

Facility Name & ID Number BEVERLY FARM FOUNDATION

0038604 Report Period Beginning: 07/01/2005 Ending: 06/30/2006

III. STATISTICAL DATA

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

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

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF					8
9	SNF/PED					9
10	ICF					10
11	ICF/DD	90,469	3,506		93,975	11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	90,469	3,506		93,975	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 85.82%

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

2,167 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.

(E.g., day care, "meals on wheels", outpatient therapy)

NONE

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

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?

YES NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES NO

I. On what date did you start providing long term care at this location?

Date started 10/01/1957

J. Was the facility purchased or leased after January 1, 1978?

YES Date _____ NO

K. Was the facility certified for Medicare during the reporting year?

YES NO If YES, enter number of beds certified _____ and days of care provided _____

Medicare Intermediary _____

IV. ACCOUNTING BASIS

ACCURAL MODIFIED CASH* CASH*

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

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

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

Facility Name & ID Number

BEVERLY FARM FOUNDATION

0038604

Report Period Beginning:

07/01/2005

Ending:

06/30/2006

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

	Operating Expenses	Costs Per General Ledger				Reclassification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR OHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	845,037	79,188	22,611	946,836		946,836		946,836		1
2	Food Purchase		603,152		603,152		603,152	(8,959)	594,193		2
3	Housekeeping	747,646	18,386	44,143	810,175		810,175		810,175		3
4	Laundry			286,240	286,240		286,240		286,240		4
5	Heat and Other Utilities			326,787	326,787		326,787		326,787		5
6	Maintenance	279,870	19,414	313,162	612,446		612,446		612,446		6
7	Other (specify):* SAFETY/SECURITY	21,192	759	73,268	95,219		95,219		95,219		7
8	TOTAL General Services	1,893,745	720,899	1,066,211	3,680,855		3,680,855	(8,959)	3,671,896		8
	B. Health Care and Programs										
9	Medical Director										9
10	Nursing and Medical Records	4,413,709	118,774	236,988	4,769,471	(226,561)	4,542,910	(680)	4,542,230		10
10a	Therapy	167,701	489	13,838	182,028		182,028		182,028		10a
11	Activities	149,462	36,712	21,879	208,053		208,053		208,053		11
12	Social Services	110,725		1,925	112,650		112,650		112,650		12
13	CNA Training	97,432			97,432	226,561	323,993		323,993		13
14	Program Transportation	56,503			56,503	(11,004)	45,499		45,499		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	4,995,532	155,975	274,630	5,426,137	(11,004)	5,415,133	(680)	5,414,453		16
	C. General Administration										
17	Administrative	145,637		8,467	154,104		154,104		154,104		17
18	Directors Fees										18
19	Professional Services			189,803	189,803		189,803		189,803		19
20	Dues, Fees, Subscriptions & Promotions			50,514	50,514		50,514		50,514		20
21	Clerical & General Office Expenses	313,353	39,393	138,485	491,231		491,231		491,231		21
22	Employee Benefits & Payroll Taxes			2,133,208	2,133,208		2,133,208		2,133,208		22
23	Inservice Training & Education			1,701	1,701		1,701		1,701		23
24	Travel and Seminar			6,782	6,782		6,782		6,782		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			442,744	442,744		442,744		442,744		26
27	Other (specify):* FUND RAISING	117,741		26,313	144,054		144,054	(144,054)			27
28	TOTAL General Administration	576,731	39,393	2,998,017	3,614,141		3,614,141	(144,054)	3,470,087		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	7,466,008	916,267	4,338,858	12,721,133	(11,004)	12,710,129	(153,693)	12,556,436		29

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

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

Facility Name & ID Number BEVERLY FARM FOUNDATION

#0038604

Report Period Beginning: 07/01/2005 Ending: 06/30/2006

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			945,018	945,018		945,018	(358,043)	586,975			30
31	Amortization of Pre-Op. & Org.			13,636	13,636		13,636		13,636			31
32	Interest			445,031	445,031		445,031	(239,409)	205,622			32
33	Real Estate Taxes			2,641	2,641		2,641	(2,641)				33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles											35
36	Other (specify):* MORTGAGE INS			37,457	37,457		37,457		37,457			36
37	TOTAL Ownership			1,443,783	1,443,783		1,443,783	(600,093)	843,690			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation					11,004	11,004		11,004			38
39	Ancillary Service Centers	25,959	2,470	79,738	108,167		108,167		108,167			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			715,640	715,640		715,640		715,640			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers	25,959	2,470	795,378	823,807	11,004	834,811		834,811			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	7,491,967	918,737	6,578,019	14,988,723		14,988,723	(753,786)	14,234,937			45

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

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

0038604

Report Period Beginning: **07/01/2005**

Ending: **06/30/2006**

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(8,959)	2-7		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	(358,043)	30-7		9
10	Interest and Other Investment Income	(239,409)	32-7		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(680)	10-7		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	(144,054)	27-7		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule <u>REAL ESTATE TAXES</u>	(2,641)	33-7		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (753,786)		\$	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))	\$ (753,786)		37

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

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

		1	2	3	4	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.	X		\$ 11,004	14	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	Exceptional Care Program					44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	TOTAL (C): (sum of lines 38-46)			\$ 11,004		47

STATE OF ILLINOIS
 BEVERLY FARM FOUNDATION

ID# 0038604
 Report Period Beginning: 07/01/2005
 Ending: 06/30/2006

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	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
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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

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if 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, IL			
		GROUP HOME #2	GODFREY, IL			
		GROUP HOME #3	GODFREY, IL			
		GROUP HOME #4	GODFREY, IL			
		GROUP HOME #5	GODFREY, IL			
		GROUP HOME #6	GODFREY, IL			

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

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

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

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

Facility Name & ID Number BEVERLY FARM FOUNDATION # 0038604 Report Period Beginning: 07/01/2005 Ending: 06/30/2006

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									\$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13								TOTAL	\$	13

