,198		113,198		113,198			12
13	CNA Training	90,174			90,174	339,478	429,652		429,652			13
14	Program Transportation	82,833			82,833		82,833		82,833			14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	5,895,501	194,964	373,546	6,464,011		6,464,011		6,464,011			16
	C. General Administration											
17	Administrative	131,753		112,308	244,061	38,087	282,148		282,148			17
18	Directors Fees											18
19	Professional Services			112,781	112,781		112,781	(13,782)	98,999			19
20	Dues, Fees, Subscriptions & Promotions			81,013	81,013		81,013	(9,099)	71,914			20
21	Clerical & General Office Expenses	336,634	57,962	217,146	611,742		611,742		611,742			21
22	Employee Benefits & Payroll Taxes			1,924,188	1,924,188		1,924,188		1,924,188			22
23	Inservice Training & Education			5,028	5,028		5,028		5,028			23
24	Travel and Seminar			236	236		236		236			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			108,003	108,003		108,003		108,003			26
27	Other (specify):* FUNDRAISING	122,698		56,362	179,060		179,060	(179,060)				27
28	TOTAL General Administration	591,085	57,962	2,617,065	3,266,112	38,087	3,304,199	(201,941)	3,102,258			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	7,590,325	1,240,847	5,241,790	14,072,962	38,087	14,111,049	(262,909)	13,848,140			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			1,228,840	1,228,840		1,228,840	(393,558)	835,282			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			336,052	336,052	(38,087)	297,965	(193,254)	104,711			32
33	Real Estate Taxes			2,387	2,387		2,387	(2,387)				33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles											35
36	Other (specify):* MORTGAGE INS			28,564	28,564		28,564		28,564			36
37	TOTAL Ownership			1,595,843	1,595,843	(38,087)	1,557,756	(589,199)	968,557			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	28,808	6,534	68,544	103,886		103,886		103,886			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			746,861	746,861		746,861		746,861			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers	28,808	6,534	815,405	850,747		850,747		850,747			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	7,619,133	1,247,381	7,653,038	16,519,552		16,519,552	(852,108)	15,667,444			45

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(60,968)	2		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	(393,558)	30		9
10	Interest and Other Investment Income	(193,254)	32		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	(9,099)	20		17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(13,782)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(179,060)	27		25
	Income Taxes and Illinois Personal				
26	Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule REAL ESTATE TAXES	(2,387)	33		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (852,108)		\$	30

BHF USE ONLY							
48		49		50		51	52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (852,108)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1	2	3	4	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.			\$		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: 07/01/2011
06/30/2012

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

STATE OF ILLINOIS

Summary A

Facility Name & ID Number BEVERLY FARM FOUNDATION

0038604

Report Period Beginning:

07/01/2011

Ending:

06/30/2012

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(60,968)	0	0	0	0	0	0	0	0	0	0	(60,968)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(60,968)	0	0	0	0	0	0	0	0	0	0	(60,968)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(13,782)	0	0	0	0	0	0	0	0	0	0	(13,782)	19
20	Fees, Subscriptions & Promotions	(9,099)	0	0	0	0	0	0	0	0	0	0	(9,099)	20
21	Clerical & General Office Expenses	0	0	0	0	0	0	0	0	0	0	0	0	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	(179,060)	0	0	0	0	0	0	0	0	0	0	(179,060)	27
28	TOTAL General Administration	(201,941)	0	0	0	0	0	0	0	0	0	0	(201,941)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(262,909)	0	0	0	0	0	0	0	0	0	0	(262,909)	29

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	(393,558)	0	0	0	0	0	0	0	0	0	0	(393,558)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(193,254)	0	0	0	0	0	0	0	0	0	0	(193,254)	32
33	Real Estate Taxes	(2,387)	0	0	0	0	0	0	0	0	0	0	(2,387)	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(589,199)	0	0	0	0	0	0	0	0	0	0	(589,199)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	0	0	0	0	0	0	0	0	0	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(852,108)	0	0	0	0	0	0	0	0	0	0	(852,108)	45

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
		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 ☒ 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.

Facility Name & ID Number

BEVERLY FARM FOUNDATION

0038604

Report Period Beginning:

07/01/2011

Ending:

06/30/2012

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	Barry Allswang	BOD						1
2	Alan Bradley	BOD						2
3	Brian Birnbaum	BOD						3
4	Hartley Carlton	BOD						4
5	Patricia Downey	BOD						5
6	David Durand	BOD						6
7	Leslie Landsman	BOD						7
8	Nicholas Lynn	BOD						8
9	William McMahon	BOD						9
10	Donald Perozzi	BOD						10
11	Roger Queen	BOD						11
12	Steve Schmidt	BOD						12
13	Kent Schuette	BOD						13
14	David Swain	BOD						14
15	Glen Tiller	BOD						15
16	George Walker	BOD						16
17	Pamela Whisler	BOD						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

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 PAGE 6)										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:

