



Facility Name & ID Number BEVERLY FARM FOUNDATION

# 0038604 Report Period Beginning: 07/01/2007 Ending: 06/30/2008

**III. STATISTICAL DATA**

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1		Skilled (SNF)			1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4	<u>300</u>	Intermediate/DD	<u>300</u>	<u>109,800</u>	4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>300</u>	TOTALS	<u>300</u>	<u>109,800</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	
8	SNF				8
9	SNF/PED				9
10	ICF				10
11	ICF/DD	<u>88,731</u>	<u>4,731</u>		<u>93,462</u>
12	SC				12
13	DD 16 OR LESS				13
14	TOTALS	<u>88,731</u>	<u>4,731</u>		<u>93,462</u>

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 85.12%

D. How many bed-hold days during this year were paid by the Department? 1,915 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)  
NONE

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

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

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

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

J. Was the facility purchased or leased after January 1, 1978?  
YES  Date \_\_\_\_\_ NO

K. Was the facility certified for Medicare during the reporting year?  
YES  NO  If YES, enter number of beds certified \_\_\_\_\_ and days of care provided \_\_\_\_\_

Medicare Intermediary N/A

**IV. ACCOUNTING BASIS**

ACCRUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 06/30/08 Fiscal Year: 06/30/08

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

Facility Name &amp; ID Number

BEVERLY FARM FOUNDATION

# 0038604

Report Period Beginning:

07/01/2007

Ending:

06/30/2008

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	46,192		1,577,037		1,623,229		1,623,229			1
2	Food Purchase		9,164			9,164		(9,164)			2
3	Housekeeping	773,773	22,140	43,149		839,062		839,062			3
4	Laundry		61	289,535		289,596		289,596			4
5	Heat and Other Utilities			417,681		417,681		417,681			5
6	Maintenance	261,753	16,220	309,084		587,057		587,057			6
7	Other (specify):* SECURITY	38,656	1,337	51,652		91,645		91,645			7
8	<b>TOTAL General Services</b>	1,120,374	48,922	2,688,138		3,857,434		(9,164)	3,848,270		8
	<b>B. Health Care and Programs</b>										
9	Medical Director										9
10	Nursing and Medical Records	4,563,952	137,936	109,464		4,811,352	(254,347)	4,557,005			10
10a	Therapy	166,531	1,665	26,164		194,360		194,360			10a
11	Activities	130,075	51,160	18,831		200,066		200,066			11
12	Social Services	101,577		813		102,390		102,390			12
13	CNA Training	96,817				96,817	254,347	351,164			13
14	Program Transportation	70,836				70,836	(13,459)	57,377			14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	5,129,788	190,761	155,272		5,475,821	(13,459)	5,462,362			16
	<b>C. General Administration</b>										
17	Administrative	128,348		48,435		176,783		176,783			17
18	Directors Fees										18
19	Professional Services			84,547		84,547		84,547			19
20	Dues, Fees, Subscriptions & Promotions			61,792		61,792		61,792			20
21	Clerical & General Office Expenses	294,410	45,734	143,597		483,741		483,741			21
22	Employee Benefits & Payroll Taxes			2,247,046		2,247,046		2,247,046			22
23	Inservice Training & Education						11,098	11,098			23
24	Travel and Seminar			15,120		15,120	(11,098)	4,022			24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			178,908		178,908		178,908			26
27	Other (specify):* FUND RAISING	126,886	9,863	140,637		277,386		(277,386)			27
28	<b>TOTAL General Administration</b>	549,644	55,597	2,920,082		3,525,323		(277,386)	3,247,937		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	6,799,806	295,280	5,763,492		12,858,578	(13,459)	12,845,119	(286,550)	12,558,569	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 &amp; ID Number

BEVERLY FARM FOUNDATION

#0038604

Report Period Beginning:

07/01/2007

Ending:

06/30/2008

## 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	
	<b>D. Ownership</b>											
30	Depreciation			1,069,282	1,069,282		1,069,282	(374,651)	694,631			30
31	Amortization of Pre-Op. & Org.			13,636	13,636		13,636		13,636			31
32	Interest			456,090	456,090		456,090		456,090			32
33	Real Estate Taxes			2,194	2,194		2,194	(2,194)				33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles											35
36	Other (specify):* MORTGAGE INS			31,036	31,036		31,036		31,036			36
37	<b>TOTAL Ownership</b>			1,572,238	1,572,238		1,572,238	(376,845)	1,195,393			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation					13,459	13,459		13,459			38
39	Ancillary Service Centers	25,007	2,908	68,342	96,257		96,257		96,257			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			706,434	706,434		706,434		706,434			42
43	Other (specify):*											43
44	<b>TOTAL Special Cost Centers</b>	25,007	2,908	774,776	802,691	13,459	816,150		816,150			44
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	6,824,813	298,188	8,110,506	15,233,507		15,233,507	(663,395)	14,570,112			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:

07/01/2007

Ending:

06/30/2008

**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	(9,164)	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	(374,651)	30-7		9
10	Interest and Other Investment Income				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	(277,386)	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>	(2,194)	33-7		29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (663,395)		\$	30

**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	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (663,395)		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		\$ 13,459	14-4	38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44						44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	<b>TOTAL (C): (sum of lines 38-46)</b>			\$ 13,459		47

BHF USE ONLY						
48		49		50		51
						52

STATE OF ILLINOIS  
BEVERLY FARM FOUNDATION

ID# 0038604  
Report Period Beginning: 07/01/2007  
Ending: 06/30/2008

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference
1		\$	1
2			2
3			3
4			4
5			5
6			6
7			7
8			8
9			9
10			10
11			11
12			12
13			13
14			14
15			15
16			16
17			17
18			18
19			19
20			20
21			21
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29			29
30			30
31			31
32			32
33			33
34			34
35			35
36			36
37			37
38			38
39			39
40			40
41			41
42			42
43			43
44			44
45			45
46			46
47			47
48			48
49	<b>Total</b>	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: 07/01/2007 Ending: 06/30/2008