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

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

Facility Name & ID Number BEVERLY FARM FOUNDATION

0038604 Report Period Beginning: 07/01/2005

Ending: 6/30/2006

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	22-3	EMPLOYEE BENEFITS	WAGES	10,000	8	\$ 3,547,319	\$ 6,014	\$ 2,133,208	1
2	17-3	SCHOOL REIMBURSEMENT	WAGES	10,000	8	1,110	6,253	694	2
3	17-1	ADMINISTRATIVE SALARIES	HOURS	2,080	8	242,728	242,728	145,637	3
4	21-1	PERSONNEL/ACCOUNTING	HOURS	2,080	8	522,255	522,255	313,353	4
5	6-1	MAINTENANCE STAFF	HOURS	2,080	8	466,450	446,450	279,870	5
6	7-3	SECURITY/SAFETY	HOURS	2,080	8	122,113	1,248	73,268	6
7	7-1	SAFETY MANAGER	HOURS	2,080	8	35,319	35,319	21,191	7
8	7-2	SECURITY SUPPLIES	HOURS	2,080	8	1,264	1,248	758	8
9	6-2	MAINTENANCE SUPPLIES	HOURS	2,080	8	29,946	1,248	17,968	9
10	21-2	OSHA REQUIREMENTS	HOURS	2,080	8	35,505	1,248	21,303	10
11	21-3	CONSULTANTS	HOURS	2,080	8	36,695	1,248	22,017	11
12	23-3	INSERVICE TRAINING	HOURS	2,080	8	2,835	1,248	1,701	12
13	26-3	INSURANCE	HOURS	2,080	8	737,907	1,248	442,744	13
14	19-3	LEGAL & ACCOUNTING	HOURS	2,080	8	316,339	1,248	189,803	14
15	14-1	TRANSPORTATION STAFF	HOURS	2,080	8	94,172	1,248	56,503	15
16	20-3	DUES/SUBS/ADVERTISING	HOURS	2,080	8	84,028	1,250	50,514	16
17	24-3	TRAVEL/SEMINAR	HOURS	2,080	8	2,217	523	557	17
18	36-3	MORTGAGE INSURANCE	HOURS	2,080	8	62,429	1,248	37,457	18
19	32-3	INTEREST	HOURS	2,080	8	728,733	1,248	437,240	19
20	31-3	BOND COSTS AMORT	HOURS	2,080	8	22,726	1,248	13,636	20
21	6-3	MAINTENANCE - OTHER	HOURS	2,080	8	85,183	1,248	51,110	21
22	11-1	ACTIVITIES STAFF	HOURS	2,080	8	70,903	1,248	42,542	22
23	11-2	ACTIVITIES SUPPLIES/OTH	HOURS	2,080	8	18,758	1,248	11,255	23
24									24
25	TOTALS					\$ 7,266,934	\$ 1,246,752	\$ 4,364,329	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 Name of Lender	2 Related**		3 Purpose of Loan	4 Monthly Payment Required	5 Date of Note	6 Amount of Note		8 Maturity Date	9 Interest Rate (4 Digits)	10 Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	A. Directly Facility Related											
	Long-Term											
1	IL HEALTH FACILITY		X	CONSTRUCTION		07/96	\$	\$ 6,356,212	2031	6.6800	\$ 428,081	1
2												2
3												3
4												4
5												5
	Working Capital											
6	MISCELLANEOUS		X	WORKING CAPITAL							6,000	6
7												7
8												8
9	TOTAL Facility Related						\$	\$ 6,356,212			\$ 434,081	9
	B. Non-Facility Related*											
10												10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						\$	\$			\$	14
15	TOTALS (line 9+line14)						\$	\$ 6,356,212			\$ 434,081	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 37,457 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

<p>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</p>			
1. Real Estate Tax accrual used on 2005 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.)		\$ 2,641	2
3. Under or (over) accrual (line 2 minus line 1).		\$ 2,641	3
4. Real Estate Tax accrual used for 2006 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.		\$ 2,641	7
Real Estate Tax History:			
Real Estate Tax Bill for Calendar Year:	2001	13,506	8
	2002	10,894	9
	2003	11,685	10
	2004	11,067	11
	2005	2,641	12
	FOR BHF USE ONLY		
	13	FROM R. E. TAX STATEMENT FOR 2005 \$	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.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2005 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2005 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2005.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2005 real estate tax bill to Healthcare and Family Services, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2006 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions,

2005 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 Costs

Enter the tax index number and real estate tax assessed for 2005 on the lines provided below. Enter only the portion of total 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 2005.

	(A)	(B)	(C)	(D)
	<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1.	_____	_____	\$ _____	\$ _____
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 direct used for nursing home services? YES NO

If YES, attach an explanation & 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 2005 tax bills which were listed in Section A to this statement. Be sure to use the 2005 tax bill which is normally paid during 2006

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.

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

0038604

Report Period Beginning:

07/01/2005 Ending:

06/30/2006

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: _____ B. General Construction Type: Exterior **BRICK** Frame **WOOD & STEEL** Number of Stories **ONE**

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

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

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

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

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

XI. OWNERSHIP COSTS:

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
A. Land.	FACILITY	6,701,800	1955	\$ 78,120	1
	GROUND IMP.		VARIOUS	126,307	2
	TOTALS	6,701,800		\$ 204,427	3

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

Report Period Beginning:

07/01/2005

Ending:

06/30/2006**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	129		1960	1960	\$ 340,034	\$	40	\$	\$	\$ 340,034	4
5	26		1965	1965	166,210		40			166,210	5
6	35		1969	1969	309,300	7,732	40	7,732		286,102	6
7	26		1972	1972	277,051	6,926	40	6,926		235,493	7
8	84		1979	1979	628,784	15,720	40	15,720		440,149	8
	Improvement Type**										
9	43 BEDS INCLUDED IN LINE 8 YEAR ACQUIRED 1984			1984	1,188,870	29,722	40	29,722		639,017	9
10	BUILDING ADDITIONS			1968	416,642	9,589	40	9,589		366,914	10
11	BUILDING IMPROVEMENTS			1973	1,958	42	40	42		1,507	11
12	BUILDING ADDITIONS			1974	62,866	1,370	40	1,370		48,561	12
13	BUILDING IMPROVEMENTS			1977	6,665	145	40	145		4,668	13
14	BUILDING IMPROVEMENTS			1978	29,299	637	40	637		19,781	14
15	BUILDING IMPROVEMENTS			1979	3,697	80	40	80		2,398	15
16	BUILDING IMPROVEMENTS			1980	178,379	3,887	40	3,887		111,927	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	2,089	40	2,089		56,653	19
20	BUILDING IMPROVEMENTS			1982	11,260	246	40	246		6,671	20
21	CERAMIC FLOOR			1982	1,282	32	40	32		737	21
22	SIDEWALK			1983	23,175		10			23,175	22
23	SEWER			1983	72,357	2,412	30	2,412		55,474	23
24	SERVICE ROAD			1983	35,016		15			35,016	24
25	BUILDING IMPROVEMENTS			1984	24,029	601	40	601		13,516	25
26	BUILDING IMPROVEMENTS			1983	21,405	535	40	535		12,040	26
27											
28	SIDEWALK			1984	15,477		10			15,477	28
29	ENTRANCE SIGNS			1985	1,770		12			1,770	29
30	DRAINAGE SWALL			1984	18,096		15			18,096	30
31	ROAD REPAIRS			1985	1,670		15			1,670	31
32	ELECTRICAL SYSTEM			1985	20,407		20			20,407	32
33	BUILDING IMPROVEMENTS			1985	10,135	253	40	253		5,448	33
34	BUILDING IMPROVEMENTS			1985	7,675	192	40	192		4,125	34
35	BUILDING IMPROVEMENTS			1986	142,322	3,558	40	3,558		72,940	35
36											