07/01/2011Ending: 6/30/2012

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 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	22-3	EMPLOYEE BENEFITS	WAGES	10,000	8	\$ 3,502,264	\$	5,494	\$ 1,924,188	1
2	17-3	SCHOOL REIMBURSEMENT	WAGES	10,000	8	159,932		6,107	97,673	2
3	17-1	ADMINISTRATIVE SALARIES	HOURS	2,080	8	219,588	219,588	1,248	131,753	3
4	17-3	ADMINISTRATIVE - OTHER	HOURS	2,080	8	24,384		1,248	14,635	4
5	21-1	PERSONNEL/ACCOUNTING	HOURS	2,080	8	561,056	561,056	1,248	336,634	5
6	6-1	MAINTENANCE STAFF	HOURS	2,080	8	391,140	391,140	1,248	234,684	6
7	7-3	SECURITY/SAFETY	HOURS	2,080	8	80,663		1,248	48,398	7
8	7-1	SAFETY MANAGER	HOURS	2,080	8	63,338	63,338	1,248	38,003	8
9	7-2	SECURITY SUPPLIES	HOURS	2,080	8	2,452		1,248	1,471	9
10	6-2	MAINTENANCE SUPPLIES	HOURS	2,080	8	45,555		1,248	27,332	10
11	21-2	OSHA REQUIREMENTS	HOURS	2,080	8	60,611		1,248	36,368	11
12	21-3	CONSULTANTS	HOURS	2,080	8	124,060		1,248	74,436	12
13	6-3	MAINTENANCE - OTHER	HOURS	2,080	8	121,813		1,075	62,965	13
14	26-3	INSURANCE	HOURS	2,080	8	180,005		1,248	108,003	14
15	19-3	LEGAL & ACCOUNTING	HOURS	2,080	8	174,841		1,342	112,781	15
16	14-1	TRANSPORTATION STAFF	HOURS	2,080	8	138,056	138,056	1,248	82,833	16
17	20-3	DUES/SUBS/ADVERTISING	HOURS	2,080	8	109,974		1,532	81,013	17
18	36-3	MORTGAGE INSURANCE	HOURS	2,080	8	47,606		1,248	28,564	18
19	32-3	INTEREST	HOURS	2,080	8	560,086		1,248	336,052	19
20	23-3	INSERVICE TRAINING	HOURS	2,080	8	8,381		1,248	5,028	20
21	11-1	ACTIVITIES STAFF	HOURS	2,080	8	78,266	78,266	1,248	46,960	21
22	11-2	ACTIVITIES SUPPLIES	HOURS	2,080	8	8,180		1,248	4,907	22
23	11-3	ACTIVITIES OTHER	HOURS	2,080	8	3,403		1,248	2,042	23
24										24
25	TOTALS					\$ 6,665,654	\$ 1,451,444		\$ 3,836,723	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	\$ 5,678,724	08/01/31	0.0477	\$ 276,194	1	
2	AMORTIZATION OF DEBT COSTS		X								4,399	2	
3												3	
4												4	
5												5	
	Working Capital												
6	LIBERTY BANK		X	WORKING CAPITAL		4/21/12	630,000	630,000	4/21/13	0.0500	17,372	6	
7												7	
8												8	
9	TOTAL Facility Related				\$36,578.00		\$ 6,603,180	\$ 6,308,724			\$ 297,965	9	
	B. Non-Facility Related*												
10												10	
11												11	
12												12	
13												13	
14	TOTAL Non-Facility Related						\$	\$			\$	14	
15	TOTALS (line 9+line14)						\$ 6,603,180	\$ 6,308,724			\$ 297,965	15	

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 28,564 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 2011 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.)				\$	2,387	2																				
3. Under or (over) accrual (line 2 minus line 1).				\$	2,387	3																				
4. Real Estate Tax accrual used for 2012 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.				\$	2,387	7																				
Real Estate Tax History:																										
Real Estate Tax Bill for Calendar Year:	2007	2,194	8	<table border="1"> <tr> <td></td> <td colspan="2">FOR BHF USE ONLY</td> <td></td> </tr> <tr> <td>13</td> <td>FROM R. E. TAX STATEMENT FOR 2011</td> <td>\$</td> <td>13</td> </tr> <tr> <td>14</td> <td>PLUS APPEAL COST FROM LINE 5</td> <td>\$</td> <td>14</td> </tr> <tr> <td>15</td> <td>LESS REFUND FROM LINE 6</td> <td>\$</td> <td>15</td> </tr> <tr> <td>16</td> <td>AMOUNT TO USE FOR RATE CALCULATION</td> <td>\$</td> <td>16</td> </tr> </table>				FOR BHF USE ONLY			13	FROM R. E. TAX STATEMENT FOR 2011	\$	13	14	PLUS APPEAL COST FROM LINE 5	\$	14	15	LESS REFUND FROM LINE 6	\$	15	16	AMOUNT TO USE FOR RATE CALCULATION	\$	16
	FOR BHF USE ONLY																									
13	FROM R. E. TAX STATEMENT FOR 2011	\$	13																							
14	PLUS APPEAL COST FROM LINE 5	\$	14																							
15	LESS REFUND FROM LINE 6	\$	15																							
16	AMOUNT TO USE FOR RATE CALCULATION	\$	16																							
	2008	2,320	9																							
	2009	2,363	10																							
	2010	2,387	11																							
	2011	2,351	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.**

2011 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME
BEVERLY FARM FOUNDATION

COUNTY
MADISON

FACILITY IDPH LICENSE NUMBER
0038604

CONTACT PERSON REGARDING THIS REPORT

TELEPHONE ()

FAX #: ()

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2011 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 2011.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
1.		\$	\$
2.		\$	\$
3.		\$	\$
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$	\$

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 a copy of the original 2011 tax bills which were listed in Section A to this statement. Be sure to use the 2011 tax bill which is normally paid during 2012.

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.**

- 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 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	FACILITY	6,701,800	1955	\$ 60,245	1
2	GROUND MP			138,971	2
3	TOTALS	6,701,800		\$ 199,216	3

Facility Name & ID Number BEVERLY FARM FOUNDATION

0038604

Report Period Beginning:

07/01/2011

Ending:

06/30/2012

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 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		271,201	7
8	84		1979	1979	628,784	15,720	40	15,720		534,467	8
	Improvement Type**										
9	43 BEDS INCLUDED IN LINE 8 YEAR ACQUIRED 1984			1984	1,188,870	29,721	40	29,721		817,348	9
10	BUILDING ADDITIONS			1968	395,455	1,486	40	1,486		395,455	10
11	BUILDING IMPROVEMENTS			1973	1,958	49	40	49		1,773	11
12	BUILDING ADDITIONS			1974	62,866	1,572	40	1,572		57,185	12
13	BUILDING IMPROVEMENTS			1977	6,665	167	40	167		5,582	13
14	BUILDING IMPROVEMENTS			1978	29,299	732	40	732		23,793	14
15	BUILDING IMPROVEMENTS			1979	3,697	92	40	92		2,902	15
16	BUILDING IMPROVEMENTS			1980	178,379	4,459	40	4,459		135,457	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		69,799	19
20	BUILDING IMPROVEMENTS			1982	12,542	313	40	313		9,142	20
21	BUILDING IMPROVEMENTS			1983	151,953	2,945	VAR	2,945		143,380	21
22	BUILDING IMPROVEMENTS			1984	57,602	600	VAR	600		50,691	22
23	BUILDING IMPROVEMENTS			1985	118,087	624	VAR	624		111,881	23
24	BUILDING IMPROVEMENTS			1986	1,074,281	20,024	VAR	20,024		919,430	24
25	BUILDING IMPROVEMENTS			1987	121,493	2,965	VAR	2,965		83,293	25
26	BUILDING IMPROVEMENTS			1988	71,953	1,009	VAR	1,009		66,984	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		573,327	29
30	RENOVATIONS-CAMPBELL			1992	4,282	171	25	171		3,595	30
31	SIDEWALKS			1992	10,289		10			10,289	31
32	ROOM ADDITION-CAMPBELL			1992	38,900	1,556	25	1,556		30,338	32
33	WINDOWS-LOGAN			1992	16,450	658	25	658		12,831	33
34	DOORS/WINDOWS/REMODELLING-ALL 10 COTTAGES			1993	1,422,666	56,907	25	56,907		1,109,681	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:

07/01/2011

Ending:

06/30/2012

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	\$	\$ 419,877	37
38	FURNACE/AIR CONDITIONER/SPRINKLER	1994	13,403	536	25	536		9,918	38
39	ROAD & LOT WORK	1994	21,683		15			21,683	39
40	FLOW METER	1994	5,754		15			5,754	40
41	SEWALD & 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		28,700	44
45	PARKING LOT REPAIRS/SPRINKLER/FIRE ALARM	1994	1,272	51	25	51		892	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		17,171	48
49	KITCHEN AT LOGAN	1996	7,494		15			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	383	15	383		11,490	53
54	PORCH - CHAPPE	1998	4,110	206	20	206		3,187	54
55	LIGHTING/ROOF DRAINS/DIETARY REPAIRS	1998	11,782	394	15	394		11,782	55
56	PARKING LOT	1997	78,536		10			78,536	56
57	SIDEWALK	1997	11,311	452	25	452		7,011	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		258,584	62
63	SECURITY OFFICE	1997	3,399		10			3,399	63
64	CARPET/LINOLEUM/LAVATORY/SUNROOM	1997	21,007	1,400	15	1,400		20,305	64
65	ROOFS-HERRING & DONNELLY	1997	55,560	3,704	15	3,704		53,708	65
66	CABINETS - DONNELLY	1998	10,638	709	15	709		10,283	66
67	ROOF- LAUNDRY	1998	20,652	1,377	15	1,377		19,965	67
68	ROOF REPAIR DONNELLY/NEW DOORS/FURNACE	1997	16,030	1,069	15	1,069		15,497	68
69	HARDWARE - ADMINISTRATION BLDG	1997	6,556		10			6,556	69
70	TOTAL (lines 4 thru 69)		\$ 9,865,893	\$ 224,824		\$ 224,824	\$	\$ 7,710,752	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:

07/01/2011

Ending:

06/30/2012

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	Totals from Page 12A, Carried Forward		\$ 9,865,893	\$ 224,824		\$ 224,824	\$	\$ 7,710,752	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		52,287	4
5	WINDOWS - LAUNDRY	1999	6,670	267	25	267		3,603	5
6	DOORS - MAINTENANCE	1999	13,314		10			13,314	6
7	WINDOWS-NURSING	1998	6,182	247	25	247		3,337	7
8	FENCE - LAGOON	1999	6,734	449	15	449		6,061	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		349	13
14	PARKING LOT REPAIRS/SPRINKLER/FIRE ALARM	1994	9,528	381	25	381		6,668	14
15	ROOF-CAMP BEVERLY	2000	1,350	68	20	68		846	15
16	BEVERLY COTTAGE-SIDING,GUTTERS, FASCIA	2000	8,636	432	20	432		5,399	16
17	CARRIAGE HOUSE-WINDOWS	2000	586	23	25	23		291	17
18	CHAPPE-ROOF	1999	615	31	20	31		385	18
19	DIETARY-DOOR	1999	3,262		10			3,262	19
20	DONNELLY-DOORS	2000	6,927	693	10	693		5,660	20
21	EVANS-SIDING & GUTTERS	1999	10,527	526	20	526		6,578	21
22	FUNDRAISING-SIDING & GUTTERS	1999	2,125	106	20	106		1,327	22
23	GARAGE-WINDOW	1999	909	36	25	36		453	23
24	MAIN CAMPUS GAS LINE	1999	10,235	512	20	512		6,398	24
25	HERRING-SIDING & GUTTERS	1999	5,789	289	20	289		3,616	25
26	HERRING-DOOR	2000	2,857		10			2,857	26
27	HILLIER-ROOF	2000	34,732	1,737	20	1,737		21,709	27
28	HILLIER-SPRINKLER & FLOORING	1999	12,663	633	20	633		7,914	28
29	HOUSEKEEPING-SOFFIT & GUTTERS	1999	925	46	20	46		577	29
30	LAUNDRY-DOOR,SIDING & SOFFIT	1999	2,586	129	20	129		1,615	30
31	LAVENTHAL-DOOR,SIDING & SOFFIT	1999	5,972	299	20	299		3,734	31
32	LOGAN-DOOR,SOFFIT,FLOORING	1999	18,805	940	20	940		11,752	32
33	OLD HERRING-SIDING	1999	1,173	59	20	59		734	33
34	TOTAL (lines 1 thru 33)		\$ 10,235,008	\$ 236,618		\$ 236,618	\$	\$ 7,980,223	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:

07/01/2011

Ending:

06/30/2012

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	Totals from Page 12B, Carried Forward		\$ 10,235,008	\$ 236,618		\$ 236,618	\$	\$ 7,980,223	1
2	SMITH-DOOR,SIDING & FASCIA	1999	9,851	493	20	493		6,159	2
3	STAHL-SIDING,SOFFIT & FLOORING	2000	14,075	704	20	704		8,798	3
4	SUPPLY-SIDING & SOFFIT	1999	3,806	190	20	190		2,378	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		3,500	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		10			1,049	19
20	BEVERLY - WATER HEATER	2000	1,170		10			1,170	20
21	BEVERLY - FLOOR/DOOR	2000	5,073		10			5,073	21
22	CARIAGE HSE-GUTTERS	2000	5,115	256	20	256		2,942	22
23	CHAPPEE-A/C; FLOORS	2000	14,128		10			14,128	23
24	CROSS COTTAGE-SIDING	2000	1,945	97	20	97		1,117	24
25	DIETARY-DOOR	2000	1,685		10			1,685	25
26	DONNELLY-DOORS	2000	5,249		10			5,249	26
27	EVANS-A/C	2001	2,081		10			2,081	27
28	EVANS-WINDOWS/DOORS	2000	6,196	248	25	248		2,851	28
29	LAVENTHAL-FIRE ALARM	2000	12,000		10			12,000	29
30	SMALL GARAGE DOOR	2000	3,000	200	15	200		2,300	30
31	HERRING-FRP WALLS	2000	864	58	15	58		664	31
32	HILLIER-SPRINKLER REP	2001	5,862		10			5,862	32
33	HILLIER-NEW WINDOWS	2000	11,361	454	25	454		5,224	33
34	TOTAL (lines 1 thru 33)		\$ 10,490,586	\$ 239,598		\$ 239,598	\$	\$ 8,211,321	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	Totals from Page 12C, Carried Forward		\$ 10,490,586	\$ 239,598		\$ 239,598	\$	\$ 8,211,321	1
2	HILLIER-DOOR/FLOORING	2001	8,040		10			8,040	2
3	LAUNDRY-CHIMNEY/DOOR	2000	10,074		10			10,074	3
4	LAVENTHAL-SPRINKLER	2001	7,501		10			7,501	4
5	LOGAN-DOOR/SPRINKLER	2001	5,261		10			5,261	5
6	LOGAN-FIRE ALARM	2000	10,350		10			10,350	6
7	OLD HERRING-WINDOWS	2000	5,535	221	25	221		2,545	7
8	SEWING-STEEL DOORS	2000	2,281		10			2,281	8
9	SMITH-DOOR	2001	1,070		10			1,070	9
10	STAHL-DOOR/FLOORING	2001	6,934		10			6,934	10
11	DRAINAGE DITCH	2001	9,170		10			9,170	11
12	CABIN ROAD REPAIR	2000	26,843		10			26,843	12
13	MAIN CAMPUS-SIDEWALK	2000	28,716		10			28,716	13
14	HERRING PARKING LOT	2000	12,341		10			12,341	14
15	ROAD IMPROVEMENTS	2000	106,706		10			106,706	15
16	SRS BLDG-SITE PREP	2001	936		10			936	16
17	STORM SEWER REPAIR	2000	2,600		10			2,600	17
18	WIDEN ROAD	2000	2,650		10			2,650	18
19	OIL & CHIP ROADS	2001	12,362	619	10	619		12,362	19
20	ROAD REPAIRS	2001	83,836	4,191	10	4,191		83,836	20
21	SIDEWALKS	2001	12,977	648	10	648		12,977	21
22	BEVERLY - DOORS/JAMBS	2001	919	46	10	46		919	22
23	CHAPPEE - DOORS	2001	1,722	87	10	87		1,722	23
24	DIETARY - DOORS	2001	506	24	10	24		506	24
25	DONNELLEY - FIRE ALARM	2002	12,390		10			12,390	25
26	EVANS - FIRE ALARM	2002	11,667	582	10	582		11,667	26
27	HERRING - FIRE ALARM	2002	11,666	582	10	582		11,666	27
28	HERRING - DOORS	2001	2,680	134	10	134		2,680	28
29	HILLIER - SPRINKLER	2001	786	38	10	38		786	29
30	HOUSEKEEPING - DOOR	2001	846	41	10	41		846	30
31	COTTAGES - SPRINKLER	2001	8,195	408	10	408		8,195	31
32	BATHROOM DOORS	2001	4,601	230	10	230		4,601	32
33	MAINTENANCE - GUTTERS & ROOF	2001	6,256	313	20	313		3,285	33
34	TOTAL (lines 1 thru 33)		\$ 10,909,003	\$ 247,762		\$ 247,762	\$	\$ 8,623,777	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:

07/01/2011

Ending:

06/30/2012

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	Totals from Page 12D, Carried Forward		\$ 10,909,003	\$ 247,762		\$ 247,762	\$	\$ 8,623,777	1
2	MAINTENANCE - GARAGE DOORS	2001	679	34	10	34		679	2
3	MAINTENANCE - SHED DOORS	2001	1,492	75	10	75		1,492	3
4	SEWING - WINDOWS	2001	3,926	157	25	157		1,649	4
5	AIR COND REPAIRS - ALL COTTAGES	2003	10,066	1,007	10	1,007		9,564	5
6	DIGITAL THERMOMETERS - ALL COTTAGES	2003	9,450	945	10	945		8,978	6
7	FLOOR TILE - CHAPPEE	2002	3,299	330	10	330		3,134	7
8	SPRINKLER - DIETARY	2002	5,600	560	10	560		5,320	8
9	FLOORING - DONNELLEY	2003	2,196	220	10	220		2,088	9
10	SPRINKLER - HILLIER	2003	4,990	499	10	499		4,741	10
11	GENERATOR REPAIR - HILLIER	2002	2,466	164	15	164		1,560	11
12	BOILER REPAIR - LOGAN	2002	2,865	191	15	191		1,815	12
13	VINYL FLOORING - LOGAN	2003	696	70	10	70		663	13
14	DOOR - MAINTENANCE SHED	2002	1,398	140	10	140		1,329	14
15	DOOR - SMITH	2003	1,118	112	10	112		1,063	15
16	BEDROOM FLOOR - STAHL	2003	890	89	10	89		846	16
17	SIDEWALKS - OLD HERRING	2003	2,335	234	10	234		2,220	17
18	LANDSCAPING - BEVERLY	2002	6,699	670	10	670		6,364	18
19	PARKING LOT - CHAPPEE	2002	4,175	418	10	418		3,968	19
20	SIDEWALKS - MAIN CAMPUS	2002	2,502	250	10	250		2,376	20
21	SIDEWALKS - LOGAN	2002	740	74	10	74		703	21
22	ROAD REPAIRS - MAIN CAMPUS	2002	41,503	4,150	10	4,150		39,427	22
23	LANDSCAPING - SMITH	2002	1,548	155	10	155		1,471	23
24	UV FILTERS ADMIN BLDG	2004	2,000	200	10	200		1,700	24
25	SEPTIC SYSTEM CABIN	2004	4,600	460	10	460		3,910	25
26	BOILER - DIETARY	2004	4,122	412	10	412		3,503	26
27	CEILING TILES - DIETARY	2004	998	100	10	100		849	27
28	STOVE HOOD - DIETARY	2004	2,594	259	10	259		2,203	28
29	FURNACE - EVANS	2003	3,055	306	10	306		2,599	29
30	WATER HEATER - EVANS	2003	5,891	589	10	589		5,007	30
31	FLOORING - EVANS	2003	1,223	122	10	122		1,039	31
32	SPRINKLER - HERRING	2003	2,745	275	10	275		2,335	32
33	HANDRAILS - HERRING	2003	4,467	447	10	447		3,798	33
34	TOTAL (lines 1 thru 33)		\$ 11,051,331	\$ 261,476		\$ 261,476	\$	\$ 8,752,170	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:

07/01/2011

Ending:

06/30/2012

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	Totals from Page 12E, Carried Forward		\$ 11,051,331	\$ 261,476		\$ 261,476	\$	\$ 8,752,170	1
2	FLOORING - HERRING	2003	2,328	233	10	233		1,980	2
3	STALL REPAIR - HILLIER	2003	2,444	244	10	244		2,076	3
4	ROOF/GUTTERS - LAVENTHAL	2003	15,829	1,055	15	1,055		8,968	4
5	NEW DOOR - LAVENTHAL	2003	1,096	110	10	110		934	5
6	LIFE SAFETY CODE EXIT	2004	27,232	2,723	10	2,723		23,146	6
7	CABINETS - LOGAN	2004	5,187	519	10	519		4,410	7
8	FLOORING - LOGAN	2003	4,815	482	10	482		4,095	8
9	SHUTTERS - LOGAN	2003	558	56	10	56		475	9
10	DOORS - MAINTENANCE	2004	1,786	179	10	179		1,520	10
11	SEWER BACKFLOW	2004	958	96	10	96		815	11
12	A/C & HEATING MAINT.	2003	911	91	10	91		774	12
13	TOILET STOOLS - ALL	2003	1,192	119	10	119		1,012	13
14	FRP - ALL	2003	1,555	156	10	156		1,324	14
15	SPRINKLER REPAIR - ALL	2003	3,351	335	10	335		2,848	15
16	REPLACE GARAGE DOORS	2004	1,005	101	10	101		856	16
17	FIRE HYDRANTS	2004	1,440	144	10	144		1,224	17
18	CIRCUIT UPGRADES - ALL	2004	8,690	869	10	869		7,387	18
19	SMOKE DETECTORS - ALL	2003	6,749	675	10	675		5,737	19
20	SPRINKLER - SMITH	2004	2,417	242	10	242		2,056	20
21	CLOSET - STAHL	2004	980	98	10	98		833	21
22	NEW ROOF - STAHL	2003	15,978	1,065	15	1,065		9,053	22
23	SIDEWALKS - CHAPPEE	2003	531	53	10	53		451	23
24	MAIN CAMPUS ROAD	2003	53,628	5,363	10	5,363		45,584	24
25	SIDEWALKS - DONNELLEY	2004	690	69	10	69		587	25
26	DRAIN PIPE	2003	1,570	157	10	157		1,334	26
27	SIDEWALKS - MAIN CAMPUS	2003	8,404	840	10	840		7,142	27
28	LAGOON DRAINAGE	2004	800		5			800	28
29	SPRINKLER MAINTENANCE	2003	7,244	724	10	724		6,156	29
30	SIDEWALK - STAHL	2004	920	92	10	92		782	30
31	CABINETS - LOGAN	2004	2,039	204	10	204		1,530	31
32	BEVERLY BACK ENTRANCE	2004	3,160	126	25	126		946	32
33	DRY PIPE SYSTEM - HILLIER	2004	1,046	105	10	105		786	33
34	TOTAL (lines 1 thru 33)		\$ 11,237,864	\$ 278,801		\$ 278,801	\$	\$ 8,899,791	34

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

Facility Name & ID Number BEVERLY FARM FOUNDATION

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Report Period Beginning:

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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 12F, Carried Forward		\$ 11,237,864	\$ 278,801		\$ 278,801	\$	\$ 8,899,791	1
2	CONDENSORS/COILS - MAIN CAMPUS	2004	5,406	541	10	541		4,056	2
3	DRYWALL MECHANICAL ROOM - DIETARY	2004	21,480	859	25	859		6,443	3
4	FIRE SAFETY UPGRADES - MAIN CAMPUS	2005	69,085	6,909	10	6,909		51,816	4
5	HANDRAILS/DOORS/FLOORS	2004	22,588	2,149	10-25	2,149		16,011	5
6	SAFETY EQUIPMENT INSPECTIONS	2004	7,542	754	10	754		5,656	6
7	ROOF - SUPPLY BUILDING	2005	4,200	168	25	168		1,260	7
8	OPTICAL CABLE/PHONE LINE - MAIN CAMPUS	2005	31,706	3,170	10	3,170		23,777	8
9	TERMITE CONTROL SYSTEM	2005	1,357	136	10	136		1,019	9
10	WATERLINE - LOGAN	2005	14,684	1,468	10	1,468		11,011	10
11	FUEL/GAS PUMP AREA IMPROVEMENTS	2004	57,355	5,736	10	5,736		43,018	11
12	SIDEWALKS	2004	6,892	689	10	689		5,168	12
13	GAS LINE REPLACEMENTS	2005	22,925	2,293	10	2,293		17,196	13
14	LAGOON DRAINAGE	2005	3,216		5			3,216	14
15	ADMIN BLDG TILE FLOOR	2005	752	75	10	75		563	15
16	SPRINKLER SYSTEM MAINTENANCE	2005	11,718	1,172	10	1,172		8,789	16
17	TRAINING BUILDING ALLOCATION	1998	17,777	1,169	15	1,169		16,342	17
18	DIETARY - NEW BACK DOOR	2006	1,499	150	10	150		975	18
19	DIETARY - BOILER	2006	9,282	928	10	928		6,033	19
20	DIETARY - NEW ROOF	2006	2,100	105	20	105		683	20
21	DONNELLY - LANDSCAPING	2006	3,215		5			3,215	21
22	MENS BATHROOMS	2006	1,179		5			1,179	22
23	HERRING - ELECTRIC BOILER	2006	3,476	348	10	348		2,261	23
24	HERRING - DUCT WORK	2006	1,045	104	10	104		677	24
25	HILLIER - NEW BACK DOOR	2006	1,796	180	10	180		1,169	25
26	LOGAN - HANDRAILS	2006	201	20	10	20		130	26
27	FIRE SYSTEM UPGRADES	2006	26,843	2,684	10	2,684		17,447	27
28	SEWAGE CHIPPER	2006	5,853	585	10	585		3,803	28
29	GENERATOR IMPROVEMENTS	2006	6,308	630	10	630		4,097	29
30	AIR CONDITIONING IMPROVEMENTS	2006	951	95	10	95		618	30
31	NURSING - AWNING	2006	595	60	10	60		390	31
32	NURSING - FLOORING	2006	8,952	895	10	895		5,818	32
33	PHONE LINE CABLING	2006	1,328	133	10	133		864	33
34	TOTAL (lines 1 thru 33)		\$ 11,611,170	\$ 313,006		\$ 313,006	\$	\$ 9,164,491	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:

07/01/2011

Ending:

06/30/2012

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 12G, Carried Forward		\$ 11,611,170	\$ 313,006		\$ 313,006	\$	\$ 9,164,491	1
2	STAHL - PATIO	2006	8,935	894	10	894		5,810	2
3	STAHL - BACK DOOR AND CANOPY	2006	2,927	293	10	293		1,904	3
4	LAVENTHAL - FLOORING	2006	9,835	983	10	983		6,391	4
5	LAGOON	2006	62,960	2,518	25	2,518		16,366	5
6	GAS MAIN REPAIR	2006	2,400	240	10	240		1,560	6
7	REPAIR SEWER LIFT STATION	2006	6,281	628	10	628		4,082	7
8	ROAD REPAIR - MAIN CAMPUS	2006	25,068	2,507	10	2,507		16,293	8
9	SIDEWALK REPAIR - LOGAN	2006	6,765	677	10	677		4,399	9
10	STAHL - LANDSCAPING	2006	1,049	105	10	105		682	10
11	GAS MAIN REPAIR	2007	43,149	4,315	10	4,315		23,732	11
12	STAHL - SIDEWALKS	2007	4,925	493	10	493		2,711	12
13	RETAINING WALL - NURSING BUILDING	2007	39,392	3,939	10	3,939		21,664	13
14	T & T PARKING LOT RESURFACING	2007	26,568	2,657	10	2,657		14,613	14
15	RESURFACE GYM FLOOR	2007	1,875	187	5	187		1,875	15
16	BEVERLY ROOF REPAIR	2007	20,184	807	25	807		4,439	16
17	CAMPBELL CABINETS	2007	19,000	1,900	10	1,900		10,450	17
18	DONNELLY - NEW DOOR	2007	2,898	290	10	290		1,595	18
19	EVANS - HANDRAILS	2007	3,111	311	10	311		1,711	19
20	HILLIER - NEW CABINETS	2007	10,500	1,050	10	1,050		5,775	20
21	HILLIER - DOOR/FLOOR RPRS	2007	18,474	1,847	10	1,847		10,159	21
22	HILLIER - NEW GENERATOR	2007	143,290	5,732	25	5,732		35,824	22
23	HILLIER - SPRINKLER REPAIRS	2007	9,084	908	10	908		4,995	23
24	ANNUAL SPRINKLER REPAIRS	2007	22,195	2,220	10	2,220		12,209	24
25	BOILER ROOM - NEW DOORS	2007	1,845	185	10	185		1,017	25
26	SMITH - FLOORING	2007	1,153	115	10	115		633	26
27	STAHL - FLOORING	2007	1,328	133	10	133		731	27
28	WHEELCHAIR BUILDING REPAIRS	2007	537	54	10	54		297	28
29	BEVERLY - GUTTERS	2008	2,386	159	15	159		715	29
30	DIETARY - SPRINKLER	2008	4,791	479	10	479		2,156	30
31	HILLIER - GENERATOR	2008	934	93	10	93		419	31
32	HILLIER - HVAC Duct Work, Flooring, & Wall Coverings	2008	13,873	1,387	10	1,387		6,242	32
33	HILLIER - ELECTRICAL	2008	14,234	1,423	10	1,423		6,403	33
34	TOTAL (lines 1 thru 33)		\$ 12,143,116	\$ 352,535		\$ 352,535	\$	\$ 9,392,343	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:

07/01/2011

Ending:

06/30/2012

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	\$ 352,535		\$ 352,535	\$	\$ 9,392,343	1
2	LOGAN - BATHROOM	2008	10,605	1,061	10	1,061		4,774	2
3	SMITH - ROOF	2008	21,136	846	25	846		3,807	3
4	MAIN CAMPUS - SIDEWALKS	2008	7,100	710	10	710		3,195	4
5	MAIN CAMPUS - TAR/CHIP ROADS	2008	39,752	3,975	10	3,975		17,888	5
6	HERRING - GENERATOR PAD	2008	1,181	47	25	47		212	6
7	Logan - Flooring	2009	9,446	945	10	945		3,307	7
8	Dietary - Door	2009	1,585	159	10	159		556	8
9	Donnelley - Picnic Table	2009	1,021	102	10	102		357	9
10	Evans - Generator	2009	3,331	333	10	333		1,166	10
11	Herring - Sink/Cabinets	2009	11,595	1,160	10	1,160		4,060	11
12	Laventhal - Bath/Shower	2009	881	88	10	88		308	12
13	Logan - Curtains	2009	2,942	588	5	588		2,058	13
14	Logan - Doors	2009	12,574	1,257	10	1,257		4,400	14
15	Logan - Flooring	2009	2,971	594	5	594		2,079	15
16	Main Campus - Doors	2009	5,506	551	10	551		1,928	16
17	Main Campus - FRP	2009	4,620	462	10	462		1,617	17
18	Old Sewing Bldg - Flooring	2009	2,416	242	10	242		847	18
19	Smith - Bath/Shower/Cabinets	2009	18,772	1,877	10	1,877		6,570	19
20	Stahl - Bathroom	2009	2,170	434	5	434		1,519	20
21	Telephone Poles	2010	4,900	980	5	980		2,205	21
22	Main Enterance - Asphalt Repair	2010	9,000	900	10	900		2,250	22
23	Old Herring - Roof Replacement	2011	7,050	353	20	353		529	23
24	Sidewalks	2011	19,888	1,989	10	1,989		2,983	24
25	Landscaping	2011	7,390	739	10	739		1,109	25
26	Paving and Striping	2011	75,625	7,563	10	7,563		11,344	26
27	Administration Building Landscaping	2012	550	28	10	28		28	27
28	Smith - Park Improvements	2012	4,509	225	10	225		225	28
29	Smith - Pad Improvements	2012	2,100	105	10	105		105	29
30	Hardin - Sidewalk	2012	2,350	118	10	118		118	30
31	Main Campus - Asphalt Overlay	2012	77,920	3,896	10	3,896		3,896	31
32	Main Campus - New Parking	2012	6,400	320	10	320		320	32
33	See Attached		100,446	4,377		4,377		4,377	33
34	TOTAL (lines 1 thru 33)		\$ 12,620,848	\$ 389,559		\$ 389,559	\$	\$ 9,482,480	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	\$ 2,877,691	\$ 316,390	\$ 316,390	\$	5-10	\$ 1,278,812	71
72	Current Year Purchases	694,965	67,096	67,096		5-10	67,096	72
73	Fully Depreciated Assets	3,274,758	12,209	12,209		5-10	3,274,758	73
74								74
75	TOTALS	\$ 6,847,414	\$ 395,695	\$ 395,695	\$		\$ 4,620,666	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			\$ 704,048	\$ 50,028	\$ 50,028	\$	5-10	\$ 567,716	76
77										77
78										78
79										79
80	TOTALS			\$ 704,048	\$ 50,028	\$ 50,028	\$		\$ 567,716	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)	\$ 20,371,526	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 835,282	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 835,282	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 14,670,862	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	SEE ATTACHED SCHEDULE	\$ 11,415,027	\$ 393,558	\$ 6,492,129	86
87					87
88					88
89					89
90					90
91	TOTALS	\$ 11,415,027	\$ 393,558	\$ 6,492,129	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.	/2013	\$
13.	/2014	\$
14.	/2015	\$

