

Facility Name & ID Number BEVERLY FARM FOUNDATION

0038604 Report Period Beginning: 7/1/2013 Ending: 6/30/2014

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	
8	SNF				8
9	SNF/PED				9
10	ICF				10
11	ICF/DD	92,883	1,859		94,742
12	SC				12
13	DD 16 OR LESS				13
14	TOTALS	92,883	1,859		94,742

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 86.52%

D. How many bed-hold days during this year were paid by the Department? 1,407 (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: 6/30/2014 Fiscal Year: 6/30/2014

* 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		35,006	1,711,733	1,746,739		1,746,739	1,746,739			1
2	Food Purchase		996,714		996,714		996,714	996,714			2
3	Housekeeping	839,092	14,515	44,138	897,745		897,745	897,745			3
4	Laundry		10,113	294,293	304,406		304,406	304,406			4
5	Heat and Other Utilities			405,214	405,214		405,214	405,214			5
6	Maintenance	215,009	20,536	336,211	571,756		571,756	571,756			6
7	Other (specify):* SECURITY	28,736	508	50,713	79,957		79,957	79,957			7
8	TOTAL General Services	1,082,837	1,077,392	2,842,302	5,002,531		5,002,531	5,002,531			8
	B. Health Care and Programs										
9	Medical Director										9
10	Nursing and Medical Records	5,424,043	197,442	227,068	5,848,553	(181,231)	5,667,322	5,667,322			10
10a	Therapy	195,508	918	30,333	226,759		226,759	226,759			10a
11	Activities	57,581	27,928	2,184	87,693		87,693	87,693			11
12	Social Services	136,449			136,449		136,449	136,449			12
13	CNA Training	96,988			96,988	181,231	278,219	(172)	278,047		13
14	Program Transportation	89,023			89,023		89,023	89,023			14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	5,999,592	226,288	259,585	6,485,465		6,485,465	(172)	6,485,293		16
	C. General Administration										
17	Administrative	134,226		199,857	334,083	(18,308)	315,775	315,775			17
18	Directors Fees										18
19	Professional Services			133,204	133,204		133,204	133,204			19
20	Dues, Fees, Subscriptions & Promotions			92,876	92,876		92,876	(14,202)	78,674		20
21	Clerical & General Office Expenses	365,881	38,750	221,607	626,238		626,238	626,238			21
22	Employee Benefits & Payroll Taxes			2,060,622	2,060,622		2,060,622	2,060,622			22
23	Inservice Training & Education			5,729	5,729	(324)	5,405	5,405			23
24	Travel and Seminar			447	447	324	771	771			24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			55,097	55,097		55,097	55,097			26
27	Other (specify):* FUNDRAISING/ADV	125,914		85,137	211,051	83,925	294,976	(294,976)			27
28	TOTAL General Administration	626,021	38,750	2,854,576	3,519,347	65,617	3,584,964	(309,178)	3,275,786		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	7,708,450	1,342,430	5,956,463	15,007,343	65,617	15,072,960	(309,350)	14,763,610		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:

7/1/2013

Ending:

6/30/2014

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			1,312,524	1,312,524		1,312,524	(406,939)	905,585			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			380,053	380,053	(70,391)	309,662	(309,662)				32
33	Real Estate Taxes			4,322	4,322		4,322	(4,322)				33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles											35
36	Other (specify):* MORTGAGE INS.			27,073	27,073	4,774	31,847		31,847			36
37	TOTAL Ownership			1,723,972	1,723,972	(65,617)	1,658,355	(720,923)	937,432			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	29,631	2,877	40,343	72,851		72,851		72,851			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			760,648	760,648		760,648		760,648			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers	29,631	2,877	800,991	833,499		833,499		833,499			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	7,738,081	1,345,307	8,481,426	17,564,814		17,564,814	(1,030,273)	16,534,541			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: **7/1/2013**

Ending: **6/30/2014**

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				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	(406,939)	30		9
10	Interest and Other Investment Income	(309,662)	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	(14,202)	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	(294,976)	27		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees	(172)	13		27
28	Yellow Page Advertising				28
29	Other-Attach Schedule SEE ATTACHED	(4,322)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (1,030,273)		\$	30

BHF USE ONLY					
48		49		50	
				51	
					52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (1,030,273)		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

BEVERLY FARM FOUNDATIONID# 0038604Report Period Beginning: 7/1/2013Ending: 6/30/2014

Sch. V Line

NON-ALLOWABLE EXPENSES

Amount

Reference

1	REAL ESTATE TAXES	\$ (4,322)	33	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		(4,322)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number BEVERLY FARM FOUNDATION# 0038604

Report Period Beginning:

7/1/2013

Ending:

6/30/2014

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

	Operating Expenses	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)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	0	0	0	0	0	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	(172)	0	0	0	0	0	0	0	0	0	0	(172)	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	(172)	0	0	0	0	0	0	0	0	0	0	(172)	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	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	(14,202)	0	0	0	0	0	0	0	0	0	0	(14,202)	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):*	(294,976)	0	0	0	0	0	0	0	0	0	0	(294,976)	27
28	TOTAL General Administration	(309,178)	0	0	0	0	0	0	0	0	0	0	(309,178)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(309,350)	0	0	0	0	0	0	0	0	0	0	(309,350)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number BEVERLY FARM FOUNDATION# 0038604

Report Period Beginning:

7/1/2013

Ending:

6/30/2014

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	(406,939)	0	0	0	0	0	0	0	0	0	0	(406,939)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(309,662)	0	0	0	0	0	0	0	0	0	0	(309,662)	32
33	Real Estate Taxes	(4,322)	0	0	0	0	0	0	0	0	0	0	(4,322)	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	(720,923)	0	0	0	0	0	0	0	0	0	0	(720,923)	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)	(1,030,273)	0	0	0	0	0	0	0	0	0	0	(1,030,273)	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:

7/1/2013

Ending:

6/30/2014

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	Hartley Carlton	BOD						3
4	Patricia Downey	BOD						4
5	David Durand	BOD						5
6	Nicholas Lynn	BOD						6
7	William McMahan	BOD						7
8	Donald Perozzi	BOD						8
9	Roger Queen	BOD						9
10	Jeffrey Rosignol	BOD						10
11	Steven Schmidt	BOD						11
12	Glenn Tiller	BOD						12
13	George Walker	BOD						13
14	Pamela Whisler	BOD						14
15	Keith Wright	BOD						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

