

Facility Name & ID Number BEVERLY FARM FOUNDATION

0038604 Report Period Beginning: 07/01/2016 Ending: 06/30/2017

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				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF					8
9	SNF/PED					9
10	ICF					10
11	ICF/DD	89,650	6,010		95,660	11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	89,650	6,010		95,660	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 87.36%

D. How many bed reserve days during this year were paid by the Department? 1,226 (Do not include bed reserve days in Section B.)

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

NONE

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

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

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

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

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

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

Medicare Intermediary N/A

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 06/30/2017 Fiscal Year: 06/30/2017

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

Facility Name & ID Number **BEVERLY FARM FOUNDATION** # **0038604** Report Period Beginning: **07/01/2016** Ending: **06/30/2017**

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		31,979	1,539,975	1,571,954	294	1,572,248		1,572,248		1
2	Food Purchase		926,480		926,480		926,480		926,480		2
3	Housekeeping	844,116	14,062	54,394	912,572		912,572		912,572		3
4	Laundry		12,417	294,293	306,710		306,710		306,710		4
5	Heat and Other Utilities			342,516	342,516		342,516		342,516		5
6	Maintenance	214,547	123,657	420,221	758,425		758,425		758,425		6
7	Other (specify):* SECURITY	29,378	161	66,050	95,589		95,589		95,589		7
8	TOTAL General Services	1,088,041	1,108,756	2,717,449	4,914,246	294	4,914,540		4,914,540		8
	B. Health Care and Programs										
9	Medical Director										9
10	Nursing and Medical Records	4,614,570	175,392	880,116	5,670,078	(172,623)	5,497,455		5,497,455		10
10a	Therapy	186,684	1,203	23,474	211,361		211,361		211,361		10a
11	Activities	48,230	18,766	3,600	70,596		70,596		70,596		11
12	Social Services	180,406			180,406		180,406		180,406		12
13	CNA Training	115,744			115,744	172,623	288,367	(14,447)	273,920		13
14	Program Transportation	72,424			72,424		72,424		72,424		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	5,218,058	195,361	907,190	6,320,609		6,320,609	(14,447)	6,306,162		16
	C. General Administration										
17	Administrative	152,573		193,766	346,339	(11,366)	334,973		334,973		17
18	Directors Fees										18
19	Professional Services			57,395	57,395		57,395		57,395		19
20	Dues, Fees, Subscriptions & Promotions			75,661	75,661	(278)	75,383	(9,928)	65,455		20
21	Clerical & General Office Expenses	411,830	53,427	216,678	681,935		681,935		681,935		21
22	Employee Benefits & Payroll Taxes			2,331,655	2,331,655		2,331,655		2,331,655		22
23	Inservice Training & Education										23
24	Travel and Seminar			6,325	6,325	(414)	5,911		5,911		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			157,594	157,594		157,594		157,594		26
27	Other (specify):* FUNDRAISING/ADV	100,560		65,536	166,096	85,814	251,910	(251,910)			27
28	TOTAL General Administration	664,963	53,427	3,104,610	3,823,000	73,756	3,896,756	(261,838)	3,634,918		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,971,062	1,357,544	6,729,249	15,057,855	74,050	15,131,905	(276,285)	14,855,620		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:

07/01/2016

Ending:

06/30/2017

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			1,262,524	1,262,524		1,262,524	(444,101)	818,423			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			293,105	293,105	(74,050)	219,055	(219,055)				32
33	Real Estate Taxes			5,415	5,415		5,415	(5,415)				33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles											35
36	Other (specify):* MORTGAGE INS			24,418	24,418		24,418		24,418			36
37	TOTAL Ownership			1,585,462	1,585,462	(74,050)	1,511,412	(668,571)	842,841			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	31,528	9,208	42,139	82,875		82,875		82,875			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			746,768	746,768		746,768		746,768			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers	31,528	9,208	788,907	829,643		829,643		829,643			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	7,002,590	1,366,752	9,103,618	17,472,960		17,472,960	(944,856)	16,528,104			45