* 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	2,425	7,425		9,850
3	Classroom Wages (a)	18,992	168,934		187,926
4	Clinical Wages (b)		206,474		206,474
5	In-House Trainer Wages (c)	6,203	19,199		25,402
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$ 27,620	\$ 402,032	\$	\$ 429,652
10	SUM OF line 9, col. 1 and 2 (e)	\$ 429,652			

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	297
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	97
2. From other facilities (f)	
TOTAL TRAINED	394

(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.)										
		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	10A-3	hrs	\$	82	\$ 5,490	\$	82	\$ 5,490	1
2	Licensed Speech and Language Development Therapist	10A-3	hrs			1,875			1,875	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10A-1/10A-3/10A-2	8769 hrs	111,664	295	13,075	1,037	9,064	125,776	4
5	Physician Care	39-3	visits			50,364			50,364	5
6	Dental Care	39-1/39-3/39-2	visits	28,808	318	18,180	6,534	318	53,522	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			\$ 140,472	695	\$ 88,984	\$ 7,571	9,464	\$ 237,027	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 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 4,545,419	\$	1
2	Cash-Patient Deposits	109,141		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 188,606)	8,521,466		3
4	Supply Inventory (priced at)	99,377		4
5	Short-Term Investments	7,317,574		5
6	Prepaid Insurance	568,212		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): CONTRIBS RECEIVABLE	13,465		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 21,174,654	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	577,509		12
13	Land	286,859		13
14	Buildings, at Historical Cost	21,156,622		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	10,343,072		16
17	Accumulated Depreciation (book methods)	(21,162,991)		17
18	Deferred Charges	146,612		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)	\$ 11,348,017	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 32,522,671	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 891,117	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	109,141		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	753,969		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	1,481,690		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,235,917	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable	9,464,540		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)	\$ 9,464,540	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 12,700,457	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 19,822,214	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 32,522,671	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 18,327,065	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 18,327,065	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(52,582)	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	1,547,731	15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 1,495,149	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)	\$ 19,822,214	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		2
	I. Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 12,748,997	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 12,748,997	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	3,233,992	24
25	Interest and Other Investment Income***	199,708	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 3,433,700	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	SEE ATTACHED	284,273	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 284,273	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 16,466,970	30

	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	4,342,839	31
32	Health Care	6,464,011	32
33	General Administration	3,266,112	33
	B. Capital Expense		
34	Ownership	1,595,843	34
	C. Ancillary Expense		
35	Special Cost Centers	103,886	35
36	Provider Participation Fee	746,861	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 16,519,552	40
41	Income before Income Taxes (line 30 minus line 40)**	(52,582)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (52,582)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	\$	44
45	Private Pay - Net Inpatient Revenue		45
46	Medicare - Net Inpatient Revenue		46
47	Other-(specify)		47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$	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.

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	2,224	\$ 56,697	\$ 25.49	1
2	Assistant Director of Nursing					2
3	Registered Nurses	20,091	20,919	378,457	18.09	3
4	Licensed Practical Nurses	33,286	35,706	563,632	15.79	4
5	CNAs & Orderlies	333,213	357,940	4,055,595	11.33	5
6	CNA Trainees					6
7	Licensed Therapist	6,240	6,808	89,819	13.19	7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	4,042	4,128	46,959	11.38	10
11	Social Service Workers	5,825	6,725	112,260	16.69	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants					15
16	Dishwashers					16
17	Maintenance Workers	19,059	20,778	234,684	11.29	17
18	Housekeepers	100,490	100,490	831,052	8.27	18
19	Laundry					19
20	Administrator	1,248	1,248	60,334	48.34	20
21	Assistant Administrator	1,248	1,248	40,867	32.75	21
22	Other Administrative	3,744	3,869	49,584	12.82	22
23	Office Manager					23
24	Clerical	26,545	30,271	342,286	11.31	24
25	Vocational Instruction	6,240	6,632	90,174	13.60	25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	21,160	21,160	269,902	12.76	28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,818	2,114	29,152	13.79	31
32	Other Health Care(specify)					32
33	Other(specify) ATTACHED	23,141	25,663	367,679	14.33	33
34	TOTAL (lines 1 - 33)	609,470	647,923	\$ 7,619,133 *	\$ 11.76	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		\$		35
36	Medical Director				36
37	Medical Records Consultant				37
38	Nurse Consultant	12 MOS	400	10-3	38
39	Pharmacist Consultant	12 MOS	14,702	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	938	12-3	45
46	Other(specify) PSYCHOLOGIST	89	9,093	10a-3	46
47	PHYSICIAN CONSULTANT	55	7,200	10a-3	47
48					48
49	TOTAL (lines 35 - 48)	180	\$ 32,333		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	8,008	291,711	10-3	52
53	TOTAL (lines 50 - 52)	8,008	\$ 291,711		53

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

1		2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1			\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

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 (\$9,942)
- (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.

\$ 98,412

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

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.

\$ 746,861

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.

\$ 60,968
- (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.

\$ 559

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, P.C.
- (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
PAGES 3 & 4, SCHEDULE V RECLASSIFICATIONS
JUNE 30, 2012

BANK & BROKER FEES INCLUDED AS INTEREST	38,087	17
	(38,087)	32
CNA TRAINING INCLUDED AS NURSING	339,478	13
	(339,478)	10

BEVERLY FARM FOUNDATION #0038604
PAGE 10, SCHEDULE IX - REAL ESTATE TAXES
JUNE 30, 2012

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

BEVERLY FARM FOUNDATION #0038604
VEHICLE DEPRECIATION - SCHEDULE XI., Section D.
JUNE 30, 2012

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	1,025	1,025	20,513
IDOT VAN #15	26,612	2,661	2,661	25,281
IDOT VAN #16	26,612	2,661	2,661	25,281
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	131	-	-	131
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	-	-	3,081
Wheelchair Straps for Van #17	380	-	-	380
2006 Chrysler Van #21	9,992	-	-	9,992
2006 Chrysler Van #10	10,407	-	-	10,407
Wheelchair Van # 20	20,362	-	-	20,362
IDOT VAN-#8	22,023	2,203	2,203	14,315

