

Facility Name & ID Number BEVERLY FARM FOUNDATION

0038604 Report Period Beginning: 07/01/2008 Ending: 06/30/2009

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1		Skilled (SNF)			1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4	300	Intermediate/DD	300	109,800	4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	300	TOTALS	300	109,800	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				5 Total
		3 Medicaid Recipient	4 Private Pay	Other	5 Total	
8	SNF					8
9	SNF/PED					9
10	ICF					10
11	ICF/DD	90,580	3,550		94,130	11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	90,580	3,550		94,130	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 85.73%

D. How many bed-hold days during this year were paid by the Department? 1,903 (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: 06/30/09 Fiscal Year: 06/30/09

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

Facility Name & ID Number **BEVERLY FARM FOUNDATION** # **0038604** Report Period Beginning: **07/01/2008** Ending: **06/30/2009**

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary		937	1,639,481	1,640,418		1,640,418		1,640,418		1
2	Food Purchase		3,252		3,252		3,252	(3,252)			2
3	Housekeeping	798,896	28,986	44,264	872,146		872,146		872,146		3
4	Laundry		64	288,864	288,928		288,928		288,928		4
5	Heat and Other Utilities			412,366	412,366		412,366		412,366		5
6	Maintenance	241,338	12,835	286,420	540,593		540,593		540,593		6
7	Other (specify):* SECURITY	43,094	682	55,052	98,828		98,828		98,828		7
8	TOTAL General Services	1,083,328	46,756	2,726,447	3,856,531		3,856,531	(3,252)	3,853,279		8
	B. Health Care and Programs										
9	Medical Director										9
10	Nursing and Medical Records	4,832,915	134,725	365,225	5,332,865	(363,893)	4,968,972		4,968,972		10
10a	Therapy	155,539	1,874	24,701	182,114		182,114		182,114		10a
11	Activities	130,963	32,974	16,234	180,171		180,171		180,171		11
12	Social Services	118,959		913	119,872		119,872		119,872		12
13	CNA Training	81,901			81,901	363,893	445,794		445,794		13
14	Program Transportation	84,362			84,362		84,362		84,362		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	5,404,639	169,573	407,073	5,981,285		5,981,285		5,981,285		16
	C. General Administration										
17	Administrative	129,400		61,205	190,605		190,605		190,605		17
18	Directors Fees										18
19	Professional Services			291,537	291,537		291,537		291,537		19
20	Dues, Fees, Subscriptions & Promotions			72,333	72,333		72,333		72,333		20
21	Clerical & General Office Expenses	296,283	39,380	171,197	506,860		506,860		506,860		21
22	Employee Benefits & Payroll Taxes			1,892,305	1,892,305		1,892,305		1,892,305		22
23	Inservice Training & Education										23
24	Travel and Seminar			4,431	4,431		4,431	(1,324)	3,107		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			161,155	161,155		161,155		161,155		26
27	Other (specify):* FUND RAISING	108,979		56,141	165,120		165,120	(165,120)			27
28	TOTAL General Administration	534,662	39,380	2,710,304	3,284,346		3,284,346	(166,444)	3,117,902		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	7,022,629	255,709	5,843,824	13,122,162		13,122,162	(169,696)	12,952,466		29

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

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

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY	
		Salary/Wage	Supplies	Other	Total					9	10
	D. Ownership	1	2	3	4	5	6	7	8		
30	Depreciation			1,098,047	1,098,047		1,098,047	(376,227)	721,820		30
31	Amortization of Pre-Op. & Org.			13,636	13,636		13,636		13,636		31
32	Interest			485,894	485,894		485,894		485,894		32
33	Real Estate Taxes			2,320	2,320		2,320	(2,320)			33
34	Rent-Facility & Grounds										34
35	Rent-Equipment & Vehicles										35
36	Other (specify):* MORTGAGE INS			32,987	32,987		32,987		32,987		36
37	TOTAL Ownership			1,632,884	1,632,884		1,632,884	(378,547)	1,254,337		37
	Ancillary Expense										
	E. Special Cost Centers										
38	Medically Necessary Transportation										38
39	Ancillary Service Centers	27,222	2,255	71,992	101,469		101,469		101,469		39
40	Barber and Beauty Shops										40
41	Coffee and Gift Shops										41
42	Provider Participation Fee			678,080	678,080		678,080		678,080		42
43	Other (specify):*										43
44	TOTAL Special Cost Centers	27,222	2,255	750,072	779,549		779,549		779,549		44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	7,049,851	257,964	8,226,780	15,534,595		15,534,595	(548,243)	14,986,352		45

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

VI. ADJUSTMENT DETAIL

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

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

		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	(3,252)	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	(376,227)	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	(1,324)	24-1		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	(165,120)	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	(2,320)	33-7		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (548,243)		\$	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	SUBTOTAL (B): (sum of lines 31-35)	\$		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (548,243)		37

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

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

		1	2	3	4
		Yes	No	Amount	Reference
38	Medically Necessary Transport.			\$	38
39					39
40	Gift and Coffee Shops				40
41	Barber and Beauty Shops				41
42	Laboratory and Radiology				42
43	Prescription Drugs				43
44					44
45	Other-Attach Schedule				45
46	Other-Attach Schedule				46
47	TOTAL (C): (sum of lines 38-46)			\$	47

BHF USE ONLY

48		49		50		51		52	
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BEVERLY FARM FOUNDATION

ID# 0038604

Report Period Beginning: 07/01/2008

Ending: 06/30/2009

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference
1		\$	1
2			2
3			3
4			4
5			5
6			6
7			7
8			8
9			9
10			10
11			11
12			12
13			13
14			14
15			15
16			16
17			17
18			18
19			19
20			20
21			21
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29			29
30			30
31			31
32			32
33			33
34			34
35			35
36			36
37			37
38			38
39			39
40			40
41			41
42			42
43			43
44			44
45			45
46			46
47			47
48			48
49	Total	0	49

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.

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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:

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VIII. ALLOCATION OF INDIRECT COSTS

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

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.