Facility Name & ID Number BEVERLY FARM FOUNDATION # 0038604 Report Period Beginning: 7/1/2013 Ending: 6/30/2014

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

Report Period Beginning:

7/1/2013

Ending:

7/30/2014

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	\$ 3,741,403	\$ 5,508	\$ 2,060,622	1
2	17-3	SCHOOL REIMBURSEMENT	WAGES	10,000	8	179,505	6,189	111,088	2
3	17-1	ADMINISTRATIVE SALARIES	HOURS	2,080	8	223,710	223,710	134,226	3
4	17-3	ADMINISTRATIVE - OTHER	HOURS	2,080	8	79,091	2,334	88,769	4
5	21-1	PERSONNEL/ACCOUNTING	HOURS	2,080	8	609,802	1,248	365,881	5
6	6-1	MAINTENANCE STAFF	HOURS	2,080	8	358,348	358,348	215,009	6
7	7-3	SECURITY/SAFETY	HOURS	2,080	8	84,522	1,248	50,713	7
8	7-1	SAFETY MANAGER	HOURS	2,080	8	47,894	47,894	28,736	8
9	7-2	SECURITY SUPPLIES	HOURS	2,080	8	847	1,248	508	9
10	6-2	MAINTENANCE SUPPLIES	HOURS	2,080	8	34,101	1,248	20,461	10
11	21-2	OSHA REQUIREMENTS	HOURS	2,080	8	41,650	1,248	24,990	11
12	21-3	CONSULTANTS	HOURS	2,080	8	127,259	1,248	76,356	12
13	6-3	MAINTENANCE - OTHER	HOURS	2,080	8	111,600	1,248	66,960	13
14	26-3	INSURANCE	HOURS	2,080	8	91,829	1,248	55,097	14
15	19-3	LEGAL & ACCOUNTING	HOURS	2,080	8	247,477	1,120	133,204	15
16	14-1	TRANSPORTATION STAFF	HOURS	2,080	8	148,372	148,372	89,023	16
17	20-3	DUES/SUBS/ADVERTISING	HOURS	2,080	8	134,064	1,441	92,876	17
18	36-3	MORTGAGE INSURANCE	HOURS	2,080	8	45,122	1,248	27,073	18
19	32-3	INTEREST	HOURS	2,080	8	633,421	1,248	380,053	19
20	23-3	INSERVICE TRAINING	HOURS	2,080	8	9,833	1,212	5,729	20
21	11-1	ACTIVITIES STAFF	HOURS	2,080	8	95,969	95,969	57,581	21
22	11-2	ACTIVITIES SUPPLIES	HOURS	2,080	8	6,976	1,248	4,186	22
23	11-3	ACTIVITIES OTHER	HOURS	2,080	8	3,123	1,248	1,874	23
24									24
25	TOTALS					\$ 7,055,918	\$ 874,293	\$ 4,091,015	25

Facility Name & ID Number

BEVERLY FARM FOUNDATION

0038604

Report Period Beginning:

7/1/2013

Ending:

6/30/2014

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		3	4	5	6		8	9	10	Reporting Period Interest Expense					
		Related**					Purpose of Loan	Monthly Payment Required					Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)
		YES	NO											Original	Balance		
A. Directly Facility Related																	
Long-Term																	
1	GRESHMAN MORTGAGE		X	REFINANCE BONDS	\$36,578.00	07/01/10	\$ 5,973,180	\$	08/01/31	0.0477	\$ 65,495	1					
2	GRESHMAN MORTGAGE		X	REFINANCE BONDS	\$35,357.00	09/19/13	5,529,060	5,398,332	08/01/32	0.0417	157,955	2					
3	AMORTIZATION OF DEBT COSTS		X								3,742	3					
4	LOSS ON BOND RETIREMENT		X								82,470	4					
5												5					
Working Capital																	
6	LIBERTY BANK		X	WORKING CAPITAL		04/21/14			04/21/15	0.0500		6					
7												7					
8												8					
9	TOTAL Facility Related				\$71,935.00		\$ 11,502,240	\$ 5,398,332			\$ 309,662	9					
B. Non-Facility Related*																	
10												10					
11												11					
12												12					
13												13					
14	TOTAL Non-Facility Related						\$	\$			\$	14					
15	TOTALS (line 9+line14)						\$ 11,502,240	\$ 5,398,332			\$ 309,662	15					

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 31,847 Line # 36-8

* 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 2013 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.)		\$	4,322		2														
3. Under or (over) accrual (line 2 minus line 1).		\$	4,322		3														
4. Real Estate Tax accrual used for 2014 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.		\$	4,322		7														
Real Estate Tax History:																			
Real Estate Tax Bill for Calendar Year:	2009	<u>2,363</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 2013 \$</td> <td style="text-align: center;">13</td> </tr> <tr> <td style="text-align: center;">14</td> <td>PLUS APPEAL COST FROM LINE 5 \$</td> <td style="text-align: center;">14</td> </tr> <tr> <td style="text-align: center;">15</td> <td>LESS REFUND FROM LINE 6 \$</td> <td style="text-align: center;">15</td> </tr> <tr> <td style="text-align: center;">16</td> <td>AMOUNT TO USE FOR RATE CALCULATION \$</td> <td style="text-align: center;">16</td> </tr> </table>		FOR BHF USE ONLY		13	FROM R. E. TAX STATEMENT FOR 2013 \$	13	14	PLUS APPEAL COST FROM LINE 5 \$	14	15	LESS REFUND FROM LINE 6 \$	15	16	AMOUNT TO USE FOR RATE CALCULATION \$	16
FOR BHF USE ONLY																			
13	FROM R. E. TAX STATEMENT FOR 2013 \$	13																	
14	PLUS APPEAL COST FROM LINE 5 \$	14																	
15	LESS REFUND FROM LINE 6 \$	15																	
16	AMOUNT TO USE FOR RATE CALCULATION \$	16																	
	2010	<u>2,387</u>	9																
	2011	<u>2,351</u>	10																
	2012	<u>4,322</u>	11																
	2013	<u>4,949</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.

2013 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 2013 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 2013.

	(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 2013 tax bills which were listed in Section A to this statement. Be sure to use the 2013 tax bill which is normally paid during 2014.