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: **07/01/2007**

Ending: **6/30/2008**

**VIII. ALLOCATION OF INDIRECT COSTS**

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	22-3	EMPLOYEE BENEFITS	WAGES	10,000	8	\$ 3,675,534	\$ 6,114	\$ 2,247,046	1
2	17-3	SCHOOL REIMBURSEMENT	WAGES	10,000	8	51,453	6,068	31,224	2
3	17-1	ADMINISTRATIVE SALARIES	HOURS	2,080	8	213,913	213,913	128,348	3
4	21-1	PERSONNEL/ACCOUNTING	HOURS	2,080	8	490,683	490,683	294,410	4
5	6-1	MAINTENANCE STAFF	HOURS	2,080	8	436,255	436,255	261,753	5
6	7-3	SECURITY/SAFETY	HOURS	2,080	8	86,087	1,248	51,652	6
7	7-1	SAFETY MANAGER	HOURS	2,080	8	64,426	64,426	38,656	7
8	7-2	SECURITY SUPPLIES	HOURS	2,080	8	2,228	1,248	1,337	8
9	6-2	MAINTENANCE SUPPLIES	HOURS	2,080	8	26,343	1,248	15,806	9
10	21-2	OSHA REQUIREMENTS	HOURS	2,080	8	29,099	1,248	17,459	10
11	21-3	CONSULTANTS	HOURS	2,080	8	89,599	1,248	53,759	11
12	11-3	ACTIVITIES OTHER	HOURS	2,080	8	8,092	1,248	4,855	12
13	26-3	INSURANCE	HOURS	2,080	8	298,180	1,248	178,908	13
14	19-3	LEGAL & ACCOUNTING	HOURS	2,080	8	140,912	1,248	84,547	14
15	14-1	TRANSPORTATION STAFF	HOURS	2,080	8	118,061	118,061	70,836	15
16	20-3	DUES/SUBS/ADVERTISING	HOURS	2,080	8	108,564	1,184	61,792	16
17	36-3	MORTGAGE INSURANCE	HOURS	2,080	8	51,728	1,248	31,037	17
18	32-3	INTEREST	HOURS	2,080	8	720,381	1,248	432,229	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	82,830	1,224	48,748	20
21	11-1	ACTIVITIES STAFF	HOURS	2,080	8	81,888	81,888	49,133	21
22	11-2	ACTIVITIES SUPPLIES/OTH	HOURS	2,080	8	7,857	1,248	4,714	22
23									23
24									24
25	TOTALS					\$ 6,806,839	\$ 1,405,226	\$ 4,121,885	25

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

# **0038604**

Report Period Beginning:

**07/01/2007**

Ending:

**06/30/2008**

**IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE**

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

	1	2	3	4	5	6		7	8	9	10									
						Name of Lender	Related**					Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
							YES								NO	Original				Balance
<b>A. Directly Facility Related</b>																				
<b>Long-Term</b>																				
1	<b>IL HEALTH FACILITY</b>		<b>X</b>	<b>CONSTRUCTION</b>		<b>07/96</b>	\$	<b>6,147,793</b>	<b>2031</b>	<b>6.6800</b>	<b>\$ 432,229</b>	1								
2												2								
3												3								
4												4								
5												5								
<b>Working Capital</b>																				
6	<b>LIBERTY BANK</b>		<b>X</b>	<b>WORKING CAPITAL</b>		<b>04/08</b>			<b>04/08</b>		<b>10,000</b>	6								
7												7								
8												8								
9	<b>TOTAL Facility Related</b>						\$	<b>6,147,793</b>			<b>\$ 442,229</b>	9								
<b>B. Non-Facility Related*</b>																				
10												10								
11												11								
12												12								
13												13								
14	<b>TOTAL Non-Facility Related</b>						\$				\$	14								
15	<b>TOTALS (line 9+line14)</b>						\$	<b>6,147,793</b>			<b>\$ 442,229</b>	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 31,036 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**

		<b>Important</b> , please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.			
1.	Real Estate Tax accrual used on 2007 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.)			\$	2,194 2
3.	Under or (over) accrual (line 2 minus line 1).			\$	2,194 3
4.	Real Estate Tax accrual used for 2008 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. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>			\$	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. <b>TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>			\$	6
7.	Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	2,194 7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:					
	2003	11,685	8		
	2004	11,067	9		
	2005	2,641	10		
	2006	2,711	11		
	2007	2,194	12		
				<b>FOR BHF USE ONLY</b>	
	13	FROM R. E. TAX STATEMENT FOR 2007	\$		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:** 2007 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 2007 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2007.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2007 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 2008 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, please call the Bureau of Health Finance at (217) 782-1630.

**2007 LONG TERM CARE REAL ESTATE TAX STATEMENT**

FACILITY NAME BEVERLY FARM FOUNDATION COUNTY MADISON

FACILITY IDPH LICENSE NUMBER 0038604

CONTACT PERSON REGARDING THIS REPORT \_\_\_\_\_

TELEPHONE (\_\_\_\_) \_\_\_\_\_ FAX #: (\_\_\_\_) \_\_\_\_\_

**A. Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2007 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2007.

	(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.	_____	_____	\$ _____	\$ _____
	<b>TOTALS</b>		\$ _____	\$ _____

**B. Real Estate Tax Cost Allocations**

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

If YES, attach an explanation & 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 2007 tax bills which were listed in Section A to this statement. Be sure to use the 2007 tax bill which is normally paid during 2008.

**PLEASE NOTE:** Payment information from the Internet or otherwise is not considered acceptable tax bill documentation. Facilities located in Cook County are required to provide copies of their original **second installment** tax bill.

**X. BUILDING AND GENERAL INFORMATION:**

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

C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization.

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

D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from Completely Unrelated Organization.

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

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

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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>	1
2	<u>GROUND IMP</u>			<u>138,971</u>	2
3	<b>TOTALS</b>	<b>6,701,800</b>		<b>\$ 217,091</b>	<b>3</b>

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

Report Period Beginning:

**07/01/2007**

Ending:

**06/30/2008****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		301,567	6
7	26		1972	1972	277,051	6,926	40	6,926		249,346	7
8	84		1979	1979	628,784	15,720	40	15,720		471,588	8
	<b>Improvement Type**</b>										
9	43 BEDS INCLUDED IN LINE 8 YEAR ACQUIRED 1984			1984	1,188,870	29,722	40	29,722		698,461	9
10	BUILDING ADDITIONS			1968	395,455	9,589	40	9,589		364,905	10
11	BUILDING IMPROVEMENTS			1973	1,958	42	40	42		1,591	11
12	BUILDING ADDITIONS			1974	62,866	1,370	40	1,370		51,301	12
13	BUILDING IMPROVEMENTS			1977	6,665	145	40	145		4,958	13
14	BUILDING IMPROVEMENTS			1978	29,299	637	40	637		21,055	14
15	BUILDING IMPROVEMENTS			1979	3,697	80	40	80		2,558	15
16	BUILDING IMPROVEMENTS			1980	178,379	3,886	40	3,886		119,701	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	2,088	40	2,088		60,831	19
20	BUILDING IMPROVEMENTS			1982	11,260	245	40	245		7,163	20
21	CERAMIC FLOOR			1982	1,282	31	40	31		801	21
22	SIDEWALK			1983	23,175		10			23,175	22
23	SEWER			1983	72,357	2,411	30	2,411		60,298	23
24	SERVICE ROAD			1983	35,016		15			35,016	24
25	BUILDING IMPROVEMENTS			1984	24,029	600	40	600		14,718	25
26	BUILDING IMPROVEMENTS			1983	21,405	534	40	534		13,111	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	252	40	252		5,954	32
33	BUILDING IMPROVEMENTS			1985	7,675	191	40	191		4,509	33
34	BUILDING IMPROVEMENTS			1986	142,322	3,557	40	3,557		80,056	34
35	BUILDING IMPROVEMENTS			1986	2,363	60	40	60		1,345	35
36	BUILDING IMPROVEMENTS			1986	4,353	108	40	108		2,433	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 &amp; ID Number BEVERLY FARM FOUNDATION

