

Facility Name & ID Number BEVERLY FARM FOUNDATION

0038604 Report Period Beginning: 07/01/2009 Ending: 06/30/2010

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1		Skilled (SNF)			1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4	300	Intermediate/DD	300	109,800	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	Total	
8	SNF					8
9	SNF/PED					9
10	ICF					10
11	ICF/DD	90,513	3,671		94,184	11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	90,513	3,671		94,184	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 85.78%

D. How many bed-hold days during this year were paid by the Department? 1,785 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)

NONE

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

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

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

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

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

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

Medicare Intermediary _____

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

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

Tax Year: 06/30/10 Fiscal Year: 06/30/10

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

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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		83,088	1,158,930	1,242,018		1,242,018		1,242,018		1
2	Food Purchase		744,673		744,673		744,673		744,673		2
3	Housekeeping	803,920	22,349	49,605	875,874		875,874		875,874		3
4	Laundry			288,864	288,864		288,864		288,864		4
5	Heat and Other Utilities			403,463	403,463		403,463		403,463		5
6	Maintenance	237,261	13,435	279,133	529,829		529,829		529,829		6
7	Other (specify):* SECURITY	38,917	655	49,814	89,386		89,386		89,386		7
8	TOTAL General Services	1,080,098	864,200	2,229,809	4,174,107		4,174,107		4,174,107		8
	B. Health Care and Programs										
9	Medical Director										9
10	Nursing and Medical Records	4,905,688	155,933	311,491	5,373,112	(293,232)	5,079,880		5,079,880		10
10a	Therapy	146,243	1,673	23,738	171,654		171,654		171,654		10a
11	Activities	128,971	29,004	13,404	171,379		171,379		171,379		11
12	Social Services	114,054		825	114,879		114,879		114,879		12
13	CNA Training	82,077			82,077	293,232	375,309	(240)	375,069		13
14	Program Transportation	78,395			78,395		78,395		78,395		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	5,455,428	186,610	349,458	5,991,496		5,991,496	(240)	5,991,256		16
	C. General Administration										
17	Administrative	132,055		67,893	199,948	27,580	227,528	(15,544)	211,984		17
18	Directors Fees										18
19	Professional Services			131,018	131,018		131,018		131,018		19
20	Dues, Fees, Subscriptions & Promotions			47,178	47,178		47,178		47,178		20
21	Clerical & General Office Expenses	298,046	43,723	180,271	522,040		522,040		522,040		21
22	Employee Benefits & Payroll Taxes			1,722,006	1,722,006		1,722,006		1,722,006		22
23	Inservice Training & Education			2,802	2,802		2,802		2,802		23
24	Travel and Seminar			1,791	1,791		1,791	(852)	939		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			150,033	150,033		150,033		150,033		26
27	Other (specify):* FUND RAISING	126,076		44,973	171,049		171,049	(171,049)			27
28	TOTAL General Administration	556,177	43,723	2,347,965	2,947,865	27,580	2,975,445	(187,445)	2,788,000		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	7,091,703	1,094,533	4,927,232	13,113,468	27,580	13,141,048	(187,685)	12,953,363		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			1,078,770	1,078,770		1,078,770	(366,272)	712,498			30
31	Amortization of Pre-Op. & Org.			13,636	13,636		13,636		13,636			31
32	Interest			437,054	437,054	(27,580)	409,474	(365,554)	43,920			32
33	Real Estate Taxes			2,363	2,363		2,363	(2,363)				33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles											35
36	Other (specify):* MORTGAGE INS			29,733	29,733		29,733		29,733			36
37	TOTAL Ownership			1,561,556	1,561,556	(27,580)	1,533,976	(734,189)	799,787			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	27,207	2,848	71,953	102,008		102,008		102,008			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			694,052	694,052		694,052		694,052			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers	27,207	2,848	766,005	796,060		796,060		796,060			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	7,118,910	1,097,381	7,254,793	15,471,084		15,471,084	(921,874)	14,549,210			45

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

BEVERLY FARM FOUNDATION

ID# 0038604

Report Period Beginning: 07/01/2009

Ending: 06/30/2010

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

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES 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: **07/01/2009** Ending: **06/30/2010**

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:

07/01/2009Ending: 6/30/2010

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	\$ 3,170,459	\$ 5,431	\$ 1,722,006	1
2	17-3	SCHOOL REIMBURSEMENT	WAGES	10,000	8	91,413	6,127	56,007	2
3	17-1	ADMINISTRATIVE SALARIES	HOURS	2,080	8	220,092	220,092	132,055	3
4	21-1	PERSONNEL/ACCOUNTING	HOURS	2,080	8	496,742	496,742	298,045	4
5	6-1	MAINTENANCE STAFF	HOURS	2,080	8	395,436	1,248	237,262	5
6	7-3	SECURITY/SAFETY	HOURS	2,080	8	83,023	1,248	49,814	6
7	7-1	SAFETY MANAGER	HOURS	2,080	8	64,862	64,862	38,917	7
8	7-2	SECURITY SUPPLIES	HOURS	2,080	8	1,092	1,248	655	8
9	6-2	MAINTENANCE SUPPLIES	HOURS	2,080	8	22,108	1,248	13,265	9
10	21-2	OSHA REQUIREMENTS	HOURS	2,080	8	39,202	1,248	23,521	10
11	21-3	CONSULTANTS	HOURS	2,080	8	122,127	1,248	73,276	11
12	6-3	MAINTENANCE - OTHER	HOURS	2,080	8	79,260	1,229	46,828	12
13	26-3	INSURANCE	HOURS	2,080	8	250,055	1,248	150,033	13
14	19-3	LEGAL & ACCOUNTING	HOURS	2,080	8	279,773	974	131,019	14
15	14-1	TRANSPORTATION STAFF	HOURS	2,080	8	130,659	130,659	78,395	15
16	20-3	DUES/SUBS/ADVERTISING	HOURS	2,080	8	98,955	992	47,178	16
17	36-3	MORTGAGE INSURANCE	HOURS	2,080	8	49,555	1,248	29,733	17
18	32-3	INTEREST	HOURS	2,080	8	691,697	1,248	415,018	18
19	31-3	BOND COSTS AMORT	HOURS	2,080	8	22,726	1,248	13,636	19
20	23-3	INSERVICE TRAINING	HOURS	2,080	8	4,669	1,248	2,802	20
21	11-1	ACTIVITIES STAFF	HOURS	2,080	8	73,055	73,055	43,833	21
22	11-2	ACTIVITIES SUPPLIES	HOURS	2,080	8	6,685	1,248	4,011	22
23	11-3	ACTIVITIES OTHER	HOURS	2,080	8	5,064	1,248	3,038	23
24									24
25	TOTALS					\$ 6,398,709	\$ 985,410	\$ 3,610,347	25

