

		FOR BHF USE					

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2016
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2016)

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 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:

Facility Name & ID Number BEVERLY FARM FOUNDATION

0038604 Report Period Beginning: 7/1/2015 Ending: 6/30/2016

III. STATISTICAL DATA

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

N/A

	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	109,800	4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	300	TOTALS	300	109,800	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	90,330	2,869		93,199	11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	90,330	2,869		93,199	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 84.88%

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

1,412 (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 N/A

IV. ACCOUNTING BASIS

ACCRUAL ☒ MODIFIED CASH* ☐

CASH* ☐

Is your fiscal year identical to your tax year?

YES

☒

NO

☐

Tax Year: 6/30/2016 Fiscal Year: 6/30/2016

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

Facility Name & ID Number **BEVERLY FARM FOUNDATION** # **0038604** Report Period Beginning: **7/1/2015** Ending: **6/30/2016**
V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	A. General Services											
1	Dietary		32,417	1,576,297	1,608,714	700	1,609,414		1,609,414			1
2	Food Purchase		923,866		923,866		923,866		923,866			2
3	Housekeeping	839,092	17,639	50,818	907,549		907,549		907,549			3
4	Laundry		15,122	295,099	310,221		310,221		310,221			4
5	Heat and Other Utilities			325,874	325,874		325,874		325,874			5
6	Maintenance	203,770	98,717	314,083	616,570		616,570		616,570			6
7	Other (specify):* SECURITY	28,430	365	57,132	85,927		85,927		85,927			7
8	TOTAL General Services	1,071,292	1,088,126	2,619,303	4,778,721	700	4,779,421		4,779,421			8
	B. Health Care and Programs											
9	Medical Director											9
10	Nursing and Medical Records	4,732,987	164,099	419,954	5,317,040	(213,256)	5,103,784		5,103,784			10
10a	Therapy	201,951	2,624	32,503	237,078		237,078		237,078			10a
11	Activities	44,168	25,687	5,550	75,405		75,405		75,405			11
12	Social Services	119,514			119,514		119,514		119,514			12
13	CNA Training	101,115			101,115	213,256	314,371	(292)	314,079			13
14	Program Transportation	66,298			66,298		66,298		66,298			14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	5,266,033	192,410	458,007	5,916,450		5,916,450	(292)	5,916,158			16
	C. General Administration											
17	Administrative	136,224		188,117	324,341	(13,906)	310,435		310,435			17
18	Directors Fees											18
19	Professional Services			58,560	58,560		58,560		58,560			19
20	Dues, Fees, Subscriptions & Promotions			78,290	78,290	48	78,338	(10,138)	68,200			20
21	Clerical & General Office Expenses	367,022	45,586	262,646	675,254		675,254		675,254			21
22	Employee Benefits & Payroll Taxes			2,391,462	2,391,462		2,391,462		2,391,462			22
23	Inservice Training & Education											23
24	Travel and Seminar			11,327	11,327	(1,834)	9,493		9,493			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			131,585	131,585		131,585		131,585			26
27	Other (specify):* FUNDRAISING/ADV	108,470		65,938	174,408	83,586	257,994	(257,994)				27
28	TOTAL General Administration	611,716	45,586	3,187,925	3,845,227	67,894	3,913,121	(268,132)	3,644,989			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,949,041	1,326,122	6,265,235	14,540,398	68,594	14,608,992	(268,424)	14,340,568			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			1,329,767	1,329,767		1,329,767	(440,404)	889,363			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			284,384	284,384	(68,594)	215,790	(215,790)				32
33	Real Estate Taxes			2,595	2,595		2,595	(2,595)				33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles											35
36	Other (specify):* MORTGAGE INS.			30,280	30,280		30,280		30,280			36
37	TOTAL Ownership			1,647,026	1,647,026	(68,594)	1,578,432	(658,789)	919,643			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	34,016	8,712	38,690	81,418		81,418		81,418			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			736,168	736,168		736,168		736,168			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers	34,016	8,712	774,858	817,586		817,586		817,586			44
	GRAND TOTAL COST											
45	(sum of lines 29, 37 & 44)	6,983,057	1,334,834	8,687,119	17,005,010		17,005,010	(927,213)	16,077,797			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	(440,404)	30		9
10	Interest and Other Investment Income	(215,790)	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	(10,138)	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				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(257,994)	27		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees	(292)	13		27
28	Yellow Page Advertising				28
29	Other-Attach Schedule SEE ATTACHED	(2,595)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (927,213)		\$	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 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))	\$ (927,213)		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

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	REAL ESTATE TAXES	\$ (2,595)	33	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	(2,595)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number **BEVERLY FARM FOUNDATION**# **0038604**

Report Period Beginning:

7/1/2015

Ending:

6/30/2016

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	0	0	0	0	0	0	0	0	0	0	0	0	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	(292)	0	0	0	0	0	0	0	0	0	0	(292)	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	(292)	0	0	0	0	0	0	0	0	0	0	(292)	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	0	0	0	0	0	0	0	0	0	0	0	19
20	Fees, Subscriptions & Promotions	(10,138)	0	0	0	0	0	0	0	0	0	0	(10,138)	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):*	(257,994)	0	0	0	0	0	0	0	0	0	0	(257,994)	27
28	TOTAL General Administration	(268,132)	0	0	0	0	0	0	0	0	0	0	(268,132)	28
	TOTAL Operating Expense													
29	(sum of lines 8,16 & 28)	(268,424)	0	0	0	0	0	0	0	0	0	0	(268,424)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number BEVERLY FARM FOUNDATION # 0038604 Report Period Beginning: 7/1/2015 Ending: 6/30/2016

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	(440,404)	0	0	0	0	0	0	0	0	0	0	(440,404)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(215,790)	0	0	0	0	0	0	0	0	0	0	(215,790)	32
33	Real Estate Taxes	(2,595)	0	0	0	0	0	0	0	0	0	0	(2,595)	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	(658,789)	0	0	0	0	0	0	0	0	0	0	(658,789)	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)	(927,213)	0	0	0	0	0	0	0	0	0	0	(927,213)	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

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.

