

Facility Name & ID Number BEVERLY FARM FOUNDATION

0038604 Report Period Beginning: 7/1/2012 Ending: 6/30/2013

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	109,500	4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	300	TOTALS	300	109,500	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF					8
9	SNF/PED					9
10	ICF					10
11	ICF/DD	93,493	2,527		96,020	11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	93,493	2,527		96,020	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 87.69%

D. How many bed-hold days during this year were paid by the Department? 0 (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: 6/30/2013 Fiscal Year: 6/30/2013

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

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		30,790	1,685,596	1,716,386		1,716,386	1,716,386		1	
2	Food Purchase		1,040,928		1,040,928		1,040,928	(42,584)	998,344	2	
3	Housekeeping	839,092	18,390	44,661	902,143		902,143	902,143		3	
4	Laundry		11,574	301,892	313,466		313,466	313,466		4	
5	Heat and Other Utilities			386,788	386,788		386,788	386,788		5	
6	Maintenance	212,710	20,925	316,079	549,714		549,714	549,714		6	
7	Other (specify):* SECURITY	41,003	1,375	50,494	92,872		92,872	92,872		7	
8	TOTAL General Services	1,092,805	1,123,982	2,785,510	5,002,297		5,002,297	(42,584)	4,959,713	8	
	B. Health Care and Programs										
9	Medical Director									9	
10	Nursing and Medical Records	5,302,698	155,653	224,575	5,682,926	(207,951)	5,474,975	5,474,975		10	
10a	Therapy	188,812	908	32,887	222,607		222,607	222,607		10a	
11	Activities	50,110	34,878	2,386	87,374		87,374	87,374		11	
12	Social Services	119,618		798	120,416		120,416	120,416		12	
13	CNA Training	93,330			93,330	207,951	301,281	301,281		13	
14	Program Transportation	87,584			87,584		87,584	87,584		14	
15	Other (specify):*									15	
16	TOTAL Health Care and Programs	5,842,152	191,439	260,646	6,294,237		6,294,237	6,294,237		16	
	C. General Administration										
17	Administrative	129,276		191,164	320,440	(6,107)	314,333	(3,656)	310,677	17	
18	Directors Fees									18	
19	Professional Services			90,139	90,139		90,139	90,139		19	
20	Dues, Fees, Subscriptions & Promotions			72,507	72,507		72,507	(9,038)	63,469	20	
21	Clerical & General Office Expenses	349,086	34,890	221,004	604,980		604,980	604,980		21	
22	Employee Benefits & Payroll Taxes			1,896,143	1,896,143		1,896,143	1,896,143		22	
23	Inservice Training & Education			8,916	8,916	(581)	8,335	8,335		23	
24	Travel and Seminar			731	731	581	1,312	1,312		24	
25	Other Admin. Staff Transportation									25	
26	Insurance-Prop.Liab.Malpractice			113,179	113,179		113,179	113,179		26	
27	Other (specify):* FUNDRAISING/ADV	123,894		62,076	185,970	58,600	244,570	(244,570)		27	
28	TOTAL General Administration	602,256	34,890	2,655,859	3,293,005	52,493	3,345,498	(257,264)	3,088,234	28	
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	7,537,213	1,350,311	5,702,015	14,589,539	52,493	14,642,032	(299,848)	14,342,184	29	

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

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

Facility Name & ID Number BEVERLY FARM FOUNDATION

#0038604

Report Period Beginning:

7/1/2012

Ending:

6/30/2013

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			1,284,044	1,284,044		1,284,044	(396,000)	888,044			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			342,835	342,835	(52,493)	290,342	(290,342)				32
33	Real Estate Taxes			2,351	2,351		2,351	(2,351)				33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles											35
36	Other (specify):* MORTGAGE INS			27,856	27,856		27,856		27,856			36
37	TOTAL Ownership			1,657,086	1,657,086	(52,493)	1,604,593	(688,693)	915,900			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	28,482	6,886	58,415	93,783		93,783		93,783			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			766,120	766,120		766,120		766,120			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers	28,482	6,886	824,535	859,903		859,903		859,903			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	7,565,695	1,357,197	8,183,636	17,106,528		17,106,528	(988,541)	16,117,987			45

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

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

0038604

Report Period Beginning: **7/1/2012**

Ending: **6/30/2013**

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	(42,584)	2		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	(396,000)	30		9
10	Interest and Other Investment Income	(290,342)	32		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	(9,038)	20		17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(244,570)	27		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 SEE ATTACHED	(6,007)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (988,541)		\$	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)	\$ (988,541)		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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NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	REAL ESTATE TAXES	\$ (2,351)	33	1
2	FUNERAL EXPENSES	(3,656)	17	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		(6,007)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number BEVERLY FARM FOUNDATION# 0038604

Report Period Beginning:

7/1/2012

Ending:

6/30/2013

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES	PAGE	SUMMARY										
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(42,584)	0	0	0	0	0	0	0	0	0	0	(42,584)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(42,584)	0	(42,584)	8									
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	(3,656)	0	0	0	0	0	0	0	0	0	0	(3,656)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	0	0	0	0	0	0	0	0	0	0	0	19
20	Fees, Subscriptions & Promotions	(9,038)	0	0	0	0	0	0	0	0	0	0	(9,038)	20
21	Clerical & General Office Expenses	0	0	0	0	0	0	0	0	0	0	0	0	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	(244,570)	0	0	0	0	0	0	0	0	0	0	(244,570)	27
28	TOTAL General Administration	(257,264)	0	(257,264)	28									
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(299,848)	0	(299,848)	29									

STATE OF ILLINOIS

Summary B

Facility Name & ID Number BEVERLY FARM FOUNDATION# 0038604

Report Period Beginning:

7/1/2012

Ending:

6/30/2013

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	(396,000)	0	0	0	0	0	0	0	0	0	0	(396,000)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(290,342)	0	0	0	0	0	0	0	0	0	0	(290,342)	32
33	Real Estate Taxes	(2,351)	0	0	0	0	0	0	0	0	0	0	(2,351)	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(688,693)	0	0	0	0	0	0	0	0	0	0	(688,693)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	0	0	0	0	0	0	0	0	0	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(988,541)	0	0	0	0	0	0	0	0	0	0	(988,541)	45

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Use Page 6-Supplemental as 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:

7/1/2012

Ending:

6/30/2013

VII. RELATED PARTIES

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions.