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

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				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	(444,101)	30		9
10	Interest and Other Investment Income	(219,055)	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	(9,928)	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	(251,910)	27		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees	(14,447)	13		27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(5,415)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (944,856)		\$	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))	\$ (944,856)		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	

BEVERLY FARM FOUNDATION

ID# 0038604

Report Period Beginning: 07/01/2016

Ending: 06/30/2017

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	REAL ESTATE TAXES	\$ (5,415)	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	(5,415)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number BEVERLY FARM FOUNDATION# 0038604

Report Period Beginning:

07/01/2016

Ending:

06/30/2017

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	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	(14,447)	0	0	0	0	0	0	0	0	0	0	(14,447)	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	(14,447)	0	(14,447)	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	(9,928)	0	0	0	0	0	0	0	0	0	0	(9,928)	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):*	(251,910)	0	0	0	0	0	0	0	0	0	0	(251,910)	27
28	TOTAL General Administration	(261,838)	0	(261,838)	28									
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(276,285)	0	(276,285)	29									

STATE OF ILLINOIS

Summary B

Facility Name & ID Number BEVERLY FARM FOUNDATION# 0038604

Report Period Beginning:

07/01/2016 Ending:

06/30/2017

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

	Capital Expense	PAGES	PAGE	SUMMARY										
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	(444,101)	0	0	0	0	0	0	0	0	0	0	(444,101)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(219,055)	0	0	0	0	0	0	0	0	0	0	(219,055)	32
33	Real Estate Taxes	(5,415)	0	0	0	0	0	0	0	0	0	0	(5,415)	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	(668,571)	0	(668,571)	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
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(944,856)	0	(944,856)	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.

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	PATRICIA M. DOWNEY	BOD						1
2	LEONARD W. ALDRIDGE	BOD						2
3	BARRY S. ALLSWANG	BOD						3
4	TERRY BECKER	BOD						4
5	BRIAN B. BIRNBAUM	BOD						5
6	EMILY FRIEND	BOD						6
7	NICHOLAS LYNN	BOD						7
8	DONALD J. PEROZZI	BOD						8
9	ROGER W. QUEEN	BOD						9
10	JEFFREY L. ROSIGNOL	BOD						10
11	DAVID F. SWAIN	BOD						11
12	GLENN G. TILLER	BOD						12
13	GEORGE M. WALKER	BOD						13
14	PAMELA E. WHISLER	BOD						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

Facility Name & ID Number **BEVERLY FARM FOUNDATION** # **0038604** Report Period Beginning: **07/01/2016** Ending: **06/30/2017**

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	N/A	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:

07/01/2016Ending: 6/30/2017

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization

GROUP HOMES #1-#6

Street Address

City / State / Zip Code

GODFREY, IL 62035

Phone Number

(618) 466-0367

Fax Number

(618) 466-3652

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	22-3	EMPLOYEE BENEFITS	WAGES	10,000	8	\$ 4,144,367	\$ 5,626	\$ 2,331,655	1
2	17-3	OUTSOURCING-IT/PAYROLL/	WAGES	10,000	8	152,301	6,037	91,944	2
3	17-1	ADMINISTRATIVE SALARIES	HOURS	2,080	8	254,288	254,288	1,248	152,573
4	17-3	ADMINISTRATIVE-OTHER	HOURS	2,080	8	113,244	1,870	101,822	4
5	21-1	PERSONNEL-ACCOUNTING	HOURS	2,080	8	686,383	686,383	1,248	411,830
6	6-1	MAINTENANCE STAFF	HOURS	2,080	8	357,578	357,578	1,248	214,547
7	7-3	SECURITY/SAFETY	HOURS	2,080	8	110,083	1,248	66,050	7
8	7-1	SAFETY MANAGER	HOURS	2,080	8	48,964	48,964	1,248	29,378
9	7-2	SECURITY SUPPLIES	HOURS	2,080	8	268	1,248	161	9
10	6-2	MAINTENANCE SUPPLIES	HOURS	2,080	8	205,392	1,248	123,235	10
11	21-2	OSHA REQUIREMENTS	HOURS	2,080	8	55,943	1,248	33,565	11
12	21-3	CONSULTANTS	HOURS	2,080	8	135,816	1,248	81,489	12
13	6-3	MAINTENANCE-OTHER	HOURS	2,080	8	98,241	1,248	58,945	13
14	26-3	INSURANCE	HOURS	2,080	8	262,657	1,248	157,594	14
15	19-3	LEGAL & ACCOUNTING	HOURS	2,080	8	96,350	1,239	57,395	15
16	14-1	TRANSPORTATION STAFF	HOURS	2,080	8	120,708	120,708	1,248	72,424
17	20-3	DUES/SUBS/ADVERTISING	HOURS	2,080	8	114,732	1,372	75,661	17
18	36-3	MORTGAGE INSURANCE	HOURS	2,080	8	40,696	1,248	24,418	18
19	32-3	INTEREST	HOURS	2,080	8	488,509	1,248	293,105	19
20	24-3	TRAVEL & SEMINAR	HOURS	2,080	8	5,505	1,248	3,303	20
21	11-1	ACTIVITIES STAFF	HOURS	2,080	8	80,383	80,383	1,248	48,230
22	11-2	ACTIVITIES SUPPLIES	HOURS	2,080	8	7,305	1,248	4,383	22
23	11-3	ACTIVITIES OTHER	HOURS	2,080	8	3,028	1,247	1,816	23
24									24
25	TOTALS					\$ 7,582,741	\$ 1,548,304	\$ 4,435,523	25

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

0038604

Report Period Beginning:

07/01/2016

Ending:

06/30/2017

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
A. Directly Facility Related																				
Long-Term																				
1	GERSHMAN MORTGAGE		X	REFINANCE BONDS	\$35,357.00	09/09/13	\$ 5,529,060	\$ 4,763,015	08/01/32	0.0417	\$ 203,255	1								
2	AMORTIZATION OF DEBT COSTS		X								3,522	2								
3												3								
4												4								
5												5								
Working Capital																				
6	LIBERTY BANK		X	WORKING CAPITAL		04/21/17	630,000	630,000	04/21/18	0.0500	12,278	6								
7												7								
8												8								
9	TOTAL Facility Related				\$35,357.00		\$ 6,159,060	\$ 5,393,015			\$ 219,055	9								
B. Non-Facility Related*																				
10												10								
11												11								
12												12								
13												13								
14	TOTAL Non-Facility Related						\$	\$			\$	14								
15	TOTALS (line 9+line14)						\$ 6,159,060	\$ 5,393,015			\$ 219,055	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 24,418 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 2016 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.)				\$	5,415 2
3. Under or (over) accrual (line 2 minus line 1).				\$	5,415 3
4. Real Estate Tax accrual used for 2017 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.				\$	5,415 7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2012	4,322	8		
	2013	4,649	9		
	2014	2,595	10		
	2015	2,664	11		
	2016	2,751	12		
Payment includes \$2,664 for 2015 and \$2,751 for 2016 tax years and both are adjusted off on page 10 of the cost report as they are related to land used for non-care related purposes.					
				FOR BHF USE ONLY	
				13	FROM R. E. TAX STATEMENT FOR 2016 \$ 13
				14	PLUS APPEAL COST FROM LINE 5 \$ 14
				15	LESS REFUND FROM LINE 6 \$ 15
				16	AMOUNT TO USE FOR RATE CALCULATION \$ 16

NOTES:

1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

2016 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 2016 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 2016.

(A)	(B)	(C)	(D) <u>Tax</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>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 2016 tax bills which were listed in Section A to this statement. Be sure to use the 2016 tax bill which is normally paid during 2017.

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

Facility Name & ID Number BEVERLY FARM FOUNDATION

0038604

Report Period Beginning:

07/01/2016 Ending:

06/30/2017

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? [X] (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? [X] (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 [X] 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.