Facility Name & ID Number

BEVERLY FARM FOUNDATION

0038604

Report Period Beginning:

07/01/2009

Ending:

06/30/2010

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
A. Directly Facility Related Long-Term																				
1	IL HEALTH FAC BONDS		X	CONSTRUCTION		07/96	\$	\$ 5,853,021	2031	0.0668	\$ 399,474	1								
2												2								
3												3								
4												4								
5												5								
Working Capital																				
6	LIBERTY BANK		X	WORKING CAPITAL		04/10			04/11		10,000	6								
7												7								
8												8								
9	TOTAL Facility Related						\$	\$ 5,853,021			\$ 409,474	9								
B. Non-Facility Related*																				
10												10								
11												11								
12												12								
13												13								
14	TOTAL Non-Facility Related						\$	\$			\$	14								
15	TOTALS (line 9+line14)						\$	\$ 5,853,021			\$ 409,474	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 29,733 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

Important, 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 2009 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.)		\$	2,363	2
3. Under or (over) accrual (line 2 minus line 1).		\$	2,363	3
4. Real Estate Tax accrual used for 2010 report. (Detail and explain your calculation of this accrual on the lines below.)		\$		4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	2,363	7

Real Estate Tax History:			
Real Estate Tax Bill for Calendar Year:	2005	2,641	8
	2006	2,711	9
	2007	2,194	10
	2008	2,320	11
	2009	2,363	12

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2009	\$	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.

2009 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 2009 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 2009.

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

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

Attach a copy of the original 2009 tax bills which were listed in Section A to this statement. Be sure to use the 2009 tax bill which is normally paid during 2010.

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

Facility Name & ID Number BEVERLY FARM FOUNDATION

0038604

Report Period Beginning:

07/01/2009 Ending:

06/30/2010

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: _____ B. General Construction Type: Exterior BRICK Frame WOOD AND 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

Facility Name & ID Number BEVERLY FARM FOUNDATION

0038604

Report Period Beginning:

07/01/2009

Ending:

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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		40			309,300	6
7	26	1972	1972	277,051	6,926	40	6,926		263,199	7
8	84	1979	1979	628,784	15,720	40	15,720		503,027	8
Improvement Type**										
9	43 BEDS INCLUDED IN LINE 8 YEAR ACQUIRED 1984		1984	1,188,870	26,677	40	26,677		754,049	9
10	BUILDING ADDITIONS		1968	395,455	9,589	40	9,589		384,083	10
11	BUILDING IMPROVEMENTS		1973	1,958	42	40	42		1,675	11
12	BUILDING ADDITIONS		1974	62,866	1,370	40	1,370		54,041	12
13	BUILDING IMPROVEMENTS		1977	6,665	145	40	145		5,248	13
14	BUILDING IMPROVEMENTS		1978	29,299	637	40	637		22,329	14
15	BUILDING IMPROVEMENTS		1979	3,697	80	40	80		2,718	15
16	BUILDING IMPROVEMENTS		1980	178,379	2,952	40	2,952		126,539	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		65,007	19
20	BUILDING IMPROVEMENTS		1982	12,542	276	40	276		8,516	20
21	BUILDING IMPROVEMENTS		1983	151,953	2,945	VAR	2,945		137,490	21
22	BUILDING IMPROVEMENTS		1984	57,602	600	VAR	600		49,491	22
23	BUILDING IMPROVEMENTS		1985	118,087	624	VAR	624		110,633	23
24	BUILDING IMPROVEMENTS		1986	1,074,281	11,382	VAR	11,382		890,583	24
25	BUILDING IMPROVEMENTS		1987	121,493	2,965	VAR	2,965		77,363	25
26	BUILDING IMPROVEMENTS		1988	71,953	1,009	VAR	1,009		64,966	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		524,695	29
30	RENOVATIONS-CAMPBELL		1992	4,282	171	25	171		3,253	30
31	SIDEWALKS		1992	10,289		10			10,289	31
32	ROOM ADDITION-CAMPBELL		1992	38,900	1,556	25	1,556		27,226	32
33	WINDOWS-LOGAN		1992	16,450	658	25	658		11,515	33
34	DOORS/WINDOWS/REMODELLING-ALL 10 COTTAGES		1993	1,422,666	56,907	25	56,907		995,867	34
35	SEWER LINE/ROADWORK/PAVILION		1993	21,585		10 \ 15			21,585	35
36	NEW ROOF/CONCRETE WORK		1994	43,632		15			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:

07/01/2009 Ending: 06/30/2010

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	\$	\$ 374,485	37
38	FURNACE/AIR CONDITIONER/SPRINKLER	1994	13,403	536	25	536		8,846	38
39	ROAD & LOT WORK	1994	21,683		15			21,683	39
40	FLOW METER	1994	5,754		15			5,754	40
41	SIDEWALK & DRAINAGE WORK	1995	10,534		10			10,534	41
42	CABINETS	1995	5,460	182	15	182		5,460	42
43	GAZEBO	1995	8,490	283	15	283		8,490	43
44	WINDOWS	1995	41,000	1,640	25	1,640		25,420	44
45	PARKING LOT REPAIRS/SPRINKLER/FIRE ALARM	1994	1,272	51	25	51		790	45
46	ROAD WORK	1994	76,071	2,536	15	2,536		76,071	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		15,089	48
49	KITCHEN AT LOGAN	1996	7,494	500	15	500		7,245	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		10,341	53
54	PORCH - CHAPPE	1998	4,110	206	20	206		2,775	54
55	LIGHTING/ROOF DRAINS/DIETARY REPAIRS	1998	11,782	785	15	785		10,603	55
56	PARKING LOT	1997	78,536		10			78,536	56
57	SIDEWALK	1997	11,311	452	25	452		6,107	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		225,218	62
63	SECURITY OFFICE	1997	3,399		10			3,399	63
64	CARPET/LINOLEUM/LAVATORY/SUNROOM	1997	21,007	1,400	15	1,400		17,505	64
65	ROOFS-HERRING & DONNELLY	1997	55,560	3,704	15	3,704		46,300	65
66	CABINETS - DONNELLY	1998	10,638	709	15	709		8,865	66
67	ROOF- LAUNDRY	1998	20,652	1,377	15	1,377		17,211	67
68	ROOF REPAIR DONNELLY/NEW DOORS/FURNACE	1997	16,030	1,069	15	1,069		13,359	68
69	HARDWARE - ADMINISTRATION BLDG	1997	6,556		10			6,556	69
70	TOTAL (lines 4 thru 69)		\$ 9,865,893	\$ 226,251		\$ 226,251	\$	\$ 7,259,024	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:

07/01/2009 Ending: 06/30/2010

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	\$ 226,251		\$ 226,251	\$	\$ 7,259,024	1
2	SECURITY SYSTEM - ADMINISTRATION BLDG	1997	2,046		10			2,046	2
3	PARKING LOT/SIDEWALKS/SEWER REPAIR/FENCE	1998	65,741	2,820	10	2,820		65,741	3
4	WINDOWS/ROOF REPAIRS/DOORS	1999	96,828	3,873	25	3,873		44,541	4
5	WINDOWS - LAUNDRY	1999	6,670	267	25	267		3,069	5
6	DOORS - MAINTENANCE	1999	13,314		10			13,314	6
7	WINDOWS-NURSING	1998	6,182	247	25	247		2,843	7
8	FENCE - LAGOON	1999	6,734	449	15	449		5,163	8
9	ROAD REPAIR	1999	6,667		10			6,667	9
10	WATER LINE REPAIR ADMIN	1999	564		10			564	10
11	SIDEWALKS	1999	22,707		10			22,707	11
12	PATIO - DONNELLY	1999	1,020		10			1,020	12
13	WINDOWS - CAMPBELL	1993	440	18	25	18		313	13
14	PARKING LOT REPAIRS/SPRINKLER/FIRE ALARM	1994	9,528	381	25	381		5,906	14
15	ROOF-CAMP BEVERLY	2000	1,350	68	20	68		710	15
16	BEVERLY COTTAGE-SIDING,GUTTERS, FASCIA	2000	8,636	432	20	432		4,535	16
17	CARRIAGE HOUSE-WINDOWS	2000	586	23	25	23		245	17
18	CHAPPE-ROOF	1999	615	31	20	31		323	18
19	DIETARY-DOOR	1999	3,262	163	10	163		3,262	19
20	DONNELLY-DOORS	2000	6,927	693	10	693		4,274	20
21	EVANS-SIDING & GUTTERS	1999	10,527	526	20	526		5,526	21
22	FUNDRAISING-SIDING & GUTTERS	1999	2,125	106	20	106		1,115	22
23	GARAGE-WINDOW	1999	909	36	25	36		381	23
24	MAIN CAMPUS GAS LINE	1999	10,235	512	20	512		5,374	24
25	HERRING-SIDING & GUTTERS	1999	5,789	289	20	289		3,038	25
26	HERRING-DOOR	2000	2,857	142	10	142		2,857	26
27	HILLIER-ROOF	2000	34,732	1,737	20	1,737		18,235	27
28	HILLIER-SPRINKLER & FLOORING	1999	12,663	633	20	633		6,648	28
29	HOUSEKEEPING-SOFFIT & GUTTERS	1999	925	46	20	46		485	29
30	LAUNDRY-DOOR,SIDING & SOFFIT	1999	2,586	129	20	129		1,357	30
31	LAVENTHAL-DOOR,SIDING & SOFFIT	1999	5,972	299	20	299		3,136	31
32	LOGAN-DOOR,SOFFIT,FLOORING	1999	18,805	940	20	940		9,872	32
33	OLD HERRING-SIDING	1999	1,173	59	20	59		616	33
34	TOTAL (lines 1 thru 33)		\$ 10,235,008	\$ 241,170		\$ 241,170	\$	\$ 7,504,907	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:

07/01/2009 Ending: 06/30/2010

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	\$ 241,170		\$ 241,170	\$	\$ 7,504,907	1
2	SMITH-DOOR,SIDING & FASCIA	1999	9,851	493	20	493		5,173	2
3	STAHL-SIDING,SOFFIT & FLOORING	2000	14,075	704	20	704		7,390	3
4	SUPPLY-SIDING & SOFFIT	1999	3,806	190	20	190		1,998	4
5	GAS PIPELINE	1999	4,000	200	10	200		4,000	5
6	TAR/CHIP ROADS	1999	12,403	620	10	620		12,403	6
7	GASOLINE TANK	1999	2,788	139	10	139		2,788	7
8	ASPHALT WORK	1999	74,611	3,730	10	3,730		74,611	8
9	WATERLINES	1999	23,855	1,192	10	1,192		23,855	9
10	CHAPPEE-SIDEWALK	1999	1,515	76	10	76		1,515	10
11	FENCE ABOVE LPG VAPOR TANK	2000	4,200	280	15	280		2,940	11
12	HERRING-PARKING LOT	1999	3,493	175	10	175		3,493	12
13	HILLIER-SIDEWALK	1999	3,466	173	10	173		3,466	13
14	LOGAN-PATIO	1999	10,258	512	10	512		10,258	14
15	GROUND COVER FOR SWING SET	1999	5,962	298	10	298		5,962	15
16	OLD HERRING-ELECTRIC	2000	2,579	129	10	129		2,579	16
17	SMITH SIDEWALK	1999	1,063	54	10	54		1,063	17
18	TREE REMOVAL	2000	875		5			875	18
19	BEVERLY - SPRINKLER	2001	1,049	105	10	105		997	19
20	BEVERLY - WATER HEATER	2000	1,170	117	10	117		1,112	20
21	BEVERLY - FLOOR/DOOR	2000	5,073	507	10	507		4,819	21
22	CARIAGE HSE-GUTTERS	2000	5,115	256	20	256		2,430	22
23	CHAPPEE-A/C; FLOORS	2000	14,128	1,413	10	1,413		13,422	23
24	CROSS COTTAGE-SIDING	2000	1,945	97	20	97		923	24
25	DIETARY-DOOR	2000	1,685	169	10	169		1,602	25
26	DONNELLY-DOORS	2000	5,249	525	10	525		4,987	26
27	EVANS-A/C	2001	2,081	208	10	208		1,976	27
28	EVANS-WINDOWS/DOORS	2000	6,196	248	25	248		2,355	28
29	LAVENTHAL-FIRE ALARM	2000	12,000	1,200	10	1,200		11,400	29
30	SMALL GARAGE DOOR	2000	3,000	200	15	200		1,900	30
31	HERRING-FRP WALLS	2000	864	58	15	58		548	31
32	HILLIER-SPRINKLER REP	2001	5,862	586	10	586		5,568	32
33	HILLIER-NEW WINDOWS	2000	11,361	454	25	454		4,316	33
34	TOTAL (lines 1 thru 33)		\$ 10,490,586	\$ 256,278		\$ 256,278	\$	\$ 7,727,631	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:

07/01/2009 Ending: 06/30/2010

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	\$ 256,278		\$ 256,278	\$	\$ 7,727,631	1
2	HILLIER-DOOR/FLOORING	2001	8,040	804	10	804		7,638	2
3	LAUNDRY-CHIMNEY/DOOR	2000	10,074	1,007	10	1,007		9,570	3
4	LAVENTHAL-SPRINKLER	2001	7,501	750	10	750		7,126	4
5	LOGAN-DOOR/SPRINKLER	2001	5,261	526	10	526		4,997	5
6	LOGAN-FIRE ALARM	2000	10,350	1,035	10	1,035		9,833	6
7	OLD HERRING-WINDOWS	2000	5,535	221	25	221		2,103	7
8	SEWING-STEEL DOORS	2000	2,281	228	10	228		2,167	8
9	SMITH-DOOR	2001	1,070	107	10	107		1,017	9
10	STAHL-DOOR/FLOORING	2001	6,934	693	10	693		6,586	10
11	DRAINAGE DITCH	2001	9,170	917	10	917		8,712	11
12	CABIN ROAD REPAIR	2000	26,843	2,684	10	2,684		25,500	12
13	MAIN CAMPUS-SIDEWALK	2000	28,716	2,872	10	2,872		27,281	13
14	HERRING PARKING LOT	2000	12,341	1,234	10	1,234		11,724	14
15	ROAD IMPROVEMENTS	2000	106,706	10,671	10	10,671		101,372	15
16	SRS BLDG-SITE PREP	2001	936	94	10	94		890	16
17	STORM SEWER REPAIR	2000	2,600	260	10	260		2,470	17
18	WIDEN ROAD	2000	2,650	265	10	265		2,518	18
19	OIL & CHIP ROADS	2001	12,362	1,236	10	1,236		10,507	19
20	ROAD REPAIRS	2001	83,836	8,384	10	8,384		71,261	20
21	SIDEWALKS	2001	12,977	1,298	10	1,298		11,031	21
22	BEVERLY - DOORS/JAMBS	2001	919	92	10	92		781	22
23	CHAPPEE - DOORS	2001	1,722	172	10	172		1,463	23
24	DIETARY - DOORS	2001	506	51	10	51		431	24
25	DONNELLEY - FIRE ALARM	2002	12,390	1,543	10	1,543		13,267	25
26	EVANS - FIRE ALARM	2002	11,667	1,167	10	1,167		9,918	26
27	HERRING - FIRE ALARM	2002	11,666	1,167	10	1,167		9,917	27
28	HERRING - DOORS	2001	2,680	268	10	268		2,278	28
29	HILLIER - SPRINKLER	2001	786	79	10	79		669	29
30	HOUSEKEEPING - DOOR	2001	846	85	10	85		720	30
31	COTTAGES - SPRINKLER	2001	8,195	820	10	820		6,967	31
32	BATHROOM DOORS	2001	4,601	460	10	460		3,911	32
33	MAINTENANCE - GUTTERS & ROOF	2001	6,256	313	20	313		2,659	33
34	TOTAL (lines 1 thru 33)		\$ 10,909,003	\$ 297,781		\$ 297,781	\$	\$ 8,104,915	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:

07/01/2009 Ending: 06/30/2010

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	\$ 297,781		\$ 297,781	\$	\$ 8,104,915	1
2	MAINTENANCE - GARAGE DOORS	2001	679	68	10	68		577	2
3	MAINTENANCE - SHED DOORS	2001	1,492	149	10	149		1,268	3
4	SEWING - WINDOWS	2001	3,926	157	25	157		1,335	4
5	AIR COND REPAIRS - ALL COTTAGES	2003	10,066	1,007	10	1,007		7,550	5
6	DIGITAL THERMOMETERS - ALL COTTAGES	2003	9,450	945	10	945		7,088	6
7	FLOOR TILE - CHAPPEE	2002	3,299	330	10	330		2,474	7
8	SPRINKLER - DIETARY	2002	5,600	560	10	560		4,200	8
9	FLOORING - DONNELLEY	2003	2,196	220	10	220		1,648	9
10	SPRINKLER - HILLIER	2003	4,990	499	10	499		3,743	10
11	GENERATOR REPAIR - HILLIER	2002	2,466	164	15	164		1,232	11
12	BOILER REPAIR - LOGAN	2002	2,865	191	15	191		1,433	12
13	VINYL FLOORING - LOGAN	2003	696	70	10	70		523	13
14	DOOR - MAINTENANCE SHED	2002	1,398	140	10	140		1,049	14
15	DOOR - SMITH	2003	1,118	112	10	112		839	15
16	BEDROOM FLOOR - STAHL	2003	890	89	10	89		668	16
17	SIDEWALKS - OLD HERRING	2003	2,335	234	10	234		1,752	17
18	LANDSCAPING - BEVERLY	2002	6,699	670	10	670		5,024	18
19	PARKING LOT - CHAPPEE	2002	4,175	418	10	418		3,132	19
20	SIDEWALKS - MAIN CAMPUS	2002	2,502	250	10	250		1,876	20
21	SIDEWALKS - LOGAN	2002	740	74	10	74		555	21
22	ROAD REPAIRS - MAIN CAMPUS	2002	41,503	4,150	10	4,150		31,127	22
23	LANDSCAPING - SMITH	2002	1,548	155	10	155		1,161	23
24	UV FILTERS ADMIN BLDG	2004	2,000	200	10	200		1,300	24
25	SEPTIC SYSTEM CABIN	2004	4,600	460	10	460		2,990	25
26	BOILER - DIETARY	2004	4,122	412	10	412		2,679	26
27	CEILING TILES - DIETARY	2004	998	100	10	100		649	27
28	STOVE HOOD - DIETARY	2004	2,594	259	10	259		1,685	28
29	FURNACE - EVANS	2003	3,055	306	10	306		1,987	29
30	WATER HEATER - EVANS	2003	5,891	589	10	589		3,829	30
31	FLOORING - EVANS	2003	1,223	122	10	122		795	31
32	SPRINKLER - HERRING	2003	2,745	275	10	275		1,785	32
33	HANDRAILS - HERRING	2003	4,467	447	10	447		2,904	33
34	TOTAL (lines 1 thru 33)		\$ 11,051,331	\$ 311,603		\$ 311,603	\$	\$ 8,205,772	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:

07/01/2009 Ending: 06/30/2010

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	\$ 311,603		\$ 311,603	\$	\$ 8,205,772	1
2	FLOORING - HERRING	2003	2,328	233	10	233		1,514	2
3	STALL REPAIR - HILLIER	2003	2,444	244	10	244		1,588	3
4	ROOF/GUTTERS - LAVENTHAL	2003	15,829	1,055	15	1,055		6,858	4
5	NEW DOOR - LAVENTHAL	2003	1,096	110	10	110		714	5
6	LIFE SAFETY CODE EXIT	2004	27,232	2,723	10	2,723		17,700	6
7	CABINETS - LOGAN	2004	5,187	519	10	519		3,372	7
8	FLOORING - LOGAN	2003	4,815	482	10	482		3,131	8
9	SHUTTERS - LOGAN	2003	558	56	10	56		363	9
10	DOORS - MAINTENANCE	2004	1,786	179	10	179		1,162	10
11	SEWER BACKFLOW	2004	958	96	10	96		623	11
12	A/C & HEATING MAINT.	2003	911	91	10	91		592	12
13	TOILET STOOLS - ALL	2003	1,192	119	10	119		774	13
14	FRP - ALL	2003	1,555	156	10	156		1,012	14
15	SPRINKLER REPAIR - ALL	2003	3,351	335	10	335		2,178	15
16	REPLACE GARAGE DOORS	2004	1,005	101	10	101		654	16
17	FIRE HYDRANTS	2004	1,440	144	10	144		936	17
18	CIRCUIT UPGRADES - ALL	2004	8,690	869	10	869		5,649	18
19	SMOKE DETECTORS - ALL	2003	6,749	675	10	675		4,387	19
20	SPRINKLER - SMITH	2004	2,417	242	10	242		1,572	20
21	CLOSET - STAHL	2004	980	98	10	98		637	21
22	NEW ROOF - STAHL	2003	15,978	1,065	15	1,065		6,923	22
23	SIDEWALKS - CHAPPEE	2003	531	53	10	53		345	23
24	MAIN CAMPUS ROAD	2003	53,628	5,363	10	5,363		34,858	24
25	SIDEWALKS - DONNELLEY	2004	690	69	10	69		449	25
26	DRAIN PIPE	2003	1,570	157	10	157		1,020	26
27	SIDEWALKS - MAIN CAMPUS	2003	8,404	840	10	840		5,462	27
28	LAGOON DRAINAGE	2004	800		5			800	28
29	SPRINKLER MAINTENANCE	2003	7,244	724	10	724		4,708	29
30	SIDEWALK - STAHL	2004	920	92	10	92		598	30
31	CABINETS - LOGAN	2004	2,039	204	10	204		1,122	31
32	BEVERLY BACK ENTRANCE	2004	3,160	126	25	126		694	32
33	DRY PIPE SYSTEM - HILLIER	2004	1,046	105	10	105		576	33
34	TOTAL (lines 1 thru 33)		\$ 11,237,864	\$ 328,928		\$ 328,928	\$	\$ 8,318,743	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 12F, Carried Forward		\$ 11,237,864	\$ 328,928		\$ 328,928	\$	\$ 8,318,743	1
2	CONDENSORS/COILS - MAIN CAMPUS	2004	5,406	541	10	541		2,974	2
3	DRYWALL MECHANICAL ROOM - DIETARY	2004	21,480	859	25	859		4,725	3
4	FIRE SAFETY UPGRADES - MAIN CAMPUS	2005	69,085	6,909	10	6,909		37,998	4
5	HANDRAILS/DOORS/FLOORS	2004	22,588	2,149	10/25	2,149		11,713	5
6	SAFETY EQUIPMENT INSPECTIONS	2004	7,542	754	10	754		4,148	6
7	ROOF - SUPPLY BUILDING	2005	4,200	168	25	168		924	7
8	OPTICAL CABLE/PHONE LINE - MAIN CAMPUS	2005	31,706	3,170	10	3,170		17,437	8
9	TERMITE CONTROL SYSTEM	2005	1,357	136	10	136		747	9
10	WATERLINE - LOGAN	2005	14,684	1,468	10	1,468		8,075	10
11	FUEL/GAS PUMP AREA IMPROVEMENTS	2004	57,355	5,736	10	5,736		31,546	11
12	SIDEWALKS	2004	6,892	689	10	689		3,790	12
13	GAS LINE REPLACEMENTS	2005	22,925	2,293	10	2,293		12,610	13
14	LAGOON DRAINAGE	2005	3,216	322	5	322		3,216	14
15	ADMIN BLDG TILE FLOOR	2005	752	75	10	75		413	15
16	SPRINKLER SYSTEM MAINTENANCE	2005	11,718	1,172	10	1,172		6,445	16
17	TRAINING BUILDING ALLOCATION	1998	17,777	1,169	15	1,169		14,004	17
18	DIETARY - NEW BACK DOOR	2006	1,499	150	10	150		675	18
19	DIETARY - BOILER	2006	9,282	928	10	928		4,177	19
20	DIETARY - NEW ROOF	2006	2,100	105	20	105		473	20
21	DONNELLY - LANDSCAPING	2006	3,215	643	5	643		2,894	21
22	MENS BATHROOMS	2006	1,179	236	5	236		1,062	22
23	HERRING - ELECTRIC BOILER	2006	3,476	348	10	348		1,565	23
24	HERRING - DUCT WORK	2006	1,045	104	10	104		469	24
25	HILLIER - NEW BACK DOOR	2006	1,796	180	10	180		809	25
26	LOGAN - HANDRAILS	2006	201	20	10	20		90	26
27	FIRE SYSTEM UPGRADES	2006	26,843	2,684	10	2,684		12,079	27
28	SEWAGE CHIPPER	2006	5,853	585	10	585		2,633	28
29	GENERATOR IMPROVEMENTS	2006	6,308	630	10	630		2,837	29
30	AIR CONDITIONING IMPROVEMENTS	2006	951	95	10	95		428	30
31	NURSING - AWNING	2006	595	60	10	60		270	31
32	NURSING - FLOORING	2006	8,952	895	10	895		4,028	32
33	PHONE LINE CABLING	2006	1,328	133	10	133		598	33
34	TOTAL (lines 1 thru 33)		\$ 11,611,170	\$ 364,334		\$ 364,334	\$	\$ 8,514,595	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:

07/01/2009 Ending: 06/30/2010

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	\$ 364,334		\$ 364,334	\$	\$ 8,514,595	1
2	STAHL - PATIO	2006	8,935	894	10	894		4,022	2
3	STAHL - BACK DOOR AND CANOPY	2006	2,927	293	10	293		1,318	3
4	LAVENTHAL - FLOORING	2006	9,835	983	10	983		4,425	4
5	LAGOON	2006	62,960	2,517	25	2,517		11,330	5
6	GAS MAIN REPAIR	2006	2,400	240	10	240		1,080	6
7	REPAIR SEWER LIFT STATION	2006	6,281	628	10	628		2,826	7
8	ROAD REPAIR - MAIN CAMPUS	2006	25,068	2,506	10	2,506		11,279	8
9	SIDEWALK REPAIR - LOGAN	2006	6,765	677	10	677		3,045	9
10	STAHL - LANDSCAPING	2006	1,049	105	10	105		472	10
11	GAS MAIN REPAIR	2007	43,149	4,315	10	4,315		15,102	11
12	STAHL - SIDEWALKS	2007	4,925	493	10	493		1,725	12
13	Retaining Wall - Nursing Building	2007	39,392	3,939	10	3,939		13,786	13
14	T & T PARKING LOT RESURFACING	2007	26,568	2,657	10	2,657		9,299	14
15	RESURFACE GYM FLOOR	2007	1,875	375	5	375		1,313	15
16	BEVERLY ROOF REPAIR	2007	20,184	807	25	807		2,825	16
17	CAMPBELL CABINETS	2007	19,000	1,900	10	1,900		6,650	17
18	DONNELLY - NEW DOOR	2007	2,898	290	10	290		1,015	18
19	EVANS - HANDRAILS	2007	3,111	311	10	311		1,089	19
20	HILLIER - NEW CABINETS	2007	10,500	1,050	10	1,050		3,675	20
21	HILLIER - DOOR/FLOOR RPRS	2007	18,474	1,847	10	1,847		6,465	21
22	HILLIER - NEW GENERATOR	2007	143,290	5,732	25	5,732		24,360	22
23	HILLIER - SPRINKLER REPAIRS	2007	9,084	908	10	908		3,179	23
24	ANNUAL SPRINKLER REPAIRS	2007	22,195	2,220	10	2,220		7,769	24
25	BOILER ROOM - NEW DOORS	2007	1,845	185	10	185		647	25
26	SMITH - FLOORING	2007	1,153	115	10	115		403	26
27	STAHL - FLOORING	2007	1,328	133	10	133		465	27
28	WHEELCHAIR BUILDING REPAIRS	2007	537	54	10	54		189	28
29	BEVERLY - GUTTERS	2008	2,386	159	15	159		397	29
30	DIETARY - SPRINKLER	2008	4,791	479	10	479		1,198	30
31	HILLIER - GENERATOR	2008	934	93	10	93		233	31
32	HILLIER - HVAC Duct Work, Flooring, & Wall Coverings	2008	13,873	1,387	10	1,387		3,468	32
33	HILLIER - ELECTRICAL	2008	14,234	1,423	10	1,423		3,557	33
34	TOTAL (lines 1 thru 33)		\$ 12,143,116	\$ 404,049		\$ 404,049	\$	\$ 8,663,201	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:

07/01/2009 Ending: 06/30/2010

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	\$ 404,049		\$ 404,049	\$	\$ 8,663,201	1
2	LOGAN - BATHROOM	2008	10,605	1,061	10	1,061		2,652	2
3	SMITH - ROOF	2008	21,136	846	25	846		2,115	3
4	MAIN CAMPUS - SIDEWALKS	2008	7,100	710	10	710		1,775	4
5	MAIN CAMPUS - TAR/CHIP ROADS	2008	39,752	3,975	10	3,975		9,938	5
6	HERRING - GENERATOR PAD	2008	1,181	47	25	47		118	6
7	Logan - Flooring	2009	9,446	945	10	945		1,417	7
8	Dietary - Door	2009	1,585	159	10	159		238	8
9	Donnelley - Picnic Table	2009	1,021	102	10	102		153	9
10	Evans - Generator	2009	3,331	333	10	333		500	10
11	Herring - Sink/Cabinets	2009	11,595	1,160	10	1,160		1,740	11
12	Laventhal - Bath/Shower	2009	881	88	10	88		132	12
13	Logan - Curtains	2009	2,942	588	5	588		882	13
14	Logan - Doors	2009	12,574	1,257	10	1,257		1,886	14
15	Logan - Flooring	2009	2,971	594	5	594		891	15
16	Main Campus - Doors	2009	5,506	551	10	551		826	16
17	Main Campus - FRP	2009	4,620	462	10	462		693	17
18	Old Sewing Bldg - Flooring	2009	2,416	242	10	242		363	18
19	Smith - Bath/Shower/Cabinets	2009	18,772	1,877	10	1,877		2,816	19
20	Stahl - Bathroom	2009	2,170	434	5	434		651	20
21	Telephone Poles	2010	4,900	245	5	245		245	21
22	Main Enterance - Asphalt Repair	2010	9,000	450	10	450		450	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)		\$ 12,316,620	\$ 420,175		\$ 420,175	\$	\$ 8,693,682	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	\$ 2,138,927	\$ 213,283	\$ 213,283	\$	5-25	\$ 1,057,629	71
72	Current Year Purchases	449,347	27,028	27,028		5-25	27,028	72
73	Fully Depreciated Assets	2,846,586				5-25	2,846,586	73
74								74
75	TOTALS	\$ 5,434,860	\$ 240,311	\$ 240,311	\$		\$ 3,931,243	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			\$ 584,353	\$ 52,012	\$ 52,012	\$	5-10	\$ 470,658	76
77										77
78										78
79										79
80	TOTALS			\$ 584,353	\$ 52,012	\$ 52,012	\$		\$ 470,658	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)	\$ 18,535,049	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 712,498	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 712,498	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)	\$ 13,095,583	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	\$ 10,849,946	\$ 366,272	\$ 5,715,727	86
87					87
88					88
89					89
90					90
91	TOTALS	\$ 10,849,946	\$ 366,272	\$ 5,715,727	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. _____ /2011 \$ _____

13. _____ /2012 \$ _____

14. _____ /2013 \$ _____

* 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?</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input checked="" type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA <u>72</u></p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input checked="" type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA <u>88</u></p>
---	--	--

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility		3	4
		1	2		
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies	2,350	6,900	25	9,275
3	Classroom Wages (a)	8,629	152,021		160,650
4	Clinical Wages (b)		185,803		185,803
5	In-House Trainer Wages (c)	4,949	14,417	215	19,581
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$ 15,928	\$ 359,141	\$ 240	\$ 375,309
10	SUM OF line 9, col. 1 and 2 (e)	\$ 375,069			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities.