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

X. BUILDING AND GENERAL INFORMATION:

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

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

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

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

Facility Name & ID Number BEVERLY FARM FOUNDATION

0038604

Report Period Beginning:

7/1/2013

Ending:

6/30/2014

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		565,907	8
Improvement Type**										
9	43 BEDS INCLUDED IN LINE 8 YEAR ACQUIRED 1984		1984	1,188,870	29,721	40	29,721		876,790	9
10	BUILDING ADDITIONS		1968	395,455		40			395,455	10
11	BUILDING IMPROVEMENTS		1973	1,958	49	40	49		1,871	11
12	BUILDING ADDITIONS		1974	62,866	1,572	40	1,572		60,329	12
13	BUILDING IMPROVEMENTS		1977	6,665	167	40	167		5,916	13
14	BUILDING IMPROVEMENTS		1978	29,299	732	40	732		25,257	14
15	BUILDING IMPROVEMENTS		1979	3,697	92	40	92		3,086	15
16	BUILDING IMPROVEMENTS		1980	178,379	4,459	40	4,459		144,375	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		74,591	19
20	BUILDING IMPROVEMENTS		1982	12,542	313	40	313		9,768	20
21	BUILDING IMPROVEMENTS		1983	151,953	2,945	VAR	2,945		149,280	21
22	BUILDING IMPROVEMENTS		1984	57,602	600	VAR	600		51,891	22
23	BUILDING IMPROVEMENTS		1985	118,087	624	VAR	624		113,129	23
24	BUILDING IMPROVEMENTS		1986	1,074,281	16,107	VAR	16,107		951,591	24
25	BUILDING IMPROVEMENTS		1987	121,493	2,965	VAR	2,965		89,223	25
26	BUILDING IMPROVEMENTS		1988	71,953	1,009	VAR	1,009		69,002	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	21,316	VAR	21,316		618,959	29
30	BUILDING IMPROVEMENTS		1992	69,921	2,385	VAR	2,385		61,823	30
31	BUILDING IMPROVEMENTS		1993	2,012,088	71,887	VAR	71,887		1,701,581	31
32	BUILDING IMPROVEMENTS		1994	171,343	968	VAR	968		166,554	32
33	BUILDING IMPROVEMENTS		1995	77,588	1,640	VAR	1,640		68,568	33
34	BUILDING IMPROVEMENTS		1996	212,776	1,041	VAR	1,041		206,014	34
35	BUILDING IMPROVEMENTS		1997	883,655	16,222	VAR	16,222		505,987	35
36	BUILDING IMPROVEMENTS		1998	124,413	1,769	VAR	1,769		122,975	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:

7/1/2013

Ending:

6/30/2014

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	VAR	\$ 9,125	\$	\$ 328,106	37
38	ROOF-CAMP BEVERLY	2000	1,350	68	20	68		982	38
39	BEVERLY COTTAGE-SIDING,GUTTERS, FASCIA	2000	8,636	432	20	432		6,263	39
40	CARRIAGE HOUSE-WINDOWS	2000	586	23	25	23		337	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		25,183	43
44	STAHL-SIDING,SOFFIT & FLOORING	2000	14,075	704	20	704		10,206	44
45	FENCE ABOVE LPG VAPOR TANK	2000	4,200	280	15	280		4,060	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		3,454	50
51	CHAPPEE-A/C; FLOORS	2000	14,128		10			14,128	51
52	CROSS COTTAGE-SIDING	2000	1,945	97	20	97		1,311	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		3,347	55
56	LAVENTHAL-FIRE ALARM	2000	12,000		10			12,000	56
57	SMALL GARAGE DOOR	2000	3,000	200	15	200		2,700	57
58	HERRING-FRP WALLS	2000	864	58	15	58		780	58
59	HILLIER-NEW WINDOWS	2000	11,361	454	25	454		6,132	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		2,987	64
65	SEWING-STEEL DOORS	2000	2,281		10			2,281	65
66	CABIN ROAD REPAIR	2000	26,843		VAR			26,843	66
67	MAIN CAMPUS-SIDEWALK	2000	28,716		VAR			28,716	67
68	HERRING PARKING LOT	2000	12,341		VAR			12,341	68
69	ROAD IMPROVEMENTS	2000	106,706		VAR			106,706	69
70	TOTAL (lines 4 thru 69)		\$ 10,689,690	\$ 210,602		\$ 210,602	\$	\$ 8,848,017	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:

7/1/2013

Ending:

6/30/2014

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	\$ 210,602		\$ 210,602	\$	\$ 8,848,017	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		3,911	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		1,963	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		10			3,299	30
31	SPRINKLER - DIETARY	2002	5,600		10			5,600	31
32	DOOR - MAINTENANCE SHED	2002	1,398		10			1,398	32
33	LANDSCAPING - SMITH	2002	1,548		10			1,548	33
34	TOTAL (lines 1 thru 33)		\$ 10,926,945	\$ 211,072		\$ 211,072	\$	\$ 9,080,964	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:

7/1/2013

Ending:

6/30/2014

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	\$ 211,072		\$ 211,072	\$	\$ 9,080,964	1
2	GENERATOR REPAIR - HILLIER	2002	2,466	164	15	164		1,891	2
3	BOILER REPAIR - LOGAN	2002	2,865	191	15	191		2,197	3
4	LANDSCAPING - BEVERLY	2002	6,699		10			6,699	4
5	PARKING LOT - CHAPPEE	2002	4,175		10			4,175	5
6	SIDEWALKS - MAIN CAMPUS	2002	2,502		10			2,502	6
7	SIDEWALKS - LOGAN	2002	740		10			740	7
8	ROAD REPAIRS - MAIN CAMPUS	2002	41,503		10			41,503	8
9	TRAINING BUILDING ALLOCATION	1998	17,777	701	15	701		17,777	9
10	AIR COND REPAIRS - ALL COTTAGES	2003	10,066		10			10,066	10
11	DIGITAL THERMOMETERS - ALL COTTAGES	2003	9,450		10			9,450	11
12	FLOORING - DONNELLEY	2003	2,196		10			2,196	12
13	SPRINKLER - HILLIER	2003	4,990		10			4,990	13
14	VINYL FLOORING - LOGAN	2003	696		10			696	14
15	DOOR - SMITH	2003	1,118		10			1,118	15
16	BEDROOM FLOOR - STAHL	2003	890		10			890	16
17	SIDEWALKS - OLD HERRING	2003	2,335		10			2,335	17
18	FURNACE - EVANS	2003	3,055	150	10	150		3,055	18
19	WATER HEATER - EVANS	2003	5,891	295	10	295		5,891	19
20	FLOORING - EVANS	2003	1,223	62	10	62		1,223	20
21	SPRINKLER - HERRING	2003	2,745	135	10	135		2,745	21
22	HANDRAILS - HERRING	2003	4,467	222	10	222		4,467	22
23	FLOORING - HERRING	2003	2,328	115	10	115		2,328	23
24	STALL REPAIR - HILLIER	2003	2,444	124	10	124		2,444	24
25	ROOF/GUTTERS - LAVENTHAL	2003	15,829	1,055	15	1,055		11,080	25
26	NEW DOOR - LAVENTHAL	2003	1,096	52	10	52		1,096	26
27	FLOORING - LOGAN	2003	4,815	238	10	238		4,815	27
28	SHUTTERS - LOGAN	2003	558	27	10	27		558	28
29	A/C & HEATING MAINT.	2003	911	46	10	46		911	29
30	TOILET STOOLS - ALL	2003	1,192	61	10	61		1,192	30
31	FRP - ALL	2003	1,555	75	10	75		1,555	31
32	SPRINKLER REPAIR - ALL	2003	3,351	168	10	168		3,351	32
33	SMOKE DETECTORS - ALL	2003	6,749	337	10	337		6,749	33
34	TOTAL (lines 1 thru 33)		\$ 11,095,622	\$ 215,290		\$ 215,290	\$	\$ 9,243,649	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:

7/1/2013

Ending:

6/30/2014

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	\$ 215,290		\$ 215,290	\$	\$ 9,243,649	1
2	NEW ROOF - STAHL	2003	15,978	1,065	15	1,065		11,184	2
3	SIDEWALKS - CHAPPEE	2003	531	27	10	27		531	3
4	MAIN CAMPUS ROAD	2003	53,628	2,681	10	2,681		53,628	4
5	DRAIN PIPE	2003	1,570	78	10	78		1,570	5
6	SIDEWALKS - MAIN CAMPUS	2003	8,404	420	10	420		8,404	6
7	SPRINKLER MAINTENANCE	2003	7,244	362	10	362		7,244	7
8	UV FILTERS ADMIN BLDG	2004	2,000	100	10	100		2,000	8
9	SEPTIC SYSTEM CABIN	2004	4,600	230	10	230		4,600	9
10	BOILER - DIETARY	2004	4,122	205	10	205		4,122	10
11	CEILING TILES - DIETARY	2004	998	50	10	50		998	11
12	STOVE HOOD - DIETARY	2004	2,594	130	10	130		2,594	12
13	LIFE SAFETY CODE EXIT	2004	27,232	1,362	10	1,362		27,232	13
14	CABINETS - LOGAN	2004	5,187	259	10	259		5,187	14
15	DOORS - MAINTENANCE	2004	1,786	89	10	89		1,786	15
16	SEWER BACKFLOW	2004	958	48	10	48		958	16
17	REPLACE GARAGE DOORS	2004	1,005	50	10	50		1,005	17
18	FIRE HYDRANTS	2004	1,440	72	10	72		1,440	18
19	CIRCUIT UPGRADES - ALL	2004	8,690	435	10	435		8,690	19
20	SPRINKLER - SMITH	2004	2,417	121	10	121		2,417	20
21	CLOSET - STAHL	2004	980	49	10	49		980	21
22	SIDEWALKS - DONNELLEY	2004	690	34	10	34		690	22
23	LAGOON DRAINAGE	2004	800		5			800	23
24	SIDEWALK - STAHL	2004	920	46	10	46		920	24
25	CABINETS - LOGAN	2004	2,039	204	10	204		1,937	25
26	BEVERLY BACK ENTRANCE	2004	3,160	126	25	126		1,198	26
27	DRY PIPE SYSTEM - HILLIER	2004	1,046	105	10	105		996	27
28	CONDENSORS/COILS - MAIN CAMPUS	2004	5,406	541	10	541		5,138	28
29	DRYWALL MECHANICAL ROOM - DIETARY	2004	21,480	859	25	859		8,161	29
30	HANDRAILS/DOORS/FLOORS	2004	22,588	2,149	10-25	2,149		20,415	30
31	SAFETY EQUIPMENT INSPECTIONS	2004	7,542	754	10	754		7,164	31
32	FUEL/GAS PUMP AREA IMPROVEMENTS	2004	57,355	5,736	10	5,736		54,490	32
33	SIDEWALKS	2004	6,892	689	10	689		6,546	33
34	TOTAL (lines 1 thru 33)		\$ 11,376,904	\$ 234,366		\$ 234,366	\$	\$ 9,498,674	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:

7/1/2013

Ending:

6/30/2014

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	\$ 234,366		\$ 234,366	\$	\$ 9,498,674	1
2	FIRE SAFETY UPGRADES - MAIN CAMPUS	2005	69,085	6,909	10	6,909		65,634	2
3	ROOF - SUPPLY BUILDING	2005	4,200	168	25	168		1,596	3
4	OPTICAL CABLE/PHONE LINE - MAIN CAMPUS	2005	31,706	3,170	10	3,170		30,121	4
5	TERMITE CONTROL SYSTEM	2005	1,357	136	10	136		1,289	5
6	WATERLINE - LOGAN	2005	14,684	1,468	10	1,468		13,950	6
7	GAS LINE REPLACEMENTS	2005	22,925	2,293	10	2,293		21,782	7
8	LAGOON DRAINAGE	2005	3,216		5			3,216	8
9	ADMIN BLDG TILE FLOOR	2005	752	75	10	75		713	9
10	SPRINKLER SYSTEM MAINTENANCE	2005	11,718	1,172	10	1,172		11,133	10
11	DIETARY - NEW BACK DOOR	2006	1,499	150	10	150		1,275	11
12	DIETARY - BOILER	2006	9,282	928	10	928		7,889	12
13	DIETARY - NEW ROOF	2006	2,100	105	20	105		893	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		2,955	16
17	HERRING - DUCT WORK	2006	1,045	104	10	104		888	17
18	HILLIER - NEW BACK DOOR	2006	1,796	180	10	180		1,526	18
19	LOGAN - HANDRAILS	2006	201	20	10	20		171	19
20	FIRE SYSTEM UPGRADES	2006	26,843	2,684	10	2,684		22,815	20
21	SEWAGE CHIPPER	2006	5,853	585	10	585		4,975	21
22	GENERATOR IMPROVEMENTS	2006	6,308	630	10	630		5,362	22
23	AIR CONDITIONING IMPROVEMENTS	2006	951	95	10	95		808	23
24	NURSING - AWNING	2006	595	60	10	60		506	24
25	NURSING - FLOORING	2006	8,952	895	10	895		7,609	25
26	PHONE LINE CABLING	2006	1,328	133	10	133		1,129	26
27	STAHL - PATIO	2006	8,935	894	10	894		7,598	27
28	STAHL - BACK DOOR AND CANOPY	2006	2,927	293	10	293		2,488	28
29	LAVENTHAL - FLOORING	2006	9,835	983	10	983		8,360	29
30	LAGOON	2006	62,960	2,518	25	2,518		21,406	30
31	GAS MAIN REPAIR	2006	2,400	240	10	240		2,040	31
32	REPAIR SEWER LIFT STATION	2006	6,281	628	10	628		5,338	32
33	ROAD REPAIR - MAIN CAMPUS	2006	25,068	2,507	10	2,507		21,307	33
34	TOTAL (lines 1 thru 33)		\$ 11,729,576	\$ 264,737		\$ 264,737	\$	\$ 9,779,840	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:

7/1/2013

Ending:

6/30/2014

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	\$ 264,737		\$ 264,737	\$	\$ 9,779,840	1
2	SIDEWALK REPAIR - LOGAN	2006	6,765	677	10	677		5,750	2
3	STAHL - LANDSCAPING	2006	1,049	105	10	105		892	3
4	GAS MAIN REPAIR	2007	43,149	4,315	10	4,315		32,362	4
5	STAHL - SIDEWALKS	2007	4,925	493	10	493		3,697	5
6	RETAINING WALL - NURSING BUILDING	2007	39,392	3,939	10	3,939		29,543	6
7	T & T PARKING LOT RESURFACING	2007	26,568	2,657	10	2,657		19,926	7
8	RESURFACE GYM FLOOR	2007	1,875		5			1,875	8
9	BEVERLY ROOF REPAIR	2007	20,184	807	25	807		6,055	9
10	CAMPBELL CABINETS	2007	19,000	1,900	10	1,900		14,250	10
11	DONNELLY - NEW DOOR	2007	2,898	290	10	290		2,174	11
12	EVANS - HANDRAILS	2007	3,111	311	10	311		2,333	12
13	HILLIER - NEW CABINETS	2007	10,500	1,050	10	1,050		7,875	13
14	HILLIER - DOOR/FLOOR RPRS	2007	18,474	1,847	10	1,847		13,856	14
15	HILLIER - NEW GENERATOR	2007	143,290	5,732	10	5,732		47,286	15
16	HILLIER - SPRINKLER REPAIRS	2007	9,084	908	10	908		6,813	16
17	ANNUAL SPRINKLER REPAIRS	2007	22,195	2,220	10	2,220		16,646	17
18	BOILER ROOM - NEW DOORS	2007	1,845	185	10	185		1,384	18
19	SMITH - FLOORING	2007	1,153	115	10	115		864	19
20	STAHL - FLOORING	2007	1,328	133	10	133		996	20
21	WHEELCHAIR BUILDING REPAIRS	2007	537	54	10	54		403	21
22	BEVERLY - GUTTERS	2008	2,386	159	15	159		1,034	22
23	DIETARY - SPRINKLER	2008	4,791	479	10	479		3,114	23
24	HILLIER - GENERATOR	2008	934	93	10	93		607	24
25	HILLIER - HVAC Duct Work, Flooring, & Wall Coverings	2008	13,873	1,387	10	1,387		9,017	25
26	HILLIER - ELECTRICAL	2008	14,234	1,423	10	1,423		9,252	26
27	LOGAN - BATHROOM	2008	10,605	1,061	10	1,061		6,893	27
28	SMITH - ROOF	2008	21,136	846	25	846		5,495	28
29	MAIN CAMPUS - SIDEWALKS	2008	7,100	710	10	710		4,615	29
30	MAIN CAMPUS - TAR/CHIP ROADS	2008	39,752	3,975	10	3,975		25,839	30
31	HERRING - GENERATOR PAD	2008	1,181	47	25	47		307	31
32	Logan - Flooring	2009	9,446	945	10	945		5,195	32
33	Dietary - Door	2009	1,585	159	10	159		872	33
34	TOTAL (lines 1 thru 33)		\$ 12,233,921	\$ 303,759		\$ 303,759	\$	\$ 10,067,060	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:

7/1/2013

Ending:

6/30/2014

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	\$ 303,759		\$ 303,759	\$	\$ 10,067,060	1
2	Donnelley - Picnic Table	2009	1,021	102	10	102		561	2
3	Evans - Generator	2009	3,331	333	10	333		1,832	3
4	Herring - Sink/Cabinets	2009	11,595	1,160	10	1,160		6,380	4
5	Laventhal - Bath/Shower	2009	881	88	10	88		484	5
6	Logan - Curtains	2009	2,942	588	5	588		2,942	6
7	Logan - Doors	2009	12,574	1,257	10	1,257		6,914	7
8	Logan - Flooring	2009	2,971	594	5	594		2,971	8
9	Main Campus - Doors	2009	5,506	551	10	551		3,030	9
10	Main Campus - FRP	2009	4,620	462	10	462		2,541	10
11	Old Sewing Bldg - Flooring	2009	2,416	242	10	242		1,331	11
12	Smith - Bath/Shower/Cabinets	2009	18,772	1,877	10	1,877		10,324	12
13	Stahl - Bathroom	2009	2,170	434	5	434		2,387	13
14	Telephone Poles	2010	4,900	490	10	490		2,205	14
15	Main Entrance - Asphalt Repair	2010	9,000	900	10	900		4,050	15
16	Old Herring - Roof Replacement	2011	7,050	353	20	353		1,235	16
17	Sidewalks	2011	19,888	1,989	10	1,989		6,961	17
18	Landscaping	2011	7,390	739	10	739		2,587	18
19	Paving and Striping	2011	75,625	7,563	10	7,563		26,470	19
20	Main Campus - Sidewalk & Roadway	2012	38,880	3,888	10	3,888		9,720	20
21	Main Campus - Striping for Parking	2012	1,750	175	10	175		438	21
22	Main Campus- Landscaping	2012	546	109	5	109		273	22
23	Main Campus - Tuckpointing	2012	13,000	1,300	10	1,300		3,250	23
24	Main Campus - Pad & Sidewalk	2012	9,075	908	10	908		2,269	24
25	Main Campus - Sidewalk	2012	900	90	10	90		225	25
26	Main Campus - Concrete	2012	2,338	234	10	234		585	26
27	Main Campus - Pavilion	2012	26,961	1,348	20	1,348		3,370	27
28	Main Campus - Improvements	2012	6,595	696	10	696		1,685	28
29	Nursing - Wall Improvement	2012	400	40	10	40		100	29
30	Administration Building Landscaping	2012	550	55	10	55		138	30
31	Smith - Park Improvements	2012	4,509	451	10	451		1,127	31
32	Smith - Pad Improvements	2012	2,100	210	10	210		525	32
33	Main Campus - Asphalt Overlay	2012	77,920	7,792	10	7,792		19,480	33
34	TOTAL (lines 1 thru 33)		\$ 12,612,097	\$ 340,777		\$ 340,777	\$	\$ 10,195,450	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:

7/1/2013

Ending:

6/30/2014

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		\$ 12,612,097	\$ 340,777		\$ 340,777	\$	\$ 10,195,450	1
2	Main Campus - New Parking	2012	6,400	640	10	640		1,600	2
3	LIGHTING	2013	4,436	887	5	887		1,331	3
4	SEWER REPAIRS	2013	12,747	1,275	10	1,275		1,912	4
5	SPRINKLERS	2013	263	26	10	26		39	5
6	WALL REPAIR MATERIALS	2013	2,366	467	5	467		704	6
7	DOORS	2013	2,108	422	5	422		633	7
8	SECURITY CAMERAS	2013	8,446	1,689	5	1,689		2,533	8
9	COOLING	2013	738	148	5	148		222	9
10	DOORS	2013	469	47	10	47		70	10
11	DOORS	2013	1,050	105	10	105		158	11
12	REPLACE SPRINKLERS	2013	272,292	13,615	20	13,615		20,422	12
13	FLOORING	2013	1,861	186	10	186		279	13
14	FLOORING	2013	2,810	562	5	562		843	14
15	CABINETS IN BATHROOM	2013	4,790	479	10	479		719	15
16	DOOR	2013	1,953	195	10	195		293	16
17	PAINTING	2013	32,000	6,400	5	6,400		9,600	17
18	SPRINKLERS	2013	3,029	151	20	151		227	18
19	DOOR ALARM	2013	3,850	770	5	770		1,155	19
20	HVAC - LOGAN	2013	69,407	3,470	20	3,470		5,206	20
21	BATHROOM	2013	2,308	461	5	461		692	21
22	SPRINKLERS	2013	23,582	1,179	20	1,179		1,769	22
23	A/R REPAIRS	2013	654	131	5	131		196	23
24	BATHROOM	2013	1,198	240	5	240		360	24
25	STORAGE CONCRETE PAD	2013	3,915	392	10	392		587	25
26	GAS LINE REPLACEMENT	2013	12,201	1,220	10	1,220		1,830	26
27	LIGHTING	2013	2,739	548	5	548		822	27
28	ELECTRICAL WORK ON PAVILION	2013	814	163	5	163		244	28
29	SEWER REPAIRS	2013	576	115	5	115		173	29
30	SPRINKLERS	2013	83,119	8,312	10	8,312		12,468	30
31	SUPPLY DOOR	2013	2,400	240	10	240		360	31
32	UTILITY MAPPING	2013	52,300	2,615	20	2,615		3,923	32
33	WATER LEAK REPAIR	2013	1,221	244	5	244		366	33
34	TOTAL (lines 1 thru 33)		\$ 13,230,139	\$ 388,171		\$ 388,171	\$	\$ 10,267,186	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		\$ 13,230,139	\$ 388,171		\$ 388,171	\$	\$ 10,267,186	1
2	DOORS	2013	1,968	197	10	197		295	2
3	DOORS	2013	1,968	197	10	197		295	3
4	FLOORING	2013	3,095	619	5	619		929	4
5	INSTALL AND REMOVE WINDOWS	2013	12,339	617	20	617		925	5
6	PARKING LOTS	2013	480	32	15	32		48	6
7	SIGN	2013	4,633	463	10	463		695	7
8	SIDEWALK	2013	29,946	1,996	15	1,996		2,995	8
9	GYM FLOOR	2012	1,123	225	5	225		337	9
10	7 WINDOWS	2012	1,746	175	10	175		262	10
11	FLOORING - HILLIER	2014	20,966	1,048	10	1,048		1,048	11
12	PAINTING - HILLIER	2014	58,455	2,923	10	2,923		2,923	12
13	PATIO - HILLIER	2014	3,800	190	10	190		190	13
14	SLIDES FOR PUMP HOUSE	2014	10,771	539	10	539		539	14
15	BASEBOARDS - SMITH	2014	2,964	296	5	296		296	15
16	FLOORING - STAHL	2014	7,306	731	5	731		731	16
17	PAINTING - STAHL	2014	2,735	137	10	137		137	17
18	NEW CEILING - STAHL	2014	6,875	344	10	344		344	18
19	SPRINKLER - TREIN	2014	2,902	145	10	145		145	19
20	SIDEWALKS	2014	7,623	381	10	381		381	20
21	GROUND IMPROVEMENT FOR SIDEWALKS	2014	2,900	290	5	290		290	21
22	ASPHALT ROADWAY	2014	174,234	8,712	10	8,712		8,712	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)		\$ 13,588,968	\$ 408,428		\$ 408,428	\$	\$ 10,289,703	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	\$ 3,198,667	\$ 394,014	\$ 394,014	\$	5-10	\$ 1,674,657	71
72	Current Year Purchases	521,333	41,428	41,428		5-10	41,428	72
73	Fully Depreciated Assets	3,800,166	18,808	18,808		5-10	3,800,166	73
74								74
75	TOTALS	\$ 7,520,166	\$ 454,250	\$ 454,250	\$		\$ 5,516,251	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	\$ 42,907	\$ 42,907	\$	5-10	\$ 658,186	76
77										77
78										78
79										79
80	TOTALS			\$ 741,221	\$ 42,907	\$ 42,907	\$		\$ 658,186	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)	\$ 22,049,571	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 905,585	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 905,585	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)	\$ 16,464,140	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	\$ 12,111,264	\$ 406,939	\$ 7,295,422	86
87					87
88					88
89					89
90					90
91	TOTALS	\$ 12,111,264	\$ 406,939	\$ 7,295,422	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. _____ /2015 \$ _____