# 0038604

Report Period Beginning:

07/01/2007

Ending:

06/30/2008

## 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		4,067	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		24,947	47
48 BUILDING REMODELING	1986	41,122	1,028	40	1,028		22,103	48
49 BUILDING IMPROVEMENTS	1986	216,453	5,411	40	5,411		116,343	49
50 BOILER	1987	14,533	363	40	363		7,448	50
51 ELECTRIC REWIRE	1987	16,869	422	20	422		16,869	51
52 BUILDING IMPROVEMENTS	1986	2,341	58	40	58		1,680	52
53 BUILDING IMPROVEMENTS	1987	78,723	1,968	40	1,968		39,965	53
54 BUILDING IMPROVEMENTS	1987	8,447	212	40	212		4,230	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		3,983	57
58 BUILDING IMPROVEMENTS	1988	1,810	45	40	45		882	58
59 PARKING LOT	1988	42,125		15			42,125	59
60 SEWER	1988	22,785	760	30	760		14,811	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		11,864	64
65 SPRINKLER	1991	50,681		10			50,681	65
66 DINING HALL	1991	940,888	23,522	40	23,522		399,877	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	\$ 121,938		\$ 121,938	\$	\$ 4,680,516	70

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

Facility Name &amp; ID Number BEVERLY FARM FOUNDATION

# 0038604

Report Period Beginning:

07/01/2007

Ending:

06/30/2008

## 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	
1		\$ 6,375,564	\$ 121,938		\$ 121,938	\$	\$ 4,680,516	1
2	1991	4,100		10			4,100	2
3	1991	1,062		10			1,062	3
4	1991	6,513		10			6,513	4
5	1991	4,625	116	40	116		1,966	5
6	1992	4,282	171	25	171		2,911	6
7	1992	10,289		10			10,289	7
8	1992	38,900	1,556	25	1,556		24,114	8
9	1992	16,450	658	25	658		10,199	9
10	1993	1,422,666	56,907	25	56,907		882,053	10
11	1993	21,585	302	10 \ 15	302		21,585	11
12	1994	43,632	2,909	15	2,909		42,178	12
13	1993	567,397	22,696	25	22,696		329,093	13
14	1994	13,403	536	25	536		7,774	14
15	1994	21,683	1,446	15	1,446		20,965	15
16	1994	5,754	384	15	384		5,564	16
17	1995	10,534		10			10,534	17
18	1995	5,460	364	15	364		4,914	18
19	1995	8,490	566	15	566		7,641	19
20	1995	41,000	1,640	25	1,640		22,140	20
21	1994	1,272	51	25	51		688	21
22	1994	76,071	5,071	15	5,071		68,464	22
23	1995	12,104		10			12,104	23
24	1996	26,015	1,041	25	1,041		13,007	24
25	1996	7,494	500	15	500		6,245	25
26	1996	164,403		10			164,403	26
27	1996	13,517		10			13,517	27
28	1996	1,347		10			1,347	28
29	1998	11,490	766	15	766		8,809	29
30	1998	4,110	206	20	206		2,363	30
31	1998	11,782	785	15	785		9,033	31
32	1997	78,536		10			78,536	32
33	1997	11,311	452	25	452		5,203	33
34		\$ 9,042,841	\$ 221,061		\$ 221,061	\$	\$ 6,479,830	34

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

Facility Name &amp; ID Number BEVERLY FARM FOUNDATION

# 0038604

Report Period Beginning:

07/01/2007

Ending:

06/30/2008

## 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	
1		\$ 9,042,841	\$ 221,061		\$ 221,061	\$	\$ 6,479,830	1
2	1997	4,232		10			4,232	2
3	1997	9,668		5			9,668	3
4	1997	4,125		10			4,125	4
5	1997	3,876		10			3,876	5
6	1997	667,309	16,683	40	16,683		191,852	6
7	1997	3,399	170	10	170		3,399	7
8	1997	21,007	1,400	15	1,400		14,705	8
9	1997	55,560	3,704	15	3,704		38,892	9
10	1998	10,638	709	15	709		7,447	10
11	1998	20,652	1,377	15	1,377		14,457	11
12	1997	16,030	1,069	15	1,069		11,221	12
13	1997	6,556	656	10	656		6,556	13
14	1997	2,046	205	10	205		2,046	14
15	1998	65,741	3,311	10	3,311		59,610	15
16	1999	96,828	3,873	25	3,873		36,795	16
17	1999	6,670	267	25	267		2,535	17
18	1999	13,314	1,331	10	1,331		12,648	18
19	1998	6,182	247	25	247		2,349	19
20	1999	6,734	449	15	449		4,265	20
21	1999	6,667	667	10	667		6,334	21
22	1999	564	56	10	56		535	22
23	1999	22,707	2,271	10	2,271		21,572	23
24	1999	1,020	102	10	102		969	24
25	1993	440	18	25	18		277	25
26	1994	9,528	381	25	381		5,144	26
27	2000	1,350	68	20	68		574	27
28	2000	8,636	432	20	432		3,671	28
29	2000	586	23	25	23		199	29
30	1999	615	31	20	31		261	30
31	1999	3,262	326	10	326		2,773	31
32	2000	6,927	693	10	693		2,888	32
33	1999	10,527	526	20	526		4,474	33
34		\$ 10,136,237	\$ 262,106		\$ 262,106	\$	\$ 6,960,179	34

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

Facility Name &amp; ID Number BEVERLY FARM FOUNDATION

# 0038604

Report Period Beginning:

07/01/2007

Ending:

06/30/2008

## 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	
1		\$ 10,136,237	\$ 262,106		\$ 262,106	\$	\$ 6,960,179	1
2	1999	2,125	106	20	106		903	2
3	1999	909	36	25	36		309	3
4	1999	10,235	512	20	512		4,350	4
5	1999	5,789	289	20	289		2,460	5
6	2000	2,857	286	10	286		2,429	6
7	2000	34,732	1,737	20	1,737		14,761	7
8	1999	12,663	633	20	633		5,382	8
9	1999	925	46	20	46		393	9
10	1999	2,586	129	20	129		1,099	10
11	1999	5,972	299	20	299		2,538	11
12	1999	18,805	940	20	940		7,992	12
13	1999	1,173	59	20	59		498	13
14	1999	9,851	493	20	493		4,187	14
15	2000	14,075	704	20	704		5,982	15
16	1999	3,806	190	20	190		1,618	16
17	1999	4,000	400	10	400		3,400	17
18	1999	12,403	1,240	10	1,240		10,543	18
19	1999	2,788	279	10	279		2,370	19
20	1999	74,611	7,461	10	7,461		63,420	20
21	1999	23,855	2,386	10	2,386		20,277	21
22	1999	1,515	151	10	151		1,288	22
23	2000	4,200	280	15	280		2,380	23
24	1999	3,493	349	10	349		2,969	24
25	1999	3,466	347	10	347		2,946	25
26	1999	10,258	1,026	10	1,026		8,720	26
27	1999	5,962	596	10	596		5,068	27
28	2000	2,579	258	10	258		2,192	28
29	1999	1,063	106	10	106		903	29
30	2000	875		5			875	30
31	2001	1,049	105	10	105		787	31
32	2000	1,170	117	10	117		878	32
33	2000	5,073	507	10	507		3,805	33
34		\$ 10,421,100	\$ 284,173		\$ 284,173	\$	\$ 7,147,901	34