Maintenance Truck w/Snow Plow	20,035	2,003	2,003	20,035
Vans-Wheelchair Strap	1,454	145	145	1,456
Security Car	7,914	791	791	7,914
Transportation Van	21,651	2,165	2,165	21,651
Transportation Van	17,190	3,438	3,438	15,471
IDOT Van	19,538	3,908	3,908	17,584
Maintenance - Truck	20,434	4,087	4,087	14,304
Shoulder Harnesses	1,036	207	207	518
14 Passenger Van	35,400	7,080	7,080	17,700
IDOT Van	34,646	6,929	6,929	8,808
2010 Chrysler	18,885	3,776	3,776	5,665
Maintenance Truck	3,315	663	663	995
4X4 Chevy Truck	10,482	1,048	1,048	1,048
Chevy C1500 Silverado	13,439	1,344	1,344	1,344
2008 Mercury Mariner	10,336	1,034	1,034	1,034
Ford E250	24,539	2,454	2,454	2,454
Fleet Repairs	4,055	406	406	406
	<u>\$ 704,048</u>	<u>\$ 50,028</u>	<u>\$ 50,028</u>	<u>\$ 567,716</u>

BEVERLY FARM FOUNDATION #0038604
DEPRECIABLE NON-CARE ASSETS - SCHEDULE XI., Section F.
JUNE 30, 2012

Description	Cost	Current Book Depreciation	Accumulated Depreciation
DAY TRAINING BUILDING	\$ 1,969,443	\$ 54,643	\$ 1,099,510
DAY TRAINING ALLOCATED ADMIN BLDG	115,740	2,967	47,328
DAY TRAINING EQUIPMENT	650,831	22,413	590,380
DAY TRAINING ALLOCATED ADMIN EQUIP	65,650	4,807	30,730
DAY TRAINING VEHICLES	115,026	4,720	111,803
DAY TRAINING ALLOCATED VEHICLES	117,349	8,340	94,628
GROUP HOMES BUILDINGS	2,221,508	61,790	1,179,558
GROUP HOMES ALLOCATED ADMIN BLDG	347,220	8,898	141,984
GROUP HOMES EQUIPMENT	642,092	32,353	526,988
GROUP HOMES ALLOCATED ADMIN EQUIP	196,950	14,418	92,190
GROUP HOME VEHICLES	352,032	25,020	283,860
GROUP HOMES LAND	30,000	-	-
ARENA BUILDING	197,189	10,301	86,391
GROVES B. SMITH BUILDING	1,133,240	33,041	521,928
GREENHOUSE	366,278	9,489	219,531
HARDIN APARTMENTS	888,672	25,200	507,456
HORTICULTURE	115,669	2,650	69,283
JUDAH SENIORS BUILDING	456,508	12,462	143,266
TOMBSTONES	3,186	-	3,186
TREIN VOCATIONAL BUILDING	755,990	18,954	285,673
ARENA EQUIPMENT	58,229	1,730	43,497
GIFT SHOP EQUIPMENT	10,769	972	9,233
GROVES B. SMITH EQUIPMENT	149,457	6,851	123,860
HARDIN APARTMENTS EQUIPMENT	323,523	30,677	205,166
JUDAH EQUIPMENT	17,392	737	17,321
TREIN EQUIPMENT	11,613	125	11,551
OTHER LAND	57,643	-	-
HARDIN APARTMENTS VEHICLES	45,828	-	45,828
	<u>\$ 11,415,027</u>	<u>\$ 393,558</u>	<u>\$ 6,492,129</u>

BEVERLY FARM FOUNDATION
SCHEDULE XI, PAGE 12I, LINE 33
JUNE 30, 2012

1		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	Main Campus - Sidewalk & Roadway	2012	38,880	1,944	10	1,944		1,944	1
2	Main Campus - Striping for Parking	2012	1,750	88	10	88		88	2
3	Main Campus- Landscaping	2012	546	55	5	55		55	3
4	Main Campus - Tuckpointing	2012	13,000	650	10	650		650	4
5	Main Campus - Pad & Sidewalk	2012	9,075	454	10	454		454	5
6	Main Campus - Sidewalk	2012	900	45	10	45		45	6
7	Main Campus - Concrete	2012	2,338	117	10	117		117	7
8	Main Campus - Pavilion	2012	26,962	674	20	674		674	8
9	Main Campus - Improvements	2012	6,595	330	10	330		330	9
10	Nursing - Wall Improvement	2012	400	20	10	20		20	10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21	Total		100,446	4,377		4,377		4,377	21

BEVERLY FARM FOUNDATION #0038604
INCOME RECEIVED BY BROAD CATEGORY NOT LISTED ON P. 19
JUNE 30, 2012

DAY TRAINING	\$ 5,191,718
APARTMENTS & INCIDENTALS	576,411
GROUP HOMES	4,103,765
GIFT SHOP	96,529
GREENHOUSE	248
	<u>\$ 9,968,671</u>

EXPENSES INCURRED BY BROAD CATEGORY
NOT LISTED IN THIS COST REPORT

DAY TRAINING (DIRECT)	\$ 2,869,924
DAY TRAINING (ALLOCATED)	1,404,860
APARTMENTS	407,477
GROUP HOMES (DIRECT)	2,212,463
GROUP HOMMES (ALLOCATED)	1,424,070
GIFT SHOP	93,164
GREENHOUSE	5,622
TREASURES & TRINKETS	3,360
	<u>\$ 8,420,940</u>
NET INCOME (Page 18, Schedule XVI, Line 15)	<u>\$ 1,547,731</u>

BEVERLY FARM FOUNDATION
MISCELLANEOUS INCOME, PAGE 19, LINE 28
JUNE 30, 2012

HAB-AIDE REIMBURSEMENT	\$ 228,176
IPA TRANSPORTATION REIMBURSEMENT	559
SODA MACHINE	16,794
OTHER REFUNDS AND REIMBURSEMENTS	37,884
MISCELLANEOUS	860
	<u>\$ 284,273</u>

BEVERLY FARM FOUNDATION #0038604
PAGE 20, SCHEDULE XVIII, LINE 33
JUNE 30, 2012

SERVICE	1 HRS. WORKED	2 HRS. PAID	3 WAGES	4 HOURLY WAGE
PHYSICAL THERAPY	7,341	8,769	\$ 111,665	12.73
HOSPITAL SITTERS	1,001	1,001	8,356	8.35
DENTAL ASSISTANT	1,784	2,072	28,808	13.90
TRANSPORTATION	6,472	7,278	82,833	11.38
SAFETY & SECURITY	1,872	1,872	38,003	20.30
DEVELOPMENT DIRECTOR	4,671	4,671	98,014	20.98
	23,141	25,663	\$ 367,679	