

Facility Name & ID Number BEVERLY FARM FOUNDATION# 0038604 Report Period Beginning: 07/01/2006 Ending: 06/30/2007

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	<u>300</u>	Intermediate/DD	<u>300</u>	<u>109,500</u>	4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>300</u>	TOTALS	<u>300</u>	<u>109,500</u>	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	<u>89,279</u>	<u>4,027</u>		<u>93,306</u>	11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>89,279</u>	<u>4,027</u>		<u>93,306</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4.) 85.21%

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

2,183 (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)

NONEF. Does the facility maintain a daily midnight census? YESG. Do pages 3 & 4 include expenses for services or
investments not directly related to patient care?YES NO

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

YES NO

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

Date started 10/01/1957

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

YES Date _____ NO

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

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

Medicare Intermediary _____

IV. ACCOUNTING BASIS

ACCUAL MODIFIED
CASH* CASH* Is your fiscal year identical to your tax year? YES NO Tax Year: 06/30/07 Fiscal Year: 06/30/07

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

Facility Name & ID Number

BEVERLY FARM FOUNDATION

0038604

Report Period Beginning:

07/01/2006

Ending:

06/30/2007

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 BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	886,702	82,071	53,805	1,022,578		1,022,578		1,022,578		1
2	Food Purchase		610,662		610,662		610,662	(9,664)	600,998		2
3	Housekeeping	748,651	21,881	45,291	815,823		815,823		815,823		3
4	Laundry	72	44	290,203	290,319		290,319		290,319		4
5	Heat and Other Utilities			356,222	356,222		356,222		356,222		5
6	Maintenance	281,725	11,773	313,189	606,687		606,687		606,687		6
7	Other (specify):* SAFETY/SECURITY	28,623	906	80,564	110,093		110,093		110,093		7
8	TOTAL General Services	1,945,773	727,337	1,139,274	3,812,384		3,812,384	(9,664)	3,802,720		8
	B. Health Care and Programs										
9	Medical Director										9
10	Nursing and Medical Records	4,385,781	130,308	231,491	4,747,580	(271,314)	4,476,266		4,476,266		10
10a	Therapy	159,721	1,761	19,196	180,678		180,678		180,678		10a
11	Activities	112,924	40,213	17,853	170,990		170,990		170,990		11
12	Social Services	107,716		863	108,579		108,579		108,579		12
13	CNA Training	95,848			95,848	271,314	367,162		367,162		13
14	Program Transportation	62,054			62,054	(11,790)	50,264		50,264		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	4,924,044	172,282	269,403	5,365,729	(11,790)	5,353,939		5,353,939		16
	C. General Administration										
17	Administrative	132,671		21,883	154,554		154,554		154,554		17
18	Directors Fees										18
19	Professional Services			109,949	109,949		109,949		109,949		19
20	Dues, Fees, Subscriptions & Promotions			55,637	55,637		55,637		55,637		20
21	Clerical & General Office Expenses	302,121	52,405	147,330	501,856		501,856		501,856		21
22	Employee Benefits & Payroll Taxes			2,524,937	2,524,937		2,524,937		2,524,937		22
23	Inservice Training & Education					6,018	6,018		6,018		23
24	Travel and Seminar			17,209	17,209	(6,018)	11,191		11,191		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			208,346	208,346		208,346		208,346		26
27	Other (specify):* FUND RAISING	121,652		84,245	205,897		205,897	(205,897)			27
28	TOTAL General Administration	556,444	52,405	3,169,536	3,778,385		3,778,385	(205,897)	3,572,488		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	7,426,261	952,024	4,578,213	12,956,498	(11,790)	12,944,708	(215,561)	12,729,147		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: 07/01/2006 Ending: 06/30/2007

06/30/2007

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost 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	
	D. Ownership											
30	Depreciation			996,546	996,546		996,546	(349,222)	647,324			30
31	Amortization of Pre-Op. & Org.			13,636	13,636		13,636		13,636			31
32	Interest			459,348	459,348		459,348	(459,348)				32
33	Real Estate Taxes			2,711	2,711		2,711	(2,711)				33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles											35
36	Other (specify):* MORTGAGE INS			31,176	31,176		31,176		31,176			36
37	TOTAL Ownership			1,503,417	1,503,417		1,503,417	(811,281)	692,136			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation					11,790	11,790		11,790			38
39	Ancillary Service Centers	26,388	3,400	67,505	97,293		97,293		97,293			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			731,348	731,348		731,348		731,348			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers	26,388	3,400	798,853	828,641	11,790	840,431		840,431			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	7,452,649	955,424	6,880,483	15,288,556		15,288,556	(1,026,842)	14,261,714			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: **07/01/2006**

Ending: **06/30/2007**

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	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(9,664)	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	(349,222)	30-7		9
10	Interest and Other Investment Income	(459,348)	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				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	(205,897)	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 REAL ESTATE TAXES	(2,711)	33-7		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (1,026,842)		\$	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))	\$ (1,026,842)		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		\$ 11,790	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)			\$ 11,790		47

STATE OF ILLINOIS
 BEVERLY FARM FOUNDATION

ID# 0038604
 Report Period Beginning: 07/01/2006
 Ending: 06/30/2007

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

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: 07/01/2006 Ending: 06/30/2007

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: 07/01/2006

Ending: 6/30/2007

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	\$ 3,946,927	\$ 6,397	\$ 2,524,937	1
2	17-3	SCHOOL REIMBURSEMENT	WAGES	10,000	8	500	6,212	311	2
3	17-1	ADMINISTRATIVE SALARIES	HOURS	2,080	8	221,119	221,119	132,671	3
4	21-1	PERSONNEL/ACCOUNTING	HOURS	2,080	8	503,535	503,535	302,121	4
5	6-1	MAINTENANCE STAFF	HOURS	2,080	8	469,542	469,542	281,725	5
6	7-3	SECURITY/SAFETY	HOURS	2,080	8	134,273	1,248	80,564	6
7	7-1	SAFETY MANAGER	HOURS	2,080	8	47,706	47,706	28,623	7
8	7-2	SECURITY SUPPLIES	HOURS	2,080	8	1,510	1,248	906	8
9	6-2	MAINTENANCE SUPPLIES	HOURS	2,080	8	18,657	1,248	11,194	9
10	21-2	OSHA REQUIREMENTS	HOURS	2,080	8	42,570	1,248	25,542	10
11	21-3	CONSULTANTS	HOURS	2,080	8	87,436	1,248	52,461	11
12	11-3	ACTIVITIES OTHER	HOURS	2,080	8	6,151	1,248	3,690	12
13	26-3	INSURANCE	HOURS	2,080	8	347,243	1,248	208,346	13
14	19-3	LEGAL & ACCOUNTING	HOURS	2,080	8	183,248	1,248	109,949	14
15	14-1	TRANSPORTATION STAFF	HOURS	2,080	8	103,423	103,423	62,054	15
16	20-3	DUES/SUBS/ADVERTISING	HOURS	2,080	8	97,066	1,192	55,637	16
17	36-3	MORTGAGE INSURANCE	HOURS	2,080	8	51,959	1,248	31,176	17
18	32-3	INTEREST	HOURS	2,080	8	721,295	1,248	432,777	18
19	31-3	BOND COSTS AMORT	HOURS	2,080	8	22,726	1,248	13,636	19
20	6-3	MAINTENANCE - OTHER	HOURS	2,080	8	77,555	1,248	46,533	20
21	11-1	ACTIVITIES STAFF	HOURS	2,080	8	65,296	65,296	39,177	21
22	11-2	ACTIVITIES SUPPLIES/OTH	HOURS	2,080	8	6,748	1,248	4,049	22
23									23
24									24
25	TOTALS					\$ 7,156,485	\$ 1,410,621	\$ 4,448,079	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	\$	\$ 6,255,472	2031	6.6800	\$ 421,589
2											
3											
4											
5											
Working Capital											
6	LIBERTY BANK		X	WORKING CAPITAL		04/07			04/08		6,000
7											
8											
9	TOTAL Facility Related						\$	\$ 6,255,472			\$ 427,589
B. Non-Facility Related*											
10											
11											
12											
13											
14	TOTAL Non-Facility Related						\$	\$			\$
15	TOTALS (line 9+line14)						\$	\$ 6,255,472			\$ 427,589