Facility Name & ID Number

BEVERLY FARM FOUNDATION

0038604

Report Period Beginning:

7/1/2015

Ending:

6/30/2016

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	Patricia Downey	BOD						1
2	Leonard Aldridge	BOD						2
3	Barry Allswang	BOD						3
4	Terry Becker	BOD						4
5	Brian Birnbaum	BOD						5
6	Emily Friend	BOD						6
7	Nicholas Lynn	BOD						7
8	Jeffrey Rosignol	BOD						8
9	Stephen Schmidt	BOD						9
10	David Swain	BOD						10
11	Glenn Tiller	BOD						11
12	George Walker	BOD						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

Facility Name & ID Number BEVERLY FARM FOUNDATION # 0038604 Report Period Beginning: 7/1/2015 Ending: 6/30/2016

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	BOARD OF DIRECTORS	BOD	BOD	0.00	NONE	82	0.00		\$ 0	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:

7/1/2015Ending: 3/30/2016

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization

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	\$ 4,448,163	\$	5,376	\$ 2,391,462	1
2	17-3	OUTSOURCING-IT/PAYROLL/	WAGES	10,000	8	139,307		5,956	82,966	2
3	17-1	ADMINISTRATIVE SALARIES	HOURS	2,080	8	227,040	227,040	1,248	136,224	3
4	17-3	ADMINISTRATIVE-OTHER	HOURS	2,080	8	123,253		1,775	105,151	4
5	21-1	PERSONNEL-ACCOUNTING	HOURS	2,080	8	611,704	611,704	1,248	367,022	5
6	6-1	MAINTENANCE STAFF	HOURS	2,080	8	339,616	339,616	1,248	203,770	6
7	7-3	SECURITY/SAFETY	HOURS	2,080	8	95,220		1,248	57,132	7
8	7-1	SAFETY MANAGER	HOURS	2,080	8	47,384	47,384	1,248	28,430	8
9	7-2	SECURITY SUPPLIES	HOURS	2,080	8	608		1,248	365	9
10	6-2	MAINTENANCE SUPPLIES	HOURS	2,080	8	164,426		1,248	98,656	10
11	21-2	OSHA REQUIREMENTS	HOURS	2,080	8	46,360		1,248	27,816	11
12	21-3	CONSULTANTS	HOURS	2,080	8	134,239		1,248	80,543	12
13	6-3	MAINTENANCE-OTHER	HOURS	2,080	8	83,632		1,248	50,179	13
14	26-3	INSURANCE	HOURS	2,080	8	219,309		1,248	131,585	14
15	19-3	LEGAL & ACCOUNTING	HOURS	2,080	8	145,641		836	58,560	15
16	14-1	TRANSPORTATION STAFF	HOURS	2,080	8	110,497	110,497	1,248	66,298	16
17	20-3	DUES/SUBS/ADVERTISING	HOURS	2,080	8	118,361		1,376	78,290	17
18	36-3	MORTGAGE INSURANCE	HOURS	2,080	8	50,466		1,248	30,280	18
19	32-3	INTEREST	HOURS	2,080	8	473,978		1,248	284,384	19
20	24-3	TRAVEL & SEMINAR	HOURS	2,080	8	12,275		1,284	7,576	20
21	11-1	ACTIVITIES STAFF	HOURS	2,080	8	73,614	73,614	1,248	44,168	21
22	11-2	ACTIVITIES SUPPLIES	HOURS	2,080	8	5,800		1,248	3,480	22
23	11-3	ACTIVITIES OTHER	HOURS	2,080	8	3,342		1,248	2,005	23
24										24
25	TOTALS					\$ 7,674,235	\$ 1,409,855		\$ 4,336,342	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	\$35,357.00	09/19/13	\$ 5,529,060	\$ 4,983,661	08/01/32	0.0417	\$ 212,267	1	
2	AMORTIZATION OF DEBT COSTS		X								3,523	2	
3												3	
4												4	
5												5	
	Working Capital												
6	LIBERTY BANK		X	WORKING CAPITAL		4/21/16			4/21/17	0.0500		6	
7												7	
8												8	
9	TOTAL Facility Related				\$35,357.00		\$ 5,529,060	\$ 4,983,661			\$ 215,790	9	
	B. Non-Facility Related*												
10												10	
11												11	
12												12	
13												13	
14	TOTAL Non-Facility Related						\$	\$			\$	14	
15	TOTALS (line 9+line14)						\$ 5,529,060	\$ 4,983,661			\$ 215,790	15	

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 30,280 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 2015 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.)			\$ 2,595	2
3. Under or (over) accrual (line 2 minus line 1).			\$ 2,595	3
4. Real Estate Tax accrual used for 2016 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.			\$ 2,595	7
Real Estate Tax History:				
Real Estate Tax Bill for Calendar Year:	2011	2,351	8	
	2012	4,322	9	
	2013	4,649	10	
	2014	2,595	11	
	2015	2,664	12	
		FOR BHF USE ONLY		
		13	FROM R. E. TAX STATEMENT FOR 2015 \$	13
		14	PLUS APPEAL COST FROM LINE 5 \$	14
		15	LESS REFUND FROM LINE 6 \$	15
		16	AMOUNT TO USE FOR RATE CALCULATION \$	16

NOTES:

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

2015 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME 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 2015 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2015.

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

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES NO

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

C. **Tax Bills**

Attach a copy of the original 2015 tax bills which were listed in Section A to this statement. Be sure to use the 2015 tax bill which is normally paid during 2016.

PLEASE NOTE: *Payment information from the Internet* or otherwise is ***not considered acceptable tax bill documentation*** . Facilities located in Cook County are required to providecopies 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?

X

(a) Own the Facility

(b) Rent from a Related Organization.

(c) Rent from Completely Unrelated Organization.

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

D. Does the Operating Entity?

X

(a) Own the Equipment

(b) Rent equipment from a Related Organization.

(c) Rent equipment from Completely Unrelated Organization.

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

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?