13. _____ /2016 \$ _____

14. _____ /2017 \$ _____

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: 7/1/2013 Ending: 6/30/2014
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	2,625	4,775	25	7,425
3	Classroom Wages (a)	7,458	108,641		116,099
4	Clinical Wages (b)		132,783		132,783
5	In-House Trainer Wages (c)	7,721	14,044	147	21,912
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$ 17,804	\$ 260,243	\$ 172	\$ 278,219
10	SUM OF line 9, col. 1 and 2 (e)	\$ 278,047			

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	191
2. From other facilities (f)	1
DROP-OUTS	
1. From this facility	105
2. From other facilities (f)	
TOTAL TRAINED	297

- (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		\$	89	\$ 6,015	\$	89	\$ 6,015	1
2	Licensed Speech and Language Development Therapist	10a-3	hrs				1,525			1,525	2
3	Licensed Recreational Therapist		hrs								3
4	Licensed Physical Therapist	10a-1/10a-3/10a-2	9486 hrs		117,894	351	16,199	918	9,837	135,011	4
5	Physician Care	39-3	visits				20,364			20,364	5
6	Dental Care	39-1/39-3/39-2	visits		29,631	329	19,979	2,877	329	52,487	6
7	Work Related Program		hrs								7
8	Habilitation		hrs								8
9	Pharmacy		# of prescrpts								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				\$ 147,525	769	\$ 64,082	\$ 3,795	10,255	\$ 215,402	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: **7/1/2013**

Ending:

6/30/2014**XV. BALANCE SHEET - Unrestricted Operating Fund.**As of **6/30/2014**

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 5,017,563	\$	1
2	Cash-Patient Deposits	160,975		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>264,895</u>)	4,765,486		3
4	Supply Inventory (priced at)	113,518		4
5	Short-Term Investments	9,815,212		5
6	Prepaid Insurance	736,854		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): CONTRIBUTIONS REC.	7,538		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 20,617,146	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	578,523		12
13	Land	286,859		13
14	Buildings, at Historical Cost	21,881,730		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	11,992,246		16
17	Accumulated Depreciation (book methods)	(23,759,562)		17
18	Deferred Charges	106,187		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):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 11,085,983	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 31,703,129	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,297,251	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	160,975		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	797,366		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	OTHER ACCRUED EXPENSES	358,481		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 2,614,073	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable	8,997,221		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)	\$ 8,997,221	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 11,611,294	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 20,091,835	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 31,703,129	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 20,345,585	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 20,345,585	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(1,513,725)	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	1,259,975	15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (253,750)	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)	\$ 20,091,835	24 *

* This must agree with page 17, line 47.

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

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

		1	
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 12,597,088	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 12,597,088	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	1,670,141	24
25	Interest and Other Investment Income***	1,402,683	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 3,072,824	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	SEE ATTACHED	381,177	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 381,177	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 16,051,089	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	5,002,531	31
32	Health Care	6,485,465	32
33	General Administration	3,519,347	33
B. Capital Expense			
34	Ownership	1,723,972	34
C. Ancillary Expense			
35	Special Cost Centers	72,851	35
36	Provider Participation Fee	760,648	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 17,564,814	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,513,725)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,513,725)	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: **7/1/2013**

Ending:

6/30/2014

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	2,331	\$ 55,295	\$ 23.72	1
2	Assistant Director of Nursing					2
3	Registered Nurses	21,009	22,576	482,392	21.37	3
4	Licensed Practical Nurses	29,118	30,086	650,362	21.62	4
5	CNAs & Orderlies	301,053	323,803	3,821,037	11.80	5
6	CNA Trainees					6
7	Licensed Therapist	5,200	5,384	77,614	14.42	7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	4,632	5,060	57,581	11.38	10
11	Social Service Workers	6,370	7,302	136,449	18.69	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants					15
16	Dishwashers					16
17	Maintenance Workers	17,008	18,610	215,009	11.55	17
18	Housekeepers	100,490	100,490	839,092	8.35	18
19	Laundry					19
20	Administrator	1,248	1,248	62,569	50.14	20
21	Assistant Administrator	1,248	1,248	41,294	33.09	21
22	Other Administrative	3,744	3,943	52,235	13.25	22
23	Office Manager					23
24	Clerical	24,521	26,577	371,516	13.98	24
25	Vocational Instruction	6,240	6,644	96,988	14.60	25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	31,380	32,659	384,953	11.79	28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,814	2,102	29,224	13.90	31
32	Other Health Care(specify)					32
33	Other(specify) <u>SEE ATTACHED</u>	24,492	28,045	364,471	13.00	33
34	TOTAL (lines 1 - 33)	581,647	618,108	\$ 7,738,081 *	\$ 12.52	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	600	10-3	38
39	Pharmacist Consultant	12 MOS	26,595	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				45
46	Other(specify) <u>PSYCHOLOGIST</u>	53	6,594	10a-3	46
47	<u>PHYSICIAN CONSULTANT</u>	66	7,200	10-3	47
48					48
49	TOTAL (lines 35 - 48)	119	\$ 40,989		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses			50	
51	Licensed Practical Nurses			51	
52	Certified Nurse Assistants/Aides	4,997	192,673	10-3	52
53	TOTAL (lines 50 - 52)	4,997	\$ 192,673		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: 7/1/2013

Ending: 6/30/2014

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 (\$10,466)
- (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. \$ 83,394 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. \$ 760,648
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? NO Indicate the amount. \$ 0
- (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. \$ 1,024
- 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 BOYLE
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? YES
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. 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, 2014