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	\$ 3,210,135	\$ 5,895	\$ 1,892,306	1
2	17-3	SCHOOL REIMBURSEMENT	WAGES	10,000	8	78,258	6,130	47,972	2
3	17-1	ADMINISTRATIVE SALARIES	HOURS	2,080	8	215,667	215,667	129,400	3
4	21-1	PERSONNEL/ACCOUNTING	HOURS	2,080	8	493,805	493,805	296,283	4
5	6-1	MAINTENANCE STAFF	HOURS	2,080	8	402,230	402,230	241,338	5
6	7-3	SECURITY/SAFETY	HOURS	2,080	8	91,753	1,248	55,052	6
7	7-1	SAFETY MANAGER	HOURS	2,080	8	71,823	71,823	43,094	7
8	7-2	SECURITY SUPPLIES	HOURS	2,080	8	1,137	1,137	682	8
9	6-2	MAINTENANCE SUPPLIES	HOURS	2,080	8	19,320	19,320	11,592	9
10	21-2	OSHA REQUIREMENTS	HOURS	2,080	8	39,246	39,246	23,548	10
11	21-3	CONSULTANTS	HOURS	2,080	8	106,555	106,555	63,933	11
12	11-3	ACTIVITIES OTHER	HOURS	2,080	8	4,107	4,107	2,464	12
13	26-3	INSURANCE	HOURS	2,080	8	268,591	1,248	161,155	13
14	19-3	LEGAL & ACCOUNTING	HOURS	2,080	8	434,193	1,397	291,537	14
15	14-1	TRANSPORTATION STAFF	HOURS	2,080	8	140,604	140,604	84,362	15
16	20-3	DUES/SUBS/ADVERTISING	HOURS	2,080	8	121,647	1,237	72,333	16
17	36-3	MORTGAGE INSURANCE	HOURS	2,080	8	54,978	1,248	32,987	17
18	32-3	INTEREST	HOURS	2,080	8	761,979	1,248	457,187	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	89,376	1,179	50,676	20
21	11-1	ACTIVITIES STAFF	HOURS	2,080	8	76,770	76,770	46,062	21
22	11-2	ACTIVITIES SUPPLIES/OTH	HOURS	2,080	8	8,277	1,248	4,966	22
23	24-3	TRAINING	HOURS	2,080	8	5,076	1,248	3,046	23
24									24
25	TOTALS					\$ 6,718,253	\$ 1,571,264	\$ 4,025,611	25

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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										
										Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
										YES	NO				Original	Balance			
A. Directly Facility Related																			
Long-Term																			
1	IL HEALTH FACILITY	X	CONSTRUCTION		07/96	\$	\$ 6,033,313	2031	6.6800	\$ 441,476	1								
2											2								
3											3								
4											4								
5											5								
Working Capital																			
6	LIBERTY BANK	X	WORKING CAPITAL		04/09			04/10		13,376	6								
7	LIBERTY BANK	X	WORKING CAPITAL		04/09			04/10		6,000	7								
8											8								
9	TOTAL Facility Related					\$	\$ 6,033,313			\$ 460,852	9								
B. Non-Facility Related*																			
10											10								
11											11								
12											12								
13											13								
14	TOTAL Non-Facility Related					\$	\$			\$	14								
15	TOTALS (line 9+line14)					\$	\$ 6,033,313			\$ 460,852	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 32,987 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.)

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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>\$ 60,245</u>	<u>1</u>
2	<u>GROUND IMP</u>			<u>138,971</u>	<u>2</u>
3	TOTALS	6,701,800		\$ 199,216	3

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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	7,733	40	7,733		309,300	6
7	26	1972	1972	277,051	6,926	40	6,926		256,272	7
8	84	1979	1979	628,784	15,720	40	15,720		487,308	8
Improvement Type**										
9	43 BEDS INCLUDED IN LINE 8 YEAR ACQUIRED 1984		1984	1,188,870	26,677	40	26,677		727,372	9
10	BUILDING ADDITIONS		1968	395,455	9,589	40	9,589		374,494	10
11	BUILDING IMPROVEMENTS		1973	1,958	42	40	42		1,633	11
12	BUILDING ADDITIONS		1974	62,866	1,370	40	1,370		52,671	12
13	BUILDING IMPROVEMENTS		1977	6,665	145	40	145		5,103	13
14	BUILDING IMPROVEMENTS		1978	29,299	637	40	637		21,692	14
15	BUILDING IMPROVEMENTS		1979	3,697	80	40	80		2,638	15
16	BUILDING IMPROVEMENTS		1980	178,379	3,886	40	3,886		123,587	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		62,919	19
20	BUILDING IMPROVEMENTS		1982	12,542	276	40	276		8,240	20
21	BUILDING IMPROVEMENTS		1983	151,953	2,945	VAR	2,945		134,545	21
22	BUILDING IMPROVEMENTS		1984	57,602	600	VAR	600		48,891	22
23	BUILDING IMPROVEMENTS		1985	118,087	624	VAR	624		110,009	23
24	BUILDING IMPROVEMENTS		1986	1,074,281	11,382	VAR	11,382		879,201	24
25	BUILDING IMPROVEMENTS		1987	121,493	2,965	VAR	2,965		74,398	25
26	BUILDING IMPROVEMENTS		1988	71,953	1,009	VAR	1,009		63,957	26
27	BUILDING IMPROVEMENTS		1989	16,642		VAR			16,642	27
28	BUILDING IMPROVEMENTS		1990	6,986		10			6,986	28
29	BUILDING IMPROVEMENTS		1991	1,034,987	24,316	VAR	24,316		500,379	29
30	RENOVATIONS-CAMPBELL		1992	4,282	171	25	171		3,082	30
31	SIDEWALKS		1992	10,289		10			10,289	31
32	ROOM ADDITION-CAMPBELL		1992	38,900	1,556	25	1,556		25,670	32
33	WINDOWS-LOGAN		1992	16,450	658	25	658		10,857	33
34	DOORS/WINDOWS/REMODELLING-ALL 10 COTTAGES		1993	1,422,666	56,907	25	56,907		938,960	34
35	SEWER LINE/ROADWORK/PAVILION		1993	21,585		10 \ 15			21,585	35
36	NEW ROOF/CONCRETE WORK		1994	43,632	1,454	15	1,454		43,632	36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number BEVERLY FARM FOUNDATION

0038604

Report Period Beginning:

07/01/2008 Ending: 06/30/2009

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	REMODELED BEVERLY, SMITH & STAHL BLDGS	1993	\$ 567,397	\$ 22,696	25	\$ 22,696	\$	\$ 351,789	37
38	FURNACE/AIR CONDITIONER/SPRINKLER	1994	13,403	536	25	536		8,310	38
39	ROAD & LOT WORK	1994	21,683	718	15	718		21,683	39
40	FLOW METER	1994	5,754	190	15	190		5,754	40
41	SIDEWALK & DRAINAGE WORK	1995	10,534		10			10,534	41
42	CABINETS	1995	5,460	364	15	364		5,278	42
43	GAZEBO	1995	8,490	566	15	566		8,207	43
44	WINDOWS	1995	41,000	1,640	25	1,640		23,780	44
45	PARKING LOT REPAIRS/SPRINKLER/FIRE ALARM	1994	1,272	51	25	51		739	45
46	ROAD WORK	1994	76,071	5,071	15	5,071		73,535	46
47	SEWER & GAS LINES	1995	12,104		10			12,104	47
48	AIRCOND./FLOORING/CEILING REPAIR/PAVILION	1996	26,015	1,041	25	1,041		14,048	48
49	KITCHEN AT LOGAN	1996	7,494	500	15	500		6,745	49
50	PARKING LOT & ROAD	1996	164,403		10			164,403	50
51	PATIO & SIDEWALK	1996	13,517		10			13,517	51
52	GAS & WATER LINES EVANS HALL	1996	1,347		10			1,347	52
53	WINDOWS	1998	11,490	766	15	766		9,575	53
54	PORCH - CHAPPE	1998	4,110	206	20	206		2,569	54
55	LIGHTING/ROOF DRAINS/DIETARY REPAIRS	1998	11,782	785	15	785		9,818	55
56	PARKING LOT	1997	78,536		10			78,536	56
57	SIDEWALK	1997	11,311	452	25	452		5,655	57
58	SEWER REPAIR	1997	4,232		10			4,232	58
59	LANDSCAPING	1997	9,668		5			9,668	59
60	SIDEWALKS	1997	4,125		10			4,125	60
61	PARKING LOT	1997	3,876		10			3,876	61
62	ADMINISTRATION BUILDING	1997	667,309	16,683	40	16,683		208,535	62
63	SECURITY OFFICE	1997	3,399		10			3,399	63
64	CARPET/LINOLEUM/LAVATORY/SUNROOM	1997	21,007	1,400	15	1,400		16,105	64
65	ROOFS-HERRING & DONNELLY	1997	55,560	3,704	15	3,704		42,596	65
66	CABINETS - DONNELLY	1998	10,638	709	15	709		8,156	66
67	ROOF- LAUNDRY	1998	20,652	1,377	15	1,377		15,834	67
68	ROOF REPAIR DONNELLY/NEW DOORS/FURNACE	1997	16,030	1,069	15	1,069		12,290	68
69	HARDWARE - ADMINISTRATION BLDG	1997	6,556		10			6,556	69
70	TOTAL (lines 4 thru 69)		\$ 9,865,893	\$ 240,279		\$ 240,279	\$	\$ 7,032,773	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:

07/01/2008 Ending: 06/30/2009

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		\$ 9,865,893	\$ 240,279		\$ 240,279	\$	\$ 7,032,773	1
2	SECURITY SYSTEM - ADMINISTRATION BLDG	1997	2,046		10			2,046	2
3	PARKING LOT/SIDEWALKS/SEWER REPAIR/FENCE	1998	65,741	3,311	10	3,311		62,921	3
4	WINDOWS/ROOF REPAIRS/DOORS	1999	96,828	3,873	25	3,873		40,668	4
5	WINDOWS - LAUNDRY	1999	6,670	267	25	267		2,802	5
6	DOORS - MAINTENANCE	1999	13,314	666	10	666		13,314	6
7	WINDOWS-NURSING	1998	6,182	247	25	247		2,596	7
8	FENCE - LAGOON	1999	6,734	449	15	449		4,714	8
9	ROAD REPAIR	1999	6,667	333	10	333		6,667	9
10	WATER LINE REPAIR ADMIN	1999	564	29	10	29		564	10
11	SIDEWALKS	1999	22,707	1,135	10	1,135		22,707	11
12	PATIO - DONNELLY	1999	1,020	51	10	51		1,020	12
13	WINDOWS - CAMPBELL	1993	440	18	25	18		295	13
14	PARKING LOT REPAIRS/SPRINKLER/FIRE ALARM	1994	9,528	381	25	381		5,525	14
15	ROOF-CAMP BEVERLY	2000	1,350	68	20	68		642	15
16	BEVERLY COTTAGE-SIDING,GUTTERS, FASCIA	2000	8,636	432	20	432		4,103	16
17	CARRIAGE HOUSE-WINDOWS	2000	586	23	25	23		222	17
18	CHAPPE-ROOF	1999	615	31	20	31		292	18
19	DIETARY-DOOR	1999	3,262	326	10	326		3,099	19
20	DONNELLY-DOORS	2000	6,927	693	10	693		3,581	20
21	EVANS-SIDING & GUTTERS	1999	10,527	526	20	526		5,000	21
22	FUNDRAISING-SIDING & GUTTERS	1999	2,125	106	20	106		1,009	22
23	GARAGE-WINDOW	1999	909	36	25	36		345	23
24	MAIN CAMPUS GAS LINE	1999	10,235	512	20	512		4,862	24
25	HERRING-SIDING & GUTTERS	1999	5,789	289	20	289		2,749	25
26	HERRING-DOOR	2000	2,857	286	10	286		2,715	26
27	HILLIER-ROOF	2000	34,732	1,737	20	1,737		16,498	27
28	HILLIER-SPRINKLER & FLOORING	1999	12,663	633	20	633		6,015	28
29	HOUSEKEEPING-SOFFIT & GUTTERS	1999	925	46	20	46		439	29
30	LAUNDRY-DOOR,SIDING & SOFFIT	1999	2,586	129	20	129		1,228	30
31	LAVENTHAL-DOOR,SIDING & SOFFIT	1999	5,972	299	20	299		2,837	31
32	LOGAN-DOOR,SOFFIT,FLOORING	1999	18,805	940	20	940		8,932	32
33	OLD HERRING-SIDING	1999	1,173	59	20	59		557	33
34	TOTAL (lines 1 thru 33)		\$ 10,235,008	\$ 258,210		\$ 258,210	\$	\$ 7,263,737	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:

07/01/2008 Ending: 06/30/2009

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		\$ 10,235,008	\$ 258,210		\$ 258,210	\$	\$ 7,263,737	1
2	SMITH-DOOR,SIDING & FASCIA	1999	9,851	493	20	493		4,680	2
3	STAHL-SIDING,SOFFIT & FLOORING	2000	14,075	704	20	704		6,686	3
4	SUPPLY-SIDING & SOFFIT	1999	3,806	190	20	190		1,808	4
5	GAS PIPELINE	1999	4,000	400	10	400		3,800	5
6	TAR/CHIP ROADS	1999	12,403	1,240	10	1,240		11,783	6
7	GASOLINE TANK	1999	2,788	279	10	279		2,649	7
8	ASPHALT WORK	1999	74,611	7,461	10	7,461		70,881	8
9	WATERLINES	1999	23,855	2,386	10	2,386		22,663	9
10	CHAPPEE-SIDEWALK	1999	1,515	151	10	151		1,439	10
11	FENCE ABOVE LPG VAPOR TANK	2000	4,200	280	15	280		2,660	11
12	HERRING-PARKING LOT	1999	3,493	349	10	349		3,318	12
13	HILLIER-SIDEWALK	1999	3,466	347	10	347		3,293	13
14	LOGAN-PATIO	1999	10,258	1,026	10	1,026		9,746	14
15	GROUND COVER FOR SWING SET	1999	5,962	596	10	596		5,664	15
16	OLD HERRING-ELECTRIC	2000	2,579	258	10	258		2,450	16
17	SMITH SIDEWALK	1999	1,063	106	10	106		1,009	17
18	TREE REMOVAL	2000	875		5			875	18
19	BEVERLY - SPRINKLER	2001	1,049	105	10	105		892	19
20	BEVERLY - WATER HEATER	2000	1,170	117	10	117		995	20
21	BEVERLY - FLOOR/DOOR	2000	5,073	507	10	507		4,312	21
22	CARIAGE HSE-GUTTERS	2000	5,115	256	20	256		2,174	22
23	CHAPPEE-A/C; FLOORS	2000	14,128	1,413	10	1,413		12,009	23
24	CROSS COTTAGE-SIDING	2000	1,945	97	20	97		826	24
25	DIETARY-DOOR	2000	1,685	169	10	169		1,433	25
26	DONNELLY-DOORS	2000	5,249	525	10	525		4,462	26
27	EVANS-A/C	2001	2,081	208	10	208		1,768	27
28	EVANS-WINDOWS/DOORS	2000	6,196	248	25	248		2,107	28
29	LAVENTHAL-FIRE ALARM	2000	12,000	1,200	10	1,200		10,200	29
30	SMALL GARAGE DOOR	2000	3,000	200	15	200		1,700	30
31	HERRING-FRP WALLS	2000	864	58	15	58		490	31
32	HILLIER-SPRINKLER REP	2001	5,862	586	10	586		4,982	32
33	HILLIER-NEW WINDOWS	2000	11,361	454	25	454		3,862	33
34	TOTAL (lines 1 thru 33)		\$ 10,490,586	\$ 280,619		\$ 280,619	\$	\$ 7,471,353	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:

07/01/2008 Ending: 06/30/2009

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		\$ 10,490,586	\$ 280,619		\$ 280,619	\$	\$ 7,471,353	1
2	HILLIER-DOOR/FLOORING	2001	8,040	804	10	804		6,834	2
3	LAUNDRY-CHIMNEY/DOOR	2000	10,074	1,007	10	1,007		8,563	3
4	LAVENTHAL-SPRINKLER	2001	7,501	750	10	750		6,376	4
5	LOGAN-DOOR/SPRINKLER	2001	5,261	526	10	526		4,471	5
6	LOGAN-FIRE ALARM	2000	10,350	1,035	10	1,035		8,798	6
7	OLD HERRING-WINDOWS	2000	5,535	221	25	221		1,882	7
8	SEWING-STEEL DOORS	2000	2,281	228	10	228		1,939	8
9	SMITH-DOOR	2001	1,070	107	10	107		910	9
10	STAHL-DOOR/FLOORING	2001	6,934	693	10	693		5,893	10
11	DRAINAGE DITCH	2001	9,170	917	10	917		7,795	11
12	CABIN ROAD REPAIR	2000	26,843	2,684	10	2,684		22,816	12
13	MAIN CAMPUS-SIDEWALK	2000	28,716	2,872	10	2,872		24,409	13
14	HERRING PARKING LOT	2000	12,341	1,234	10	1,234		10,490	14
15	ROAD IMPROVEMENTS	2000	106,706	10,671	10	10,671		90,701	15
16	SRS BLDG-SITE PREP	2001	936	94	10	94		796	16
17	STORM SEWER REPAIR	2000	2,600	260	10	260		2,210	17
18	WIDEN ROAD	2000	2,650	265	10	265		2,253	18
19	OIL & CHIP ROADS	2001	12,362	1,236	10	1,236		9,271	19
20	ROAD REPAIRS	2001	83,836	8,384	10	8,384		62,877	20
21	SIDEWALKS	2001	12,977	1,298	10	1,298		9,733	21
22	BEVERLY - DOORS/JAMBS	2001	919	92	10	92		689	22
23	CHAPPEE - DOORS	2001	1,722	172	10	172		1,291	23
24	DIETARY - DOORS	2001	506	51	10	51		380	24
25	DONNELLEY - FIRE ALARM	2002	12,390	1,543	10	1,543		11,724	25
26	EVANS - FIRE ALARM	2002	11,667	1,167	10	1,167		8,751	26
27	HERRING - FIRE ALARM	2002	11,666	1,167	10	1,167		8,750	27
28	HERRING - DOORS	2001	2,680	268	10	268		2,010	28
29	HILLIER - SPRINKLER	2001	786	79	10	79		590	29
30	HOUSEKEEPING - DOOR	2001	846	85	10	85		635	30
31	COTTAGES - SPRINKLER	2001	8,195	820	10	820		6,147	31
32	BATHROOM DOORS	2001	4,601	460	10	460		3,451	32
33	MAINTENANCE - GUTTERS & ROOF	2001	6,256	313	20	313		2,346	33
34	TOTAL (lines 1 thru 33)		\$ 10,909,003	\$ 322,122		\$ 322,122	\$	\$ 7,807,134	34

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

Facility Name & ID Number BEVERLY FARM FOUNDATION

0038604

Report Period Beginning:

07/01/2008 Ending: 06/30/2009

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		\$ 10,909,003	\$ 322,122		\$ 322,122	\$	\$ 7,807,134	1
2	MAINTENANCE - GARAGE DOORS	2001	679	68	10	68		509	2
3	MAINTENANCE - SHED DOORS	2001	1,492	149	10	149		1,119	3
4	SEWING - WINDOWS	2001	3,926	157	25	157		1,178	4
5	AIR COND REPAIRS - ALL COTTAGES	2003	10,066	1,007	10	1,007		6,543	5
6	DIGITAL THERMOMETERS - ALL COTTAGES	2003	9,450	945	10	945		6,143	6
7	FLOOR TILE - CHAPPEE	2002	3,299	330	10	330		2,144	7
8	SPRINKLER - DIETARY	2002	5,600	560	10	560		3,640	8
9	FLOORING - DONNELLEY	2003	2,196	220	10	220		1,428	9
10	SPRINKLER - HILLIER	2003	4,990	499	10	499		3,244	10
11	GENERATOR REPAIR - HILLIER	2002	2,466	164	15	164		1,068	11
12	BOILER REPAIR - LOGAN	2002	2,865	191	15	191		1,242	12
13	VINYL FLOORING - LOGAN	2003	696	70	10	70		453	13
14	DOOR - MAINTENANCE SHED	2002	1,398	140	10	140		909	14
15	DOOR - SMITH	2003	1,118	112	10	112		727	15
16	BEDROOM FLOOR - STAHL	2003	890	89	10	89		579	16
17	SIDEWALKS - OLD HERRING	2003	2,335	234	10	234		1,518	17
18	LANDSCAPING - BEVERLY	2002	6,699	670	10	670		4,354	18
19	PARKING LOT - CHAPPEE	2002	4,175	418	10	418		2,714	19
20	SIDEWALKS - MAIN CAMPUS	2002	2,502	250	10	250		1,626	20
21	SIDEWALKS - LOGAN	2002	740	74	10	74		481	21
22	ROAD REPAIRS - MAIN CAMPUS	2002	41,503	4,150	10	4,150		26,977	22
23	LANDSCAPING - SMITH	2002	1,548	155	10	155		1,006	23
24	UV FILTERS ADMIN BLDG	2004	2,000	200	10	200		1,100	24
25	SEPTIC SYSTEM CABIN	2004	4,600	460	10	460		2,530	25
26	BOILER - DIETARY	2004	4,122	412	10	412		2,267	26
27	CEILING TILES - DIETARY	2004	998	100	10	100		549	27
28	STOVE HOOD - DIETARY	2004	2,594	259	10	259		1,426	28
29	FURNACE - EVANS	2003	3,055	306	10	306		1,681	29
30	WATER HEATER - EVANS	2003	5,891	589	10	589		3,240	30
31	FLOORING - EVANS	2003	1,223	122	10	122		673	31
32	SPRINKLER - HERRING	2003	2,745	275	10	275		1,510	32
33	HANDRAILS - HERRING	2003	4,467	447	10	447		2,457	33
34	TOTAL (lines 1 thru 33)		\$ 11,051,331	\$ 335,944		\$ 335,944	\$	\$ 7,894,169	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:

07/01/2008 Ending: 06/30/2009

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		\$ 11,051,331	\$ 335,944		\$ 335,944	\$	\$ 7,894,169	1
2	FLOORING - HERRING	2003	2,328	233	10	233		1,281	2
3	STALL REPAIR - HILLIER	2003	2,444	244	10	244		1,344	3
4	ROOF/GUTTERS - LAVENTHAL	2003	15,829	1,055	15	1,055		5,803	4
5	NEW DOOR - LAVENTHAL	2003	1,096	110	10	110		604	5
6	LIFE SAFETY CODE EXIT	2004	27,232	2,723	10	2,723		14,977	6
7	CABINETS - LOGAN	2004	5,187	519	10	519		2,853	7
8	FLOORING - LOGAN	2003	4,815	482	10	482		2,649	8
9	SHUTTERS - LOGAN	2003	558	56	10	56		307	9
10	DOORS - MAINTENANCE	2004	1,786	179	10	179		983	10
11	SEWER BACKFLOW	2004	958	96	10	96		527	11
12	A/C & HEATING MAINT.	2003	911	91	10	91		501	12
13	TOILET STOOLS - ALL	2003	1,192	119	10	119		655	13
14	FRP - ALL	2003	1,555	156	10	156		856	14
15	SPRINKLER REPAIR - ALL	2003	3,351	335	10	335		1,843	15
16	REPLACE GARAGE DOORS	2004	1,005	101	10	101		553	16
17	FIRE HYDRANTS	2004	1,440	144	10	144		792	17
18	CIRCUIT UPGRADES - ALL	2004	8,690	869	10	869		4,780	18
19	SMOKE DETECTORS - ALL	2003	6,749	675	10	675		3,712	19
20	SPRINKLER - SMITH	2004	2,417	242	10	242		1,330	20
21	CLOSET - STAHL	2004	980	98	10	98		539	21
22	NEW ROOF - STAHL	2003	15,978	1,065	15	1,065		5,858	22
23	SIDEWALKS - CHAPPEE	2003	531	53	10	53		292	23
24	MAIN CAMPUS ROAD	2003	53,628	5,363	10	5,363		29,495	24
25	SIDEWALKS - DONNELLEY	2004	690	69	10	69		380	25
26	DRAIN PIPE	2003	1,570	157	10	157		863	26
27	SIDEWALKS - MAIN CAMPUS	2003	8,404	840	10	840		4,622	27
28	LAGOON DRAINAGE	2004	800	80	5	80		800	28
29	SPRINKLER MAINTENANCE	2003	7,244	724	10	724		3,984	29
30	SIDEWALK - STAHL	2004	920	92	10	92		506	30
31	CABINETS - LOGAN	2004	2,039	204	10	204		918	31
32	BEVERLY BACK ENTRANCE	2004	3,160	126	25	126		568	32
33	DRY PIPE SYSTEM - HILLIER	2004	1,046	105	10	105		471	33
34	TOTAL (lines 1 thru 33)		\$ 11,237,864	\$ 353,349		\$ 353,349	\$	\$ 7,989,815	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:

07/01/2008 Ending: 06/30/2009

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		\$ 11,237,864	\$ 353,349		\$ 353,349	\$	\$ 7,989,815	1
2	CONDENSORS/COILS - MAIN CAMPUS	2004	5,406	541	10	541		2,433	2
3	DRYWALL MECHANICAL ROOM - DIETARY	2004	21,480	859	25	859		3,866	3
4	FIRE SAFETY UPGRADES - MAIN CAMPUS	2005	69,085	6,909	10	6,909		31,089	4
5	HANDRAILS/DOORS/FLOORS	2004	22,588	2,149	10/25	2,149		9,564	5
6	SAFETY EQUIPMENT INSPECTIONS	2004	7,542	754	10	754		3,394	6
7	ROOF - SUPPLY BUILDING	2005	4,200	168	25	168		756	7
8	OPTICAL CABLE/PHONE LINE - MAIN CAMPUS	2005	31,706	3,170	10	3,170		14,267	8
9	TERMITE CONTROL SYSTEM	2005	1,357	136	10	136		611	9
10	WATERLINE - LOGAN	2005	14,684	1,468	10	1,468		6,607	10
11	FUEL/GAS PUMP AREA IMPROVEMENTS	2004	57,355	5,736	10	5,736		25,810	11
12	SIDEWALKS	2004	6,892	689	10	689		3,101	12
13	GAS LINE REPLACEMENTS	2005	22,925	2,293	10	2,293		10,317	13
14	LAGOON DRAINAGE	2005	3,216	643	5	643		2,894	14
15	ADMIN BLDG TILE FLOOR	2005	752	75	10	75		338	15
16	SPRINKLER SYSTEM MAINTENANCE	2005	11,718	1,172	10	1,172		5,273	16
17	TRAINING BUILDING ALLOCATION	1998	17,777	1,169	15	1,169		12,835	17
18	DIETARY - NEW BACK DOOR	2006	1,499	150	10	150		525	18
19	DIETARY - BOILER	2006	9,282	928	10	928		3,249	19
20	DIETARY - NEW ROOF	2006	2,100	105	20	105		368	20
21	DONNELLY - LANDSCAPING	2006	3,215	643	5	643		2,251	21
22	MENS BATHROOMS	2006	1,179	236	5	236		826	22
23	HERRING - ELECTRIC BOILER	2006	3,476	348	10	348		1,217	23
24	HERRING - DUCT WORK	2006	1,045	104	10	104		365	24
25	HILLIER - NEW BACK DOOR	2006	1,796	180	10	180		629	25
26	LOGAN - HANDRAILS	2006	201	20	10	20		70	26
27	FIRE SYSTEM UPGRADES	2006	26,843	2,684	10	2,684		9,395	27
28	SEWAGE CHIPPER	2006	5,853	585	10	585		2,048	28
29	GENERATOR IMPROVEMENTS	2006	6,308	630	10	630		2,207	29
30	AIR CONDITIONING IMPROVEMENTS	2006	951	95	10	95		333	30
31	NURSING - AWNING	2006	595	60	10	60		210	31
32	NURSING - FLOORING	2006	8,952	895	10	895		3,133	32
33	PHONE LINE CABLING	2006	1,328	133	10	133		465	33
34	TOTAL (lines 1 thru 33)		\$ 11,611,170	\$ 389,076		\$ 389,076	\$	\$ 8,150,261	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:

07/01/2008 Ending: 06/30/2009

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		\$ 11,611,170	\$ 389,076		\$ 389,076	\$	\$ 8,150,261	1
2	STAHL - PATIO	2006	8,935	894	10	894		3,128	2
3	STAHL - BACK DOOR AND CANOPY	2006	2,927	293	10	293		1,025	3
4	LAVENTHAL - FLOORING	2006	9,835	983	10	983		3,442	4
5	LAGOON	2006	62,960	2,517	25	2,517		8,813	5
6	GAS MAIN REPAIR	2006	2,400	240	10	240		840	6
7	REPAIR SEWER LIFT STATION	2006	6,281	628	10	628		2,198	7
8	ROAD REPAIR - MAIN CAMPUS	2006	25,068	2,506	10	2,506		8,773	8
9	SIDEWALK REPAIR - LOGAN	2006	6,765	677	10	677		2,368	9
10	STAHL - LANDSCAPING	2006	1,049	105	10	105		367	10
11	GAS MAIN REPAIR	2007	43,149	4,315	10	4,315		10,787	11
12	STAHL - SIDEWALKS	2007	4,925	493	10	493		1,232	12
13	Retaining Wall - Nursing Building	2007	39,392	3,939	10	3,939		9,847	13
14	T & T PARKING LOT RESURFACING	2007	26,568	2,657	10	2,657		6,642	14
15	RESURFACE GYM FLOOR	2007	1,875	375	5	375		938	15
16	BEVERLY ROOF REPAIR	2007	20,184	807	25	807		2,018	16
17	CAMPBELL CABINETS	2007	19,000	1,900	10	1,900		4,750	17
18	DONNELLY - NEW DOOR	2007	2,898	290	10	290		725	18
19	EVANS - HANDRAILS	2007	3,111	311	10	311		778	19
20	HILLIER - NEW CABINETS	2007	10,500	1,050	10	1,050		2,625	20
21	HILLIER - DOOR/FLOOR RPRS	2007	18,474	1,847	10	1,847		4,618	21
22	HILLIER - NEW GENERATOR	2007	143,290	5,732	25	5,732		18,628	22
23	HILLIER - SPRINKLER REPAIRS	2007	9,084	908	10	908		2,271	23
24	ANNUAL SPRINKLER REPAIRS	2007	22,195	2,220	10	2,220		5,549	24
25	BOILER ROOM - NEW DOORS	2007	1,845	185	10	185		462	25
26	SMITH - FLOORING	2007	1,153	115	10	115		288	26
27	STAHL - FLOORING	2007	1,328	133	10	133		332	27
28	WHEELCHAIR BUILDING REPAIRS	2007	537	54	10	54		135	28
29	BEVERLY - GUTTERS	2008	2,386	159	15	159		238	29
30	DIETARY - SPRINKLER	2008	4,791	479	10	479		719	30
31	HILLIER - GENERATOR	2008	934	93	10	93		140	31
32	HILLIER - RENOVATION	2008	13,873	1,387	10	1,387		2,081	32
33	HILLIER - ELECTRICAL	2008	14,234	1,423	10	1,423		2,134	33
34	TOTAL (lines 1 thru 33)		\$ 12,143,116	\$ 428,791		\$ 428,791	\$	\$ 8,259,152	34

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

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		\$ 12,143,116	\$ 428,791		\$ 428,791	\$	\$ 8,259,152	1
2	LOGAN - BATHROOM	2008	10,605	1,061	10	1,061		1,591	2
3	SMITH - ROOF	2008	21,136	846	25	846		1,269	3
4	MAIN CAMPUS - SIDEWALKS	2008	7,100	710	10	710		1,065	4
5	MAIN CAMPUS - TAR/CHIP ROADS	2008	39,752	3,975	10	3,975		5,963	5
6	HERRING - GENERATOR PAD	2008	1,181	47	25	47		71	6
7	Logan - Flooring	2009	9,446	472	10	472		472	7
8	Dietary - Door	2009	1,585	79	10	79		79	8
9	Donnelley - Picnic Table	2009	1,021	51	10	51		51	9
10	Evans - Generator	2009	3,331	167	10	167		167	10
11	Herring - Sink/Cabinets	2009	11,595	580	10	580		580	11
12	Laventhal - Bath/Shower	2009	881	44	10	44		44	12
13	Logan - Curtains	2009	2,942	294	5	294		294	13
14	Logan - Doors	2009	12,574	629	10	629		629	14
15	Logan - Flooring	2009	2,971	297	5	297		297	15
16	Main Campus - Doors	2009	5,506	275	10	275		275	16
17	Main Campus - FRP	2009	4,620	231	10	231		231	17
18	Old Sewing Bldg - Flooring	2009	2,416	121	10	121		121	18
19	Smith - Bath/Shower/Cabinets	2009	18,772	939	10	939		939	19
20	Stahl - Bathroom	2009	2,170	217	5	217		217	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	TOTAL (lines 1 thru 33)		\$ 12,302,720	\$ 439,826		\$ 439,826	\$	\$ 8,273,507	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	\$ 1,804,786	\$ 190,735	\$ 190,735	\$	5-25	\$ 925,901	71
72	Current Year Purchases	411,689	25,092	25,092		5-25	25,092	72
73	Fully Depreciated Assets	2,753,439				5-25	2,753,439	73
74								74
75	TOTALS	\$ 4,969,914	\$ 215,827	\$ 215,827	\$		\$ 3,704,432	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			\$ 547,917	\$ 66,167	\$ 66,167	\$	5-10	\$ 418,646	76
77										77
78										78
79										79
80	TOTALS			\$ 547,917	\$ 66,167	\$ 66,167	\$		\$ 418,646	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)	\$ 18,019,767	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 721,820	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 721,820	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)	\$ 12,396,585	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	\$ 10,724,639	\$ 376,227	\$ 5,349,456	86
87					87
88					88
89					89
90					90
91	TOTALS	\$ 10,724,639	\$ 376,227	\$ 5,349,456	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.	_____ /2010	\$ _____
13.	_____ /2011	\$ _____
14.	_____ /2012	\$ _____