YES

X

NO

If so, please complete the following:

1. Total Amount Incurred:

2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization:

4. Dates Incurred:

Nature of Costs:

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

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

HFS 3745 (N-4-99)

IL478-2471

Facility Name & ID Number BEVERLY FARM FOUNDATION

0038604

Report Period Beginning:

7/1/2015

Ending:

6/30/2016

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		40			277,051	7
8	84		1979	1979	628,784	15,719	40	15,719		597,344	8
	Improvement Type**										
9	43 BEDS INCLUDED IN LINE 8 YEAR ACQUIRED 1984			1984	1,188,870	29,722	40	29,722		936,235	9
10	BUILDING IMPROVEMENTS			1960	85,138		40			85,138	10
11	BUILDING IMPROVEMENTS			1978	13,587	340	40	340		12,907	11
12	BUILDING IMPROVEMENTS			1979	23,978	599	40	599		22,180	12
13	BUILDING IMPROVEMENTS			1980	144,364	3,609	40	3,609		129,927	13
14	BUILDING IMPROVEMENTS			1981	449,724	915	40	915		445,147	14
15	BUILDING IMPROVEMENTS			1982	110,842	2,710	VAR	2,710		95,890	15
16	BUILDING IMPROVEMENTS			1983	175,982	1,136	VAR	1,136		167,464	16
17	BUILDING IMPROVEMENTS			1984	75,230	445	VAR	445		71,446	17
18	BUILDING IMPROVEMENTS			1985	817,404	3,816	VAR	3,816		782,008	18
19	BUILDING IMPROVEMENTS			1986	330,968	7,600	VAR	7,600		251,170	19
20	BUILDING IMPROVEMENTS			1987	123,834	2,601	VAR	2,601		93,921	20
21	BUILDING IMPROVEMENTS			1988	70,806	805	VAR	805		68,342	21
22	BUILDING IMPROVEMENTS			1990	1,053,989	24,200	VAR	24,200		691,326	22
23	BUILDING IMPROVEMENTS			1991	19,196	287	VAR	287		17,461	23
24	BUILDING IMPROVEMENTS			1992	1,483,030	58,771	VAR	58,771		1,395,102	24
25	BUILDING IMPROVEMENTS			1993	662,414	23,232	VAR	23,232		604,333	25
26	BUILDING IMPROVEMENTS			1994	159,277	2,286	VAR	2,286		151,275	26
27	BUILDING IMPROVEMENTS			1995	212,775	1,041	VAR	1,041		208,093	27
28	BUILDING IMPROVEMENTS			1996	139,129	658	VAR	658		136,538	28
29	BUILDING IMPROVEMENTS			1997	193,027	262	VAR	262		191,326	29
30	BUILDING IMPROVEMENTS			1998	160,685	4,387	VAR	4,387		127,781	30
31	BUILDING IMPROVEMENTS			1999	302,282	7,450	VAR	7,450		275,909	31
32	BUILDING IMPROVEMENTS			2000	301,158	1,405	VAR	1,405		290,794	32
33	BUILDING IMPROVEMENTS			2001	174,824	470	VAR	470		171,455	33
34	BUILDING IMPROVEMENTS			2002	93,633	355	VAR	355		93,100	34
35	BUILDING IMPROVEMENTS			2003	186,862	1,055	VAR	1,055		184,223	35
36	BUILDING IMPROVEMENTS			2004	286,399	1,227	VAR	1,227		269,838	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:

7/1/2015

Ending:

6/30/2016

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

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	
37 BUILDING IMPROVEMENTS	2005	\$ 199,662	\$ 9,193	VAR	\$ 9,193	\$	\$ 162,148	37
38 BUILDING IMPROVEMENTS	2006	369,507	26,956	VAR	26,956		262,243	38
39 BUILDING IMPROVEMENTS	2007	115,991	10,181	VAR	10,181		86,535	39
40 BUILDING IMPROVEMENTS	2008	79,830	7,175	VAR	7,175		61,894	40
41 BUILDING IMPROVEMENTS	2009	13,900	1,390	10	1,390		9,035	41
42 BUILDING IMPROVEMENTS	2010	109,953	10,643	VAR	10,643		58,535	42
43 BUILDING IMPROVEMENTS	2011	139,446	13,999	VAR	13,999		62,996	43
44 BUILDING IMPROVEMENTS	2012	149,474	10,749	VAR	10,749		41,521	44
45 BEVERLY-DOORS	2013	469	47	10	47		164	45
46 CHAPPEE-DOORS	2013	1,050	105	10	105		368	46
47 CHAPPEE-REPLACE SPRINKLERS	2013	272,292	13,615	20	13,615		47,651	47
48 DONNELLEY-FLOORING	2013	1,860	186	10	186		651	48
49 EVANS-FLOORING	2013	2,810	562	5	562		1,967	49
50 HERRING-CABINETS IN BATHROOM	2013	4,790	479	10	479		1,676	50
51 HERRING-DOOR	2013	1,953	195	10	195		683	51
52 HERRING-PAINTING	2013	32,000	6,400	5	6,400		22,400	52
53 HILLIER-SPRINKLERS	2013	3,029	151	20	151		530	53
54 LAVENTHAL-DOOR ALARM	2013	3,850	770	5	770		2,695	54
55 LOGAN-SPRINKLERS	2013	23,581	1,179	20	1,179		4,127	55
56 MAIN CAMPUS-BATHROOM	2013	1,198	240	5	240		839	56
57 MAIN CAMPUS-LIGHTING	2013	2,739	548	5	548		1,917	57
58 MAIN CAMPUS-SPRINKLERS	2013	83,119	8,312	10	8,312		29,092	58
59 MAIN CAMPUS-SUPPLY DOOR	2013	2,400	240	10	240		840	59
60 MAIN CAMPUS-UTILITY MAPPING	2013	52,300	2,615	20	2,615		9,153	60
61 MAIN CAMPUS-SIDEWALK	2013	29,946	1,996	15	1,996		6,987	61
62 SMITH-DOORS	2013	1,967	197	10	197		689	62
63 STAHL-DOORS	2013	1,967	197	10	197		689	63
64 STAHL-INSTALL AND REMOVE DOORS	2013	12,339	617	20	617		2,159	64
65 MAIN CAMPUS-GROUNDS MAINTENANCE	2013	2,250	450	50	450		1,125	65
66 CHAPPEE-RHODES #363 FLOORING	2014	2,220	222	10	222		351	66
67 GBS-GYM FLOOR	2014	680	136	5	136		249	67
68 HERRING-PARKER TUB	2014	14,062	1,406	10	1,406		2,343	68
69 HILLIER FLOORING	2014	20,966	2,097	10	2,097		5,241	69
70 TOTAL (lines 4 thru 69)		\$ 12,514,386	\$ 330,351		\$ 330,351	\$	\$ 10,549,761	70