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 31,176 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 2006 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.)		\$ 2,711	2
3. Under or (over) accrual (line 2 minus line 1).		\$ 2,711	3
4. Real Estate Tax accrual used for 2007 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.		\$ 2,711	7
Real Estate Tax History:			
Real Estate Tax Bill for Calendar Year:	2002	10,894	8
	2003	11,685	9
	2004	11,067	10
	2005	2,641	11
	2006	2,711	12
FOR BHF USE ONLY			
	13	FROM R. E. TAX STATEMENT FOR 2006 \$	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:** 2006 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 2006 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2006.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2006 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 2007 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,

2006 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 2006 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 2006.

	(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
	<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</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 2006 tax bills which were listed in Section A to this statement. Be sure to use the 2006 tax bill which is normally paid during 2007

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:

07/01/2006 Ending:

06/30/2007

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	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>FACILITY</u>	<u>6,701,800</u>	<u>1955</u>	<u>\$ 78,120</u>	<u>1</u>
2	<u>GROUND IMP</u>			<u>134,591</u>	<u>2</u>
3	TOTALS	6,701,800		\$ 212,711	3

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

Report Period Beginning:

07/01/2006

Ending:

06/30/2007**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		293,834	6
7	26		1972	1972	277,051	6,926	40	6,926		242,419	7
8	84		1979	1979	628,784	15,720	40	15,720		455,869	8
	Improvement Type***										
9	43 BEDS INCLUDED IN LINE 8 YEAR ACQUIRED 1984			1984	1,188,870	29,722	40	29,722		668,739	9
10	BUILDING ADDITIONS			1968	395,455	9,589	40	9,589		355,316	10
11	BUILDING IMPROVEMENTS			1973	1,958	42	40	42		1,549	11
12	BUILDING ADDITIONS			1974	62,866	1,370	40	1,370		49,931	12
13	BUILDING IMPROVEMENTS			1977	6,665	145	40	145		4,813	13
14	BUILDING IMPROVEMENTS			1978	29,299	637	40	637		20,418	14
15	BUILDING IMPROVEMENTS			1979	3,697	80	40	80		2,478	15
16	BUILDING IMPROVEMENTS			1980	178,379	3,887	40	3,887		115,814	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		58,742	19
20	BUILDING IMPROVEMENTS			1982	11,260	246	40	246		6,917	20
21	CERAMIC FLOOR			1982	1,282	32	40	32		769	21
22	SIDEWALK			1983	23,175		10			23,175	22
23	SEWER			1983	72,357	2,412	30	2,412		57,886	23
24	SERVICE ROAD			1983	35,016		15			35,016	24
25	BUILDING IMPROVEMENTS			1984	24,029	601	40	601		14,117	25
26	BUILDING IMPROVEMENTS			1983	21,405	535	40	535		12,575	26
27	SIDEWALK			1984	15,477		10			15,477	27
28	ENTRANCE SIGNS			1985	1,770		12			1,770	28
29	DRAINAGE SWAIL			1984	18,096		15			18,096	29
30	ROAD REPAIRS			1985	1,670		15			1,670	30
31	ELECTRICAL SYSTEM			1985	20,407		20			20,407	31
32	BUILDING IMPROVEMENTS			1985	10,135	253	40	253		5,701	32
33	BUILDING IMPROVEMENTS			1985	7,675	192	40	192		4,317	33
34	BUILDING IMPROVEMENTS			1986	142,322	3,558	40	3,558		76,498	34
35	BUILDING IMPROVEMENTS			1986	2,363	60	40	60		1,285	35
36	BUILDING IMPROVEMENTS			1986	4,353	108	40	108		2,325	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:

07/01/2006 Ending: 06/30/2007

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-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	AIR CONDITION SYSTEM	1986	\$ 591,935	\$	15	\$	\$	\$ 591,935	37
38	PLAYGROUND SHELTER	1985	16,220		15			16,220	38
39	SIDEWALKS	1985	9,742		10			9,742	39
40	ROAD PAVING & LOT	1985	41,929		15			41,929	40
41	SEWER & STORM DRAIN	1985	5,422	181	30	181		3,886	41
42	GROUND IMPROVEMENTS	1985	3,117		10			3,117	42
43	SIDEWALKS	1986	15,081		10			15,081	43
44	PARKING LOT	1986	1,838		15			1,838	44
45	BENCHES & FENCES	1986	5,058		15			5,058	45
46	AIR CONDITION SYSTEM	1986	5,000		15			5,000	46
47	BUILDING REMODELING	1986	46,415	1,160	40	1,160		23,787	47
48	BUILDING REMODELING	1986	41,122	1,028	40	1,028		21,075	48
49	BUILDING IMPROVEMENTS	1986	216,453	5,411	40	5,411		110,447	49
50	BOILER	1987	14,533	363	40	363		7,084	50
51	ELECTRIC REWIRE	1987	16,869	843	20	843		16,447	51
52	BUILDING IMPROVEMENTS	1986	2,341	58	40	58		1,622	52
53	BUILDING IMPROVEMENTS	1987	78,723	1,968	40	1,968		37,997	53
54	BUILDING IMPROVEMENTS	1987	8,447	212	40	212		4,018	54
55	SEWER & MANHOLE	1987	830		15			830	55
56	TREE REMOVAL	1987	2,091		15			2,091	56
57	TELEPHONE SYSTEM	1988	4,086	204	20	204		3,779	57
58	BUILDING IMPROVEMENTS	1988	1,810	45	40	45		837	58
59	PARKING LOT	1988	42,125		15			42,125	59
60	SEWER	1988	22,785	760	30	760		14,051	60
61	FENCE	1988	1,147		15			1,147	61
62	BUILDING IMPROVEMENTS	1990	3,527		10			3,527	62
63	SEWER	1990	3,459		10			3,459	63
64	BUILDING IMPROVEMENTS	1991	27,118	678	40	678		11,186	64
65	SPRINKLER	1991	50,681		10			50,681	65
66	DINING HALL	1991	940,888	23,522	40	23,522		376,355	66
67	SEWER REPAIR	1989	1,904		10			1,904	67
68	PARKING LOT RESURFACING	1989	9,918		15			9,918	68
69	CLEAN DUMP	1989	4,820		10			4,820	69
70	TOTAL (lines 4 thru 69)		\$ 6,375,564	\$ 122,369		\$ 122,369	\$	\$ 4,558,080	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:

07/01/2006 Ending: 06/30/2007

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		\$ 6,375,564	\$ 122,369		\$ 122,369	\$	\$ 4,558,080	1
2	MANHOLE REPLACEMENT	1991	4,100		10			4,100	2
3	SEWER REPAIRS	1991	1,062		10			1,062	3
4	SEWER REPAIRS	1991	6,513		10			6,513	4
5	DINING HALL	1991	4,625	116	40	116		1,850	5
6	RENOVATIONS-CAMPBELL	1992	4,282	171	25	171		2,740	6
7	SIDEWALKS	1992	10,289		10			10,289	7
8	ROOM ADDITION-CAMPBELL	1992	38,900	1,556	25	1,556		22,558	8
9	WINDOWS-LOGAN	1992	16,450	658	25	658		9,541	9
10	DOORS/WINDOWS/REMODELLING-ALL 10 COTTAGES	1993	1,422,666	56,907	25	56,907		825,146	10
11	SEWER LINE/ROADWORK/PAVILION	1993	21,585	603	10 \ 15	603		21,283	11
12	NEW ROOF/CONCRETE WORK	1994	43,632	2,909	15	2,909		39,269	12
13	REMODELED BEVERLY, SMITH & STAHL BLDGS	1993	567,397	22,696	25	22,696		306,397	13
14	FURNACE/AIR CONDITIONER/SPRINKLER	1994	13,403	536	25	536		7,238	14
15	ROAD & LOT WORK	1994	21,683	1,446	15	1,446		19,519	15
16	FLOW METER	1994	5,754	384	15	384		5,180	16
17	SIDEWALK & DRAINAGE WORK	1995	10,534		10			10,534	17
18	CABINETS	1995	5,460	364	15	364		4,550	18
19	GAZEBO	1995	8,490	566	15	566		7,075	19
20	WINDOWS	1995	41,000	1,640	25	1,640		20,500	20
21	PARKING LOT REPAIRS/SPRINKLER/FIRE ALARM	1994	1,272	51	25	51		637	21
22	ROAD WORK	1994	76,071	5,071	15	5,071		63,392	22
23	SEWER & GAS LINES	1995	12,104		10			12,104	23
24	AIRCOND/FLOORING/CEILING REPAIR/PAVILION	1996	26,015	1,041	25	1,041		11,967	24
25	KITCHEN AT LOGAN	1996	7,494	500	15	500		5,746	25
26	PARKING LOT & ROAD	1996	164,403		10			164,403	26
27	PATIO & SIDEWALK	1996	13,517		10			13,517	27
28	GAS & WATER LINES EVANS HALL	1996	1,347		10			1,347	28
29	WINDOWS	1998	11,490	766	15	766		8,043	29
30	PORCH - CHAPPE	1998	4,110	206	20	206		2,158	30
31	LIGHTING/ROOF DRAINS/DIETARY REPAIRS	1998	11,782	785	15	785		8,247	31
32	PARKING LOT	1997	78,536	3,927	10	3,927		78,536	32
33	SIDEWALK	1997	11,311	452	25	452		4,750	33
34	TOTAL (lines 1 thru 33)		\$ 9,042,841	\$ 225,720		\$ 225,720	\$	\$ 6,258,271	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:

07/01/2006 Ending: 06/30/2007

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		\$ 9,042,841	\$ 225,720		\$ 225,720	\$	\$ 6,258,271	1
2	SEWER REPAIR	1997	4,232	212	10	212		4,232	2
3	LANDSCAPING	1997	9,668		5			9,668	3
4	SIDEWALKS	1997	4,125	207	10	207		4,125	4
5	PARKING LOT	1997	3,876	194	10	194		3,876	5
6	ADMINISTRATION BUILDING	1997	667,309	16,683	40	16,683		175,169	6
7	SECURITY OFFICE	1997	3,399	340	10	340		3,229	7
8	CARPET/LINOLEUM/LAVATORY/SUNROOM	1997	21,007	1,400	15	1,400		13,304	8
9	ROOFS-HERRING & DONNELLY	1997	55,560	3,704	15	3,704		35,188	9
10	CABINETS - DONNELLY	1998	10,638	709	15	709		6,737	10
11	ROOF- LAUNDRY	1998	20,652	1,377	15	1,377		13,080	11
12	ROOF REPAIR DONNELLY/NEW DOORS/FURNACE	1997	16,030	1,069	15	1,069		10,153	12
13	HARDWARE - ADMINISTRATION BLDG	1997	6,556	656	10	656		5,901	13
14	SECURITY SYSTEM - ADMINISTRATION BLDG	1997	2,046	205	10	205		1,842	14
15	PARKING LOT/SIDEWALKS/SEWER REPAIR/FENCE	1998	65,741	5,842	10	5,842		56,299	15
16	WINDOWS/ROOF REPAIRS/DOORS	1999	96,828	3,873	25	3,873		32,922	16
17	WINDOWS - LAUNDRY	1999	6,670	267	25	267		2,268	17
18	DOORS - MAINTENANCE	1999	13,314	1,331	10	1,331		11,316	18
19	WINDOWS-NURSING	1998	6,182	247	25	247		2,102	19
20	FENCE - LAGOON	1999	6,734	449	15	449		3,816	20
21	ROAD REPAIR	1999	6,667	667	10	667		5,667	21
22	WATER LINE REPAIR ADMIN	1999	564	56	10	56		479	22
23	SIDEWALKS	1999	22,707	2,271	10	2,271		19,301	23
24	PATIO - DONNELLY	1999	1,020	102	10	102		867	24
25	WINDOWS - CAMPBELL	1993	440	18	25	18		259	25
26	PARKING LOT REPAIRS/SPRINKLER/FIRE ALARM	1994	9,528	381	25	381		4,763	26
27	ROOF-CAMP BEVERLY	2000	1,350	68	20	68		507	27
28	BEVERLY COTTAGE-SIDING,GUTTERS, FASCIA	2000	8,636	432	20	432		3,239	28
29	CARRIAGE HOUSE-WINDOWS	2000	586	23	25	23		175	29
30	CHAPPE-ROOF	1999	615	31	20	31		231	30
31	DIETARY-DOOR	1999	3,262	326	10	326		2,446	31
32	DONNELLY-DOORS	2000	6,927	693	10	693		5,196	32
33	EVANS-SIDING & GUTTERS	1999	10,527	526	20	526		3,947	33
34	TOTAL (lines 1 thru 33)		\$ 10,136,237	\$ 270,079		\$ 270,079	\$	\$ 6,700,575	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:

07/01/2006 Ending: 06/30/2007

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		\$ 10,136,237	\$ 270,079		\$ 270,079	\$	\$ 6,700,575	1
2	FUNDRAISING-SIDING & GUTTERS	1999	2,125	106	20	106		796	2
3	GARAGE-WINDOW	1999	909	36	25	36		272	3
4	MAIN CAMPUS GAS LINE	1999	10,235	512	20	512		3,838	4
5	HERRING-SIDING & GUTTERS	1999	5,789	289	20	289		2,170	5
6	HERRING-DOOR	2000	2,857	286	10	286		2,143	6
7	HILLIER-ROOF	2000	34,732	1,737	20	1,737		13,025	7
8	HILLIER-SPRINKLER & FLOORING	1999	12,663	633	20	633		4,748	8
9	HOUSEKEEPING-SOFFIT & GUTTERS	1999	925	46	20	46		347	9
10	LAUNDRY-DOOR,SIDING & SOFFIT	1999	2,586	129	20	129		969	10
11	LAVENTHAL-DOOR,SIDING & SOFFIT	1999	5,972	299	20	299		2,240	11
12	LOGAN-DOOR,SOFFIT,FLOORING	1999	18,805	940	20	940		7,051	12
13	OLD HERRING-SIDING	1999	1,173	59	20	59		440	13
14	SMITH-DOOR,SIDING & FASCIA	1999	9,851	493	20	493		3,695	14
15	STAHL-SIDING,SOFFIT & FLOORING	2000	14,075	704	20	704		5,278	15
16	SUPPLY-SIDING & SOFFIT	1999	3,806	190	20	190		1,427	16
17	GAS PIPELINE	1999	4,000	400	10	400		3,000	17
18	TAR/CHIP ROADS	1999	12,403	1,240	10	1,240		9,302	18
19	GASOLINE TANK	1999	2,788	279	10	279		2,091	19
20	ASPHALT WORK	1999	74,611	7,461	10	7,461		55,958	20
21	WATERLINES	1999	23,855	2,386	10	2,386		17,892	21
22	CHAPPEE-SIDEWALK	1999	1,515	151	10	151		1,136	22
23	FENCE ABOVE LPG VAPOR TANK	2000	4,200	280	15	280		2,100	23
24	HERRING-PARKING LOT	1999	3,493	349	10	349		2,619	24
25	HILLIER-SIDEWALK	1999	3,466	347	10	347		2,600	25
26	LOGAN-PATIO	1999	10,258	1,026	10	1,026		7,694	26
27	GROUND COVER FOR SWING SET	1999	5,962	596	10	596		4,472	27
28	OLD HERRING-ELECTRIC	2000	2,579	258	10	258		1,934	28
29	SMITH SIDEWALK	1999	1,063	106	10	106		797	29
30	TREE REMOVAL	2000	875		5			875	30
31	BEVERLY - SPRINKLER	2001	1,049	105	10	105		682	31
32	BEVERLY - WATER HEATER	2000	1,170	117	10	117		761	32
33	BEVERLY - FLOOR/DOOR	2000	5,073	507	10	507		3,297	33
34	TOTAL (lines 1 thru 33)		\$ 10,421,100	\$ 292,146		\$ 292,146	\$	\$ 6,866,224	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:

07/01/2006 Ending: 06/30/2007

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		\$ 10,421,100	\$ 292,146		\$ 292,146	\$	\$ 6,866,224	1
2	CARIAGE HSE-GUTTERS	2000	5,115	256	20	256		1,663	2
3	CHAPPEE-A/C; FLOORS	2000	14,128	1,413	10	1,413		9,184	3
4	CROSS COTTAGE-SIDING	2000	1,945	97	20	97		632	4
5	DIETARY-DOOR	2000	1,685	169	10	169		1,096	5
6	DONNELLY-DOORS	2000	5,249	525	10	525		3,412	6
7	EVANS-A/C	2001	2,081	208	10	208		1,352	7
8	EVANS-WINDOWS/DOORS	2000	6,196	248	25	248		1,611	8
9	LAVENTHAL-FIRE ALARM	2000	12,000	1,200	10	1,200		7,800	9
10	SMALL GARAGE DOOR	2000	3,000	200	15	200		1,300	10
11	HERRING-FRP WALLS	2000	864	58	15	58		375	11
12	HILLIER-SPRINKLER REP	2001	5,862	586	10	586		3,810	12
13	HILLIER-NEW WINDOWS	2000	11,361	454	25	454		2,953	13
14	HILLIER-DOOR/FLOORING	2001	8,040	804	10	804		5,226	14
15	LAUNDRY-CHIMNEY/DOOR	2000	10,074	1,007	10	1,007		6,548	15
16	LAVENTHAL-SPRINKLER	2001	7,501	750	10	750		4,876	16
17	LOGAN-DOOR/SPRINKLER	2001	5,261	526	10	526		3,419	17
18	LOGAN-FIRE ALARM	2000	10,350	1,035	10	1,035		6,728	18
19	OLD HERRING-WINDOWS	2000	5,535	221	25	221		1,439	19
20	SEWING-STEEL DOORS	2000	2,281	228	10	228		1,482	20
21	SMITH-DOOR	2001	1,070	107	10	107		696	21
22	STAHL-DOOR/FLOORING	2001	6,934	693	10	693		4,507	22
23	DRAINAGE DITCH	2001	9,170	917	10	917		5,961	23
24	CABIN ROAD REPAIR	2000	26,843	2,684	10	2,684		17,448	24
25	MAIN CAMPUS-SIDEWALK	2000	28,716	2,872	10	2,872		18,666	25
26	HERRING PARKING LOT	2000	12,341	1,234	10	1,234		8,022	26
27	ROAD IMPROVEMENTS	2000	106,706	10,671	10	10,671		69,360	27
28	SRS BLDG-SITE PREP	2001	936	94	10	94		609	28
29	STORM SEWER REPAIR	2000	2,600	260	10	260		1,690	29
30	WIDEN ROAD	2000	2,650	265	10	265		1,723	30
31	OIL & CHIP ROADS	2001	12,362	1,236	10	1,236		6,799	31
32	ROAD REPAIRS	2001	83,836	8,384	10	8,384		46,110	32
33	SIDEWALKS	2001	12,977	1,298	10	1,298		7,138	33
34	TOTAL (lines 1 thru 33)		\$ 10,846,769	\$ 332,846		\$ 332,846	\$	\$ 7,119,859	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:

07/01/2006 Ending: 06/30/2007

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		\$ 10,846,769	\$ 332,846		\$ 332,846	\$	\$ 7,119,859	1
2	BEVERLY - DOORS/JAMBS	2001	919	92	10	92		506	2
3	CHAPPEE - DOORS	2001	1,722	172	10	172		947	3
4	DIETARY - DOORS	2001	506	51	10	51		279	4
5	DONNELLEY - FIRE ALARM	2002	12,390	1,543	10	1,543		8,638	5
6	EVANS - FIRE ALARM	2002	11,667	1,167	10	1,167		6,417	6
7	HERRING - FIRE ALARM	2002	11,666	1,167	10	1,167		6,417	7
8	HERRING - DOORS	2001	2,680	268	10	268		1,474	8
9	HILLIER - SPRINKLER	2001	786	79	10	79		433	9
10	HOUSEKEEPING - DOOR	2001	846	85	10	85		466	10
11	COTTAGES - SPRINKLER	2001	8,195	820	10	820		4,508	11
12	BATHROOM DOORS	2001	4,601	460	10	460		2,530	12
13	MAINTENANCE - GUTTERS & ROOF	2001	6,256	313	20	313		1,721	13
14	MAINTENANCE - GARAGE DOORS	2001	679	68	10	68		373	14
15	MAINTENANCE - SHED DOORS	2001	1,492	149	10	149		820	15
16	SEWING - WINDOWS	2001	3,926	157	25	157		864	16
17	AIR COND REPAIRS - ALL COTTAGES	2003	10,066	1,007	10	1,007		4,530	17
18	DIGITAL THERMOMETERS - ALL COTTAGES	2003	9,450	945	10	945		4,253	18
19	FLOOR TILE - CHAPPEE	2002	3,299	330	10	330		1,485	19
20	SPRINKLER - DIETARY	2002	5,600	560	10	560		2,520	20
21	FLOORING - DONNELLEY	2003	2,196	220	10	220		989	21
22	SPRINKLER - HILLIER	2003	4,990	499	10	499		2,246	22
23	GENERATOR REPAIR - HILLIER	2002	2,466	164	15	164		739	23
24	BOILER REPAIR - LOGAN	2002	2,865	191	15	191		860	24
25	VINYL FLOORING - LOGAN	2003	696	70	10	70		314	25
26	DOOR - MAINTENANCE SHED	2002	1,398	140	10	140		629	26
27	DOOR - SMITH	2003	1,118	112	10	112		503	27
28	BEDROOM FLOOR - STAHL	2003	890	89	10	89		401	28
29	SIDEWALKS - OLD HERRING	2003	2,335	234	10	234		1,051	29
30	LANDSCAPING - BEVERLY	2002	6,699	670	10	670		3,015	30
31	PARKING LOT - CHAPPEE	2002	4,175	418	10	418		1,879	31
32	SIDEWALKS - MAIN CAMPUS	2002	2,502	250	10	250		1,126	32
33	SIDEWALKS - LOGAN	2002	740	74	10	74		333	33
34	TOTAL (lines 1 thru 33)		\$ 10,976,585	\$ 345,410		\$ 345,410	\$	\$ 7,183,125	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:

07/01/2006 Ending: 06/30/2007

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		\$ 10,976,585	\$ 345,410		\$ 345,410	\$	\$ 7,183,125	1
2	ROAD REPAIRS - MAIN CAMPUS	2002	41,503	4,150	10	4,150		18,676	2
3	LANDSCAPING - SMITH	2002	1,548	155	10	155		697	3
4	UV FILTERS ADMIN BLDG	2004	2,000	200	10	200		700	4
5	SEPTIC SYSTEM CABIN	2004	4,600	460	10	460		1,610	5
6	BOILER - DIETARY	2004	4,122	412	10	412		1,443	6
7	CEILING TILES - DIETARY	2004	998	100	10	100		349	7
8	STOVE HOOD - DIETARY	2004	2,594	259	10	259		907	8
9	FURNACE - EVANS	2003	3,055	306	10	306		1,070	9
10	WATER HEATER - EVANS	2003	5,891	589	10	589		2,062	10
11	FLOORING - EVANS	2003	1,223	122	10	122		428	11
12	SPRINKLER - HERRING	2003	2,745	275	10	275		961	12
13	HANDRAILS - HERRING	2003	4,467	447	10	447		1,564	13
14	FLOORING - HERRING	2003	2,328	233	10	233		815	14
15	STALL REPAIR - HILLIER	2003	2,444	244	10	244		855	15
16	ROOF/GUTTERS - LAVENTHAL	2003	15,829	1,055	15	1,055		3,693	16
17	NEW DOOR - LAVENTHAL	2003	1,096	110	10	110		384	17
18	LIFE SAFETY CODE EXIT	2004	27,232	2,723	10	2,723		9,531	18
19	CABINETS - LOGAN	2004	5,187	519	10	519		1,816	19
20	FLOORING - LOGAN	2003	4,815	482	10	482		1,686	20
21	SHUTTERS - LOGAN	2003	558	56	10	56		195	21
22	DOORS - MAINTENANCE	2004	1,786	179	10	179		626	22
23	SEWER BACKFLOW	2004	958	96	10	96		336	23
24	A/C & HEATING MAINT.	2003	911	91	10	91		319	24
25	TOILET STOOLS - ALL	2003	1,192	119	10	119		417	25
26	FRP - ALL	2003	1,555	156	10	156		545	26
27	SPRINKLER REPAIR - ALL	2003	3,351	335	10	335		1,173	27
28	REPLACE GARAGE DOORS	2004	1,005	101	10	101		352	28
29	FIRE HYDRANTS	2004	1,440	144	10	144		504	29
30	CIRCUIT UPGRADES - ALL	2004	8,690	869	10	869		3,042	30
31	SMOKE DETECTORS - ALL	2003	6,749	675	10	675		2,362	31
32	SPRINKLER - SMITH	2004	2,417	242	10	242		846	32
33	CLOSET - STAHL	2004	980	98	10	98		343	33
34	TOTAL (lines 1 thru 33)		\$ 11,141,854	\$ 361,412		\$ 361,412	\$	\$ 7,243,432	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:

07/01/2006 Ending: 06/30/2007

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		\$ 11,141,854	\$ 361,412		\$ 361,412	\$	\$ 7,243,432	1
2	NEW ROOF - STAHL	2003	15,978	1,065	15	1,065		3,728	2
3	SIDEWALKS - CHAPPEE	2003	531	53	10	53		186	3
4	MAIN CAMPUS ROAD	2003	53,628	5,363	10	5,363		18,770	4
5	SIDEWALKS - DONNELLEY	2004	690	69	10	69		242	5
6	DRAIN PIPE	2003	1,570	157	10	157		549	6
7	SIDEWALKS - MAIN CAMPUS	2003	8,404	840	10	840		2,941	7
8	LAGOON DRAINAGE	2004	800	160	5	160		560	8
9	SPRINKLER MAINTENANCE	2003	7,244	724	10	724		2,535	9
10	SIDEWALK - STAHL	2004	920	92	10	92		322	10
11	CABINETS - LOGAN	2004	2,039	204	10	204		510	11
12	BEVERLY BACK ENTRANCE	2004	3,160	126	25	126		316	12
13	DRY PIPE SYSTEM - HILLIER	2004	1,046	105	10	105		262	13
14	CONDENSORS/COILS - MAIN CAMPUS	2004	5,406	541	10	541		1,352	14
15	DRYWALL MECHANICAL ROOM - DIETARY	2004	21,480	859	25	859		2,147	15
16	FIRE SAFETY UPGRADES - MAIN CAMPUS	2005	69,085	6,909	10	6,909		17,272	16
17	HANDRAILS/DOORS/FLOORS	2004	22,588	2,259	10	2,259		5,483	17
18	SAFETY EQUIPMENT INSPECTIONS	2004	7,542	754	10	754		1,885	18
19	ROOF - SUPPLY BUILDING	2005	4,200	168	25	168		420	19
20	OPTICAL CABLE/PHONE LINE - MAIN CAMPUS	2005	31,706	3,170	10	3,170		7,926	20
21	TERMITE CONTROL SYSTEM	2005	1,357	136	10	136		340	21
22	WATERLINE - LOGAN	2005	14,684	1,468	10	1,468		3,671	22
23	FUEL/GAS PUMP AREA IMPROVEMENTS	2004	57,355	5,736	10	5,736		14,339	23
24	SIDEWALKS	2004	6,892	689	10	689		1,723	24
25	GAS LINE REPLACEMENTS	2005	22,925	2,293	10	2,293		5,732	25
26	LAGOON DRAINAGE	2005	3,216	643	5	643		1,608	26
27	ADMIN BLDG TILE FLOOR	2005	752	75	10	75		188	27
28	ASSETS NOT YET IN SERVICE	2005	11,720	1,172	10	1,172		2,344	28
29	TRAINING BUILDING ALLOCATION	1998	17,777	1,169	15	1,169		10,497	29
30	DIETARY - NEW BACK DOOR	2006	1,499	150	10	150		225	30
31	DIETARY - BOILER	2006	9,282	928	10	928		1,391	31
32	DIETARY - NEW ROOF	2006	2,100	104	20	104		156	32
33	DONNELLY - LANDSCAPING	2006	3,215	643	5	643		964	33
34	TOTAL (lines 1 thru 33)		\$ 11,552,645	\$ 400,236		\$ 400,236	\$	\$ 7,354,016	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:

07/01/2006 Ending: 06/30/2007

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		\$ 11,552,645	\$ 400,236		\$ 400,236	\$	\$ 7,354,016	1
2	MENS BATHROOMS	2006	1,179	236	5	236		353	2
3	HERRING - ELECTRIC BOILER	2006	3,476	348	10	348		521	3
4	HERRING - DUCT WORK	2006	1,045	105	10	105		156	4
5	HILLIER - NEW BACK DOOR	2006	1,796	180	10	180		269	5
6	LOGAN - HANDRAILS	2006	201	20	10	20		29	6
7	FIRE SYSTEM UPGRADES	2006	26,843	2,684	10	2,684		4,025	7
8	SEWAGE CHIPPER	2006	5,853	585	10	585		878	8
9	GENERATOR IMPROVEMENTS	2006	6,308	631	10	631		946	9
10	AIR CONDITIONING IMPROVEMENTS	2006	951	95	10	95		143	10
11	NURSING - AWNING	2006	595	60	10	60		90	11
12	NURSING - FLOORING	2006	8,952	895	10	895		1,343	12
13	PHONE LINE CABLING	2006	1,328	133	10	133		199	13
14	STAHL - PATIO	2006	8,935	894	10	894		1,341	14
15	STAHL - BACK DOOR AND CANOPY	2006	2,927	293	10	293		439	15
16	LAVENTHAL - FLOORING	2006	9,835	983	10	983		1,475	16
17	LAGOON	2006	62,960	2,518	25	2,518		3,777	17
18	GAS MAIN REPAIR	2006	2,400	240	10	240		360	18
19	REPAIR SEWER LIFT STATION	2006	6,281	628	10	628		942	19
20	ROAD REPAIR - MAIN CAMPUS	2006	25,068	2,397	10	2,397		3,650	20
21	SIDEWALK REPAIR - LOGAN	2006	6,765	676	10	676		1,014	21
22	STAHL - LANDSCAPING	2006	1,049	105	10	105		157	22
23	GAS MAIN REPAIR	2007	43,149	2,157	10	2,157		2,157	23
24	STAHL - SIDEWALKS	2007	4,925	246	10	246		246	24
25	Retaining Wall - Nursing Building	2007	39,392	1,970	10	1,970		1,970	25
26	T & T PARKING LOT RESURFACING	2007	26,568	1,328	10	1,328		1,328	26
27	RESURFACE GYM FLOOR	2007	1,875	188	5	188		188	27
28	BEVERLY ROOF REPAIR	2007	20,184	404	25	404		404	28
29	SEE ATTACHED SCHEDULE	2007	233,415	11,660	10	11,660		11,660	29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,106,900	\$ 432,895		\$ 432,895	\$	\$ 7,394,076	34

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

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	\$ 1,404,789	\$ 136,872	\$ 136,872	\$	5-10	\$ 707,838	71
72	Current Year Purchases	151,031	12,808	12,808		5-10	12,808	72
73	Fully Depreciated Assets	2,586,500				5-10	2,586,500	73
74								74
75	TOTALS	\$ 4,142,320	\$ 149,680	\$ 149,680	\$		\$ 3,307,146	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			\$ 490,754	\$ 64,749	\$ 64,749	\$	5-10	\$ 280,491	76
77										77
78										78
79										79
80	TOTALS			\$ 490,754	\$ 64,749	\$ 64,749	\$		\$ 280,491	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)	\$ 16,952,685	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 647,324	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 647,324	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)	\$ 10,981,713	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	SEE ATTACHED SCHEDULE	\$ 10,396,892	\$ 349,222	\$ 4,597,000	86
87					87
88					88
89					89
90					90
91	TOTALS	\$ 10,396,892	\$ 349,222	\$ 4,597,000	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.	_____ /2008	\$ _____
13.	_____ /2009	\$ _____
14.	_____ /2010	\$ _____

* 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>72</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>88</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	2,050	4,925		6,975
3	Classroom Wages (a)	20,664	101,416		122,080
4	Clinical Wages (b)		123,952		123,952
5	In-House Trainer Wages (c)	5,289	13,018		18,307
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$ 28,003	\$ 243,311	\$	\$ 271,314
10	SUM OF line 9, col. 1 and 2 (e)	\$ 271,314			

- (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	197
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	82
2. From other facilities (f)	
TOTAL TRAINED	279

- (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	\$	141	\$ 9,415	\$	141	\$ 9,415	1
2	Licensed Speech and Language Development Therapist	10a-3	hrs		139	3,465		139	3,465	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10a-3	hrs		137	6,316		137	6,316	4
5	Physician Care	39-3	visits		480	50,364		480	50,364	5
6	Dental Care	39-1/39-2/39-3	visits	26,388	384	17,141	3,400	384	46,929	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			\$ 26,388	1,281	\$ 86,701	\$ 3,400	1,281	\$ 116,489	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: **07/01/2006**