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	Barry Allswang	BOD						1
2	Brian Birnbaum	BOD						2
3	Alan Bradley	BOD						3
4	Hartley Carlton	BOD						4
5	Patricia Downey	BOD						5
6	David Durand	BOD						6
7	Leslie Landsman	BOD						7
8	Nicholas Lynn	BOD						8
9	William McMahan	BOD						9
10	Donald Perozzi	BOD						10
11	Roger Queen	BOD						11
12	Steve Schmidt	BOD						12
13	Glenn Tiller	BOD						13
14	George Walker	BOD						14
15	Pamela Whisler	BOD						15
16	Keith Wright	BOD						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

Facility Name & ID Number BEVERLY FARM FOUNDATION # 0038604 Report Period Beginning: 7/1/2012 Ending: 6/30/2013

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	BOARD OF DIRECTORS	BOD	BOD	0.00	NONE	82	0.00		\$ 0	NA	1
2	(SEE PAGE 6)										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

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7/1/2012

Ending:

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VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization

GROUP HOMES #1-6

Street Address

City / State / Zip Code

GODFREY IL 62035

Phone Number

(618) 466-0367

Fax Number

(618)466-3652

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	22-3	EMPLOYEE BENEFITS	WAGES	10,000	8	\$ 3,496,469	\$ 5,423	\$ 1,896,143	1
2	17-3	SCHOOL REIMBURSEMENT	WAGES	10,000	8	199,173	6,119	121,867	2
3	17-1	ADMINISTRATIVE SALARIES	HOURS	2,080	8	215,460	215,460	1,248	129,276
4	17-3	ADMINISTRATIVE - OTHER	HOURS	2,080	8	575,579	250	69,297	4
5	21-1	PERSONNEL/ACCOUNTING	HOURS	2,080	8	581,810	581,810	1,248	349,086
6	6-1	MAINTENANCE STAFF	HOURS	2,080	8	354,516	354,516	1,248	212,710
7	7-3	SECURITY/SAFETY	HOURS	2,080	8	84,156	1,248	50,494	7
8	7-1	SAFETY MANAGER	HOURS	2,080	8	68,338	68,338	1,248	41,003
9	7-2	SECURITY SUPPLIES	HOURS	2,080	8	2,292	1,248	1,375	9
10	6-2	MAINTENANCE SUPPLIES	HOURS	2,080	8	34,581	1,248	20,749	10
11	21-2	OSHA REQUIREMENTS	HOURS	2,080	8	45,453	1,248	27,272	11
12	21-3	CONSULTANTS	HOURS	2,080	8	128,009	1,248	76,805	12
13	6-3	MAINTENANCE - OTHER	HOURS	2,080	8	102,945	1,248	61,767	13
14	26-3	INSURANCE	HOURS	2,080	8	188,632	1,248	113,179	14
15	19-3	LEGAL & ACCOUNTING	HOURS	2,080	8	154,302	1,215	90,139	15
16	14-1	TRANSPORTATION STAFF	HOURS	2,080	8	145,974	145,974	1,248	87,584
17	20-3	DUES/SUBS/ADVERTISING	HOURS	2,080	8	107,159	1,407	72,507	17
18	36-3	MORTGAGE INSURANCE	HOURS	2,080	8	46,427	1,248	27,856	18
19	32-3	INTEREST	HOURS	2,080	8	571,392	1,248	342,835	19
20	23-3	INSERVICE TRAINING	HOURS	2,080	8	14,580	1,272	8,916	20
21	11-1	ACTIVITIES STAFF	HOURS	2,080	8	83,517	83,517	1,248	50,110
22	11-2	ACTIVITIES SUPPLIES	HOURS	2,080	8	8,748	1,248	5,249	22
23	11-3	ACTIVITIES OTHER	HOURS	2,080	8	2,703	1,248	1,622	23
24									24
25	TOTALS					\$ 7,212,215	\$ 1,449,615	\$ 3,857,841	25

Facility Name & ID Number

BEVERLY FARM FOUNDATION

0038604

Report Period Beginning:

7/1/2012

Ending:

6/30/2013

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	Name of Lender	2 Related**		3 Purpose of Loan	4 Monthly Payment Required	5 Date of Note	6 Amount of Note		8 Maturity Date	9 Interest Rate (4 Digits)	10 Reporting Period Interest Expense	
		YES	NO				Original	Balance				
A. Directly Facility Related												
Long-Term												
1	GERSHMAN MORTGAGE		X	REFINANCE BONDS	\$36,578.00	7/1/10	\$ 5,973,180	\$ 5,506,944	08/01/31	0.0477	\$ 267,378	1
2	AMORTIZATION OF DEBT COSTS		X								4,398	2
3												3
4												4
5												5
Working Capital												
6	LIBERTY BANK		X	WORKING CAPITAL		4/21/12	630,000		4/21/13	0.0500	18,566	6
7												7
8												8
9	TOTAL Facility Related				\$36,578.00		\$ 6,603,180	\$ 5,506,944			\$ 290,342	9
B. Non-Facility Related*												
10												10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						\$	\$			\$	14
15	TOTALS (line 9+line14)						\$ 6,603,180	\$ 5,506,944			\$ 290,342	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 27,856 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 2012 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.)		\$	2,351		2										
3. Under or (over) accrual (line 2 minus line 1).		\$	2,351		3										
4. Real Estate Tax accrual used for 2013 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.		\$	2,351		7										
Real Estate Tax History:															
Real Estate Tax Bill for Calendar Year:	2008	<u>2,320</u>	8	<table border="1" style="width: 100%;"> <tr> <td colspan="2" style="text-align: center;">FOR BHF USE ONLY</td> </tr> <tr> <td style="text-align: center;">13</td> <td>FROM R. E. TAX STATEMENT FOR 2012 \$</td> </tr> <tr> <td style="text-align: center;">14</td> <td>PLUS APPEAL COST FROM LINE 5 \$</td> </tr> <tr> <td style="text-align: center;">15</td> <td>LESS REFUND FROM LINE 6 \$</td> </tr> <tr> <td style="text-align: center;">16</td> <td>AMOUNT TO USE FOR RATE CALCULATION \$</td> </tr> </table>		FOR BHF USE ONLY		13	FROM R. E. TAX STATEMENT FOR 2012 \$	14	PLUS APPEAL COST FROM LINE 5 \$	15	LESS REFUND FROM LINE 6 \$	16	AMOUNT TO USE FOR RATE CALCULATION \$
FOR BHF USE ONLY															
13	FROM R. E. TAX STATEMENT FOR 2012 \$														
14	PLUS APPEAL COST FROM LINE 5 \$														
15	LESS REFUND FROM LINE 6 \$														
16	AMOUNT TO USE FOR RATE CALCULATION \$														
	2009	<u>2,363</u>	9												
	2010	<u>2,387</u>	10												
	2011	<u>2,351</u>	11												
	2012	<u>2,363</u>	12												

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.

2012 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 2012 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 2012.

	(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	\$ <u>_____</u>	\$ <u>_____</u>

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 2012 tax bills which were listed in Section A to this statement. Be sure to use the 2012 tax bill which is normally paid during 2013.