**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	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		\$ 12,514,386	\$ 330,351		\$ 330,351	\$	\$ 10,549,761	1
2 HILLIER-PAINTING	2014	58,455	5,845	10	5,845		14,614	2
3 HILLIER-PATIO	2014	3,800	380	10	380		950	3
4 MAIN CAMPUS-SIDEWALKS	2014	7,623	762	10	762		1,906	4
5 MAIN CAMPUS-TREE REMOVAL	2014	650	130	5	130		325	5
6 MAIN CAMPUS-ASPHALT ROADWAY	2014	147,819	14,782	10	14,782		36,955	6
7 MAIN CAMPUS-GROUNDS MAINTENANCE	2014	26,415	2,642	10	2,642		6,604	7
8 SMITH-BASEBOARDS	2014	2,964	593	5	593		1,482	8
9 SMITH-SPRINKLER	2014	4,616	462	10	462		693	9
10 STAHL FLOORING	2014	7,306	1,461	5	1,461		3,653	10
11 STAHL PAINTING	2014	2,735	274	10	274		684	11
12 STAHL CEILING REPAIRS	2014	6,875	687	10	687		1,719	12
13 STAHL-FLOORING-VCT TILE & COVE BASE	2014	2,056	206	10	206		308	13
14 STAHL-BEDROOM/HALLWAY ACCOUSTIC TEXTURE	2014	1,170	117	10	117		175	14
15 STAHL-PAINTED WALLS	2014	6,580	658	10	658		987	15
16 STAHL-ACCOUSTIC TEXTURE	2014	2,832	283	10	283		425	16
17 STAHL-FIRE ALARM SAFETY PANELS	2014	788	79	10	79		118	17
18 STAHL-FRONT DOOR SAFETY GLASS	2014	590	59	10	59		88	18
19 STAHL-REFINISHED 8 DOORS	2014	744	74	10	74		112	19
20 STAHL-ACTIVITY-VINYL FLOORING AND COVE BASE	2014	2,604	260	10	260		391	20
21 STAHL-ACTIVITY/HALLWAYS/NURSING-TILE FLOOR & C	2014	10,641	1,064	10	1,064		1,596	21
22 TREIN-SPRINKLERS	2014	2,902	290	10	290		725	22
23 BEVERLY BUILDING-NEW BATHROOM FLOOR	2015	4,280	428	10	428		464	23
24 CHAPPEE-AIR CONDITIONER	2015	6,152	615	10	615		718	24
25 CHAPPEE-SLIDING DOOR	2015	8,900	890	10	890		1,038	25
26 CHAPPEE-GENERATOR	2015	31,500	1,260	25	1,260		1,260	26
27 CHAPPEE-DOOR OPERATOR INSTALLED	2015	1,850	185	10	185		278	27
28 DONNELLEY-DOOR	2015	900	90	10	90		90	28
29 DONNELLEY-WEST BATHROOM FLOORING	2015	5,752	1,151	5	1,151		1,246	29
30 DONNELLEY-HAND DRYERS	2015	3,673	734	5	734		734	30
31 DONNELLEY-22 WINDOWS	2015	20,804	1,387	15	1,387		1,387	31
32 EVANS-INTERIOR RENOVATION, NEW CEILING	2015	17,093	1,709	10	1,709		1,709	32
33 HERRING-BATHROOM FLOORING, CLOSET BOWL TANK	2015	12,354	1,235	10	1,235		1,235	33
34 TOTAL (lines 1 thru 33)		\$ 12,927,809	\$ 371,143		\$ 371,143	\$	\$ 10,634,430	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 12B, Carried Forward		\$ 12,927,809	\$ 371,143		\$ 371,143	\$	\$ 10,634,430	1
2	HERRING-SOUTH BATHROOM FLOORING	2015	4,275	855	5	855		926	2
3	HERRING-NEW HAND RAIL	2015	1,125	225	5	225		244	3
4	HERRING-EXTERIOR COLUMNS	2015	4,498	450	10	450		525	4
5	HILLIER-KEYPAD ON EAST DOOR	2015	1,833	183	10	183		199	5
6	HILLIER-NEW EXHAUST FAN	2015	2,800	560	5	560		560	6
7	HILLIER FLOORING IN D HALL	2015	7,914	1,583	5	1,583		1,715	7
8	HILLIER-WATER HEATER	2015	1,872	187	10	187		234	8
9	HILLIER-HINGLES ON ROOF	2015	15,775	789	20	789		1,117	9
10	HILLIER-CLOSER COMPLETE INSTALLED ON DOOR	2014	1,850	185	10	185		293	10
11	LOGAN-AIR CONDITIONER	2015	9,096	1,819	5	1,819		1,971	11
12	LOGAN-DOOR	2015	1,525	153	10	153		191	12
13	LOGAN-EAST AND WEST ACTIVITIES FLOORING	2015	2,846	569	5	569		617	13
14	LOGAN-GENERATORS	2015	160,500	6,420	25	6,420		6,420	14
15	LOGAN-FLOORING	2015	2,361	236	10	236		315	15
16	MAIN CAMPUS-SHIPPING ROAD ASPHALT	2015	17,169	3,433	5	3,433		3,433	16
17	MAIN CAMPUS-REPLACED SIDEWALKS	2015	27,875	2,788	10	2,788		3,949	17
18	MAIN CAMPUS-LANDSCAPING	2015	2,155	431	5	431		431	18
19	NURSING-DOOR	2015	995	100	10	100		124	19
20	SMITH-HALL EXTERIOR AND KITCHEN DOOR	2015	3,475	347	10	347		347	20
21	SMITH-FLOORING IN KITCHEN, ACTIVITIES, EAST HALL	2015	11,972	2,394	5	2,394		2,394	21
22	STAHL-DOOR-MECHANICAL ROOM, BACK SOUTH	2015	2,140	214	10	214		232	22
23	BUILDING IMPROVEMENTS-ALLOCATED	1996	671,118	16,683	VAR	16,683		329,122	23
24	BUILDING IMPROVEMENTS-ALLOCATED	1997	10,315		VAR			10,315	24
25	BUILDING IMPROVEMENTS-ALLOCATED	1998	11,308		15			11,308	25
26	BUILDING IMPROVEMENTS-ALLOCATED	1999	618	31	20	31		510	26
27	BUILDING IMPROVEMENTS-ALLOCATED	2000	329	16	20	16		254	27
28	BUILDING IMPROVEMENTS-ALLOCATED	2004	752		10			752	28
29	BUILDING IMPROVEMENTS-ALLOCATED	2012	2,870	400	VAR	400		1,398	29
30	MAINT-BATHROOM-ALLOCATED	2013	2,308	461	5	461		1,616	30
31	MAIN-LIGHTING-ALLOCATED	2013	4,437	887	5	887		3,106	31
32	MAINT-SEWER REPAIRS-ALLOCATED	2013	12,748	1,275	10	1,275		4,462	32
33	MAINT-SPRINKLERS-ALLOCATED	2013	263	26	10	26		92	33
34	TOTAL (lines 1 thru 33)		\$ 13,928,926	\$ 414,843		\$ 414,843	\$	\$ 11,023,602	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:

7/1/2015

Ending:

6/30/2016

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 13,928,926	\$ 414,843		\$ 414,843	\$	\$ 11,023,602	1
2	MAINT-WALL REPAIRS-ALLOCATED	2013	2,366	473	5	473		1,657	2
3	MAINT-COOLING-ALLOCATED	2013	738	148	5	148		517	3
4	NURSING-DOOR-ALLOCATED	2013	2,108	422	5	422		1,475	4
5	SECURITY CAMERAS-ALLOCATED	2013	8,446	1,689	5	1,689		5,912	5
6	MAINT-SLIDES FOR PUMP HOUSE-ALLOCATED	2014	6,463	646	10	646		1,616	6
7	MAINT-ASPHALT FOR ADMIN BUILDING-ALLOCATED	2014	3,727	745	5	745		1,429	7
8	MAINT-DOOR AT TRACTOR SHED-ALLOCATED	2014	429	86	5	86		143	8
9	ADMIN BUILDING-PARKING LOT-ALLOCATED	2014	2,520	504	5	504		504	9
10	MAINT-SEWER MAIN REPAIR-ALLOCATED	2015	8,177	818	10	818		818	10
11	MAINT-DOOR AND FRAME-ALLOCATED	2015	1,089	109	10	109		109	11
12	MAINT-FLOOR COVERINGS-ALLOCATED	2015	520	104	5	104		104	12
13	MAINT-REPLACED SIDEWALKS-ALLOCATED	2015	2,775	370	5	370		370	13
14	MAINT-REPLACED SPRINKLERS-ALLOCATED	2015	1,852	370	5	370		370	14
15	MAINT-NEW 42X64 BUILDING-ALLOCATED	2016	29,011	242	20	242		242	15
16	MAINT-AIR CONDITIONER UNITS-ALLOCATED	2016	17,182	286	10	286		286	16
17	MAINT-CEILING TILE-ALLOCATED	2016	1,538	51	5	51		51	17
18	MAINT-CLOSET LOCKS-ALLOCATED	2016	1,500	50	5	50		50	18
19	MAINT-CORNER GUARDS-ALLOCATED	2016	1,142		5				19
20	MAINT-DOOR LOCKSETS-ALLOCATED	2016	4,170	104	10	104		104	20
21	MAINT-NEW FIRE ALARM PANEL-ALLOCATED	2016	3,218	215	5	215		215	21
22	MAINT-PAINTING-ALLOCATED	2016	3,615		5				22
23	MAINT-REPLACE FIRE ALARMS-ALLOCATED	2016	9,887		10				23
24	MAINT-REPLACED SEWER LINES-ALLOCATED	2016	1,776	74	10	74		74	24
25	MAINT-REPLACED WATER HEATER-ALLOCATED	2016	5,123	128	10	128		128	25
26	LOGAN-EAST OUTSIDE AND BEDROOM DOORS	2015	5,175	302	10	302		302	26
27	BEVERLY-DOORS IN EAST AND WEST ACTIVITY	2016	3,590		10				27
28	BEVERLY-HALLWAY FLOORING	2016	7,098		5				28
29	BEVERLY-PAINTING CEILING	2016	7,355		10				29
30	CARRIAGE HOUSE-NEW DOOR	2016	995		10				30
31	EVANS-NEW CLOSET DOORS	2016	5,085		10				31
32	EVANS-FLOORING	2016	2,754	115	10	115		115	32
33	EVANS-PAINTING	2016	5,515	46	10	46		46	33
34	TOTAL (lines 1 thru 33)		\$ 14,085,865	\$ 422,940		\$ 422,940	\$	\$ 11,040,239	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	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		\$ 14,085,865	\$ 422,940		\$ 422,940	\$	\$ 11,040,239	1
2 CHAPPEE-DOUBLE DOORS TO BOILER ROOM	2016	2,650		10				2
3 CHAPPEE-HEATING AND AIR CONDITIONING	2016	12,404		10				3
4 GBS-FLOOR IN BATHROOM	2016	4,049	169	10	169		169	4
5 HERRING-FLOORING IN BATHROOM	2016	18,803	313	10	313		313	5
6 HERRING-KEY PAD ENTRY FOR KITCHEN	2016	4,103	171	10	171		171	6
7 HILLIER-3 AUTOMATIC DOOR OPENERS	2016	6,262	209	10	209		209	7
8 HILLIER-FLOORING	2016	4,913		10				8
9 HILLIER-NEW FURNACE	2016	14,955		10				9
10 LAVENTHAL-WEST DOOR AND ACTIVITY ROOM	2016	2,725		10				10
11 LOGAN-ENTRANCE AND HALLWAY FLOORS	2016	6,651	665	10	665		665	11
12 LOGAN-ELECTRICAL OUTLET REPLACEMENTS	2016	9,500	317	10	317		317	12
13 MAIN CAMPUS-HEAVY DUTY DOOR CONTROLS	2016	3,250	162	5	162		162	13
14 SMITH-FLOORING IN BATHROOM & HALLWAY	2016	14,195		10				14
15 SMITH-REPLACED SPRINKLER HEADS	2016	3,065		5				15
16 STAHL-REPLACED DOORS	2016	11,980		10				16
17 STAHL-FLOORING IN FIRST FLOOR BEDROOMS	2016	5,826	97	10	97		97	17
18 STAHL-KITCHEN DOOR	2016	1,625		5				18
19 STAHL-PAINT TWO BEDROOMS	2016	2,730	182	5	182		182	19
20 MAIN CAMPUS-ASHPALT FOR BUS LOT, EXTRA PARKING	2015	55,510	3,701	10	3,701		3,701	20
21 MAIN CAMPUS-ASPHALT ON MAIN CAMPUS/DT ROAD	2016	52,021		10				21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34 TOTAL (lines 1 thru 33)		\$ 14,323,082	\$ 428,926		\$ 428,926	\$	\$ 11,046,225	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	\$ 3,137,265	\$ 370,934	\$ 370,934	\$	5-10	\$ 1,831,961	71
72	Current Year Purchases	272,022	7,611	7,611		5-10	7,611	72
73	Fully Depreciated Assets	1,467,828	53,326	53,326		5-10	1,467,828	73
74								74
75	TOTALS	\$ 4,877,115	\$ 431,871	\$ 431,871	\$		\$ 3,307,400	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			\$ 493,102	\$ 26,789	\$ 26,789	\$	5-10	\$ 474,079
77	TRANSPORTATION	2016 GMC SAVANNA 2500	2016	30,464	1,777	1,777		5	1,777
78									
79									
80	TOTALS			\$ 523,566	\$ 28,566	\$ 28,566	\$		\$ 475,856