BANK & BROKER FEES INCLUDED AS INTEREST	65,617	17
MORTGAGE INSURANCE PREMIUMS INCLUDED AS INTEREST	4,774	36
	(70,391)	32
CNA TRAINING INCLUDED AS NURSING	181,231	13
	(181,231)	10
ADVERTISING INCLUDED AS ADMINISTRATIVE	83,925	27
	(83,925)	17
TRAVEL AND SEMINAR INCLUDED AS INSERVICE TRAINING	324	24
	(324)	23

BEVERLY FARM FOUNDATION #0038604
PAGE 10, SCHEDULE IX - REAL ESTATE TAXES
JUNE 30, 2014

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, 2014

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	-	-	26,612
IDOT VAN #16	26,612	-	-	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	18,719

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	-	-	17,190
IDOT Van	19,538	-	-	19,538
Maintenance - Truck	20,434	2,044	2,044	20,434
Shoulder Harnesses	1,036	207	207	932
14 Passenger Van	35,400	7,080	7,080	31,860
IDOT Van	34,646	6,929	6,929	22,666
2010 Chrysler	18,885	3,777	3,777	13,219
Maintenance Truck	3,315	663	663	2,321
4X4 Chevy Truck	10,482	2,096	2,096	5,241
Chevy C1500 Silverado	13,439	2,688	2,688	6,719
2008 Mercury Mariner	10,336	2,067	2,067	5,168
Ford E250	24,539	4,908	4,908	12,270
Fleet Repairs	4,055	811	811	2,027
Dump Truck Repairs	420	84	84	126
Van Seat Repair	2,631	526	526	789
Van	34,122	6,824	6,824	10,237
	<u>\$ 741,221</u>	<u>\$ 42,907</u>	<u>\$ 42,907</u>	<u>\$ 658,186</u>

BEVERLY FARM FOUNDATION #0038604
DEPRECIABLE NON-CARE ASSETS - SCHEDULE XI., Section F.
JUNE 30, 2014

Description	Cost	Current Book Depreciation	Accumulated Depreciation
DAY TRAINING BUILDING	\$ 1,971,011	\$ 53,326	\$ 1,206,924
DAY TRAINING ALLOCATED ADMIN BLDG	121,787	3,827	54,573
DAY TRAINING EQUIPMENT	687,201	18,909	628,844
DAY TRAINING ALLOCATED ADMIN EQUIP	93,073	8,340	45,184
DAY TRAINING VEHICLES	115,026	921	113,645
DAY TRAINING ALLOCATED VEHICLES	123,545	7,153	109,704
GROUP HOMES BUILDINGS	2,302,588	65,708	1,308,625
GROUP HOMES ALLOCATED ADMIN BLDG	365,364	11,484	163,716
GROUP HOMES EQUIPMENT	668,776	31,543	592,050
GROUP HOMES ALLOCATED ADMIN EQUIP	279,222	25,014	135,552
GROUP HOME VEHICLES	370,620	21,456	329,118
GROUP HOMES LAND	30,000	-	-
ARENA BUILDING	356,245	14,646	112,772
GROVES B. SMITH BUILDING	1,133,240	31,611	586,364
GREENHOUSE	366,278	9,266	238,174
HARDIN APARTMENTS	939,652	31,979	568,855
HORTICULTURE	115,669	2,650	74,583
JUDAH SENIORS BUILDING	460,269	11,205	165,488
TOMBSTONES	3,186	-	3,186
TREIN VOCATIONAL BUILDING	755,990	18,954	323,580
ARENA EQUIPMENT	63,504	3,571	50,375
GIFT SHOP EQUIPMENT	16,098	1,276	11,633
GROVES B. SMITH EQUIPMENT	149,857	6,175	136,529
HARDIN APARTMENTS EQUIPMENT	323,941	26,088	259,278
JUDAH EQUIPMENT	17,392	-	17,392
TREIN EQUIPMENT	11,613	-	11,613
OTHER LAND	57,643	-	-
HARDIN APARTMENTS VEHICLES	82,567	1,837	47,665
CILA BUILDING	129,907	-	-
	12,111,264	406,939	7,295,422

BEVERLY FARM FOUNDATION #0038604
INCOME RECEIVED BY BROAD CATEGORY NOT LISTED ON P. 19
JUNE 30, 2014

DAY TRAINING	\$ 5,257,738
APARTMENTS & INCIDENTALS	497,884
GROUP HOMES	4,048,187
GIFT SHOP	76,179
	<u>\$ 9,879,988</u>

EXPENSES INCURRED BY BROAD CATEGORY
NOT LISTED IN THIS COST REPORT

DAY TRAINING (DIRECT)	\$ 2,919,247
DAY TRAINING (ALLOCATED)	1,531,547
APARTMENTS	401,383
GROUP HOMES (DIRECT)	2,164,107
GROUP HOMMES (ALLOCATED)	1,446,203
GIFT SHOP	78,846
GREENHOUSE	7,732
TREASURES & TRINKETS	2,992
CILA	67,956
	<u>\$ 8,620,013</u>
NET INCOME (Page 18, Schedule XVI, Line 15)	<u>\$ 1,259,975</u>

BEVERLY FARM FOUNDATION
MISCELLANEOUS INCOME, PAGE 19, LINE 28
JUNE 30, 2014

HAB-AIDE REIMBURSEMENT	\$ 327,672
IPA TRANSPORTATION REIMBURSEMENT	1,204
SODA MACHINE	18,160
OTHER REFUNDS AND REIMBURSEMENTS	34,141
	<u>\$ 381,177</u>

BEVERLY FARM FOUNDATION #0038604
PAGE 20, SCHEDULE XVIII, LINE 33
JUNE 30, 2014

SERVICE	1 HRS. WORKED	2 HRS. PAID	3 WAGES	4 HOURLY WAGE
PHYSICAL THERAPY	8,358	9,487	\$ 117,893	12.43
HOSPITAL SITTERS	80	80	781	9.76
DENTAL ASSISTANT	1,581	2,199	29,631	13.47
TRANSPORTATION	8,025	9,306	89,023	9.57
SAFETY & SECURITY	1,248	1,248	28,736	23.03
DEVELOPMENT DIRECTOR	5,200	5,725	98,407	17.19
	<u>24,492</u>	<u>28,045</u>	<u>\$ 364,471</u>	