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

Facility Name &amp; ID Number BEVERLY FARM FOUNDATION

# 0038604

Report Period Beginning:

07/01/2007

Ending:

06/30/2008

## 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	\$ 284,173		\$ 284,173	\$	\$ 7,147,901	1
2	CARIAGE HSE-GUTTERS	2000	5,115	256	20	256		1,918	2
3	CHAPPEE-A/C; FLOORS	2000	14,128	1,413	10	1,413		10,596	3
4	CROSS COTTAGE-SIDING	2000	1,945	97	20	97		729	4
5	DIETARY-DOOR	2000	1,685	169	10	169		1,264	5
6	DONNELLY-DOORS	2000	5,249	525	10	525		3,937	6
7	EVANS-A/C	2001	2,081	208	10	208		1,560	7
8	EVANS-WINDOWS/DOORS	2000	6,196	248	25	248		1,859	8
9	LAVENTHAL-FIRE ALARM	2000	12,000	1,200	10	1,200		9,000	9
10	SMALL GARAGE DOOR	2000	3,000	200	15	200		1,500	10
11	HERRING-FRP WALLS	2000	864	58	15	58		432	11
12	HILLIER-SPRINKLER REP	2001	5,862	586	10	586		4,396	12
13	HILLIER-NEW WINDOWS	2000	11,361	454	25	454		3,408	13
14	HILLIER-DOOR/FLOORING	2001	8,040	804	10	804		6,030	14
15	LAUNDRY-CHIMNEY/DOOR	2000	10,074	1,007	10	1,007		7,556	15
16	LAVENTHAL-SPRINKLER	2001	7,501	750	10	750		5,626	16
17	LOGAN-DOOR/SPRINKLER	2001	5,261	526	10	526		3,945	17
18	LOGAN-FIRE ALARM	2000	10,350	1,035	10	1,035		7,763	18
19	OLD HERRING-WINDOWS	2000	5,535	221	25	221		1,661	19
20	SEWING-STEEL DOORS	2000	2,281	228	10	228		1,711	20
21	SMITH-DOOR	2001	1,070	107	10	107		803	21
22	STAHL-DOOR/FLOORING	2001	6,934	693	10	693		5,200	22
23	DRAINAGE DITCH	2001	9,170	917	10	917		6,878	23
24	CABIN ROAD REPAIR	2000	26,843	2,684	10	2,684		20,132	24
25	MAIN CAMPUS-SIDEWALK	2000	28,716	2,872	10	2,872		21,537	25
26	HERRING PARKING LOT	2000	12,341	1,234	10	1,234		9,256	26
27	ROAD IMPROVEMENTS	2000	106,706	10,671	10	10,671		80,030	27
28	SRS BLDG-SITE PREP	2001	936	94	10	94		702	28
29	STORM SEWER REPAIR	2000	2,600	260	10	260		1,950	29
30	WIDEN ROAD	2000	2,650	265	10	265		1,988	30
31	OIL & CHIP ROADS	2001	12,362	1,236	10	1,236		8,035	31
32	ROAD REPAIRS	2001	83,836	8,384	10	8,384		54,493	32
33	SIDEWALKS	2001	12,977	1,298	10	1,298		8,435	33
34	TOTAL (lines 1 thru 33)		\$ 10,846,769	\$ 324,873		\$ 324,873	\$	\$ 7,442,231	34

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

Facility Name &amp; ID Number BEVERLY FARM FOUNDATION

# 0038604

Report Period Beginning:

07/01/2007

Ending:

06/30/2008

## 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	\$ 324,873		\$ 324,873	\$	\$ 7,442,231	1
2	BEVERLY - DOORS/JAMBS	2001	919	92	10	92		597	2
3	CHAPPEE - DOORS	2001	1,722	172	10	172		1,119	3
4	DIETARY - DOORS	2001	506	51	10	51		329	4
5	DONNELLEY - FIRE ALARM	2002	12,390	1,543	10	1,543		10,181	5
6	EVANS - FIRE ALARM	2002	11,667	1,167	10	1,167		7,584	6
7	HERRING - FIRE ALARM	2002	11,666	1,167	10	1,167		7,583	7
8	HERRING - DOORS	2001	2,680	268	10	268		1,742	8
9	HILLIER - SPRINKLER	2001	786	79	10	79		511	9
10	HOUSEKEEPING - DOOR	2001	846	85	10	85		550	10
11	COTTAGES - SPRINKLER	2001	8,195	820	10	820		5,327	11
12	BATHROOM DOORS	2001	4,601	460	10	460		2,991	12
13	MAINTENANCE - GUTTERS & ROOF	2001	6,256	313	20	313		2,033	13
14	MAINTENANCE - GARAGE DOORS	2001	679	68	10	68		441	14
15	MAINTENANCE - SHED DOORS	2001	1,492	149	10	149		970	15
16	SEWING - WINDOWS	2001	3,926	157	25	157		1,021	16
17	AIR COND REPAIRS - ALL COTTAGES	2003	10,066	1,007	10	1,007		5,536	17
18	DIGITAL THERMOMETERS - ALL COTTAGES	2003	9,450	945	10	945		5,198	18
19	FLOOR TILE - CHAPPEE	2002	3,299	330	10	330		1,814	19
20	SPRINKLER - DIETARY	2002	5,600	560	10	560		3,080	20
21	FLOORING - DONNELLEY	2003	2,196	220	10	220		1,208	21
22	SPRINKLER - HILLIER	2003	4,990	499	10	499		2,745	22
23	GENERATOR REPAIR - HILLIER	2002	2,466	164	15	164		904	23
24	BOILER REPAIR - LOGAN	2002	2,865	191	15	191		1,051	24
25	VINYL FLOORING - LOGAN	2003	696	70	10	70		383	25
26	DOOR - MAINTENANCE SHED	2002	1,398	140	10	140		769	26
27	DOOR - SMITH	2003	1,118	112	10	112		615	27
28	BEDROOM FLOOR - STAHL	2003	890	89	10	89		490	28
29	SIDEWALKS - OLD HERRING	2003	2,335	234	10	234		1,284	29
30	LANDSCAPING - BEVERLY	2002	6,699	670	10	670		3,684	30
31	PARKING LOT - CHAPPEE	2002	4,175	418	10	418		2,296	31
32	SIDEWALKS - MAIN CAMPUS	2002	2,502	250	10	250		1,376	32
33	SIDEWALKS - LOGAN	2002	740	74	10	74		407	33
34	TOTAL (lines 1 thru 33)		\$ 10,976,585	\$ 337,437		\$ 337,437	\$	\$ 7,518,050	34