\$ 383

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	276
2. From other facilities (f)	1
DROP-OUTS	
1. From this facility	94
2. From other facilities (f)	
TOTAL TRAINED	371

- (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	\$	109	\$ 7,260	\$	109	\$ 7,260	1
2	Licensed Speech and Language Development Therapist	10A-1	887 hrs	23,544				887	23,544	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10A-1/10A-3/10A-2	11213 hrs	122,699	352	16,478	1,673	11,565	140,850	4
5	Physician Care	39-3	visits			50,365			50,365	5
6	Dental Care	39-1/39-3/39-2	visits	27,207	369	21,588	2,848	369	51,643	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			\$ 173,450	829	\$ 95,691	\$ 4,521	12,929	\$ 273,662	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.

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of **06/30/2010**

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 4,233,301	\$	1
2	Cash-Patient Deposits	76,888		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>130,277</u>)	8,446,272		3
4	Supply Inventory (priced at <u>COST</u>)	76,168		4
5	Short-Term Investments	4,218,252		5
6	Prepaid Insurance	72,979		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>CONTIBS RECEIVABLE</u>	17,185		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 17,141,045	\$	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments	614,599		12
13	Land	199,216		13
14	Buildings, at Historical Cost	23,166,566		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	6,019,213		16
17	Accumulated Depreciation (book methods)	(18,811,310)		17
18	Deferred Charges	479,649		18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>PREPAID LOAN COSTS</u>	93,932		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 11,761,864	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 28,902,909	\$	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 1,006,596	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	76,888		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	639,427		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	<u>OTHER ACCRUED EXPENSES</u>	527,969		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 2,250,880	\$	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable	9,755,035		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)	\$ 9,755,035	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 12,005,915	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 16,896,994	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 28,902,909	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 15,549,206	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 15,549,206	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(341,165)	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	1,688,953	15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 1,347,788	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)	\$ 16,896,994	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number **BEVERLY FARM FOUNDATION**# **0038604**Report Period Beginning: **07/01/2009**Ending: **06/30/2010**

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	\$ 12,582,938	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 12,582,938	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	1,324,642	24
25	Interest and Other Investment Income***	365,554	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 1,690,196	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	SEE ATTACHED	461,822	28
28a	GAIN ON SALE OF LAND	394,963	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 856,785	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 15,129,919	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	4,174,107	31
32	Health Care	5,991,496	32
33	General Administration	2,947,865	33
B. Capital Expense			
34	Ownership	1,561,556	34
C. Ancillary Expense			
35	Special Cost Centers	102,008	35
36	Provider Participation Fee	694,052	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 15,471,084	40
41	Income before Income Taxes (line 30 minus line 40)**	(341,165)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (341,165)	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: **07/01/2009**

Ending:

06/30/2010

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	2,200	\$ 56,807	\$ 25.82	1
2	Assistant Director of Nursing					2
3	Registered Nurses	18,094	19,066	333,340	17.48	3
4	Licensed Practical Nurses	25,070	27,097	542,944	20.04	4
5	CNAs & Orderlies	180,083	358,407	3,740,386	10.44	5
6	CNA Trainees					6
7	Licensed Therapist	4,160	4,440	85,138	19.18	7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	345	345	6,745	19.55	10
11	Social Service Workers	2,300	4,206	43,833	10.42	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants					15
16	Dishwashers					16
17	Maintenance Workers	19,657	21,288	237,261	11.15	17
18	Housekeepers	100,490	100,490	803,920	8.00	18
19	Laundry					19
20	Administrator	1,248	1,248	60,169	48.21	20
21	Assistant Administrator	1,248	1,320	41,964	31.79	21
22	Other Administrative	2,448	2,686	51,057	19.01	22
23	Office Manager					23
24	Clerical	24,723	27,252	295,158	10.83	24
25	Vocational Instruction	6,240	6,512	82,077	12.60	25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	16,022	16,342	196,663	12.03	28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,867	2,185	28,803	13.18	31
32	Other Health Care(specify)					32
33	Other(specify) <u>ATTACHED</u>	34,090	38,426	512,645	13.34	33
34	TOTAL (lines 1 - 33)	440,165	633,510	\$ 7,118,910 *	\$ 11.24	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	12 MOS	800	10-3	38
39	Pharmacist Consultant	12 MOS	7,200	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant	33	825	12-3	45
46	Other(specify) <u>PSYCOLOGIST</u>	182	8,400	11-3	46
47	<u>PHYSICIAN CONSULTANT</u>	53	6,600	10-3	47
48					48
49	TOTAL (lines 35 - 48)	268	\$ 23,825		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	14,844	296,891	10-3	52
53	TOTAL (lines 50 - 52)	14,844	\$ 296,891		53

Facility Name & ID Number BEVERLY FARM FOUNDATION

0038604

Report Period Beginning: 07/01/2009 Ending: 06/30/2010

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 \$6,709
- (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. \$ 62,654 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. \$ 694,052
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. \$ 852
- (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. \$ 6,672
- 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, 2010

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, 2010

DAY TRAINING	\$ 4,949,952
APARTMENTS & INCIDENTALS	615,303
GROUP HOMES	4,046,222
GIFT SHOP	77,345
	<u>\$ 9,688,822</u>

EXPENSES INCURRED BY BROAD CATEGORY
NOT LISTED IN THIS COST REPORT

DAY TRAINING	\$ 4,146,071
APARTMENTS	368,397
GROUP HOMES	3,403,182
GIFT SHOP	77,231
GREENHOUSE	4,988
	<u>\$ 7,999,869</u>