Ending:

06/30/2007**XV. BALANCE SHEET - Unrestricted Operating Fund.**As of **06/30/2007**

(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	\$ 2,807,795	\$	1
2	Cash-Patient Deposits	77,855		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance 34,437)	4,833,276		3
4	Supply Inventory (priced at COST)	72,140		4
5	Short-Term Investments	4,380,980		5
6	Prepaid Insurance	140,186		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): PLEDGES RECEIVABLE	24,795		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 12,337,027	\$	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments	656,719		12
13	Land	303,173		13
14	Buildings, at Historical Cost	12,106,900		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	14,939,504		16
17	Accumulated Depreciation (book methods)	(15,578,713)		17
18	Deferred Charges	547,828		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)	\$ 12,975,745	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 25,312,772	\$	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 653,178	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	77,855		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	263,344		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	337,344		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,331,721	\$	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable	10,425,787		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)	\$ 10,425,787	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 11,757,508	\$	46
47	TOTAL EQUITY (page 18, line 24)	\$ 13,555,264	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 25,312,772	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 11,902,865	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 11,902,865	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	139,655	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	1,512,744	15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 1,652,399	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)	\$ 13,555,264	24 *

* This must agree with page 17, line 47.

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

0038604

Report Period Beginning: **07/01/2006**

Ending: **06/30/2007**

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	Amount	
Revenue			
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 12,228,001	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 12,228,001	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	2,452,733	24
25	Interest and Other Investment Income***	492,379	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 2,945,112	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	SEE ATTACHED	255,098	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 255,098	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 15,428,211	30

	2	Amount	
Expenses			
A. Operating Expenses			
31	General Services	3,812,384	31
32	Health Care	5,365,729	32
33	General Administration	3,778,385	33
B. Capital Expense			
34	Ownership	1,503,417	34
C. Ancillary Expense			
35	Special Cost Centers	97,293	35
36	Provider Participation Fee	731,348	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 15,288,556	40
41	Income before Income Taxes (line 30 minus line 40)**	139,655	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 139,655	43

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

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

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

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

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

0038604

Report Period Beginning:

07/01/2006

Ending:

06/30/2007

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	1,944	2,080	\$ 52,310	\$ 25.15	1
2	Assistant Director of Nursing					2
3	Registered Nurses	11,784	12,190	218,319	17.91	3
4	Licensed Practical Nurses	28,585	29,704	504,975	17.00	4
5	CNAs & Orderlies	311,879	335,689	3,388,421	10.09	5
6	CNA Trainees					6
7	Licensed Therapist	3,417	3,745	73,747	19.69	7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	2,110	2,126	16,922	7.96	10
11	Social Service Workers	3,629	3,966	39,177	9.88	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	85,779	96,548	886,701	9.18	15
16	Dishwashers					16
17	Maintenance Workers	21,407	23,795	281,725	11.84	17
18	Housekeepers	100,490	100,490	748,651	7.45	18
19	Laundry	8	8	72	9.00	19
20	Administrator	1,160	1,160	55,997	48.27	20
21	Assistant Administrator	1,152	1,248	34,577	27.71	21
22	Other Administrative	2,280	2,526	47,829	18.93	22
23	Office Manager					23
24	Clerical	26,831	29,896	322,420	10.78	24
25	Vocational Instruction	6,168	7,070	95,848	13.56	25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	10,791	11,238	177,416	15.79	28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,811	2,222	27,419	12.34	31
32	Other Health Care(specify)					32
33	Other(specify) SEE ATTACHED	38,054	41,602	480,123	11.54	33
34	TOTAL (lines 1 - 33)	659,279	707,303	\$ 7,452,649 *	\$ 10.54	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	540	\$ 22,937	1-3	35
36	Medical Director				36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	43	13,200	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	34	863	12-3	45
46	Other(specify) PSYCHOLOGIST	270	13,500	11-3	46
47					47
48					48
49	TOTAL (lines 35 - 48)	887	\$ 50,500		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	6,566	212,389	10-3	52
53	TOTAL (lines 50 - 52)	6,566	\$ 212,389		53

Facility Name & ID Number BEVERLY FARM FOUNDATION

0038604

Report Period Beginning: 07/01/2006 Ending: 06/30/2007

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 \$7,028
- (3) Did the nursing home make political contributions or payments to a political action organization? YES If YES, have these costs been properly adjusted out of the cost report? YES
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? NO If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? YES
What was the average life used for new equipment added during this period? 10 YRS
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 47,524 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. \$ 731,348
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. \$ 9,664
- (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? 0
- d. Have vehicle usage logs been maintained? YES
- e. Are all vehicles stored at the nursing home during the night and all other times when not in use? YES
- f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? YES
- g. Does the facility transport residents to and from day training? YES**
Indicate the amount of income earned from providing such transportation during this reporting period. \$ 0
- (17) Has an audit been performed by an independent certified public accounting firm? YES
Firm Name: SCHEFFEL & COMPANY PC 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 \$5,000, have legal invoices and a summary of services performed been attached to this cost report? YES
Attach invoices and a summary of services for all architect and appraisal fees.

BEVERLY FARM FOUNDATION #0038604
PAGE 10, SCHEDULE IX - REAL ESTATE TAXES
JUNE 30, 2007

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, 2007

DAY TRAINING	\$ 4,680,261
APARTMENTS & INCIDENTALS	574,903
GROUP HOMES	4,026,465
GIFT SHOP	53,384
GREENHOUSE	869
	<u>\$ 9,335,882</u>

EXPENSES INCURRED BY BROAD CATEGORY
NOT LISTED IN THIS COST REPORT

DAY TRAINING	\$ 3,764,945
APARTMENTS	406,551
GROUP HOMES	3,591,648
GIFT SHOP	53,404
GREENHOUSE	6,590
	<u>\$ 7,823,138</u>

NET INCOME (Page 18, Schedule XVI, Line 15)	<u>\$ 1,512,744</u>
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BEVERLY FARM FOUNDATION #0038604

PAGE 20, SCHEDULE XVIII, LINE 33

JUNE 30, 2007

SERVICE	1 HRS. WORKED	2 HRS. PAID	3 WAGES	4 HOURLY WAGE
PHYSICAL THERAPY	8,664	10,128	\$ 110,943	10.95
SOCIAL WORKER	12,832	13,716	107,716	7.85
SPEECH THERAPY	1,964	2,099	48,779	23.24
DENTAL ASSISTANT	1,826	2,098	26,388	12.58
TRANSPORTATION	7,080	7,793	62,054	7.96
SAFETY & SECURITY	1,608	1,608	28,623	17.80
DEVELOPMENT DIRECTOR	4,080	4,160	95,620	22.99
	<u>38,054</u>	<u>41,602</u>	<u>\$ 480,123</u>	