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

Facility Name &amp; ID Number BEVERLY FARM FOUNDATION

# 0038604

Report Period Beginning:

07/01/2007

Ending:

06/30/2008

## 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	\$ 337,437		\$ 337,437	\$	\$ 7,518,050	1
2	ROAD REPAIRS - MAIN CAMPUS	2002	41,503	4,150	10	4,150		22,827	2
3	LANDSCAPING - SMITH	2002	1,548	155	10	155		851	3
4	UV FILTERS ADMIN BLDG	2004	2,000	200	10	200		900	4
5	SEPTIC SYSTEM CABIN	2004	4,600	460	10	460		2,070	5
6	BOILER - DIETARY	2004	4,122	412	10	412		1,855	6
7	CEILING TILES - DIETARY	2004	998	100	10	100		449	7
8	STOVE HOOD - DIETARY	2004	2,594	259	10	259		1,167	8
9	FURNACE - EVANS	2003	3,055	306	10	306		1,375	9
10	WATER HEATER - EVANS	2003	5,891	589	10	589		2,651	10
11	FLOORING - EVANS	2003	1,223	122	10	122		551	11
12	SPRINKLER - HERRING	2003	2,745	275	10	275		1,235	12
13	HANDRAILS - HERRING	2003	4,467	447	10	447		2,010	13
14	FLOORING - HERRING	2003	2,328	233	10	233		1,048	14
15	STALL REPAIR - HILLIER	2003	2,444	244	10	244		1,100	15
16	ROOF/GUTTERS - LAVENTHAL	2003	15,829	1,055	15	1,055		4,748	16
17	NEW DOOR - LAVENTHAL	2003	1,096	110	10	110		494	17
18	LIFE SAFETY CODE EXIT	2004	27,232	2,723	10	2,723		12,254	18
19	CABINETS - LOGAN	2004	5,187	519	10	519		2,334	19
20	FLOORING - LOGAN	2003	4,815	482	10	482		2,167	20
21	SHUTTERS - LOGAN	2003	558	56	10	56		251	21
22	DOORS - MAINTENANCE	2004	1,786	179	10	179		804	22
23	SEWER BACKFLOW	2004	958	96	10	96		431	23
24	A/C & HEATING MAINT.	2003	911	91	10	91		410	24
25	TOILET STOOLS - ALL	2003	1,192	119	10	119		536	25
26	FRP - ALL	2003	1,555	156	10	156		700	26
27	SPRINKLER REPAIR - ALL	2003	3,351	335	10	335		1,508	27
28	REPLACE GARAGE DOORS	2004	1,005	101	10	101		452	28
29	FIRE HYDRANTS	2004	1,440	144	10	144		648	29
30	CIRCUIT UPGRADES - ALL	2004	8,690	869	10	869		3,911	30
31	SMOKE DETECTORS - ALL	2003	6,749	675	10	675		3,037	31
32	SPRINKLER - SMITH	2004	2,417	242	10	242		1,088	32
33	CLOSET - STAHL	2004	980	98	10	98		441	33
34	TOTAL (lines 1 thru 33)		\$ 11,141,854	\$ 353,439		\$ 353,439	\$	\$ 7,594,353	34

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

Facility Name &amp; ID Number BEVERLY FARM FOUNDATION

# 0038604

Report Period Beginning:

07/01/2007

Ending:

06/30/2008

## 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	\$ 353,439		\$ 353,439	\$	\$ 7,594,353	1
2	NEW ROOF - STAHL	2003	15,978	1,065	15	1,065		4,793	2
3	SIDEWALKS - CHAPPEE	2003	531	53	10	53		239	3
4	MAIN CAMPUS ROAD	2003	53,628	5,363	10	5,363		24,132	4
5	SIDEWALKS - DONNELLEY	2004	690	69	10	69		311	5
6	DRAIN PIPE	2003	1,570	157	10	157		706	6
7	SIDEWALKS - MAIN CAMPUS	2003	8,404	840	10	840		3,782	7
8	LAGOON DRAINAGE	2004	800	160	5	160		720	8
9	SPRINKLER MAINTENANCE	2003	7,244	724	10	724		3,260	9
10	SIDEWALK - STAHL	2004	920	92	10	92		414	10
11	CABINETS - LOGAN	2004	2,039	204	10	204		714	11
12	BEVERLY BACK ENTRANCE	2004	3,160	126	25	126		442	12
13	DRY PIPE SYSTEM - HILLIER	2004	1,046	105	10	105		366	13
14	CONDENSORS/COILS - MAIN CAMPUS	2004	5,406	541	10	541		1,892	14
15	DRYWALL MECHANICAL ROOM - DIETARY	2004	21,480	859	25	859		3,007	15
16	FIRE SAFETY UPGRADES - MAIN CAMPUS	2005	69,085	6,909	10	6,909		24,180	16
17	HANDRAILS/DOORS/FLOORS	2004	22,588	2,149	10/25	2,149		7,415	17
18	SAFETY EQUIPMENT INSPECTIONS	2004	7,542	754	10	754		2,640	18
19	ROOF - SUPPLY BUILDING	2005	4,200	168	25	168		588	19
20	OPTICAL CABLE/PHONE LINE - MAIN CAMPUS	2005	31,706	3,170	10	3,170		11,097	20
21	TERMITE CONTROL SYSTEM	2005	1,357	136	10	136		475	21
22	WATERLINE - LOGAN	2005	14,684	1,468	10	1,468		5,139	22
23	FUEL/GAS PUMP AREA IMPROVEMENTS	2004	57,355	5,736	10	5,736		20,074	23
24	SIDEWALKS	2004	6,892	689	10	689		2,412	24
25	GAS LINE REPLACEMENTS	2005	22,925	2,293	10	2,293		8,024	25
26	LAGOON DRAINAGE	2005	3,216	643	5	643		2,251	26
27	ADMIN BLDG TILE FLOOR	2005	752	75	10	75		263	27
28	SPRINKLER SYSTEM MAINTENANCE	2005	11,718	1,172	10	1,172		4,101	28
29	TRAINING BUILDING ALLOCATION	1998	17,777	1,169	15	1,169		11,666	29
30	DIETARY - NEW BACK DOOR	2006	1,499	150	10	150		375	30
31	DIETARY - BOILER	2006	9,282	928	10	928		2,321	31
32	DIETARY - NEW ROOF	2006	2,100	105	20	105		263	32
33	DONNELLY - LANDSCAPING	2006	3,215	643	5	643		1,608	33
34	TOTAL (lines 1 thru 33)		\$ 11,552,643	\$ 392,154		\$ 392,154	\$	\$ 7,744,023	34