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

See Page 12A, Line 70 for total

**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:

07/01/2005 Ending: 06/30/2006

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-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			\$	\$		\$	\$	\$	37
38									38
39									39
40	BUILDING IMPROVEMENTS	1986	2,363	60	40	60		1,225	40
41	BUILDING IMPROVEMENTS	1986	4,353	108	40	108		2,217	41
42	AIR CONDITION SYSTEM	1986	591,935		15			591,935	42
43	PLAYGROUND SHELTER	1985	16,220		15			16,220	43
44	SIDEWALKS	1985	9,742		10			9,742	44
45	ROAD PAVING & LOT	1985	41,929		15			41,929	45
46	SEWER & STORM DRAIN	1985	5,422	181	30	181		3,705	46
47	GROUND IMPROVEMENTS	1985	3,117		10			3,117	47
48	SIDEWALKS	1986	15,081		10			15,081	48
49	PARKING LOT	1986	1,838		15			1,838	49
50	BENCHES & FENCES	1986	5,058		15			5,058	50
51	AIR CONDITION SYSTEM	1986	5,000		15			5,000	51
52	BUILDING REMODELING	1986	46,415	1,160	40	1,160		22,627	52
53	BUILDING REMODELING	1986	41,122	1,028	40	1,028		20,047	53
54	BUILDING IMPROVEMENTS	1986	216,453	5,411	40	5,411		105,036	54
55	BOILER	1987	14,533	363	40	363		6,721	55
56	ELECTRIC REWIRE	1987	16,869	843	20	843		15,604	56
57	BUILDING IMPROVEMENTS	1986	2,341	58	40	58		1,564	57
58	BUILDING IMPROVEMENTS	1987	78,723	1,968	40	1,968		36,029	58
59	BUILDING IMPROVEMENTS	1987	8,447	212	40	212		3,806	59
60	SEWER & MANHOLE	1987	830		15			830	60
61	TREE REMOVAL	1987	2,091		15			2,091	61
62	TELEPHONE SYSTEM	1988	4,086	204	20	204		3,575	62
63	BUILDING IMPROVEMENTS	1988	1,810	45	40	45		792	63
64	PARKING LOT	1988	42,125		15			42,125	64
65	SEWER	1988	22,785	760	30	760		13,291	65
66	FENCE	1988	1,147		15			1,147	66
67	BUILDING IMPROVEMENTS	1990	3,527		10			3,527	67
68	SEWER	1990	3,459		10			3,459	68
69	BUILDING IMPROVEMENTS	1991	27,118	678	40	678		10,508	69
70	TOTAL (lines 4 thru 69)		\$ 5,388,540	\$ 98,847		\$ 98,847	\$	\$ 4,036,742	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:

07/01/2005 Ending: 06/30/2006

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 5,388,540	\$ 98,847		\$ 98,847	\$	\$ 4,036,742	1
2	SPRINKLER	1991	50,681		10			50,681	2
3	DINING HALL	1991	940,888	23,522	40	23,522		352,833	3
4	SEWER REPAIR	1989	1,904		10			1,904	4
5	PARKING LOT RESURFACING	1989	9,918		15			9,918	5
6	CLEAN DUMP	1989	4,820		10			4,820	6
7	MANHOLE REPLACEMENT	1991	4,100		10			4,100	7
8	SEWER REPAIRS	1991	1,062		10			1,062	8
9	SEWER REPAIRS	1991	6,513		10			6,513	9
10	DINING HALL	1991	4,625	116	40	116		1,734	10
11	RENOVATIONS-CAMPBELL	1992	4,282	171	25	171		2,569	11
12	SIDEWALKS	1992	10,289		10			10,289	12
13	ROOM ADDITION-CAMPBELL	1992	38,900	1,556	25	1,556		21,002	13
14	WINDOWS-LOGAN	1992	16,450	658	25	658		8,883	14
15	DOORS/WINDOWS/REMODELLING-ALL 10 COTTAGES	1993	1,422,666	56,907	25	56,907		768,239	15
16	SEWER LINE/ROADWORK/PAVILION	1993	21,585	603	10 \ 15	603		20,680	16
17	NEW ROOF/CONCRETE WORK	1994	43,632	2,909	15	2,909		36,360	17
18	REMODELED BEVERLY, SMITH & STAHL BLDGS	1993	567,397	22,696	25	22,696		283,701	18
19	FURNACE/AIR CONDITIONER/SPRINKLER	1994	13,403	536	25	536		6,702	19
20	ROAD & LOT WORK	1994	21,683	1,446	15	1,446		18,073	20
21	FLOW METER	1994	5,754	384	15	384		4,796	21
22	SIDEWALK & DRAINAGE WORK	1995	10,534		10			10,534	22
23	CABINETS	1995	5,460	364	15	364		4,186	23
24	GAZEBO	1995	8,490	566	15	566		6,509	24
25	WINDOWS	1995	41,000	1,640	25	1,640		18,860	25
26	PARKING LOT REPAIRS/SPRINKLER/FIRE ALARM	1994	1,272	51	25	51		586	26
27	ROAD WORK	1994	76,071	5,071	15	5,071		58,321	27
28	SEWER & GAS LINES	1995	12,104		10			12,104	28
29	AIRCOND./FLOORING/CEILING REPAIR/PAVILION	1996	26,015	1,041	25	1,041		10,926	29
30	KITCHEN AT LOGAN	1996	7,494	500	15	500		5,246	30
31	PARKING LOT & ROAD	1996	164,403	8,220	10	8,220		164,403	31
32	PATIO & SIDEWALK	1996	13,517	676	10	676		13,517	32
33	GAS & WATER LINES EVANS HALL	1996	1,347	67	10	67		1,347	33
34	TOTAL (lines 1 thru 33)		\$ 8,946,799	\$ 228,547		\$ 228,547	\$	\$ 5,958,140	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:

07/01/2005 Ending: 06/30/2006

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 8,946,799	\$ 228,547		\$ 228,547	\$	\$ 5,958,140	1
2	WINDOWS	1998	11,490	766	15	766		7,277	2
3	PORCH - CHAPPE	1998	4,110	206	20	206		1,952	3
4	LIGHTING/ROOF DRAINS/DIETARY REPAIRS	1998	11,782	785	15	785		7,462	4
5	PARKING LOT	1997	78,536	7,854	10	7,854		74,609	5
6	SIDEWALK	1997	11,311	452	25	452		4,298	6
7	SEWER REPAIR	1997	4,232	423	10	423		4,020	7
8	LANDSCAPING	1997	9,668		5			9,668	8
9	SIDEWALKS	1997	4,125	412	10	412		3,918	9
10	PARKING LOT	1997	3,876	388	10	388		3,682	10
11	ADMINISTRATION BUILDING	1997	667,309	16,683	40	16,683		158,486	11
12	SECURITY OFFICE	1997	3,399	340	10	340		2,889	12
13	CARPET/LINOLEUM/LAVATORY/SUNROOM	1997	21,007	1,400	15	1,400		11,904	13
14	ROOFS-HERRING & DONNELLY	1997	55,560	3,704	15	3,704		31,484	14
15	CABINETS - DONNELLY	1998	10,638	709	15	709		6,028	15
16	ROOF- LAUNDRY	1998	20,652	1,377	15	1,377		11,703	16
17	ROOF REPAIR DONNELLY/NEW DOORS/FURNACE	1997	16,030	1,069	15	1,069		9,084	17
18	HARDWARE - ADMINISTRATION BLDG	1997	6,556	656	15	656		5,245	18
19	SECURITY SYSTEM - ADMINISTRATION BLDG	1997	2,046	205	10	205		1,637	19
20	PARKING LOT/SIDEWALKS/SEWER REPAIR/FENCE	1998	65,741	5,842	10	5,842		50,457	20
21	WINDOWS/ROOF REPAIRS/DOORS	1999	96,828	3,873	25	3,873		29,049	21
22	WINDOWS - LAUNDRY	1999	6,670	267	25	267		2,001	22
23	DOORS - MAINTENANCE	1999	13,314	1,331	10	1,331		9,985	23
24	WINDOWS-NURSING	1998	6,182	247	25	247		1,855	24
25	FENCE - LAGOON	1999	6,734	449	15	449		3,367	25
26	ROAD REPAIR	1999	6,667	667	10	667		5,000	26
27	WATER LINE REPAIR ADMIN	1999	564	56	10	56		423	27
28	SIDEWALKS	1999	22,707	2,271	10	2,271		17,030	28
29	PATIO - DONNELLY	1999	1,020	102	10	102		765	29
30	WINDOWS - CAMPBELL	1993	440	18	25	18		241	30
31	PARKING LOT REPAIRS/SPRINKLER/FIRE ALARM	1994	9,528	381	25	381		4,382	31
32	ROOF-CAMP BEVERLY	2000	1,350	68	20	68		439	32
33	BEVERLY COTTAGE-SIDING,GUTTERS, FASCIA	2000	8,636	432	20	432		2,807	33
34	TOTAL (lines 1 thru 33)		\$ 10,135,507	\$ 281,980		\$ 281,980	\$	\$ 6,441,287	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:

07/01/2005 Ending: 06/30/2006

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 10,135,507	\$ 281,980		\$ 281,980		\$ 6,441,287	1
2	CARRIAGE HOUSE-WINDOWS	2000	586	23	25	23		152	2
3	CHAPPE-ROOF	1999	615	31	20	31		200	3
4	DIETARY-DOOR	1999	3,262	326	10	326		2,120	4
5	DONNELLY-DOORS	2000	6,927	693	10	693		4,503	5
6	EVANS-SIDING & GUTTERS	1999	10,527	526	20	526		3,421	6
7	FUNDRAISING-SIDING & GUTTERS	1999	2,125	106	20	106		690	7
8	GARAGE-WINDOW	1999	909	36	25	36		236	8
9	MAIN CAMPUS GAS LINE	1999	10,235	512	20	512		3,326	9
10	HERRING-SIDING & GUTTERS	1999	5,789	289	20	289		1,881	10
11	HERRING-DOOR	2000	2,857	286	10	286		1,857	11
12	HILLIER-ROOF	2000	34,732	1,737	20	1,737		11,288	12
13	HILLIER-SPRINKLER & FLOORING	1999	12,663	633	20	633		4,115	13
14	HOUSEKEEPING-SOFFIT & GUTTERS	1999	925	46	20	46		301	14
15	LAUNDRY-DOOR,SIDING & SOFFIT	1999	2,586	129	20	129		840	15
16	LAVENTHAL-DOOR,SIDING & SOFFIT	1999	5,972	299	20	299		1,941	16
17	LOGAN-DOOR,SOFFIT,FLOORING	1999	18,805	940	20	940		6,111	17
18	OLD HERRING-SIDING	1999	1,173	59	20	59		381	18
19	SMITH-DOOR,SIDING & FASCIA	1999	9,851	493	20	493		3,202	19
20	STAHL-SIDING,SOFFIT & FLOORING	2000	14,075	704	20	704		4,574	20
21	SUPPLY-SIDING & SOFFIT	1999	3,806	190	20	190		1,237	21
22	GAS PIPELINE	1999	4,000	400	10	400		2,600	22
23	TAR/CHIP ROADS	1999	12,403	1,240	10	1,240		8,062	23
24	GASOLINE TANK	1999	2,788	279	10	279		1,812	24
25	ASPHALT WORK	1999	74,611	7,461	10	7,461		48,497	25
26	WATERLINES	1999	23,855	2,386	10	2,386		15,506	26
27	CHAPPEE-SIDEWALK	1999	1,515	151	10	151		985	27
28	FENCE ABOVE LPG VAPOR TANK	2000	4,200	280	15	280		1,820	28
29	HERRING-PARKING LOT	1999	3,493	349	10	349		2,270	29
30	HILLIER-SIDEWALK	1999	3,466	347	10	347		2,253	30
31	LOGAN-PATIO	1999	10,258	1,026	10	1,026		6,668	31
32	GROUND COVER FOR SWING SET	1999	5,962	596	10	596		3,876	32
33	OLD HERRING-ELECTRIC	2000	2,579	258	10	258		1,676	33
34	TOTAL (lines 1 thru 33)		\$ 10,433,057	\$ 304,811		\$ 304,811		\$ 6,589,688	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:

07/01/2005 Ending: 06/30/2006

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 10,433,057	\$ 304,811		\$ 304,811	\$	\$ 6,589,688	1
2	SMITH SIDEWALK	1999	1,063	106	10	106		691	2
3	TREE REMOVAL	2000	875		5			875	3
4	BEVERLY - SPRINKLER	2001	1,049	105	10	105		577	4
5	BEVERLY - WATER HEATER	2000	1,170	117	10	117		644	5
6	BEVERLY - FLOOR/DOOR	2000	5,073	507	10	507		2,790	6
7	CARIAGE HSE-GUTTERS	2000	5,115	256	20	256		1,407	7
8	CHAPPEE-A/C; FLOORS	2000	14,128	1,413	10	1,413		7,771	8
9	CROSS COTTAGE-SIDING	2000	1,945	97	20	97		535	9
10									10
11	DIETARY-DOOR	2000	1,685	169	10	169		927	11
12	DONNELLY-DOORS	2000	5,249	525	10	525		2,887	12
13	EVANS-A/C	2001	2,081	208	10	208		1,144	13
14	EVANS-WINDOWS/DOORS	2000	6,196	248	25	248		1,363	14
15	LAVENTHAL-FIRE ALARM	2000	12,000	1,200	10	1,200		6,600	15
16	SMALL GARAGE DOOR	2000	3,000	200	15	200		1,100	16
17	HERRING-FRP WALLS	2000	864	58	15	58		317	17
18	HILLIER-SPRINKLER REP	2001	5,862	586	10	586		3,224	18
19	HILLIER-NEW WINDOWS	2000	11,361	454	25	454		2,499	19
20	HILLIER-DOOR/FLOORING	2001	8,040	804	10	804		4,422	20
21	LAUNDRY-CHIMNEY/DOOR	2000	10,074	1,007	10	1,007		5,541	21
22	LAVENTHAL-SPRINKLER	2001	7,501	750	10	750		4,126	22
23	LOGAN-DOOR/SPRINKLER	2001	5,261	526	10	526		2,893	23
24	LOGAN-FIRE ALARM	2000	10,350	1,035	10	1,035		5,693	24
25	OLD HERRING-WINDOWS	2000	5,535	221	25	221		1,218	25
26	SEWING-STEEL DOORS	2000	2,281	228	10	228		1,254	26
27	SMITH-DOOR	2001	1,070	107	10	107		589	27
28	STAHL-DOOR/FLOORING	2001	6,934	693	10	693		3,814	28
29									29
30	DRAINAGE DITCH	2001	9,170	917	10	917		5,044	30
31	CABIN ROAD REPAIR	2000	26,843	2,684	10	2,684		14,764	31
32	MAIN CAMPUS-SIDEWALK	2000	28,716	2,872	10	2,872		15,794	32
33	HERRING PARKING LOT	2000	12,341	1,234	10	1,234		6,788	33
34	TOTAL (lines 1 thru 33)		\$ 10,645,889	\$ 324,138		\$ 324,138	\$	\$ 6,696,979	34