BEVERLY FARM FOUNDATION
MISCELLANEOUS INCOME, PAGE 19, LINE 28
JUNE 30, 2007

HAB-AIDE REIMBURSEMENT	\$ 227,628
GAIN ON DISPOSITION OF ASSETS	25,000
MISCELLANEOUS	<u>2,470</u>
	<u>\$ 255,098</u>

BEVERLY FARM FOUNDATION #0038604
VEHICLE DEPRECIATION - SCHEDULE XI., Section D.
JUNE 30, 2007

Use	Model, Make, Year	Cost	Current Book Depreciation	Straight Line Depreciation	Accumulated Depreciation
TRANS	1995 Chevy Van #7	15,119	-	-	15,119
TRANS	Maint #8 F350 Truck	15,944	3,189	3,189	11,161
SUPPLY	Supply Lumina	9,496	-	-	9,496
MAINT	Maint. #2 Truck	8,483	-	-	8,483
TRANS	Lift on Van # 10	3,075	-	-	3,075
TRANS	Car #4 Repairs	2,490	-	-	2,490
MAINT	Maint. #3 Spreader	7,157	-	-	7,157
TRANS	Van #6 Ford E350	9,015	-	-	9,015
MAINT	Maint. #1 Dump Truck	14,400	-	-	14,400
MAINT	Maint #7 Bucket Truck	5,400	-	-	5,400
TRANS	Transport IDOT Van #12	32,326	3,233	3,233	24,244
MAINT	Trans Maint #4 F150	3,957	396	396	3,957
TRANS	Trans - 15 Pass. Van #1	20,513	2,051	2,051	11,282
TRANS	Ford Focus - Car #1	6,545	655	655	6,545
TRANS	1989 Ford Bus	-	489	489	-
TRANS	IDOT Van #15	26,612	2,661	2,661	11,975
TRANS	IDOT Van #16	26,612	2,661	2,661	11,975
TRANS	Trans - Van #13	14,941	2,988	2,988	10,459
TRANS	Trans - Car #6	2,362	473	473	1,653
TRANS	Trans - Car #3	910	183	183	637
MAINT	Trans Maint #6 Truck	3,591	718	718	2,514
TRANS	IDOT Bus Van #17	52,612	10,522	10,522	36,829
MAINT	Wheelchair Van #5	21,903	4,381	4,381	15,332
TRANS	Bus Rennovations	3,106	621	621	2,174
TRANS	E-350 Van #19 15 Pass	16,427	3,285	3,285	8,214
TRANS	E-350 Van #18 15 Pass	16,349	3,270	3,270	8,175
SUPPLY	Supply Van Mats	132	26	26	66
TRANS	2005 GMC - Van #3 - 15 Pass	16,974	3,395	3,395	8,487
TRANS	2005 GMC - Van #11 - 15 Pass	17,004	3,401	3,401	8,502
TRANS	IDOT Van #8	22,023	2,202	2,202	3,303
MAINT	Truck for Maintenance	3,081	616	616	924
TRANS	Wheelchair Straps for Van #17	380	76	76	114
TRANS	2006 Chrysler Van #21	9,993	1,999	1,999	2,998
TRANS	2006 Chrysler Van #10	10,407	2,081	2,081	3,122
TRANS	Wheelchair van #20	20,362	4,072	4,072	6,109
	Security Car	7,914	791	791	791
MAINT	Maintenance Truck w/Snow Plow	20,035	2,004	2,004	2,004
TRANS	Transportation Van	21,651	2,165	2,165	2,165
MAINT	Vans-Wheelchair Strap	1,453	145	145	145
TOTALS:		\$ 490,754	\$ 64,749	\$ 64,749	\$ 280,491

BEVERLY FARM FOUNDATION #0038604
DEPRECIABLE NON-CARE ASSETS - SCHEDULE XI., Section F.
JUNE 30, 2007

Description	Cost	Current Book Depreciation	Accumulated Depreciation
DAY TRAINING BUILDING	1,962,068	57,169	813,495
DAY TRAINING EQUIPMENT & VEHICLES	734,311	33,576	589,279
TOMBSTONES	3,186	-	3,186
GROVES B. SMITH BUILDING	1,106,632	29,777	358,839
GROVES B. SMITH EQUIPMENT	112,092	1,386	102,145
ADMINISTRATION BUILDING	112,777	2,937	30,516
ADMINISTRATION EQUIPMENT	19,579	1,692	13,289
GIFT SHOP EQUIPMENT	4,857	151	4,527
JUDAH SENIORS BUILDING	456,508	13,907	75,178
JUDAH EQUIPMENT	16,677	1,753	11,172
TREIN VOCATIONAL BUILDING	748,214	17,460	196,130
TREIN EQUIPMENT	10,987	1,313	8,295
TRAINING BUILDING	2,963	195	1,555
HARDIN APARTMENTS	837,607	27,376	377,643
HARDIN APARTMENTS EQUIPMENT	222,898	17,741	144,739
GREENHOUSE	359,829	8,853	171,115
ARENA BUILDING	138,596	4,981	52,909
ARENA EQUIPMENT	42,448	1,771	36,365
HORTICULTURE	115,669	3,149	55,614
GROUP HOMES	2,534,410	70,657	964,914
GROUP HOMES EQUIPMENT	518,745	21,003	445,849
GROUP HOMES VEHICLES	245,377	32,375	140,246
GROUP HOMES LAND	30,000	-	-
OTHER LAND	60,462	-	-
	\$ 10,396,892	\$ 349,222	\$ 4,597,000

BEVERLY FARM FOUNDATION #0038604
BUILDING DEPRECIATION - SCHEDULE XI., Section B.
JUNE 30, 2007

Year	Description	Cost	Life	Current Book Depreciation	Straight Line Depreciation	Accumulated Depreciation
2007	CAMPBELL CABINETS	19,000	10	949	949	949
2007	DONNELLY - NEW DOOR	2,898	10	144	144	144
2007	EVANS - HANDRAILS	3,111	10	155	155	155
2007	HILLIER - NEW CABINETS	10,500	10	524	524	524
2007	HILLIER - DOOR/FLOOR RPRS	18,474	10	923	923	923
2007	HILLIER - NEW GENERATOR	143,290	10	7,164	7,164	7,164
2007	HILLIER - SPRINKLER REPAIRS	9,084	10	453	453	453
2007	ANNUAL SPRINKLER REPAIRS	22,195	10	1,109	1,109	1,109
2007	BOILER ROOM - NEW DOORS	1,845	10	91	91	91
2007	SMITH - FLOORING	1,153	10	57	57	57
2007	STAHL - FLOORING	1,328	10	65	65	65
2007	WHLCHR BUILDING REPAIRS	537	10	26	26	26
TOTALS:		\$ 233,415		\$ 11,660	\$ 11,660	\$ 11,660

BEVERLY FARM FOUNDATION #0038604
PAGE 23, QUESTION 16 - OUT OF STATE TRAVEL
JUNE 30, 2007

ADMIN PERSONNEL TRAVELED TO DENVER & CHICAGO.

ADMISSIONS PERSONNEL OCCASIONALLY TRAVEL
OUT OF THE STATE.

THERE IS OCCASIONAL LOCAL TRAVEL TO MISSOURI.