* 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. <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>
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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	2,800	8,100		10,900
3	Classroom Wages (a)	22,155	174,960		197,115
4	Clinical Wages (b)		213,840		213,840
5	In-House Trainer Wages (c)	6,118	17,821		23,939
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$ 31,073	\$ 414,721	\$	\$ 445,794
10	SUM OF line 9, col. 1 and 2 (e)	\$ 445,794			

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	324
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	112
2. From other facilities (f)	
TOTAL TRAINED	436

- (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.)

	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	\$	123	\$ 8,168	\$	123	\$ 8,168	1
2	Licensed Speech and Language Development Therapist	10a-1	hrs	45,849					45,849	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10a-1/2/3	hrs	109,690	346	16,533	1,874	346	128,097	4
5	Physician Care	39-3	visits			50,364			50,364	5
6	Dental Care	39-1/39-2/39-3	visits	27,222		21,628	2,255		51,105	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	TOTAL			\$ 182,761	469	\$ 96,693	\$ 4,129	469	\$ 283,583	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: **07/01/2008**Ending: **06/30/2009****XV. BALANCE SHEET - Unrestricted Operating Fund.**As of **06/30/2009**

(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	\$ 5,064,128	\$	1
2	Cash-Patient Deposits	71,827		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance 74,437)	6,797,228		3
4	Supply Inventory (priced at COST)	88,804		4
5	Short-Term Investments	3,811,848		5
6	Prepaid Insurance	131,327		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): CONTRIBS RECEIVABLE	19,287		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 15,984,449	\$	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments	725,074		12
13	Land	199,216		13
14	Buildings, at Historical Cost	23,027,361		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	5,517,831		16
17	Accumulated Depreciation (book methods)	(17,746,041)		17
18	Deferred Charges	502,375		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)	\$ 12,226,149	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 28,210,598	\$	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 960,957	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	71,827		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	610,939		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	OTHER ACCRUED LIABILITIES	962,148		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 2,605,871	\$	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable	10,055,521		41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 10,055,521	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 12,661,392	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 15,549,206	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 28,210,598	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 14,067,730	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 14,067,730	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(323,811)	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	1,805,287	15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 1,481,476	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)	\$ 15,549,206	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number **BEVERLY FARM FOUNDATION**# **0038604**Report Period Beginning: **07/01/2008**Ending: **06/30/2009**

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	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 12,576,086	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 12,576,086	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$	23
D. Non-Operating Revenue			
24	Contributions	1,039,116	24
25	Interest and Other Investment Income***	(477,949)	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 561,167	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	SEE ATTACHED	239,183	28
28a	GAIN ON SALE OF LAND	1,834,348	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 2,073,531	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 15,210,784	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	3,856,531	31
32	Health Care	5,981,285	32
33	General Administration	3,284,346	33
B. Capital Expense			
34	Ownership	1,632,884	34
C. Ancillary Expense			
35	Special Cost Centers	101,469	35
36	Provider Participation Fee	678,080	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 15,534,595	40
41	Income before Income Taxes (line 30 minus line 40)**	(323,811)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (323,811)	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: **07/01/2008**

Ending:

06/30/2009

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	2,080	2,080	\$ 61,041	\$ 29.35	1
2	Assistant Director of Nursing					2
3	Registered Nurses	11,341	12,211	272,351	22.30	3
4	Licensed Practical Nurses	30,700	32,451	571,498	17.61	4
5	CNAs & Orderlies	248,072	385,666	3,665,850	9.51	5
6	CNA Trainees					6
7	Licensed Therapist	4,160	4,264	84,901	19.91	7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	548	548	10,090	18.41	10
11	Social Service Workers	1,041	4,185	46,062	11.01	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants					15
16	Dishwashers					16
17	Maintenance Workers	18,398	20,095	241,338	12.01	17
18	Housekeepers	100,490	100,490	798,896	7.95	18
19	Laundry					19
20	Administrator	1,248	1,248	61,069	48.93	20
21	Assistant Administrator	1,344	1,344	38,979	29.00	21
22	Other Administrative	2,496	2,501	51,347	20.53	22
23	Office Manager					23
24	Clerical	23,812	25,421	282,496	11.11	24
25	Vocational Instruction	3,120	3,144	81,901	26.05	25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	23,200	23,304	222,176	9.53	28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,960	2,252	29,909	13.28	31
32	Other Health Care(specify)					32
33	Other(specify) SEE ATTACHED	38,419	42,003	529,947	12.62	33
34	TOTAL (lines 1 - 33)	512,429	663,207	\$ 7,049,851 *	\$ 10.63	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	50	14,000	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	913	12-3	45
46	Other(specify) PSYCHOLOGIST	273	12,600	11-3	46
47					47
48					48
49	TOTAL (lines 35 - 48)	341	\$ 27,513		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	17,561	351,225	10-3	52
53	TOTAL (lines 50 - 52)	17,561	\$ 351,225		53

Facility Name & ID Number **BEVERLY FARM FOUNDATION**# **0038604**Report Period Beginning: **07/01/2008** Ending: **06/30/2009****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 \$7,082
- (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. \$ 52,469 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 XXX NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO XXX If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.
-
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 678,080
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. \$ 3,252
- (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. \$ 2
- 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
- (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, 2009

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, 2009

DAY TRAINING	\$ 4,841,804
APARTMENTS & INCIDENTALS	641,609
GROUP HOMES	4,025,963
GIFT SHOP	87,394
	<u>\$ 9,596,770</u>

EXPENSES INCURRED BY BROAD CATEGORY
NOT LISTED IN THIS COST REPORT

DAY TRAINING	\$ 3,699,810
APARTMENTS	393,269
GROUP HOMES	3,603,150
GIFT SHOP	89,721
GREENHOUSE	5,533
	<u>\$ 7,791,483</u>

NET INCOME (Page 18, Schedule XVI, Line 15)	<u>\$ 1,805,287</u>
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BEVERLY FARM FOUNDATION #0038604