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)			\$ 19,922,979	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)			\$ 889,363	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)			\$ 889,363	
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)			\$ 14,829,481	

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	\$ 12,404,401	\$ 440,404	\$ 7,375,032
87				
88				
89				
90				
91	TOTALS	\$ 12,404,401	\$ 440,404	\$ 7,375,032

G. Construction-in-Progress		
	Description	Cost
92		\$
93		
94		
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. | /2017 | \$ |
| 13. | /2018 | \$ |
| 14. | /2019 | \$ |

* 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 CNA72

3. CLINICAL PORTION:

IN-HOUSE PROGRAM☒
IN OTHER FACILITY☐
HOURS PER CNA88

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies	4,450	4,525	25	9,000
3	Classroom Wages (a)	35,518	114,392		149,910
4	Clinical Wages (b)		125,831		125,831
5	In-House Trainer Wages (c)	14,513	14,850	267	29,630
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$ 54,481	\$ 259,598	\$ 292	\$ 314,371
10	SUM OF line 9, col. 1 and 2 (e)	\$ 314,079			

- (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.
- 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	181
2. From other facilities (f)	1
DROP-OUTS	
1. From this facility	178
2. From other facilities (f)	
TOTAL TRAINED	360
- (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	\$	71	\$ 4,939	\$	71	\$ 4,939	1
2	Licensed Speech and Language Development Therapist		hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10a-1/10a-3/10a-2	hrs	122,176	472	22,345	2,624	472	147,145	4
5	Physician Care	39-3	visits			20,364			20,364	5
6	Dental Care	39-1/39-3/39-2	visits	34,016	188	18,326	8,712	188	61,054	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			\$ 156,192	731	\$ 65,974	\$ 11,336	731	\$ 233,502	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	\$ 5,023,149	\$	1
2	Cash-Patient Deposits	192,476		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (94,594))	3,068,764		3
4	Supply Inventory (priced at)	110,171		4
5	Short-Term Investments	10,489,653		5
6	Prepaid Insurance	536,151		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 19,420,364	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	626,311		12
13	Land	311,612		13
14	Buildings, at Historical Cost	24,000,780		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	8,014,988		16
17	Accumulated Depreciation (book methods)	(22,204,513)		17
18	Deferred Charges	94,446		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):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 10,843,624	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 30,263,988	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 566,032	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	192,476		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	846,926		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	521,841		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 2,127,275	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable	8,306,103		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)	\$ 8,306,103	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 10,433,378	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 19,830,610	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 30,263,988	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 20,236,952	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 20,236,952	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,582,926)	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	1,176,584	15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (406,342)	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)	\$ 19,830,610	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number BEVERLY FARM FOUNDATION

0038604

Report Period Beginning: 7/1/2015

Ending: 6/30/2016

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

1

	I. Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 12,412,054	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 12,412,054	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	2,358,193	24
25	Interest and Other Investment Income***	387,457	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 2,745,650	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)	264,380	27
28			28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 264,380	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 15,422,084	30