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:

7/1/2012 Ending:

6/30/2013

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:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	<u>FACILITY</u>	<u>6,701,800</u>	<u>1955</u>	<u>\$ 60,245</u>	1
2	<u>GROUND IMPROV</u>			<u>138,971</u>	2
3	TOTALS	6,701,800		\$ 199,216	3

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-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		40			277,051	7
8	84	1979	1979	628,784	15,720	40	15,720		550,187	8
Improvement Type**										
9	43 BEDS INCLUDED IN LINE 8 YEAR ACQUIRED 1984		1984	1,188,870	29,721	40	29,721		847,069	9
10	BUILDING ADDITIONS		1968	395,455		40			395,455	10
11	BUILDING IMPROVEMENTS		1973	1,958	49	40	49		1,822	11
12	BUILDING ADDITIONS		1974	62,866	1,572	40	1,572		58,757	12
13	BUILDING IMPROVEMENTS		1977	6,665	167	40	167		5,749	13
14	BUILDING IMPROVEMENTS		1978	29,299	732	40	732		24,525	14
15	BUILDING IMPROVEMENTS		1979	3,697	92	40	92		2,994	15
16	BUILDING IMPROVEMENTS		1980	178,379	4,459	40	4,459		139,916	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	2,396	40	2,396		72,195	19
20	BUILDING IMPROVEMENTS		1982	12,542	313	40	313		9,455	20
21	BUILDING IMPROVEMENTS		1983	151,953	2,945	VAR	2,945		146,335	21
22	BUILDING IMPROVEMENTS		1984	57,602	600	VAR	600		51,291	22
23	BUILDING IMPROVEMENTS		1985	118,087	624	VAR	624		112,505	23
24	BUILDING IMPROVEMENTS		1986	1,074,281	19,107	VAR	19,107		935,484	24
25	BUILDING IMPROVEMENTS		1987	121,493	2,965	VAR	2,965		86,258	25
26	BUILDING IMPROVEMENTS		1988	71,953	1,009	VAR	1,009		67,993	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		597,643	29
30	BUILDING IMPROVEMENTS		1992	69,921	2,385	VAR	2,385		59,438	30
31	BUILDING IMPROVEMENTS		1993	2,012,088	79,621	VAR	79,621		1,631,113	31
32	BUILDING IMPROVEMENTS		1994	171,343	968	VAR	968		165,586	32
33	BUILDING IMPROVEMENTS		1995	77,588	1,640	VAR	1,640		66,928	33
34	BUILDING IMPROVEMENTS		1996	212,776	1,041	VAR	1,041		204,973	34
35	BUILDING IMPROVEMENTS		1997	883,655	20,222	VAR	20,222		487,765	35
36	BUILDING IMPROVEMENTS		1998	124,413	1,769	VAR	1,769		121,206	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:

7/1/2012

Ending:

6/30/2013

XI. OWNERSHIP COSTS (continued)**B. Building and Improvement Costs-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	BUILDING IMPROVEMENTS	1999	\$ 393,343	\$ 9,125		\$ 9,125		\$ 318,981	37
38	ROOF-CAMP BEVERLY	2000	1,350	68	20	68		914	38
39	BEVERLY COTTAGE-SIDING,GUTTERS, FASCIA	2000	8,636	432	20	432		5,831	39
40	CARRIAGE HOUSE-WINDOWS	2000	586	23	25	23		314	40
41	DONNELLY-DOORS	2000	6,927		10			6,927	41
42	HERRING-DOOR	2000	2,857		10			2,857	42
43	HILLIER-ROOF	2000	34,732	1,737	20	1,737		23,446	43
44	STAHL-SIDING,SOFFIT & FLOORING	2000	14,075	704	20	704		9,502	44
45	FENCE ABOVE LPG VAPOR TANK	2000	4,200	280	15	280		3,780	45
46	OLD HERRING-ELECTRIC	2000	2,579		10			2,579	46
47	TREE REMOVAL	2000	875		5			875	47
48	BEVERLY - WATER HEATER	2000	1,170		10			1,170	48
49	BEVERLY - FLOOR/DOOR	2000	5,073		10			5,073	49
50	CARIAGE HSE-GUTTERS	2000	5,115	256	20	256		3,198	50
51	CHAPPEE-A/C; FLOORS	2000	14,128		10			14,128	51
52	CROSS COTTAGE-SIDING	2000	1,945	97	20	97		1,214	52
53	DIETARY-DOOR	2000	1,685		10			1,685	53
54	DONNELLY-DOORS	2000	5,249		10			5,249	54
55	EVANS-WINDOWS/DOORS	2000	6,196	248	25	248		3,099	55
56	LAVENTHAL-FIRE ALARM	2000	12,000		10			12,000	56
57	SMALL GARAGE DOOR	2000	3,000	200	15	200		2,500	57
58	HERRING-FRP WALLS	2000	864	58	15	58		722	58
59	HILLIER-NEW WINDOWS	2000	11,361	454	25	454		5,678	59
60	LAUNDRY-CHIMNEY/DOOR	2000	10,074		10			10,074	60
61	STORM SEWER REPAIR	2000	2,600		10			2,600	61
62	WIDEN ROAD	2000	2,650		10			2,650	62
63	LOGAN-FIRE ALARM	2000	10,350		10			10,350	63
64	OLD HERRING-WINDOWS	2000	5,535	221	25	221		2,766	64
65	SEWING-STEEL DOORS	2000	2,281		10			2,281	65
66	CABIN ROAD REPAIR	2000	26,843					26,843	66
67	MAIN CAMPUS-SIDEWALK	2000	28,716					28,716	67
68	HERRING PARKING LOT	2000	12,341					12,341	68
69	ROAD IMPROVEMENTS	2000	106,706					106,706	69
70	TOTAL (lines 4 thru 69)		\$ 10,689,690	\$ 228,336		\$ 228,336		\$ 8,636,834	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:

7/1/2012

Ending:

6/30/2013

XI. OWNERSHIP COSTS (continued)**B. Building and Improvement Costs-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		\$ 10,689,690	\$ 228,336		\$ 228,336	\$	\$ 8,636,834	1
2	LAVENTHAL-SPRINKLER	2001	7,501		10			7,501	2
3	LOGAN-DOOR/SPRINKLER	2001	5,261		10			5,261	3
4	BEVERLY - SPRINKLER	2001	1,049		10			1,049	4
5	EVANS-A/C	2001	2,081		10			2,081	5
6	HILLIER-SPRINKLER REP	2001	5,862		10			5,862	6
7	HILLIER-DOOR/FLOORING	2001	8,040		10			8,040	7
8	SMITH-DOOR	2001	1,070		10			1,070	8
9	STAHL-DOOR/FLOORING	2001	6,934		10			6,934	9
10	DRAINAGE DITCH	2001	9,170		10			9,170	10
11	SRS BLDG-SITE PREP	2001	936		10			936	11
12	OIL & CHIP ROADS	2001	12,362		10			12,362	12
13	ROAD REPAIRS	2001	83,836		10			83,836	13
14	SIDEWALKS	2001	12,977		10			12,977	14
15	BEVERLY - DOORS/JAMBS	2001	919		10			919	15
16	CHAPPEE - DOORS	2001	1,722		10			1,722	16
17	DIETARY - DOORS	2001	506		10			506	17
18	HERRING - DOORS	2001	2,680		10			2,680	18
19	HILLIER - SPRINKLER	2001	786		10			786	19
20	HOUSEKEEPING - DOOR	2001	846		10			846	20
21	COTTAGES - SPRINKLER	2001	8,195		10			8,195	21
22	BATHROOM DOORS	2001	4,601		10			4,601	22
23	MAINTENANCE - GUTTERS & ROOF	2001	6,256	313	20	313		3,598	23
24	MAINTENANCE - GARAGE DOORS	2001	679		10			679	24
25	MAINTENANCE - SHED DOORS	2001	1,492		10			1,492	25
26	SEWING - WINDOWS	2001	3,926	157	25	157		1,806	26
27	DONNELLEY - FIRE ALARM	2002	12,390		10			12,390	27
28	EVANS - FIRE ALARM	2002	11,667		10			11,667	28
29	HERRING - FIRE ALARM	2002	11,666		10			11,666	29
30	FLOOR TILE - CHAPPEE	2002	3,299	165	10	165		3,299	30
31	SPRINKLER - DIETARY	2002	5,600	280	10	280		5,600	31
32	DOOR - MAINTENANCE SHED	2002	1,398	69	10	69		1,398	32
33	LANDSCAPING - SMITH	2002	1,548	77	10	77		1,548	33
34	TOTAL (lines 1 thru 33)		\$ 10,926,945	\$ 229,397		\$ 229,397	\$	\$ 8,869,311	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:

7/1/2012

Ending:

6/30/2013

XI. OWNERSHIP COSTS (continued)**B. Building and Improvement Costs-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		\$ 10,926,945	\$ 229,397		\$ 229,397	\$	\$ 8,869,311	1
2	GENERATOR REPAIR - HILLIER	2002	2,466	164	15	164		1,724	2
3	BOILER REPAIR - LOGAN	2002	2,865	191	15	191		2,006	3
4	LANDSCAPING - BEVERLY	2002	6,699	335	10	335		6,699	4
5	PARKING LOT - CHAPPEE	2002	4,175	207	10	207		4,175	5
6	SIDEWALKS - MAIN CAMPUS	2002	2,502	126	10	126		2,502	6
7	SIDEWALKS - LOGAN	2002	740	37	10	37		740	7
8	ROAD REPAIRS - MAIN CAMPUS	2002	41,503	2,076	10	2,076		41,503	8
9	TRAINING BUILDING ALLOCATION	1998	17,777	858	15	858		17,076	9
10	AIR COND REPAIRS - ALL COTTAGES	2003	10,066	502	10	502		10,066	10
11	DIGITAL THERMOMETERS - ALL COTTAGES	2003	9,450	472	10	472		9,450	11
12	FLOORING - DONNELLEY	2003	2,196	108	10	108		2,196	12
13	SPRINKLER - HILLIER	2003	4,990	249	10	249		4,990	13
14	VINYL FLOORING - LOGAN	2003	696	33	10	33		696	14
15	DOOR - SMITH	2003	1,118	55	10	55		1,118	15
16	BEDROOM FLOOR - STAHL	2003	890	44	10	44		890	16
17	SIDEWALKS - OLD HERRING	2003	2,335	115	10	115		2,335	17
18	FURNACE - EVANS	2003	3,055	306	10	306		2,905	18
19	WATER HEATER - EVANS	2003	5,891	589	10	589		5,596	19
20	FLOORING - EVANS	2003	1,223	122	10	122		1,161	20
21	SPRINKLER - HERRING	2003	2,745	275	10	275		2,610	21
22	HANDRAILS - HERRING	2003	4,467	447	10	447		4,245	22
23	FLOORING - HERRING	2003	2,328	233	10	233		2,213	23
24	STALL REPAIR - HILLIER	2003	2,444	244	10	244		2,320	24
25	ROOF/GUTTERS - LAVENTHAL	2003	15,829	1,055	15	1,055		10,023	25
26	NEW DOOR - LAVENTHAL	2003	1,096	110	10	110		1,044	26
27	FLOORING - LOGAN	2003	4,815	482	10	482		4,577	27
28	SHUTTERS - LOGAN	2003	558	56	10	56		531	28
29	A/C & HEATING MAINT.	2003	911	91	10	91		865	29
30	TOILET STOOLS - ALL	2003	1,192	119	10	119		1,131	30
31	FRP - ALL	2003	1,555	156	10	156		1,480	31
32	SPRINKLER REPAIR - ALL	2003	3,351	335	10	335		3,183	32
33	SMOKE DETECTORS - ALL	2003	6,749	675	10	675		6,412	33
34	TOTAL (lines 1 thru 33)		\$ 11,095,622	\$ 240,264		\$ 240,264	\$	\$ 9,027,773	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:

7/1/2012

Ending:

6/30/2013

XI. OWNERSHIP COSTS (continued)**B. Building and Improvement Costs-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		\$ 11,095,622	\$ 240,264		\$ 240,264	\$	\$ 9,027,773	1
2	NEW ROOF - STAHL	2003	15,978	1,065	15	1,065		10,118	2
3	SIDEWALKS - CHAPPEE	2003	531	53	10	53		504	3
4	MAIN CAMPUS ROAD	2003	53,628	5,363	10	5,363		50,947	4
5	DRAIN PIPE	2003	1,570	157	10	157		1,491	5
6	SIDEWALKS - MAIN CAMPUS	2003	8,404	840	10	840		7,982	6
7	SPRINKLER MAINTENANCE	2003	7,244	724	10	724		6,880	7
8	UV FILTERS ADMIN BLDG	2004	2,000	200	10	200		1,900	8
9	SEPTIC SYSTEM CABIN	2004	4,600	460	10	460		4,370	9
10	BOILER - DIETARY	2004	4,122	412	10	412		3,915	10
11	CEILING TILES - DIETARY	2004	998	100	10	100		949	11
12	STOVE HOOD - DIETARY	2004	2,594	259	10	259		2,462	12
13	LIFE SAFETY CODE EXIT	2004	27,232	2,723	10	2,723		25,869	13
14	CABINETS - LOGAN	2004	5,187	519	10	519		4,929	14
15	DOORS - MAINTENANCE	2004	1,786	179	10	179		1,699	15
16	SEWER BACKFLOW	2004	958	96	10	96		911	16
17	REPLACE GARAGE DOORS	2004	1,005	101	10	101		957	17
18	FIRE HYDRANTS	2004	1,440	144	10	144		1,368	18
19	CIRCUIT UPGRADES - ALL	2004	8,690	869	10	869		8,256	19
20	SPRINKLER - SMITH	2004	2,417	242	10	242		2,298	20
21	CLOSET - STAHL	2004	980	98	10	98		931	21
22	SIDEWALKS - DONNELLEY	2004	690	69	10	69		656	22
23	LAGOON DRAINAGE	2004	800		5			800	23
24	SIDEWALK - STAHL	2004	920	92	10	92		874	24
25	CABINETS - LOGAN	2004	2,039	204	10	204		1,734	25
26	BEVERLY BACK ENTRANCE	2004	3,160	126	25	126		1,072	26
27	DRY PIPE SYSTEM - HILLIER	2004	1,046	105	10	105		891	27
28	CONDENSORS/COILS - MAIN CAMPUS	2004	5,406	541	10	541		4,597	28
29	DRYWALL MECHANICAL ROOM - DIETARY	2004	21,480	859	25	859		7,302	29
30	HANDRAILS/DOORS/FLOORS	2004	22,588	2,149	10-25	2,149		18,266	30
31	SAFETY EQUIPMENT INSPECTIONS	2004	7,542	754	10	754		6,410	31
32	FUEL/GAS PUMP AREA IMPROVEMENTS	2004	57,355	5,736	10	5,736		48,754	32
33	SIDEWALKS	2004	6,892	689	10	689		5,857	33
34	TOTAL (lines 1 thru 33)		\$ 11,376,904	\$ 266,192		\$ 266,192	\$	\$ 9,263,722	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:

7/1/2012

Ending:

6/30/2013

XI. OWNERSHIP COSTS (continued)**B. Building and Improvement Costs-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		\$ 11,376,904	\$ 266,192		\$ 266,192	\$	\$ 9,263,722	1
2	FIRE SAFETY UPGRADES - MAIN CAMPUS	2005	69,085	6,909	10	6,909		58,725	2
3	ROOF - SUPPLY BUILDING	2005	4,200	168	25	168		1,428	3
4	OPTICAL CABLE/PHONE LINE - MAIN CAMPUS	2005	31,706	3,170	10	3,170		26,947	4
5	TERMITE CONTROL SYSTEM	2005	1,357	136	10	136		1,155	5
6	WATERLINE - LOGAN	2005	14,684	1,468	10	1,468		12,479	6
7	GAS LINE REPLACEMENTS	2005	22,925	2,293	10	2,293		19,489	7
8	LAGOON DRAINAGE	2005	3,216		5			3,216	8
9	ADMIN BLDG TILE FLOOR	2005	752	75	10	75		638	9
10	SPRINKLER SYSTEM MAINTENANCE	2005	11,718	1,172	10	1,172		9,961	10
11	DIETARY - NEW BACK DOOR	2006	1,499	150	10	150		1,125	11
12	DIETARY - BOILER	2006	9,282	928	10	928		6,961	12
13	DIETARY - NEW ROOF	2006	2,100	105	20	105		788	13
14	DONNELLY - LANDSCAPING	2006	3,215		5			3,215	14
15	MENS BATHROOMS	2006	1,179		5			1,179	15
16	HERRING - ELECTRIC BOILER	2006	3,476	348	10	348		2,609	16
17	HERRING - DUCT WORK	2006	1,045	104	10	104		781	17
18	HILLIER - NEW BACK DOOR	2006	1,796	180	10	180		1,349	18
19	LOGAN - HANDRAILS	2006	201	20	10	20		150	19
20	FIRE SYSTEM UPGRADES	2006	26,843	2,684	10	2,684		20,131	20
21	SEWAGE CHIPPER	2006	5,853	585	10	585		4,388	21
22	GENERATOR IMPROVEMENTS	2006	6,308	630	10	630		4,727	22
23	AIR CONDITIONING IMPROVEMENTS	2006	951	95	10	95		713	23
24	NURSING - AWNING	2006	595	60	10	60		450	24
25	NURSING - FLOORING	2006	8,952	895	10	895		6,713	25
26	PHONE LINE CABLING	2006	1,328	133	10	133		997	26
27	STAHL - PATIO	2006	8,935	894	10	894		6,704	27
28	STAHL - BACK DOOR AND CANOPY	2006	2,927	293	10	293		2,197	28
29	LAVENTHAL - FLOORING	2006	9,835	983	10	983		7,374	29
30	LAGOON	2006	62,960	2,518	25	2,518		18,884	30
31	GAS MAIN REPAIR	2006	2,400	240	10	240		1,800	31
32	REPAIR SEWER LIFT STATION	2006	6,281	628	10	628		4,710	32
33	ROAD REPAIR - MAIN CAMPUS	2006	25,068	2,507	10	2,507		18,800	33
34	TOTAL (lines 1 thru 33)		\$ 11,729,576	\$ 296,563		\$ 296,563	\$	\$ 9,514,505	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:

7/1/2012

Ending:

6/30/2013

XI. OWNERSHIP COSTS (continued)**B. Building and Improvement Costs-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		\$ 11,729,576	\$ 296,563		\$ 296,563	\$	\$ 9,514,505	1
2	SIDEWALK REPAIR - LOGAN	2006	6,765	677	677	677		5,076	2
3	STAHL - LANDSCAPING	2006	1,049	105	105	105		787	3
4	GAS MAIN REPAIR	2007	43,149	4,315	4,315	4,315		28,047	4
5	STAHL - SIDEWALKS	2007	4,925	493	493	493		3,204	5
6	RETAINING WALL - NURSING BUILDING	2007	39,392	3,939	3,939	3,939		25,603	6
7	T & T PARKING LOT RESURFACING	2007	26,568	2,657	2,657	2,657		17,270	7
8	RESURFACE GYM FLOOR	2007	1,875					1,875	8
9	BEVERLY ROOF REPAIR	2007	20,184	807	807	807		5,246	9
10	CAMPBELL CABINETS	2007	19,000	1,900	1,900	1,900		12,350	10
11	DONNELLY - NEW DOOR	2007	2,898	290	290	290		1,885	11
12	EVANS - HANDRAILS	2007	3,111	311	311	311		2,022	12
13	HILLIER - NEW CABINETS	2007	10,500	1,050	1,050	1,050		6,825	13
14	HILLIER - DOOR/FLOOR RPRS	2007	18,474	1,847	1,847	1,847		12,006	14
15	HILLIER - NEW GENERATOR	2007	143,290	5,732	5,732	5,732		41,556	15
16	HILLIER - SPRINKLER REPAIRS	2007	9,084	908	908	908		5,903	16
17	ANNUAL SPRINKLER REPAIRS	2007	22,195	2,220	2,220	2,220		14,429	17
18	BOILER ROOM - NEW DOORS	2007	1,845	185	185	185		1,202	18
19	SMITH - FLOORING	2007	1,153	115	115	115		748	19
20	STAHL - FLOORING	2007	1,328	133	133	133		864	20
21	WHEELCHAIR BUILDING REPAIRS	2007	537	54	54	54		351	21
22	BEVERLY - GUTTERS	2008	2,386	159	159	159		874	22
23	DIETARY - SPRINKLER	2008	4,791	479	479	479		2,635	23
24	HILLIER - GENERATOR	2008	934	93	93	93		512	24
25	HILLIER - HVAC Duct Work, Flooring, & Wall Coverings	2008	13,873	1,387	1,387	1,387		7,629	25
26	HILLIER - ELECTRICAL	2008	14,234	1,423	1,423	1,423		7,826	26
27	LOGAN - BATHROOM	2008	10,605	1,061	1,061	1,061		5,835	27
28	SMITH - ROOF	2008	21,136	846	846	846		4,653	28
29	MAIN CAMPUS - SIDEWALKS	2008	7,100	710	710	710		3,905	29
30	MAIN CAMPUS - TAR/CHIP ROADS	2008	39,752	3,975	3,975	3,975		21,863	30
31	HERRING - GENERATOR PAD	2008	1,181	47	47	47		259	31
32	Logan - Flooring	2009	9,446	945	945	945		4,252	32
33	Dietary - Door	2009	1,585	159	159	159		715	33
34	TOTAL (lines 1 thru 33)		\$ 12,233,921	\$ 335,585		\$ 335,585	\$	\$ 9,762,712	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:

7/1/2012

Ending:

6/30/2013

XI. OWNERSHIP COSTS (continued)**B. Building and Improvement Costs-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		\$ 12,233,921	\$ 335,585		\$ 335,585	\$	\$ 9,762,712	1
2	Donnelley - Picnic Table	2009	1,021	102	10	102		459	2
3	Evans - Generator	2009	3,331	333	10	333		1,499	3
4	Herring - Sink/Cabinets	2009	11,595	1,160	10	1,160		5,220	4
5	Laventhal - Bath/Shower	2009	881	88	10	88		396	5
6	Logan - Curtains	2009	2,942	588	5	588		2,646	6
7	Logan - Doors	2009	12,574	1,257	10	1,257		5,657	7
8	Logan - Flooring	2009	2,971	594	5	594		2,673	8
9	Main Campus - Doors	2009	5,506	551	10	551		2,479	9
10	Main Campus - FRP	2009	4,620	462	10	462		2,079	10
11	Old Sewing Bldg - Flooring	2009	2,416	242	10	242		1,089	11
12	Smith - Bath/Shower/Cabinets	2009	18,772	1,877	10	1,877		8,447	12
13	Stahl - Bathroom	2009	2,170	434	5	434		1,953	13
14	Telephone Poles	2010	4,900	490	10	490		1,715	14
15	Main Entrance - Asphalt Repair	2010	9,000	900	10	900		3,150	15
16	Old Herring - Roof Replacement	2011	7,050	353	20	353		882	16
17	Sidewalks	2011	19,888	1,989	10	1,989		4,972	17
18	Landscaping	2011	7,390	739	10	739		1,848	18
19	Paving and Striping	2011	75,625	7,563	10	7,563		18,907	19
20	Main Campus - Sidewalk & Roadway	2012	38,880	3,888	10	3,888		5,832	20
21	Main Campus - Striping for Parking	2012	1,750	175	10	175		263	21
22	Main Campus- Landscaping	2012	546	109	5	109		164	22
23	Main Campus - Tuckpointing	2012	13,000	1,300	10	1,300		1,950	23
24	Main Campus - Pad & Sidewalk	2012	9,075	908	10	908		1,361	24
25	Main Campus - Sidewalk	2012	900	90	10	90		135	25
26	Main Campus - Concrete	2012	2,338	234	10	234		351	26
27	Main Campus - Pavilion	2012	26,961	1,348	20	1,348		2,022	27
28	Main Campus - Improvements	2012	6,595	696	10	696		989	28
29	Nursing - Wall Improvement	2012	400	40	10	40		60	29
30	Administration Building Landscaping	2012	550	55	10	55		83	30
31	Smith - Park Improvements	2012	4,509	451	10	451		676	31
32	Smith - Pad Improvements	2012	2,100	210	10	210		315	32
33	Hardin - Sidewalk	2012	2,350	235	10	235		353	33
34	TOTAL (lines 1 thru 33)		\$ 12,536,527	\$ 365,046		\$ 365,046	\$	\$ 9,843,337	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:

7/1/2012

Ending:

6/30/2013

XI. OWNERSHIP COSTS (continued)**B. Building and Improvement Costs-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		\$ 12,536,527	\$ 365,046		\$ 365,046	\$	\$ 9,843,337	1
2	Main Campus - Asphalt Overlay	2012	77,920	7,792	10	7,792		11,688	2
3	Main Campus - New Parking	2012	6,400	640	10	640		960	3
4	LIGHTING	2013	4,436	444	5	444		444	4
5	SEWER REPAIRS	2013	12,747	637	10	637		637	5
6	SPRINKLERS	2013	263	13	10	13		13	6
7	WALL REPAIR MATERIALS	2013	2,366	237	5	237		237	7
8	DOORS	2013	2,108	211	5	211		211	8
9	SECURITY CAMERAS	2013	8,446	845	5	845		845	9
10	COOLING	2013	738	74	5	74		74	10
11	DOORS	2013	469	23	10	23		23	11
12	DOORS	2013	1,050	53	10	53		53	12
13	REPLACE SPRINKLERS	2013	272,292	6,807	20	6,807		6,807	13
14	FLOORING	2013	1,861	93	10	93		93	14
15	FLOORING	2013	2,810	281	5	281		281	15
16	CABINETS IN BATHROOM	2013	4,790	240	10	240		240	16
17	DOOR	2013	1,953	98	10	98		98	17
18	PAINTING	2013	32,000	3,200	5	3,200		3,200	18
19	SPRINKLERS	2013	3,029	76	20	76		76	19
20	DOOR ALARM	2013	3,850	385	5	385		385	20
21	HVAC - LOGAN	2013	69,407	1,735	20	1,735		1,735	21
22	BATHROOM	2013	2,308	231	5	231		231	22
23	SPRINKLERS	2013	23,582	590	20	590		590	23
24	A/R REPAIRS	2013	654	65	5	65		65	24
25	BATHROOM	2013	1,198	120	5	120		120	25
26	STORAGE CONCRETE PAD	2013	3,915	196	10	196		196	26
27	GAS LINE REPLACEMENT	2013	12,201	610	10	610		610	27
28	LIGHTING	2013	2,739	274	5	274		274	28
29	ELECTRICAL WORK ON PAVILION	2013	814	81	5	81		81	29
30	SEWER REPAIRS	2013	576	58	5	58		58	30
31	SPRINKLERS	2013	83,119	4,156	10	4,156		4,156	31
32	SUPPLY DOOR	2013	2,400	120	10	120		120	32
33	UTILITY MAPPING	2013	52,300	1,308	20	1,308		1,308	33
34	TOTAL (lines 1 thru 33)		\$ 13,231,268	\$ 396,739		\$ 396,739	\$	\$ 9,879,246	34

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

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-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		\$ 13,231,268	\$ 396,739		\$ 396,739	\$	\$ 9,879,246	1
2	WATER LEAK REPAIR	2013	1,221	122	5	122		122	2
3	DOORS	2013	1,968	98	10	98		98	3
4	DOORS	2013	1,968	98	10	98		98	4
5	FLOORING	2013	3,095	310	5	310		310	5
6	INSTALL AND REMOVE WINDOWS	2013	12,339	308	20	308		308	6
7	PARKING LOTS	2013	480	16	15	16		16	7
8	SIGN	2013	4,633	232	10	232		232	8
9	SIDEWALK	2013	29,946	998	15	998		998	9
10	GYM FLOOR	2012	1,123	112	5	112		112	10
11	7 WINDOWS	2012	1,746	87	10	87		87	11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
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27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 13,289,787	\$ 399,120		\$ 399,120	\$	\$ 9,881,627	34

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

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-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	\$ 3,266,472	\$ 403,771	\$ 403,771	\$	5-10	\$ 1,467,147	71
72	Current Year Purchases	151,418	13,925	13,925		5-10	13,925	72
73	Fully Depreciated Assets	3,580,943	23,660	23,660		5-10	3,580,943	73
74								74
75	TOTALS	\$ 6,998,833	\$ 441,356	\$ 441,356	\$		\$ 5,062,015	75

D. Vehicle Costs. (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			\$ 741,221	\$ 47,568	\$ 47,568	\$	5-10	\$ 615,281	76
77										77
78										78
79										79
80	TOTALS			\$ 741,221	\$ 47,568	\$ 47,568	\$		\$ 615,281	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)	\$ 21,229,057	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 888,044	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 888,044	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)	\$ 15,558,923	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	\$ 11,739,197	\$ 396,000	\$ 6,888,115	86
87					87
88					88
89					89
90					90
91	TOTALS	\$ 11,739,197	\$ 396,000	\$ 6,888,115	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

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. _____ /2014 \$ _____

13. _____ /2015 \$ _____

14. _____ /2016 \$ _____

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

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

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

Facility Name & ID Number BEVERLY FARM FOUNDATION # 0038604 Report Period Beginning: 7/1/2012 Ending: 6/30/2013
XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