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

Facility Name & ID Number BEVERLY FARM FOUNDATION

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 10,645,889	\$ 324,138		\$ 324,138	\$	\$ 6,696,979	1
2	ROAD IMPROVEMENTS	2000	106,706	10,671	10	10,671		58,689	2
3	SRS BLDG-SITE PREP	2001	936	94	10	94		515	3
4	STORM SEWER REPAIR	2000	2,600	260	10	260		1,430	4
5	WIDEN ROAD	2000	2,650	265	10	265		1,458	5
6									6
7	OIL & CHIP ROADS	2001	12,362	1,236	10	1,236		5,563	7
8	ROAD REPAIRS	2001	83,836	8,384	10	8,384		37,726	8
9	SIDEWALKS	2001	12,977	1,298	10	1,298		5,840	9
10	BEVERLY - DOORS/JAMBS	2001	919	92	10	92		414	10
11	CHAPPEE - DOORS	2001	1,722	172	10	172		775	11
12	DIETARY - DOORS	2001	506	51	10	51		228	12
13	DONNELLEY - FIRE ALARM	2002	12,390	1,543	10	1,543		7,095	13
14	EVANS - FIRE ALARM	2002	11,667	1,167	10	1,167		5,250	14
15	HERRING - FIRE ALARM	2002	11,666	1,167	10	1,167		5,250	15
16	HERRING - DOORS	2001	2,680	268	10	268		1,206	16
17	HILLIER - SPRINKLER	2001	786	79	10	79		354	17
18	HOUSEKEEPING - DOOR	2001	846	85	10	85		381	18
19	COTTAGES - SPRINKLER	2001	8,195	820	10	820		3,688	19
20	BATHROOM DOORS	2001	4,601	460	10	460		2,070	20
21	MAINTENANCE - GUTTERS & ROOF	2001	6,256	313	20	313		1,408	21
22	MAINTENANCE - GARAGE DOORS	2001	679	68	10	68		305	22
23	MAINTENANCE - SHED DOORS	2001	1,492	149	10	149		671	23
24	SEWING - WINDOWS	2001	3,926	157	25	157		707	24
25									25
26	AIR COND REPAIRS - ALL COTTAGES	2003	10,066	1,007	10	1,007		3,523	26
27	DIGITAL THERMOMETERS - ALL COTTAGES	2003	9,450	945	10	945		3,308	27
28	FLOOR TILE - CHAPPEE	2002	3,299	330	10	330		1,155	28
29	SPRINKLER - DIETARY	2002	5,600	560	10	560		1,960	29
30	FLOORING - DONNELLEY	2003	2,196	220	10	220		769	30
31	SPRINKLER - HILLIER	2003	4,990	499	10	499		1,747	31
32	GENERATOR REPAIR - HILLIER	2002	2,466	164	15	164		575	32
33	BOILER REPAIR - LOGAN	2002	2,865	191	15	191		669	33
34	TOTAL (lines 1 thru 33)		\$ 10,977,219	\$ 356,853		\$ 356,853	\$	\$ 6,851,708	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:

07/01/2005 Ending: 06/30/2006

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 10,977,219	\$ 356,853		\$ 356,853	\$	\$ 6,851,708	1
2	VINYL FLOORING - LOGAN	2003	696	70	10	70		244	2
3	DOOR - MAINTENANCE SHED	2002	1,398	140	10	140		489	3
4	DOOR - SMITH	2003	1,118	112	10	112		391	4
5	BEDROOM FLOOR - STAHL	2003	890	89	10	89		312	5
6	SIDEWALKS - OLD HERRING	2003	2,335	234	10	234		817	6
7	LANDSCAPING - BEVERLY	2002	6,699	670	10	670		2,345	7
8	PARKING LOT - CHAPPEE	2002	4,175	418	10	418		1,461	8
9	SIDEWALKS - MAIN CAMPUS	2002	2,502	250	10	250		876	9
10	SIDEWALKS - LOGAN	2002	740	74	10	74		259	10
11	ROAD REPAIRS - MAIN CAMPUS	2002	41,503	4,150	10	4,150		14,526	11
12	LANDSCAPING - SMITH	2002	1,548	155	10	155		542	12
13									13
14	UV FILTERS ADMIN BLDG	2004	2,000	200	10	200		500	14
15	SEPTIC SYSTEM CABIN	2004	4,600	460	10	460		1,150	15
16	BOILER - DIETARY	2004	4,122	412	10	412		1,031	16
17	CEILING TILES - DIETARY	2004	998	100	10	100		249	17
18	STOVE HOOD - DIETARY	2004	2,594	259	10	259		648	18
19	FURNACE - EVANS	2003	3,055	306	10	306		764	19
20	WATER HEATER - EVANS	2003	5,891	589	10	589		1,473	20
21	FLOORING - EVANS	2003	1,223	122	10	122		306	21
22	SPRINKLER - HERRING	2003	2,745	275	10	275		686	22
23	HANDRAILS - HERRING	2003	4,467	447	10	447		1,117	23
24	FLOORING - HERRING	2003	2,328	233	10	233		582	24
25	STALL REPAIR - HILLIER	2003	2,444	244	10	244		611	25
26	ROOF/GUTTERS - LAVENTHAL	2003	15,829	1,055	15	1,055		2,638	26
27	NEW DOOR - LAVENTHAL	2003	1,096	110	10	110		274	27
28	LIFE SAFETY CODE EXIT	2004	27,232	2,723	10	2,723		6,808	28
29	CABINETS - LOGAN	2004	5,187	519	10	519		1,297	29
30	FLOORING - LOGAN	2003	4,815	482	10	482		1,204	30
31	SHUTTERS - LOGAN	2003	558	56	10	56		139	31
32	DOORS - MAINTENANCE	2004	1,786	179	10	179		447	32
33	SEWER BACKFLOW	2004	958	96	10	96		240	33
34	TOTAL (lines 1 thru 33)		\$ 11,134,751	\$ 372,082		\$ 372,082	\$	\$ 6,896,134	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:

07/01/2005 Ending: 06/30/2006**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		\$ 11,134,751	\$ 372,082		\$ 372,082	\$	\$ 6,896,134	1
2	A/C & HEATING MAINT.	2003	911	91	10	91		228	2
3	TOILET STOOLS - ALL	2003	1,192	119	10	119		298	3
4	FRP - ALL	2003	1,555	156	10	156		389	4
5	SPRINKLER REPAIR - ALL	2003	3,351	335	10	335		838	5
6	REPLACE GARAGE DOORS	2004	1,005	101	10	101		251	6
7	FIRE HYDRANTS	2004	1,440	144	10	144		360	7
8	CIRCUIT UPGRADES - ALL	2004	8,690	869	10	869		2,173	8
9	SMOKE DETECTORS - ALL	2003	6,749	675	10	675		1,687	9
10	SPRINKLER - SMITH	2004	2,417	242	10	242		604	10
11	CLOSET - STAHL	2004	980	98	10	98		245	11
12	NEW ROOF - STAHL	2003	15,978	1,065	15	1,065		2,663	12
13	SIDEWALKS - CHAPPEE	2003	531	53	10	53		133	13
14	MAIN CAMPUS ROAD	2003	53,628	5,363	10	5,363		13,407	14
15	SIDEWALKS - DONNELLEY	2004	690	69	10	69		173	15
16	DRAIN PIPE	2003	1,570	157	10	157		392	16
17	SIDEWALKS - MAIN CAMPUS	2003	8,404	840	10	840		2,101	17
18	LAGOON DRAINAGE	2004	800	160	5	160		400	18
19	SPRINKLER MAINTENANCE	2003	7,244	724	10	724		1,811	19
20	SIDEWALK - STAHL	2004	920	92	10	92		230	20
21									21
22	CABINETS - LOGAN	2004	2,039	204	10	204		306	22
23	BEVERLY BACK ENTRANCE	2004	3,160	126	25	126		190	23
24	DRY PIPE SYSTEM - HILLIER	2004	1,046	105	10	105		157	24
25	CONDENSORS/COILS - MAIN CAMPUS	2004	5,406	541	10	541		811	25
26	DRYWALL MECHANICAL ROOM - DIETARY	2004	21,480	859	25	859		1,288	26
27	FIRE SAFETY UPGRADES - MAIN CAMPUS	2005	69,085	6,909	10	6,909		10,363	27
28	HANDRAILS/DOORS/FLOORS	2004	22,588	2,149	10	2,149		3,224	28
29	SAFETY EQUIPMENT INSPECTIONS	2004	7,542	754	10	754		1,131	29
30	ROOF - SUPPLY BUILDING	2005	4,200	168	25	168		252	30
31	OPTICAL CABLE/PHONE LINE - MAIN CAMPUS	2005	31,706	3,170	10	3,170		4,756	31
32	TERMITE CONTROL SYSTEM	2005	1,357	136	10	136		204	32
33	WATERLINE - LOGAN	2005	14,684	1,468	10	1,468		2,203	33
34	TOTAL (lines 1 thru 33)		\$ 11,437,099	\$ 400,024		\$ 400,024	\$	\$ 6,949,402	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:

07/01/2005 Ending: 06/30/2006

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-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		\$ 11,437,099	\$ 400,024		\$ 400,024	\$	\$ 6,949,402	1
2	FUEL/GAS PUMP AREA IMPROVEMENTS	2004	57,355	5,736	10	5,736		8,603	2
3	SIDEWALKS	2004	6,892	689	10	689		1,034	3
4	GAS LINE REPLACEMENTS	2005	22,925	2,293	10	2,293		3,439	4
5	LAGOON DRAINAGE	2005	3,216	643	5	643		965	5
6	ADMIN BLDG TILE FLOOR	2005	752	75	10	75		113	6
7	ASSETS NOT YET IN SERVICE	2005	11,720	1,172	10	1,172		1,172	7
8	TRAINING BUILDING ALLOCATION	1998	17,777	1,169	15	1,169		9,328	8
9	DIETARY - NEW BACK DOOR	2006	1,499	75	10	75		75	9
10	DIETARY - BOILER	2006	9,282	463	10	463		463	10
11	DIETARY - NEW ROOF	2006	2,100	52	20	52		52	11
12	DONNELLY - LANDSCAPING	2006	3,215	321	5	321		321	12
13	MENS BATHROOMS	2006	1,179	117	5	117		117	13
14	HERRING - ELECTRIC BOILER	2006	3,476	173	10	173		173	14
15	HERRING - DUCT WORK	2006	1,045	51	10	51		51	15
16	HILLIER - NEW BACK DOOR	2006	1,796	89	10	89		89	16
17	LOGAN - HANDRAILS	2006	201	9	10	9		9	17
18	FIRE SYSTEM UPGRADES	2006	26,843	1,341	10	1,341		1,341	18
19	SEWAGE CHIPPER	2006	5,853	293	10	293		293	19
20	GENERATOR IMPROVEMENTS	2006	6,308	315	10	315		315	20
21	AIR CONDITIONING IMPROVEMENTS	2006	951	48	10	48		48	21
22	NURSING - AWNING	2006	595	30	10	30		30	22
23	NURSING - FLOORING	2006	8,952	448	10	448		448	23
24	PHONE LINE CABLING	2006	1,328	66	10	66		66	24
25	STAHL - PATIO	2006	8,935	447	10	447		447	25
26	STAHL - BACK DOOR AND CANOPY	2006	2,927	146	10	146		146	26
27	LAVENTHAL - FLOORING	2006	9,835	492	10	492		492	27
28	LAGOON	2006	62,960	1,259	25	1,259		1,259	28
29	GAS MAIN REPAIR	2006	2,400	120	10	120		120	29
30	REPAIR SEWER LIFT STATION	2006	6,281	314	10	314		314	30
31	ROAD REPAIR - MAIN CAMPUS	2006	25,068	1,253	10	1,253		1,253	31
32	SIDEWALK REPAIR - LOGAN	2006	6,765	338	10	338		338	32
33	STAHL - LANDSCAPING	2006	1,049	52	10	52		52	33
34	TOTAL (lines 1 thru 33)		\$ 11,758,579	\$ 420,113		\$ 420,113	\$	\$ 6,982,368	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: 07/01/2005 Ending: 06/30/2006

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-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	\$ 1,301,287	\$ 127,012	\$ 127,012	\$	5-10	\$ 732,767	71
72	Current Year Purchases	263,389	12,241	12,241		5-10	12,241	72
73	Fully Depreciated Assets	2,411,047				5-10	2,411,047	73
74								74
75	TOTALS	\$ 3,975,723	\$ 139,253	\$ 139,253	\$		\$ 3,156,055	75

D. Vehicle Depreciation (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			\$ 276,787	\$ 27,609	\$ 27,609	\$	5-10	\$ 156,142	76
77										77
78										78
79										79
80	TOTALS			\$ 276,787	\$ 27,609	\$ 27,609	\$		\$ 156,142	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)	\$ 16,215,516	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 586,975	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 586,975	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 10,294,565	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		\$	\$	\$	86
87	SEE ATTACHED SCHEDULE	10,392,188	358,043	4,355,121	87
88					88
89					89
90					90
91	TOTALS	\$ 10,392,188	\$ 358,043	\$ 4,355,121	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. _____ /2007 \$ _____

13. _____ /2008 \$ _____

14. _____ /2009 \$ _____

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input checked="" type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA <u>64</u></p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input checked="" type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA <u>80</u></p>
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B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility		3	4
		1	2		
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies	1,500	6,250	50	7,800
3	Classroom Wages (a)	13,428	142,199		155,627
4	Clinical Wages (b)		143,000		143,000
5	In-House Trainer Wages (c)	3,277	14,339	630	18,246
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$ 18,205	\$ 305,788	\$ 680	\$ 324,673
10	SUM OF line 9, col. 1 and 2 (e)	\$ 323,993			

- (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.

\$ 680

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	<u>250</u>
2. From other facilities (f)	<u>2</u>
DROP-OUTS	
1. From this facility	<u>60</u>
2. From other facilities (f)	
TOTAL TRAINED	312

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	10a-3	hrs	\$	112	\$ 7,252	\$	112	\$ 7,252	1
2	Licensed Speech and Language Development Therapist	10a-3	hrs		55	1,386		55	1,386	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10a-3	hrs		94	5,200		94	5,200	4
5	Physician Care	39-3	visits		178	57,439		178	57,439	5
6	Dental Care	39-1/39-2/39-3	visits	14,590	447	22,300	2,470	447	39,360	6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescripts							9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify):									13
14	TOTAL			\$ 14,590	886	\$ 93,577	\$ 2,470	886	\$ 110,637	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

Facility Name & ID Number **BEVERLY FARM FOUNDATION**# **0038604**Report Period Beginning: **07/01/2005**

Ending:

06/30/2006**XV. BALANCE SHEET - Unrestricted Operating Fund.**As of **06/30/2006**

(last day of reporting year)