2

	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	4,779,421	31
32	Health Care	5,916,450	32
33	General Administration	3,913,121	33
	B. Capital Expense		
34	Ownership	1,578,432	34
	C. Ancillary Expense		
35	Special Cost Centers	81,418	35
36	Provider Participation Fee	736,168	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 17,005,010	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,582,926)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,582,926)	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	2,080	\$ 61,218	\$ 29.43	1
2	Assistant Director of Nursing					2
3	Registered Nurses	21,610	23,322	573,990	24.61	3
4	Licensed Practical Nurses	21,401	22,415	449,239	20.04	4
5	CNAs & Orderlies					5
6	CNA Trainees					6
7	Licensed Therapist	5,200	5,320	79,775	15.00	7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	3,029	3,334	44,168	13.25	10
11	Social Service Workers	7,280	7,280	119,514	16.42	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants					15
16	Dishwashers					16
17	Maintenance Workers	20,431	21,795	203,770	9.35	17
18	Housekeepers	100,490	100,490	839,092	8.35	18
19	Laundry					19
20	Administrator	1,248	1,248	59,226	47.46	20
21	Assistant Administrator	1,248	1,248	42,955	34.42	21
22	Other Administrative	2,496	2,537	50,060	19.73	22
23	Office Manager					23
24	Clerical	29,847	32,316	397,614	12.30	24
25	Vocational Instruction	6,240	6,380	101,115	15.85	25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	20,825	21,009	264,262	12.58	28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)	213,357	230,357	3,350,685	14.55	30
31	Medical Records	3,235	3,287	30,286	9.21	31
32	Other Health Care(specify)					32
33	Other(specify) SEE ATTACHED	17,975	18,940	316,088	16.69	33
34	TOTAL (lines 1 - 33)	477,992	503,358	\$ 6,983,057 *	\$ 13.87	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				38
39	Pharmacist Consultant	12 MOS	23,438	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				45
46	Other(specify) PSYCHOLOGIST	42	5,219	10a-3	46
47					47
48					48
49	TOTAL (lines 35 - 48)	42	\$ 28,657		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	227	\$ 9,621	10-3	50
51	Licensed Practical Nurses	2,047	86,591	10-3	51
52	Certified Nurse Assistants/Aides	16,931	300,304	10-3	52
53	TOTAL (lines 50 - 52)	19,205	\$ 396,516		53

XIX. SUPPORT SCHEDULES

A. Administrative Salaries			
Name	Function	%	Amount
MARTHA WARFORD	EXECUTIVE DIRECTOR	0	\$ 59,226
VICKY PALMER-VOGT	ASSISTANT DIRECTOR	0	42,955
BRENDA MILLER	FINANCIAL COORD.	0	34,043
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 136,224
B. Administrative - Other			
Description			Amount
OUTSOURCING-IT/PAYROLL/TIMECLOCK		\$	82,966
MISCELLANEOUS			22,651
ADVERTISING RECLASSIFIED TO LINE 27			82,500
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 188,117
C. Professional Services			
Vendor/Payee	Type		Amount
SEE ENCLOSED WORKSHEET	LEGAL FEES	\$	28,560
SCHEFFEL BOYLE	ACCOUNTING & AUDIT		30,000
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 58,560
D. Employee Benefits and Payroll Taxes			
Description			Amount
Workers' Compensation Insurance		\$	411,519
Unemployment Compensation Insurance			62,160
FICA Taxes			526,571
Employee Health Insurance			1,273,272
Employee Meals			
Illinois Municipal Retirement Fund (IMRF)*			
PENSION			85,110
MISC EMPLOYEE BENEFITS			32,830
TOTAL (agree to Schedule V, line 22, col.8)			\$ 2,391,462
E. Schedule of Non-Cash Compensation Paid to Owners or Employees			
Description	Line #		Amount
		\$	
TOTAL			\$
F. Dues, Fees, Subscriptions and Promotions			
Description			Amount
IDPH License Fee		\$	
Advertising: Employee Recruitment			20,894
Health Care Worker Background Check (Indicate # of checks performed _____)	95		23,887
Patient Background Checks	10		2,514
DUES/SUBS/LICENSE FEES			19,667
IHCA DUES			11,376
Less: Public Relations Expense		(	
Non-allowable advertising			(10,138)
Yellow page advertising		(	
TOTAL (agree to Sch. V, line 20, col. 8)			\$ 68,200
G. Schedule of Travel and Seminar**			
Description			Amount
Out-of-State Travel		\$	
In-State Travel			
MILEAGE REIMBURSEMENT			2,177
Seminar Expense			
MEETINGS/SEMINARS/HOTEL			7,316
Entertainment Expense		(	
(agree to Sch. V, line 24, col. 8)			
TOTAL		\$	9,493

*** Attach copy of IMRF notifications**

****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 (\$11,376)
- (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? 5-10 YRS
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 67,154 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. \$ 736,168
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 benefit on Schedule V. \$ 0 Has any meal income been offset against related costs? NO Indicate the amount. \$ 0
- (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. \$ 690
c. What percent of all travel expense relates to transportation of nurses and patients? 92%
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 BOYLE
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? YES
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. YES
Attach invoices and a summary of services for all architect and appraisal fees

BEVERLY FARM FOUNDATION #0038604
PAGES 3 & 4, SCHEDULE V RECLASSIFICATIONS
JUNE 30, 2016

BANK & BROKER FEES INCLUDED AS INTEREST	68,594	17
	(68,594)	32
CNA TRAINING INCLUDED AS NURSING	213,256	13
	(213,256)	10
ADVERTISING AND DUES INCLUDED AS ADMINISTRATIVE	82,964	27
	(82,500)	17
	(464)	20
FUNDRAISING, DUES, AND DIETARY INCLUDED AS TRAVEL AND SEMINAR	621	27
	700	1
	512	20
	(1,833)	24