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

Facility Name &amp; ID Number BEVERLY FARM FOUNDATION

# 0038604

Report Period Beginning:

07/01/2007 Ending: 06/30/2008

## 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		\$ 11,552,643	\$ 392,154		\$ 392,154	\$	\$ 7,744,023	1
2	MENS BATHROOMS	2006	1,179	236	5	236		590	2
3	HERRING - ELECTRIC BOILER	2006	3,476	348	10	348		869	3
4	HERRING - DUCT WORK	2006	1,045	104	10	104		261	4
5	HILLIER - NEW BACK DOOR	2006	1,796	180	10	180		449	5
6	LOGAN - HANDRAILS	2006	201	20	10	20		50	6
7	FIRE SYSTEM UPGRADES	2006	26,843	2,684	10	2,684		6,711	7
8	SEWAGE CHIPPER	2006	5,853	585	10	585		1,463	8
9	GENERATOR IMPROVEMENTS	2006	6,308	630	10	630		1,577	9
10	AIR CONDITIONING IMPROVEMENTS	2006	951	95	10	95		238	10
11	NURSING - AWNING	2006	595	60	10	60		150	11
12	NURSING - FLOORING	2006	8,952	895	10	895		2,238	12
13	PHONE LINE CABLING	2006	1,328	133	10	133		332	13
14	STAHL - PATIO	2006	8,935	894	10	894		2,234	14
15	STAHL - BACK DOOR AND CANOPY	2006	2,927	293	10	293		732	15
16	LAVENTHAL - FLOORING	2006	9,835	983	10	983		2,459	16
17	LAGOON	2006	62,960	2,517	25	2,517		6,296	17
18	GAS MAIN REPAIR	2006	2,400	240	10	240		600	18
19	REPAIR SEWER LIFT STATION	2006	6,281	628	10	628		1,570	19
20	ROAD REPAIR - MAIN CAMPUS	2006	25,068	2,506	10	2,506		6,267	20
21	SIDEWALK REPAIR - LOGAN	2006	6,765	677	10	677		1,691	21
22	STAHL - LANDSCAPING	2006	1,049	105	10	105		262	22
23	GAS MAIN REPAIR	2007	43,149	4,315	10	4,315		6,472	23
24	STAHL - SIDEWALKS	2007	4,925	493	10	493		739	24
25	Retaining Wall - Nursing Building	2007	39,392	3,939	10	3,939		5,908	25
26	T & T PARKING LOT RESURFACING	2007	26,568	2,657	10	2,657		3,985	26
27	RESURFACE GYM FLOOR	2007	1,875	375	5	375		563	27
28	BEVERLY ROOF REPAIR	2007	20,184	807	25	807		1,211	28
29	SEE ATTACHED SCHEDULE	2007	233,415	14,745	10/25	14,745		26,416	29
30	SEE ATTACHED SCHEDULE	2008	115,992	5,091	10/15/25	5,091		5,091	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,222,890	\$ 439,389		\$ 439,389	\$	\$ 7,831,447	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:

07/01/2007

Ending:

06/30/2008

**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	\$ 1,575,292	\$ 158,592	\$ 158,592	\$	5-25	\$ 879,674	71
72	Current Year Purchases	396,433	24,662	24,662		5-25	24,662	72
73	Fully Depreciated Assets	2,586,500				5-25	2,586,500	73
74								74
75	<b>TOTALS</b>	\$ 4,558,225	\$ 183,254	\$ 183,254	\$		\$ 3,490,836	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			\$ 527,482	\$ 71,988	\$ 71,988	\$	5-10	\$ 352,482	76
77										77
78										78
79										79
80	<b>TOTALS</b>			\$ 527,482	\$ 71,988	\$ 71,988	\$		\$ 352,482	80

**E. Summary of Care-Related Assets**

	1	2	
	Reference	Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 17,525,688	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 694,631	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 694,631	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)	\$ 11,674,765	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	\$ 10,538,985	\$ 374,651	\$ 4,973,229	86
87					87
88					88
89					89
90					90
91	<b>TOTALS</b>	\$ 10,538,985	\$ 374,651	\$ 4,973,229	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. \_\_\_\_\_ /2009 \$ \_\_\_\_\_

13. \_\_\_\_\_ /2010 \$ \_\_\_\_\_

14. \_\_\_\_\_ /2011 \$ \_\_\_\_\_

\* 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.

Facility Name & ID Number BEVERLY FARM FOUNDATION

# 0038604

Report Period Beginning: 07/01/2007 Ending: 06/30/2008

**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. <u>CLASSROOM PORTION:</u></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. <u>CLINICAL PORTION:</u></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>
--	--	---

**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

		Facility		3	4
		1	2		
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies	1,875	6,325		8,200
3	Classroom Wages (a)	14,595	136,620		151,215
4	Clinical Wages (b)		166,980		166,980
5	In-House Trainer Wages (c)	5,654	19,115		24,769
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$ 22,124	\$ 329,040	\$	\$ 351,164
10	SUM OF line 9, col. 1 and 2 (e)	\$ 351,164			

**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	253
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	75
2. From other facilities (f)	
<b>TOTAL TRAINED</b>	<b>328</b>

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

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

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

1	Service	Schedule V Line & Column Reference	2 Staff		4 Outside Practitioner (other than consultant)		6 Supplies (Actual or Allocated)	7 Total Units (Column 2 + 4)	8 Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost			Total Cost	
1	Licensed Occupational Therapist	10a-3	hrs	\$	194	\$ 13,033	\$	194	\$ 13,033	1
2	Licensed Speech and Language Development Therapist	10a-3	hrs				115		115	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10a-3	hrs		260	13,016		260	13,016	4
5	Physician Care	39-3	visits		480	48,167		480	48,167	5
6	Dental Care	39-1/39-2/39-3	visits	25,007	458	20,175	2,908	458	48,090	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	Other (specify):									12
13	Other (specify):									13
14	<b>TOTAL</b>			\$ 25,007	1,392	\$ 94,391	\$ 3,023	1,392	\$ 122,421	14

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

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$ 3,262,961	\$	1
2	Cash-Patient Deposits	80,910		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance 34,437 )	5,244,534		3
4	Supply Inventory (priced at COST )	85,657		4
5	Short-Term Investments	4,260,504		5
6	Prepaid Insurance	139,712		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <b>CONTRIBS RECEIVABLE</b>	21,897		9
10	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 13,096,175	\$	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments	670,521		12
13	Land	303,173		13
14	Buildings, at Historical Cost	23,159,160		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	4,602,340		16
17	Accumulated Depreciation (book methods)	(16,647,994)		17
18	Deferred Charges	525,101		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	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 12,612,635	\$	24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 25,708,810	\$	25

		1 Operating	2 After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 520,642	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	80,910		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	560,879		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
<b>Other Current Liabilities(specify):</b>				
36	<b>OTHER ACCRUED LIABILITIES</b>	232,327		36
37				37
38	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 37)	\$ 1,394,758	\$	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable	10,246,322		41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43				43
44				44
45	<b>TOTAL Long-Term Liabilities</b> (sum of lines 39 thru 44)	\$ 10,246,322	\$	45
46	<b>TOTAL LIABILITIES</b> (sum of lines 38 and 45)	\$ 11,641,080	\$	46
47	<b>TOTAL EQUITY</b> (page 18, line 24)	\$ 14,067,730	\$	47
48	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 46 and 47)	\$ 25,708,810	\$	48

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 13,555,264	1
2	Restatements (describe):		2
3	ACCRUED WAGES PRIOR YEAR ADJUST	(273,537)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 13,281,727	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	(922,207)	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	1,708,210	15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 786,003	17
<b>B. Transfers (Itemize):</b>			
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)	\$ 14,067,730	24 *

\* This must agree with page 17, line 47.

**XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required**

classifications of revenue and expense must be provided on this form, even if financial statements are attached.

**Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.**

		1	
Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 12,312,335	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 12,312,335	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$	8
<b>C. Other Operating Revenue</b>			
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	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$	23
<b>D. Non-Operating Revenue</b>			
24	Contributions	1,717,987	24
25	Interest and Other Investment Income***	(69,649)	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 1,648,338	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<b>SEE ATTACHED</b>	350,627	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 350,627	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 14,311,300	30

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	3,857,434	31
32	Health Care	5,475,821	32
33	General Administration	3,525,323	33
<b>B. Capital Expense</b>			
34	Ownership	1,572,238	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	96,257	35
36	Provider Participation Fee	706,434	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 15,233,507	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(922,207)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (922,207)	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: **07/01/2007**

Ending:

**06/30/2008**

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	2,016	2,160	\$ 53,476	\$ 24.76	1
2	Assistant Director of Nursing					2
3	Registered Nurses	12,945	13,843	273,275	19.74	3
4	Licensed Practical Nurses	31,028	32,659	552,214	16.91	4
5	CNAs & Orderlies	220,020	304,148	3,429,761	11.28	5
6	CNA Trainees					6
7	Licensed Therapist	3,928	4,194	80,942	19.30	7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	959	967	11,493	11.89	10
11	Social Service Workers	3,732	4,850	49,133	10.13	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	3,035	9,492	46,192	4.87	15
16	Dishwashers					16
17	Maintenance Workers	18,511	21,427	261,753	12.22	17
18	Housekeepers	100,490	100,490	773,773	7.70	18
19	Laundry					19
20	Administrator	1,248	1,248	60,334	48.34	20
21	Assistant Administrator	1,344	1,344	39,701	29.54	21
22	Other Administrative	2,406	2,626	48,351	18.41	22
23	Office Manager					23
24	Clerical	24,310	26,832	281,949	10.51	24
25	Vocational Instruction	6,482	6,760	96,817	14.32	25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	15,397	16,026	216,343	13.50	28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,817	2,161	27,392	12.68	31
32	Other Health Care(specify)					32
33	Other(specify) <u>SEE ATTACHED</u>	38,137	42,845	521,914	12.18	33
34	TOTAL (lines 1 - 33)	487,805	594,072	\$ 6,824,813 *	\$ 11.49	34

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

\*\* See instructions.

**B. CONSULTANT SERVICES**

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	\$		35	
36	Medical Director			36	
37	Medical Records Consultant			37	
38	Nurse Consultant			38	
39	Pharmacist Consultant	47	14,300	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	18	813	12-3	45
46	Other(specify) <u>PSYCHOLOGIST</u>	270	12,900	11-3	46
47					47
48					48
49	TOTAL (lines 35 - 48)	335	\$ 28,013		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	4,758	95,164	10-3	52
53	TOTAL (lines 50 - 52)	4,758	\$ 95,164		53





**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 \$6,375
- (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. \$ 51,647 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. \$ 706,434  
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. \$ 9,164
- (16) Travel and Transportation
  - a. Are there costs included for out-of-state travel? NO  
If YES, attach a complete explanation.
  - b. Do you have a separate contract with the Department to provide medical transportation for residents? YES If YES, please indicate the amount of income earned from such a program during this reporting period. \$ 5,447
  - 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, 2008

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, 2008

DAY TRAINING	\$ 4,724,373
APARTMENTS & INCIDENTALS	547,846
GROUP HOMES	4,031,858
GIFT SHOP	64,375
GREENHOUSE	25
	<u>\$ 9,368,477</u>

EXPENSES INCURRED BY BROAD CATEGORY  
NOT LISTED IN THIS COST REPORT

DAY TRAINING	\$ 3,832,990
APARTMENTS	379,252
GROUP HOMES	3,391,224
GIFT SHOP	47,683
GREENHOUSE	9,118
	<u>\$ 7,660,267</u>

NET INCOME (Page 18, Schedule XVI, Line 15) \$ 1,708,210

BEVERLY FARM FOUNDATION #0038604  
 PAGE 20, SCHEDULE XVIII, LINE 33  
 JUNE 30, 2008

SERVICE	1	2	3	4
	HRS. WORKED	HRS. PAID	WAGES	HOURLY WAGE
PHYSICAL THERAPY	9,153	11,291	\$ 117,468	10.40
SOCIAL WORKER	10,149	11,277	101,577	9.01
SPEECH THERAPY	1,972	2,087	49,063	23.51
DENTAL ASSISTANT	1,799	2,095	25,007	11.94
TRANSPORTATION	8,347	8,981	70,836	7.89
SAFETY & SECURITY	1,793	1,812	38,656	21.33
DEVELOPMENT DIRECTOR	4,924	5,302	119,307	22.50
	<u>38,137</u>	<u>42,845</u>	<u>\$ 521,914</u>	

BEVERLY FARM FOUNDATION  
MISCELLANEOUS INCOME, PAGE 19, LINE 28  
JUNE 30, 2008

HAB-AIDE REIMBURSEMENT	\$ 237,131
IPA TRANSPORTATION REIMBURSEMENT	5,447
SODA MACHINE	13,064
OTHER REFUNDS AND REIMBURSEMENTS	34,751
IDOT PARATRANSIT VEHICLE GREANT	32,564
MISCELLANEOUS	27,670
	<u>\$ 350,627</u>