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

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input checked="" type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA <u>72</u></p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input checked="" type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA <u>88</u></p>
--	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility		3	4
		1	2		
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies	1,625	5,275		6,900
3	Classroom Wages (a)	8,374	120,017		128,391
4	Clinical Wages (b)		146,687		146,687
5	In-House Trainer Wages (c)	4,489	14,814		19,303
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$ 14,488	\$ 286,793	\$	\$ 301,281
10	SUM OF line 9, col. 1 and 2 (e)	\$ 301,281			

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	211
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	65
2. From other facilities (f)	
TOTAL TRAINED	276

- (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	1 Schedule V Line & Column Reference	2		3	4		5	6	7	8
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service			Units	Cost				
1	Licensed Occupational Therapist	10a-3	hrs	\$	81	\$ 5,430	\$	81	\$ 5,430	1	
2	Licensed Speech and Language Development Therapist	10a-3	hrs			2,500			2,500	2	
3	Licensed Recreational Therapist		hrs							3	
4	Licensed Physical Therapist	10a-1/10a-3/10a-2	7824 hrs	116,571	344	15,394	908	8,168	132,873	4	
5	Physician Care	39-3	visits			42,364			42,364	5	
6	Dental Care	39-1/39-3/39-2	visits	28,482	279	16,051	6,886	279	51,419	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			\$ 145,053	704	\$ 81,739	\$ 7,794	8,528	\$ 234,586	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: **7/1/2012**

Ending:

6/30/2013**XV. BALANCE SHEET - Unrestricted Operating Fund.**As of **6/30/2013**

(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	\$ 3,786,158	\$	1
2	Cash-Patient Deposits	138,262		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>405,424</u>)	6,968,343		3
4	Supply Inventory (priced at)	105,501		4
5	Short-Term Investments	8,433,885		5
6	Prepaid Insurance	748,800		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>CONTRIBUTIONS REC</u>	10,465		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 20,191,414	\$	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments	574,637		12
13	Land	286,859		13
14	Buildings, at Historical Cost	22,084,140		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	10,597,255		16
17	Accumulated Depreciation (book methods)	(22,447,038)		17
18	Deferred Charges	139,282		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>MISCELLANEOUS</u>	74,482		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 11,309,617	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 31,501,031	\$	25

		1	2	
		Operating	After	
			Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 660,193	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	138,262		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	778,011		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>	400,740		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,977,206	\$	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable	9,178,240		40
41	Bonds Payable			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)	\$ 9,178,240	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 11,155,446	\$	46
47	TOTAL EQUITY (page 18, line 24)	\$ 20,345,585	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 31,501,031	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 19,822,214	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 19,822,214	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	21,377	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	501,994	15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 523,371	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)	\$ 20,345,585	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number **BEVERLY FARM FOUNDATION**# **0038604**Report Period Beginning: **7/1/2012**Ending: **6/30/2013**

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	
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 12,619,616	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 12,619,616	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	3,294,395	24
25	Interest and Other Investment Income***	873,775	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 4,168,170	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	SEE ATTACHED	340,119	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 340,119	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 17,127,905	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	5,002,297	31
32	Health Care	6,294,237	32
33	General Administration	3,293,005	33
B. Capital Expense			
34	Ownership	1,657,086	34
C. Ancillary Expense			
35	Special Cost Centers	93,783	35
36	Provider Participation Fee	766,120	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 17,106,528	40
41	Income before Income Taxes (line 30 minus line 40)**	21,377	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 21,377	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$	44
45	Private Pay - Net Inpatient Revenue		45
46	Medicare - Net Inpatient Revenue		46
47	Other-(specify)		47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$	49

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? _____ 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: 7/1/2012

Ending:

6/30/2013

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	2,280	\$ 56,568	\$ 24.81	1
2	Assistant Director of Nursing					2
3	Registered Nurses	18,012	20,231	434,068	21.46	3
4	Licensed Practical Nurses	28,884	32,708	589,048	18.01	4
5	CNAs & Orderlies	339,720	361,447	3,839,819	10.62	5
6	CNA Trainees					6
7	Licensed Therapist	5,200	5,472	72,241	13.20	7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	3,947	4,146	50,110	12.09	10
11	Social Service Workers	6,237	6,597	119,618	18.13	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants					15
16	Dishwashers					16
17	Maintenance Workers	18,893	20,058	212,710	10.60	17
18	Housekeepers	100,490	100,490	839,092	8.35	18
19	Laundry					19
20	Administrator	1,248	1,248	61,369	49.17	20
21	Assistant Administrator	1,248	1,306	38,767	29.68	21
22	Other Administrative	3,744	3,869	49,367	12.76	22
23	Office Manager					23
24	Clerical	25,177	27,989	328,861	11.75	24
25	Vocational Instruction	6,240	6,957	93,330	13.42	25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	28,520	29,445	350,663	11.91	28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,860	2,076	28,986	13.96	31
32	Other Health Care(specify)					32
33	Other(specify) <u>ATTACHED</u>	23,720	26,662	401,078	15.04	33
34	TOTAL (lines 1 - 33)	615,220	652,981	\$ 7,565,695 *	\$ 11.59	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 20,196	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	29 798	12-3	45
46	Other(specify) <u>PSYCHOLOGIST</u>	77 9,563	10a-3	46
47	<u>PHYSICIAN CONSULTANT</u>	55 6,600	10-3	47
48				48
49	TOTAL (lines 35 - 48)	161 \$ 37,957		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	5,279 196,979	10-3	52
53	TOTAL (lines 50 - 52)	5,279 \$ 196,979		53

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

1	2	3	4	5	6	7	8	9	10	11	12	13
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	TOTALS	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

Facility Name & ID Number **BEVERLY FARM FOUNDATION**# **0038604**Report Period Beginning: **7/1/2012**Ending: **6/30/2013****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 (\$9,942)
- (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? 5-10 YRS
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 83,032 Line 10-2
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? YES If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? NO
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.
-
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 766,120
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. \$ 42,584
- (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. \$ 3,010
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, P.C.
- (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
PAGES 3 & 4, SCHEDULE V RECLASSIFICATIONS
JUNE 30, 2013

BANK & BROKER FEES INCLUDED AS INTEREST	52,493	17
	(52,493)	32
CNA TRAINING INCLUDED AS NURSING	207,951	13
	(207,951)	10
ADVERTISING INCLUDED AS ADMINISTRATIVE	58,600	27
	(58,600)	17
TRAVEL AND SEMINAR INCLUDED AS INSERVICE TRAINING	581	24
	(581)	23