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	\$ 3,037,909	\$	1
2	Cash-Patient Deposits	66,796		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance 34,437)	4,140,714		3
4	Supply Inventory (priced at COST)	71,128		4
5	Short-Term Investments	2,812,802		5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	194,809		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): PLEDGES RECEIVABLE	14,333		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 10,338,491	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	920,001		12
13	Land	294,889		13
14	Buildings, at Historical Cost	20,084,841		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	6,227,971		16
17	Accumulated Depreciation (book methods)	(14,649,686)		17
18	Deferred Charges	570,554		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):	334		22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 13,448,904	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 23,787,395	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 691,337	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	66,796		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	206,669		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
36	Other Current Liabilities(specify): OTHER ACCRUED LIABILITIES	326,041		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,290,843	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable	10,593,687		41
42	Deferred Compensation			42
43	Other Long-Term Liabilities(specify):			43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 10,593,687	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 11,884,530	\$	46
47	TOTAL EQUITY (page 18, line 24)	\$ 11,902,865	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 23,787,395	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 12,055,892	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 12,055,892	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,369,485)	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	1,216,458	15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (153,027)	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)	\$ 11,902,865	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number **BEVERLY FARM FOUNDATION**# **0038604**Report Period Beginning: **07/01/2005**Ending: **06/30/2006****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.

	Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 12,152,039	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 12,152,039	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$	23
	D. Non-Operating Revenue		
24	Contributions	1,353,930	24
25	Interest and Other Investment Income***	239,409	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 1,593,339	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	SEE ATTACHED	208,769	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 208,769	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 13,954,147	30

	Expenses	Amount	
	A. Operating Expenses		
31	General Services	3,680,855	31
32	Health Care	5,426,137	32
33	General Administration	3,614,141	33
	B. Capital Expense		
34	Ownership	1,443,783	34
	C. Ancillary Expense		
35	Special Cost Centers	108,167	35
36	Provider Participation Fee	715,640	36
	D. Other Expenses (specify):		
37	LOSS ON DISPOSITION OF FIXED ASSETS	4,718	37
38	LEGAL SETTLEMENTS	330,191	38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 15,323,632	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,369,485)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,369,485)	43

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

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

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

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

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

0038604

Report Period Beginning:

07/01/2005

Ending:

06/30/2006

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,712	1,720	\$ 42,860	\$ 24.92	1
2	Assistant Director of Nursing					2
3	Registered Nurses	9,550	9,706	183,606	18.92	3
4	Licensed Practical Nurses	32,861	34,777	576,441	16.58	4
5	CNAs & Orderlies	312,708	333,897	3,429,189	10.27	5
6	CNA Trainees					6
7	Licensed Therapist	6,470	7,164	128,112	17.88	7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	1,034	1,034	6,986	6.76	10
11	Social Service Workers	3,890	4,306	42,542	9.88	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	87,886	97,780	845,037	8.64	15
16	Dishwashers					16
17	Maintenance Workers	21,802	24,331	279,870	11.50	17
18	Housekeepers	100,490	100,490	747,646	7.44	18
19	Laundry					19
20	Administrator	1,248	1,248	54,636	43.78	20
21	Assistant Administrator	1,152	1,248	34,422	27.58	21
22	Other Administrative	3,785	4,281	64,388	15.04	22
23	Office Manager					23
24	Clerical	27,021	30,114	331,429	11.01	24
25	Vocational Instruction	6,421	7,261	97,432	13.42	25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	9,301	9,853	147,482	14.97	28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,910	2,210	27,146	12.28	31
32	Other Health Care(specify)					32
33	Other(specify) <u>SEE SCHEDULE</u>	26,451	30,148	452,743	15.02	33
34	TOTAL (lines 1 - 33)	655,692	701,568	\$ 7,491,967 *	\$ 10.68	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	468	\$ 19,776	1-3	35
36	Medical Director				36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	45	11,804	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant	36	1,925	12-3	45
46	Other(specify) <u>PSYCHOLOGIST</u>	306	13,800	11-3	46
47					47
48					48
49	TOTAL (lines 35 - 48)	855	\$ 47,305		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	6,091	195,454	10-3	52
53	TOTAL (lines 50 - 52)	6,091	\$ 195,454		53

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
MARTHA WARFORD	EXECUTIVE DIRECTOR	0	\$ 54,636	Workers' Compensation Insurance	\$ 344,061	IDPH License Fee	\$ 16,624	
VICKY PALMER-VOGT	ASSISTANT DIRECTOR	0	34,422	Unemployment Compensation Insurance	107,518	Advertising: Employee Recruitment	16,624	
BRENDA MILLER	CONTROLLER	0	27,633	FICA Taxes	594,000	Health Care Worker Background Check (Indicate # of checks performed <u>272</u>)	6,114	
MARK BUENEMAN	PERSONNEL MANAGER	0	28,946	Employee Health Insurance	915,690	Patient Background Checks		
				Employee Meals				
				Illinois Municipal Retirement Fund (IMRF)*				
				PENSION	75,036	DUES/SUBS/LICENSES/FEES	27,776	
				MISC EMPLOYEE BENEFITS	96,903			
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)						Less: Public Relations Expense	()	
						Non-allowable advertising	()	
						Yellow page advertising	()	
						TOTAL (agree to Sch. V, line 20, col. 8)	\$ 50,514	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)								
\$ 145,637				TOTAL (agree to Schedule V, line 22, col.8)				\$ 2,133,208
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount
SCHOOL REIMBURSEMENT			\$ 694	NONE			Out-of-State Travel	\$ 100
MISCELLANEOUS			7,773				In-State Travel	333
							Seminar Expense	6,349
							Entertainment Expense	()
							(agree to Sch. V, line 24, col. 8)	
							TOTAL	\$ 6,782
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 8,467	TOTAL				
C. Professional Services								
Vendor/Payee	Type	Amount						
SEE ATTACHED & ALLOCATION WORKSHEETS	LEGAL FEES	\$ 152,003						
SCHEFFEL & COMPANY PC	ACCOUNTING & AUDITING	37,800						
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 189,803					

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number BEVERLY FARM FOUNDATION

0038604

Report Period Beginning: 07/01/2005 Ending: 06/30/2006

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 \$6,895
- (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? NO
- (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 YEARS
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 49,380 Line 10-2
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? YES If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? NO
If YES, give effective date of lease. _____
- (9) Are you presently operating under a sublease agreement? _____ YES XXX NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO XXX If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 715,640
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. \$ 8,959
- (16) Travel and Transportation
- a. Are there costs included for out-of-state travel? YES
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. \$ NONE
- c. What percent of all travel expense relates to transportation of nurses and patients? 19%
- 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? N/A
- 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? _____
Firm Name: SCHEFFEL & COMPANY PC The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? YES If no, please explain. N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? YES
- (19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? YES
Attach invoices and a summary of services for all architect and appraisal fees.