BEVERLY FARM FOUNDATION #0038604  
 VEHICLE DEPRECIATION - SCHEDULE XI., Section D.  
 JUNE 30, 2008

Model, Make, Year	Cost	Current Book Depreciation	Straight Line Depreciation	Accumulated Depreciation
1995 CHEVY VAN #7	15,119.00	-	-	15,119
SUPPLY LUMINA	9,496.00	-	-	9,496
MAINTENANCE #2 TRUCK	8,483.00	-	-	8,483
LIFT ON VAN # 10	3,075.00	-	-	3,075
CAR # 4 REPAIRS	2,490.00	-	-	2,490
MAINT #3 AND SPREADER	7,157.00	-	-	7,157
VAN #6 FORD E350	9,015.00	-	-	9,015
MAINT #1 DUMP TRUCK	14,400.00	-	-	14,400
MAINT #7 -BUCKET TRUCK	5,400.00	-	-	5,400
TRANSPORT-IDOT VAN #12	32,326.00	3,233	3,233	27,477
TRANS MAINT #4-F150	3,957.00	-	-	3,957
TRANSP-15 PASS. VAN #1	20,513.00	2,051	2,051	13,333
FORD FOCUS-CAR #1	6,545.00	-	-	6,545
IDOT VAN #15	26,612.00	2,661	2,661	14,637
IDOT VAN #16	26,612.00	2,661	2,661	14,637
TRANS-VAN # 13	14,941.00	2,988	2,988	13,447
Trans- Car # 6	2,362.00	472	472	2,125
TRANS. CAR # 3	910.00	182	182	819
TRANS. MAINT #6 -TRUCK	3,591.00	718	718	3,232
IDOT BUS-VAN #17	52,612.00	10,522	10,522	47,351
MAINT. #8 F350 TRUCK	15,944.00	3,189	3,189	14,350
WHEELCHAIR VAN #5	21,903.00	4,381	4,381	19,713
BUS RENNOVATIONS	3,106.00	621	621	2,795
E-350 Van #19-15 pass.	16,427.00	3,285	3,285	11,499
E-350 Van #18-15 pass.	16,349.00	3,271	3,271	11,444
Supply Van Mats	132.00	27	27	92
2005 GMC-VAN # 3-15 pass.	16,973.00	3,395	3,395	11,882
2005 GMC-VAN # 11-15 pass.	17,004.00	3,401	3,401	11,903
IDOT VAN-#8	22,023.00	2,202	2,202	5,506
Truck for Maintenance	3,081.00	616	616	1,541
Wheelchair Straps for Van #17	380.00	76	76	190
2006 Chrysler Van #21	9,993.00	1,999	1,999	4,998
2006 Chrysler Van #10	10,407.00	2,081	2,081	5,204
Wheelchair Van # 20	20,362.00	4,072	4,072	10,181
Security Car	7,914.00	1,583	1,583	2,374
Maintenance Truck w/Snow Plow	20,035.00	4,007	4,007	6,011
Transportation Van	21,651.00	4,330	4,330	6,495
Vans-Wheelchair Strap	1,454.00	291	291	436
Transportation Van	17,190.00	1,719	1,719	1,719
IDOT Van	19,538.00	1,954	1,954	1,954
	<b>527,482</b>	<b>71,988</b>	<b>71,988</b>	<b>352,482</b>

BEVERLY FARM FOUNDATION #0038604  
DEPRECIABLE NON-CARE ASSETS - SCHEDULE XI., Section F.  
JUNE 30, 2008

Description	Cost	Current Book Depreciation	Accumulated Depreciation
DAY TRAINING BUILDING	1,962,803	57,547	871,042
DAY TRAINING EQUIPMENT & VEHICLES	760,455	48,239	637,518
TOMBSTONES	3,186	-	3,186
GROVES B. SMITH BUILDING	1,121,090	30,500	390,137
GROVES B. SMITH EQUIPMENT	126,575	2,468	104,614
ADMINISTRATION BUILDING	112,777	2,936	33,453
ADMINISTRATION EQUIPMENT	23,024	2,009	15,298
GIFT SHOP EQUIPMENT	10,769	639	5,164
JUDAH SENIORS BUILDING	456,508	13,906	89,085
JUDAH EQUIPMENT	17,394	1,381	12,553
TREIN VOCATIONAL BUILDING	748,214	17,460	213,591
TREIN EQUIPMENT	11,613	1,375	9,670
TRAINING BUILDING	2,963	195	1,945
HARDIN APARTMENTS	837,607	27,531	405,174
HARDIN APARTMENTS EQUIPMENT	235,417	16,253	160,993
GREENHOUSE	366,278	9,792	180,907
ARENA BUILDING	138,596	4,920	57,830
ARENA EQUIPMENT	42,448	1,623	37,985
HORTICULTURE	115,669	2,778	58,393
GROUP HOMES	2,536,882	71,288	1,036,786
GROUP HOMES EQUIPMENT	558,895	25,817	471,666
GROUP HOMES VEHICLES	263,741	35,994	176,239
GROUP HOMES LAND	30,000	-	-
OTHER LAND	56,082	-	-
	<b>\$ 10,538,985</b>	<b>\$ 374,651</b>	<b>\$ 4,973,229</b>

BEVERLY FARM FOUNDATION #0038604  
BUILDING DEPRECIATION - SCHEDULE XI., Section B.  
JUNE 30, 2008

Year	Description	Cost	Life	Current Book Depreciation	Straight Line Depreciation	Accumulated Depreciation
2007	CAMPBELL CABINETS	19,000	10	1,900	1,900	2,850
2007	DONNELLY - NEW DOOR	2,898	10	290	290	435
2007	EVANS - HANDRAILS	3,111	10	311	311	467
2007	HILLIER - NEW CABINETS	10,500	10	1,050	1,050	1,575
2007	HILLIER - DOOR/FLOOR RPRS	18,474	10	1,847	1,847	2,771
2007	HILLIER - NEW GENERATOR	143,290	25	5,732	5,732	12,896
2007	HILLIER - SPRINKLER REPAIRS	9,084	10	908	908	1,363
2007	ANNUAL SPRINKLER REPAIRS	22,195	10	2,220	2,220	3,329
2007	BOILER ROOM - NEW DOORS	1,845	10	185	185	277
2007	SMITH - FLOORING	1,153	10	115	115	173
2007	STAHL - FLOORING	1,328	10	133	133	199
2007	WHLCHR BUILDING REPAIRS	537	10	54	54	81
<b>TOTALS:</b>		<b>\$ 233,415</b>		<b>\$ 14,745</b>	<b>\$ 14,745</b>	<b>\$ 26,416</b>
2008	BEVERLY - GUTTERS	2,386	15	79	79	79
2008	DIETARY - SPRINKLER	4,791	10	240	240	240
2008	HILLIER - GENERATOR	934	10	47	47	47
2008	HILLIER - RENOVATION	13,873	10	694	694	694
2008	HILLIER - ELECTRICAL	14,234	10	711	711	711
2008	LOGAN - BATHROOM	10,605	10	530	530	530
2008	SMITH - ROOF	21,136	25	423	423	423
2008	MAIN CAMPUS - SIDEWALKS	7,100	10	355	355	355
2008	MAIN CAMPUS - TAR/CHIP ROADS	39,752	10	1,988	1,988	1,988
2008	HERRING - GENERATOR PAD	1,181	25	24	24	24
		<b>\$ 115,992</b>		<b>\$ 5,091</b>	<b>\$ 5,091</b>	<b>\$ 5,091</b>