BEVERLY FARM FOUNDATION #0038604
PAGE 10, SCHEDULE IX - REAL ESTATE TAXES
JUNE 30, 2016

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, 2016

Model, Make, Year	Cost	Current Book Depreciation	Straight Line Depreciation	Accumulated Depreciation
TRANS MAINT #4-F150	\$ 3,957	\$ -	\$ -	\$ 3,957
FORD FOCUS CAR #1	6,545	-	-	6,545
IDOT VAN #15	26,612	-	-	26,612
IDOT VAN #16	26,612	-	-	26,612
TRANS. MAINT. #6 -TRUCK	3,591	-	-	3,591
MAINT. #8 F350 TRUCK	15,944	-	-	15,944
IDOT BUS-VAN #17	52,612	-	-	52,612
E-350 VAN #18-15 PASS.	16,349	-	-	16,349
E-350 VAN #19-15 PASS.	16,427	-	-	16,427
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	1,101	1,101	22,023
MAINTENANCE TRUCK W/SNOW PLOW	20,035	-	-	20,035
VANS-WHEELCHAIR STRAP	1,454	-	-	1,454
TRANSPORTATION VAN	21,651	-	-	21,651
TRANSPORTATION VAN	17,190	-	-	17,190
IDOT VAN	19,538	-	-	19,538
MAINTENANCE - TRUCK	20,434	-	-	20,434
SHOULDER HARNESSSES	1,036	-	-	1,036
IDOT VAN	34,646	3,464	3,464	33,060
2010 CHRYSLER	18,885	1,888	1,888	18,885
MAINTENANCE TRUCK	3,315	332	332	3,315
4X4 CHEVY TRUCK	10,482	2,096	2,096	9,434
CHEVY C1500 SILVERADO	13,439	2,688	2,688	12,095
2008 MERCURY MARINER	10,336	2,067	2,067	9,302
FORD E250	24,539	4,908	4,908	22,085
FLEET REPAIRS	4,055	811	811	3,650
DUMP TRUCK REPAIRS	420	84	84	294
VAN SEAT REPAIR	2,631	526	526	1,842
VAN	34,122	6,824	6,824	23,885
	<u>\$ 493,102</u>	<u>\$ 26,789</u>	<u>\$ 26,789</u>	<u>\$ 474,079</u>

BEVERLY FARM FOUNDATION #0038604
DEPRECIABLE NON-CARE ASSETS - SCHEDULE XI., Section F.
JUNE 30, 2016

Description	Cost	Current Book Depreciation	Accumulated Depreciation
DAY TRAINING BUILDING	\$ 1,942,182	\$ 50,768	\$ 1,279,766
DAY TRAINING ALLOCATED ADMIN BLDG	139,409	4,570	63,183
DAY TRAINING EQUIPMENT	596,836	16,933	545,405
DAY TRAINING ALLOCATED ADMIN EQUIP	110,283	12,545	53,871
DAY TRAINING VEHICLES	56,573	461	56,573
DAY TRAINING ALLOCATED VEHICLES	82,188	4,465	79,016
GROUP HOMES BUILDINGS	2,306,796	65,359	1,382,756
GROUP HOMES ALLOCATED ADMIN BLDG	418,218	13,710	189,552
GROUP HOMES EQUIPMENT	594,557	28,981	543,732
GROUP HOMES ALLOCATED ADMIN EQUIP	330,852	37,632	161,610
GROUP HOME VEHICLES	246,558	13,404	237,042
GROUP HOMES LAND	30,000	-	-
ACTIVITIES BUILDING	9,450	1,194	1,476
ARENA BUILDING	348,165	17,481	140,001
GROVES B. SMITH BUILDING	1,133,240	29,702	646,377
GREENHOUSE	366,278	9,266	256,705
HARDIN APARTMENTS	1,533,144	54,741	657,028
HORTICULTURE	115,669	2,650	79,883
JUDAH SENIORS BUILDING	460,269	10,958	187,621
TOMBSTONES	3,186	-	3,186
TREIN VOCATIONAL BUILDING	755,990	18,176	360,711
ARENA EQUIPMENT	55,349	3,809	49,375
GIFT SHOP EQUIPMENT	15,341	1,276	13,427
GROVES B. SMITH EQUIPMENT	141,864	3,927	138,321
HARDIN APARTMENTS EQUIPMENT	285,857	26,558	203,346
JUDAH EQUIPMENT	17,909	274	17,772
TREIN EQUIPMENT	8,749	285	8,322
ACTIVITIES EQUIPMENT	16,457	503	523
OTHER LAND	57,643	-	-
HARDIN APARTMENTS VEHICLES	36,739	3,674	9,185
CILA VEHICLES	18,195	607	607
CILA LAND	24,753	-	-
CILA BUILDING	145,702	6,495	8,660
	<u>\$ 12,404,401</u>	<u>\$ 440,404</u>	<u>\$ 7,375,032</u>

BEVERLY FARM FOUNDATION #0038604
INCOME RECEIVED BY BROAD CATEGORY NOT LISTED ON P. 19
JUNE 30, 2016

DAY TRAINING	\$ 5,217,732
APARTMENTS & INCIDENTALS	574,541
GROUP HOMES	4,044,481
GIFT SHOP	82,175
CILA	220,073
	<u>\$ 10,139,002</u>

EXPENSES INCURRED BY BROAD CATEGORY
NOT LISTED IN THIS COST REPORT

DAY TRAINING (DIRECT)	\$ 2,857,594
DAY TRAINING (ALLOCATED)	1,717,668
APARTMENTS	397,443
GROUP HOMES (DIRECT)	2,088,632
GROUP HOMES (ALLOCATED)	1,544,009
GIFT SHOP	87,589
GREENHOUSE	5,918
TREASURES & TRINKETS	2,856
CILA (DIRECT)	184,494
CILA (ALLOCATED)	76,215
	<u>\$ 8,962,418</u>
NET INCOME (Page 18, Schedule XVI, Line 15)	<u>\$ 1,176,584</u>

BEVERLY FARM FOUNDATION
MISCELLANEOUS INCOME, PAGE 19, LINE 28
JUNE 30, 2016

HAB-AIDE REIMBURSEMENT	\$ 222,942
IPA TRANSPORTATION REIMBURSEMENT	690
SODA MACHINE	17,127
CILA MANAGEMENT FEE	4,908
OTHER REFUNDS AND REIMBURSEMENTS	18,713
	<u>\$ 264,380</u>

BEVERLY FARM FOUNDATION #0038604
PAGE 20, SCHEDULE XVIII, LINE 33
JUNE 30, 2016

SERVICE	1	2	3	4
	HRS. WORKED	HRS. PAID	WAGES	HOURLY WAGE
PHYSICAL THERAPY	6,552	6,552	\$ 122,176	18.65
HOSPITAL SITTERS	360	360	3,307	9.19
DENTAL ASSISTANT	2,200	2,399	34,016	14.18
TRANSPORTATION	5,535	6,301	66,298	10.52
SAFETY & SECURITY	1,248	1,248	28,430	22.78
DEVELOPMENT DIRECTOR	2,080	2,080	61,861	29.74
	17,975	18,940	\$ 316,088	