BEVERLY FARM FOUNDATION #0038604
PAGE 10, SCHEDULE IX - REAL ESTATE TAXES
JUNE 30, 2013

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

BEVERLY FARM FOUNDATION #0038604
 VEHICLE DEPRECIATION - SCHEDULE XI., Section D.
 JUNE 30, 2013

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
CAR # 4 REPAIRS	2,490	-	-	2,490
LIFT ON VAN # 10	3,075	-	-	3,075
MAINT #3 AND SPREADER	7,157	-	-	7,157
MAINT #1 DUMP TRUCK	14,400	-	-	14,400
VAN #6 FORD E350	9,015	-	-	9,015
MAINT #7 -BUCKET TRUCK	5,400	-	-	5,400
TRANSPORT-IDOT VAN #12	32,326	-	-	32,326
TRANS MAINT #4-F150	3,957	-	-	3,957
FORD FOCUS-CAR #1	6,545	-	-	6,545
TRANSP-15 PASS. VAN #1	20,513	-	-	20,513
IDOT VAN #15	26,612	1,331	1,331	26,612
IDOT VAN #16	26,612	1,331	1,331	26,612
TRANS. MAINT #6 -TRUCK	3,591	-	-	3,591
MAINT. #8 F350 TRUCK	15,944	-	-	15,944
TRANS. CAR # 3	910	-	-	910
Trans- Car # 6	2,362	-	-	2,362
BUS RENNOVATIONS	3,106	-	-	3,106
TRANS-VAN # 13	14,941	-	-	14,941
WHEELCHAIR VAN #5	21,903	-	-	21,903
IDOT BUS-VAN #17	52,612	-	-	52,612
Supply Van Mats	131	-	-	131
E-350 Van #18-15 pass.	16,349	-	-	16,349
E-350 Van #19-15 pass.	16,427	-	-	16,427
2005 GMC-VAN # 3-15 pass.	16,974	-	-	16,974
2005 GMC-VAN # 11-15 pass.	17,004	-	-	17,004
Truck for Maintenance	3,081	-	-	3,081
Wheelchair Straps for Van #17	380	-	-	380
2006 Chrysler Van #21	9,992	-	-	9,992
2006 Chrysler Van #10	10,407	-	-	10,407
Wheelchair Van # 20	20,362	-	-	20,362
IDOT VAN-#8	22,023	2,203	2,203	16,517

Maintenance Truck w/Snow Plow	20,035	-	-	20,035
Vans-Wheelchair Strap	1,454	-	-	1,454
Security Car	7,914	-	-	7,914
Transportation Van	21,651	-	-	21,651
Transportation Van	17,190	1,719	1,719	17,190
IDOT Van	19,538	1,954	1,954	19,538
Maintenance - Truck	20,434	4,087	4,087	18,391
Shoulder Harnesses	1,036	207	207	725
14 Passenger Van	35,400	7,080	7,080	24,780
IDOT Van	34,646	6,929	6,929	15,737
2010 Chrysler	18,885	3,777	3,777	9,442
Maintenance Truck	3,315	663	663	1,658
4X4 Chevy Truck	10,482	2,096	2,096	3,145
Chevy C1500 Silverado	13,439	2,688	2,688	4,031
2008 Mercury Mariner	10,336	2,067	2,067	3,101
Ford E250	24,539	4,908	4,908	7,362
Fleet Repairs	4,055	811	811	1,217
Dump Truck Repairs	420	42	42	42
Van Seat Repair	2,631	263	263	263
Van	34,122	3,412	3,412	3,412
	<u>\$ 741,221</u>	<u>\$ 47,568</u>	<u>\$ 47,568</u>	<u>\$ 615,281</u>

BEVERLY FARM FOUNDATION #0038604
DEPRECIABLE NON-CARE ASSETS - SCHEDULE XI., Section F.
JUNE 30, 2013

Description	Cost	Current Book Depreciation	Accumulated Depreciation
DAY TRAINING BUILDING	\$ 1,971,011	\$ 54,088	\$ 1,153,598
DAY TRAINING ALLOCATED ADMIN BLDG	121,787	3,418	50,746
DAY TRAINING EQUIPMENT	664,994	19,555	609,935
DAY TRAINING ALLOCATED ADMIN EQUIP	77,471	6,115	36,845
DAY TRAINING VEHICLES	115,026	921	112,724
DAY TRAINING ALLOCATED VEHICLES	123,545	7,931	102,553
GROUP HOMES BUILDINGS	2,257,450	63,358	1,242,918
GROUP HOMES ALLOCATED ADMIN BLDG	365,364	10,254	152,238
GROUP HOMES EQUIPMENT	650,570	33,518	560,507
GROUP HOMES ALLOCATED ADMIN EQUIP	232,416	18,342	110,532
GROUP HOME VEHICLES	370,620	23,790	307,644
GROUP HOMES LAND	30,000	-	-
ARENA BUILDING	197,189	11,735	98,125
GROVES B. SMITH BUILDING	1,133,240	32,826	554,753
GREENHOUSE	366,278	9,377	228,908
HARDIN APARTMENTS	920,775	29,068	536,524
HORTICULTURE	115,669	2,650	71,933
JUDAH SENIORS BUILDING	456,508	11,017	154,283
TOMBSTONES	3,186	-	3,186
TREIN VOCATIONAL BUILDING	755,990	18,954	304,627
ARENA EQUIPMENT	58,229	3,308	46,804
GIFT SHOP EQUIPMENT	16,098	1,124	10,357
GROVES B. SMITH EQUIPMENT	149,457	6,493	130,353
HARDIN APARTMENTS EQUIPMENT	323,941	28,023	233,189
JUDAH EQUIPMENT	17,392	72	17,392
TREIN EQUIPMENT	11,613	63	11,613
OTHER LAND	57,643	-	-
HARDIN APARTMENTS VEHICLES	45,828	-	45,828
CILA BUILDING	129,907	-	-
	<u>11,739,197</u>	<u>396,000</u>	<u>6,888,115</u>

BEVERLY FARM FOUNDATION #0038604
INCOME RECEIVED BY BROAD CATEGORY NOT LISTED ON P. 19
JUNE 30, 2013

DAY TRAINING	\$ 5,203,755
APARTMENTS & INCIDENTALS	538,494
GROUP HOMES	3,824,395
GIFT SHOP	92,954
	<u>\$ 9,659,598</u>

EXPENSES INCURRED BY BROAD CATEGORY
NOT LISTED IN THIS COST REPORT

DAY TRAINING (DIRECT)	\$ 3,092,020
DAY TRAINING (ALLOCATED)	1,959,131
APARTMENTS	395,416
GROUP HOMES (DIRECT)	2,198,444
GROUP HOMMES (ALLOCATED)	1,395,243
GIFT SHOP	95,012
GREENHOUSE	6,810
TREASURES & TRINKETS	4,276
CILA	11,252
	<u>\$ 9,157,604</u>
NET INCOME (Page 18, Schedule XVI, Line 15)	<u>\$ 501,994</u>

BEVERLY FARM FOUNDATION
MISCELLANEOUS INCOME, PAGE 19, LINE 28
JUNE 30, 2013

HAB-AIDE REIMBURSEMENT	\$ 243,572
IPA TRANSPORTATION REIMBURSEMENT	3,010
SODA MACHINE	15,140
OTHER REFUNDS AND REIMBURSEMENTS	78,337
MISCELLANEOUS	60
	<u>\$ 340,119</u>

BEVERLY FARM FOUNDATION #0038604
 PAGE 20, SCHEDULE XVIII, LINE 33
 JUNE 30, 2013

SERVICE	1 HRS. WORKED	2 HRS. PAID	3 WAGES	4 HOURLY WAGE
PHYSICAL THERAPY	6,997	7,825	\$ 116,570	14.90
HOSPITAL SITTERS	401	401	3,545	8.84
DENTAL ASSISTANT	1,774	2,070	28,482	13.76
TRANSPORTATION	7,380	8,165	87,584	10.73
SAFETY & SECURITY	1,968	2,059	41,003	19.91
DEVELOPMENT DIRECTOR	5,200	6,142	123,894	20.17
	<u>23,720</u>	<u>26,662</u>	<u>\$ 401,078</u>	