BEVERLY FARM FOUNDATION #0038604
PAGE 10, SCHEDULE IX - REAL ESTATE TAXES
JUNE 30, 2006

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

BEVERLY FARM FOUNDATION #0038604
INCOME RECEIVED BY BROAD CATEGORY NOT LISTED ON P. 19
JUNE 30, 2006

DAY TRAINING	\$ 4,579,801
APARTMENTS & INCIDENTALS	516,798
GROUP HOMES	3,952,988
GIFT SHOP	46,722
GREENHOUSE	3,081
	<u>\$ 9,099,390</u>

EXPENSES INCURRED BY BROAD CATEGORY
NOT LISTED IN THIS COST REPORT

DAY TRAINING	\$ 3,715,540
APARTMENTS	417,103
GROUP HOMES	3,690,682
GIFT SHOP	46,721
GREENHOUSE	12,886
	<u>\$ 7,882,932</u>

NET INCOME (Page 18, Schedule XVI, Line 15)	<u>\$ 1,216,458</u>
---------------------------------------------	---------------------

BEVERLY FARM FOUNDATION #0038604

PAGE 20, SCHEDULE XVIII, LINE 33

JUNE 30, 2006

SERVICE	1 HRS. WORKED	2 HRS. PAID	3 WAGES	4 HOURLY WAGE
PHYSICAL THERAPY	8,513	9,892	\$ 118,651	11.99
SOCIAL WORKER	4,160	4,600	110,725	24.07
SPEECH THERAPY	1,897	2,130	49,050	23.03
DENTAL ASSISTANT	1,802	2,090	25,959	12.42
TRANSPORTATION	6,627	7,276	56,503	7.77
DEVELOPMENT DIRECTOR	3,452	4,160	91,855	22.08
	<u>26,451</u>	<u>30,148</u>	<u>\$ 452,743</u>	

BEVERLY FARM FOUNDATION
MISCELLANEOUS INCOME, PAGE 19, LINE 28
JUNE 30, 2006

SODA MACHINE	\$ 8,959
HAB-AIDE REIMBURSEMENT	185,272
FARM INCOME	800
MISCELLANEOUS	13,738
	<u>\$208,769</u>

BEVERLY FARM FOUNDATION #0038604
VEHICLE DEPRECIATION - SCHEDULE XI., Section D.
JUNE 30, 2006

Use	Model, Make, Year	Cost	Current Book Depreciation	Straight Line Depreciation	Accumulated Depreciation
TRANS	1995 CHEVY VAN	15,119	-	-	15,119
TRANS	1995 CHEVY CORSICA	6,040	-	-	6,040
TRANS	1996 CHEVY G30 VAN	21,762	-	-	21,762
SUPPLY	1996 CHEVY LUMINA	9,496	-	-	9,496
MAINT	1997 FORD PICKUP 4x4	8,483	-	-	8,483
TRANS	LIFT ON VAN	3,075	-	-	3,075
TRANS	CAR REPAIRS	2,490	-	-	2,490
MAINT	SPREADER	7,157	-	-	7,157
TRANS	1999 FORD E350 VAN	1,803	-	-	1,803
MAINT	1999 FORD DUMP TRUCK	14,400	-	-	14,400
MAINT	1987 GMC BUCKET TRUCK	5,400	-	-	5,400
TRANS	1999 FORD IDOT VAN	1,078	108	108	700
MAINT	1992 FORD F150 (Yellow)	3,957	791	791	3,561
TRANS	2001 FORD E350 VAN	20,513	2,051	2,051	9,231
TRANS	2001 FORD FOCUS	6,545	1,309	1,309	5,891
TRANS	1989 FORD BUS (Sold 06/19/06)	4,800	480	480	1,680
TRANS	2002 FORD IDOT VAN	887	89	89	310
TRANS	2002 FORD IDOT VAN	887	89	89	310
TRANS	1996 CHEVY VAN	14,941	2,988	2,988	7,471
TRANS	CAR REPAIRS	2,362	472	472	1,181
TRANS	CAR REPAIRS	910	182	182	455
MAINT	1996 FORD RANGER	3,591	718	718	1,796
TRANS	2004 IDOT BUS VAN	1,754	351	351	877
MAINT	2004 F350 TRUCK	15,944	3,189	3,189	7,972
TRANS	BUS RENOVATIONS	3,106	21	21	953
TRANS	FORD E-350 VAN 15 PASS	2,738	548	548	821
TRANS	FORD E-350 VAN 15 PASS	17,549	3,270	3,270	5,025
SUPPLY	VAN MATS	132	26	26	39
TRANS	2005 GMC SAVANA VAN	16,974	3,285	3,285	4,983
TRANS	2005 GMC SAVANA VAN	17,004	3,270	3,270	4,970
TRANS	IDOT VAN	13,948	697	697	697
MAINT	TRUCK	3,081	308	308	308
TRANS	WHEELCHAIR STRAPS FOR BUS	380	38	38	38
TRANS	2006 CHRYSLER VAN	6,329	633	633	633
TRANS	2006 CHRYSLER VAN	6,591	659	659	659
TRANS	WHEELCHAIR VAN	20,362	2,036	2,036	2,036
TRANS	1989 FORD BUS (Sold 06/19/06)	(4,800)	-	-	(1,680)
TOTALS:		\$ 276,787	\$ 27,609	\$ 27,609	\$ 156,142

BEVERLY FARM FOUNDATION #0038604
DEPRECIABLE NON-CARE ASSETS - SCHEDULE XI., Section F.
JUNE 30, 2006

Description	Cost	Current Book Depreciation	Accumulated Depreciation
DAY TRAINING BUILDING	1,956,684	56,048	756,326
DAY TRAINING EQUIPMENT & VEHICLES	914,082	68,130	684,241
TOMBSTONES	3,186	-	3,186
GROVES B. SMITH BUILDING	1,106,632	29,254	329,860
GROVES B. SMITH EQUIPMENT	108,509	1,607	100,759
ADMINISTRATION BUILDING	112,777	2,936	27,580
ADMINISTRATION EQUIPMENT	17,318	1,246	11,598
GIFT SHOP EQUIPMENT	4,857	126	4,375
JUDAH SENIORS BUILDING	456,508	13,906	61,272
JUDAH EQUIPMENT	16,677	2,147	9,419
TREIN VOCATIONAL BUILDING	748,214	17,460	178,670
TREIN EQUIPMENT	10,987	1,379	6,982
TRAINING BUILDING	2,963	195	1,555
HARDIN APARTMENTS	824,513	26,206	350,267
HARDIN APARTMENTS EQUIPMENT	205,814	15,854	126,999
GREENHOUSE	336,929	8,090	162,262
ARENA BUILDING	138,596	4,635	47,928
ARENA EQUIPMENT	38,948	933	34,594
HORTICULTURE	115,669	3,430	52,679
GROUP HOMES	2,526,781	69,704	894,842
GROUP HOMES EQUIPMENT	480,675	17,781	424,845
GROUP HOMES VEHICLES	174,407	16,977	84,883
GROUP HOMES LAND	30,000	-	-
OTHER LAND	60,462	-	-
	\$ 10,392,188	\$ 358,043	\$ 4,355,121

BEVERLY FARM FOUNDATION #0038604
PAGE 23, QUESTION 16 - OUT OF STATE TRAVEL
JUNE 30, 2006

THE EXECUTIVE DIRECTOR TRAVELED TO OHIO TO MEET WITH A PARENT.

ADMISSIONS & DEVELOPMENT PERSONNEL OCCASIONALLY TRAVEL
OUT OF THE STATE.

THERE IS OCCASIONAL LOCAL TRAVEL TO MISSOURI.

BEVERLY FARM FOUNDATION #0038604
PAGE 15, ITEMS C AND D - OUTSIDE CNA'S TRAINED
JUNE 30, 2006

CNAS WERE TRAINED FOR THE FOLLOWING ORGANIZATION:

NEW OPPORTUNITIES
1510 WEST 7TH STREET
GRANITE CITY IL 62040