NET INCOME (Page 18, Schedule XVI, Line 15)	<u>\$ 1,688,953</u>
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BEVERLY FARM FOUNDATION #0038604
PAGE 20, SCHEDULE XVIII, LINE 33
JUNE 30, 2010

SERVICE	1	2	3	4
	HRS. WORKED	HRS. PAID	WAGES	HOURLY WAGE
PHYSICAL THERAPY	9,002	11,213	\$ 122,699	10.94
SOCIAL WORKER	8,320	8,868	114,054	12.86
SPEECH THERAPY	767	887	23,544	26.54
DENTAL ASSISTANT	1,658	2,086	27,207	13.04
TRANSPORTATION	8,268	8,853	78,395	8.86
SAFETY & SECURITY	2,088	2,136	38,917	18.22
DEVELOPMENT DIRECTOR	3,987	4,383	107,829	24.60
	<u>34,090</u>	<u>38,426</u>	<u>\$ 512,645</u>	

BEVERLY FARM FOUNDATION
MISCELLANEOUS INCOME, PAGE 19, LINE 28
JUNE 30, 2010

HAB-AIDE REIMBURSEMENT	\$ 322,467
IPA TRANSPORTATION REIMBURSEMENT	6,672
SODA MACHINE	19,606
OTHER REFUNDS AND REIMBURSEMENTS	112,217
MISCELLANEOUS	860
	<u>\$ 461,822</u>

BEVERLY FARM FOUNDATION #0038604
VEHICLE DEPRECIATION - SCHEDULE XI., Section D.
JUNE 30, 2010

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	1,616	1,616	32,326
TRANS MAINT #4-F150	3,957	-	-	3,957
TRANSP-15 PASS. VAN #1	20,513	2,052	2,052	17,434
FORD FOCUS-CAR #1	6,545	-	-	6,545
IDOT VAN #15	26,612	2,661	2,661	19,959
IDOT VAN #16	26,612	2,661	2,661	19,959
TRANS-VAN # 13	14,941	-	-	14,941
Trans- Car # 6	2,362	-	-	2,362
TRANS. CAR # 3	910	-	-	910
TRANS. MAINT #6 -TRUCK	3,591	-	-	3,591
IDOT BUS-VAN #17	52,612	-	-	52,612
MAINT. #8 F350 TRUCK	15,944	-	-	15,944
WHEELCHAIR VAN #5	21,903	-	-	21,903
BUS RENNOVATIONS	3,106	-	-	3,106
E-350 Van #19-15 pass.	16,427	1,643	1,643	16,427
E-350 Van #18-15 pass.	16,349	1,635	1,635	16,349
Supply Van Mats	132	13	13	132
2005 GMC-VAN # 3-15 pass.	16,974	1,697	1,697	16,974
2005 GMC-VAN # 11-15 pass.	17,004	1,700	1,700	17,004
IDOT VAN-#8	22,023	2,202	2,202	9,910
Truck for Maintenance	3,081	616	616	2,773
Wheelchair Straps for Van #17	380	76	76	342
2006 Chrysler Van #21	9,993	1,999	1,999	8,994
2006 Chrysler Van #10	10,407	2,081	2,081	9,366
Wheelchair Van # 20	20,362	4,072	4,072	18,326
Security Car	7,914	1,583	1,583	5,540
Maintenance Truck w/Snow Plow	20,035	4,007	4,007	14,025
Transportation Van	21,651	4,330	4,330	15,156
Vans-Wheelchair Strap	1,454	291	291	1,018
Transportation Van	17,190	3,438	3,438	8,595
IDOT Van	19,538	3,908	3,908	9,769
Maintenance - Truck	20,434	4,087	4,087	6,130
14 Passenger Van	35,400	3,540	3,540	3,540
Shoulder Harnesses	1,036	104	104	104
	<u>584,353</u>	<u>52,012</u>	<u>52,012</u>	<u>470,658</u>

BEVERLY FARM FOUNDATION #0038604
DEPRECIABLE NON-CARE ASSETS - SCHEDULE XI., Section F.
JUNE 30, 2010

Description	Cost	Current Book Depreciation	Accumulated Depreciation
DAY TRAINING BUILDING	1,969,443	57,212	985,733
DAY TRAINING EQUIPMENT & VEHICLES	819,328	39,244	720,711
TOMBSTONES	3,186	-	3,186
GROVES B. SMITH BUILDING	1,133,240	33,255	455,631
GROVES B. SMITH EQUIPMENT	130,153	3,597	111,698
ADMINISTRATION BUILDING	112,777	2,793	39,039
ADMINISTRATION EQUIPMENT	53,038	3,697	21,870
GIFT SHOP EQUIPMENT	10,769	1,025	7,263
JUDAH SENIORS BUILDING	456,508	13,907	116,898
JUDAH EQUIPMENT	17,392	1,332	15,252
TREIN VOCATIONAL BUILDING	748,214	17,461	248,512
TREIN EQUIPMENT	11,613	487	11,248
TRAINING BUILDING	2,963	195	2,334
HARDIN APARTMENTS	838,594	25,945	457,898
HARDIN APARTMENTS EQUIPMENT	255,962	16,866	195,531
GREENHOUSE	366,278	9,705	200,447
ARENA BUILDING	153,056	5,704	68,515
ARENA EQUIPMENT	42,448	1,271	40,706
HORTICULTURE	115,669	2,688	63,769
GROUP HOMES	2,549,199	71,521	1,179,697
GROUP HOMES EQUIPMENT	682,097	32,361	534,460
GROUP HOMES VEHICLES	292,176	26,006	235,329
GROUP HOMES LAND	30,000	-	-
OTHER LAND	55,843	-	-
	<u>\$ 10,849,946</u>	<u>\$ 366,272</u>	<u>\$ 5,715,727</u>

BEVERLY FARM FOUNDATION #0038604
CNAS TRAINED FOR OTHERS
JUNE 30, 2010

ATTACHMENT FOR SCHEDULE XIII(D)(2)(f)

CNAS WERE TRAINED FOR THE FOLLOWING FACILITY:

New Opportunities, Inc.
1510 W. Seventh Street
Granite City, IL 62040

BEVERLY FARM FOUNDATION #0038604
SCHEDULE V RECLASSIFICATIONS
JUNE 30, 2010

BANK & BROKER FEES INCLUDED AS INTEREST	27,580	17-4
	(27,580)	32-4
CNA TRAINING INCLUDED AS NURSING	293,232	13-4
	(293,232)	10-4