PAGE 20, SCHEDULE XVIII, LINE 33

JUNE 30, 2009

SERVICE	1	2	3	4
	HRS. WORKED	HRS. PAID	WAGES	HOURLY WAGE
PHYSICAL THERAPY	8,665	10,960	\$ 109,690	10.01
SOCIAL WORKER	10,525	10,723	118,959	11.09
SPEECH THERAPY	1,872	1,872	45,849	24.49
DENTAL ASSISTANT	1,798	2,086	27,222	13.05
TRANSPORTATION	8,903	9,706	84,362	8.69
SAFETY & SECURITY	2,496	2,496	43,094	17.27
DEVELOPMENT DIRECTOR	4,160	4,160	100,771	24.22
	<u>38,419</u>	<u>42,003</u>	<u>\$ 529,947</u>	

BEVERLY FARM FOUNDATION
MISCELLANEOUS INCOME, PAGE 19, LINE 28
JUNE 30, 2009

HAB-AIDE REIMBURSEMENT	\$ 123,344
IPA TRANSPORTATION REIMBURSEMENT	2
SODA MACHINE	20,785
OTHER REFUNDS AND REIMBURSEMENTS	94,172
MISCELLANEOUS	880
	<u>\$ 239,183</u>

BEVERLY FARM FOUNDATION #0038604
VEHICLE DEPRECIATION - SCHEDULE XI., Section D.
JUNE 30, 2009

Model, Make, Year	Cost	Current Book Depreciation	Straight Line Depreciation	Accumulated Depreciation
1995 CHEVY VAN #7	15,119	-	-	15,119
SUPPLY LUMINA	9,496	-	-	9,496
MAINTENANCE #2 TRUCK	8,483	-	-	8,483
LIFT ON VAN # 10	3,075	-	-	3,075
CAR # 4 REPAIRS	2,490	-	-	2,490
MAINT #3 AND SPREADER	7,157	-	-	7,157
VAN #6 FORD E350	9,015	-	-	9,015
MAINT #1 DUMP TRUCK	14,400	-	-	14,400
MAINT #7 -BUCKET TRUCK	5,400	-	-	5,400
TRANSPORT-IDOT VAN #12	32,326	3,233	3,233	30,709
TRANS MAINT #4-F150	3,957	-	-	3,957
TRANSP-15 PASS. VAN #1	20,513	2,051	2,051	15,385
FORD FOCUS-CAR #1	6,545	-	-	6,545
IDOT VAN #15	26,612	2,661	2,661	17,298
IDOT VAN #16	26,612	2,661	2,661	17,298
TRANS-VAN # 13	14,941	1,494	1,494	14,941
Trans- Car # 6	2,362	236	236	2,362
TRANS. CAR # 3	910	91	91	910
TRANS. MAINT #6 -TRUCK	3,591	359	359	3,591
IDOT BUS-VAN #17	52,612	5,261	5,261	52,612
MAINT. #8 F350 TRUCK	15,944	1,595	1,595	15,944
WHEELCHAIR VAN #5	21,903	2,190	2,190	21,903
BUS RENNOVATIONS	3,106	311	311	3,106
E-350 Van #19-15 pass.	16,427	3,285	3,285	14,785
E-350 Van #18-15 pass.	16,349	3,270	3,270	14,714
Supply Van Mats	132	26	26	118
2005 GMC-VAN # 3-15 pass.	16,974	3,395	3,395	15,277
2005 GMC-VAN # 11-15 pass.	17,004	3,401	3,401	15,304
IDOT VAN-#8	22,023	2,202	2,202	7,708
Truck for Maintenance	3,081	616	616	2,157
Wheelchair Straps for Van #17	380	76	76	266
2006 Chrysler Van #21	9,993	1,999	1,999	6,995
2006 Chrysler Van #10	10,407	2,081	2,081	7,285
Wheelchair Van # 20	20,362	4,072	4,072	14,253
Security Car	7,914	1,583	1,583	3,957
Maintenance Truck w/Snow Plow	20,035	4,007	4,007	10,018
Transportation Van	21,651	4,331	4,331	10,826
Vans-Wheelchair Strap	1,454	291	291	727
Transportation Van	17,190	3,438	3,438	5,157
IDOT Van	19,538	3,908	3,908	5,862
Maintenance - Truck	20,434	2,043	2,043	2,043
	<u>547,917</u>	<u>66,167</u>	<u>66,167</u>	<u>418,648</u>

BEVERLY FARM FOUNDATION #0038604
DEPRECIABLE NON-CARE ASSETS - SCHEDULE XI., Section F.
JUNE 30, 2009

Description	Cost	Current Book Depreciation	Accumulated Depreciation
DAY TRAINING BUILDING	1,969,443	57,478	928,520
DAY TRAINING EQUIPMENT & VEHICLES	780,150	43,948	681,467
TOMBSTONES	3,186	-	3,186
GROVES B. SMITH BUILDING	1,133,240	32,239	422,375
GROVES B. SMITH EQUIPMENT	130,153	3,487	108,101
ADMINISTRATION BUILDING	112,777	2,793	36,246
ADMINISTRATION EQUIPMENT	48,189	2,875	18,173
GIFT SHOP EQUIPMENT	10,769	1,074	6,238
JUDAH SENIORS BUILDING	456,508	13,906	102,991
JUDAH EQUIPMENT	17,392	1,367	13,920
TREIN VOCATIONAL BUILDING	748,214	17,460	231,051
TREIN EQUIPMENT	11,613	1,091	10,761
TRAINING BUILDING	2,963	195	2,139
HARDIN APARTMENTS	837,607	26,780	431,954
HARDIN APARTMENTS EQUIPMENT	242,666	17,672	178,665
GREENHOUSE	366,278	9,835	190,742
ARENA BUILDING	138,596	4,981	62,811
ARENA EQUIPMENT	42,448	1,448	39,436
HORTICULTURE	115,669	2,688	61,079
GROUP HOMES	2,549,199	71,391	1,108,178
GROUP HOMES EQUIPMENT	647,778	30,435	502,100
GROUP HOMES VEHICLES	273,958	33,084	209,323
GROUP HOMES LAND	30,000	-	-
OTHER LAND	55,843	-	-
	<u>\$ 10,724,639</u>	<u>\$ 376,227</u>	<u>\$ 5,349,456</u>

BEVERLY FARM FOUNDATION
ID #0038604
RECONCILIATION OF TRAINING, SEMINAR, AND INSERVICE COSTS
JUNE 30, 2009

G/L ACCOUNT #9201 (MILEAGE)	\$ 61
G/L ACCOUNT #9302 (MEETINGS EXPENSE)	1,324
G/L ACCOUNT #9303 (TRAVEL & SEMINAR)	5,076
LESS, ENTERTAINMENT AND ALLOCATED TO GROUP HOMES	<u>(3,354)</u>
COST REPORT LINE #24-8:	<u><u>\$ 3,107</u></u>