Table with 5 columns: Use, Square Feet, Year Acquired, Cost, and a final column with values 1, 2, 3. Rows include FACILITY, GROUND IMPROV, and TOTALS.

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		613,064	8
Improvement Type**										
9	43 BEDS INCLUDED IN LINE 8 YEAR ACQUIRED 1984		1984	1,188,870	29,722	40	29,722		965,957	9
10	BUILDING IMPROVEMENTS		1960	85,138		40			85,138	10
11	BUILDING IMPROVEMENTS		1978	13,587	340	40	340		13,247	11
12	BUILDING IMPROVEMENTS		1979	23,978	599	40	599		22,779	12
13	BUILDING IMPROVEMENTS		1980	144,364	3,609	40	3,609		133,536	13
14	BUILDING IMPROVEMENTS		1981	449,724	915	40	915		446,062	14
15	BUILDING IMPROVEMENTS		1982	110,842	2,710	VAR	2,710		98,599	15
16	BUILDING IMPROVEMENTS		1983	175,982	1,136	VAR	1,136		168,599	16
17	BUILDING IMPROVEMENTS		1984	75,230	445	VAR	445		71,891	17
18	BUILDING IMPROVEMENTS		1985	817,404	3,726	VAR	3,726		785,733	18
19	BUILDING IMPROVEMENTS		1986	330,968	7,600	VAR	7,600		258,770	19
20	BUILDING IMPROVEMENTS		1987	123,834	2,601	VAR	2,601		96,523	20
21	BUILDING IMPROVEMENTS		1988	70,806	805	VAR	805		69,147	21
22	BUILDING IMPROVEMENTS		1990	1,053,989	24,200	VAR	24,200		715,526	22
23	BUILDING IMPROVEMENTS		1991	19,196	116	VAR	116		17,577	23
24	BUILDING IMPROVEMENTS		1992	1,483,030	58,771	VAR	58,771		1,453,873	24
25	BUILDING IMPROVEMENTS		1993	662,414	23,232	VAR	23,232		627,565	25
26	BUILDING IMPROVEMENTS		1994	159,277	2,286	VAR	2,286		153,561	26
27	BUILDING IMPROVEMENTS		1995	212,775	1,041	VAR	1,041		209,133	27
28	BUILDING IMPROVEMENTS		1996	139,129	555	VAR	555		137,093	28
29	BUILDING IMPROVEMENTS		1997	193,027	262	VAR	262		191,588	29
30	BUILDING IMPROVEMENTS		1998	160,685	4,387	VAR	4,387		132,168	30
31	BUILDING IMPROVEMENTS		1999	302,282	7,450	VAR	7,450		283,359	31
32	BUILDING IMPROVEMENTS		2000	301,158	1,277	VAR	1,277		292,071	32
33	BUILDING IMPROVEMENTS		2001	174,824	470	VAR	470		171,925	33
34	BUILDING IMPROVEMENTS		2002	93,633	355	VAR	355		93,455	34
35	BUILDING IMPROVEMENTS		2003	186,862	1,055	VAR	1,055		185,279	35
36	BUILDING IMPROVEMENTS		2004	286,399	1,227	VAR	1,227		271,065	36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number BEVERLY FARM FOUNDATION

0038604

Report Period Beginning:

07/01/2016 Ending: 06/30/2017

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	2005	\$ 199,662	\$ 2,623	VAR	\$ 2,623	\$	\$ 164,771	37
38	BUILDING IMPROVEMENTS	2006	369,507	16,747	VAR	16,747		278,990	38
39	BUILDING IMPROVEMENTS	2007	115,991	10,181	VAR	10,181		96,715	39
40	BUILDING IMPROVEMENTS	2008	79,830	7,175	VAR	7,175		69,068	40
41	BUILDING IMPROVEMENTS	2009	13,900	1,390	10	1,390		10,425	41
42	BUILDING IMPROVEMENTS	2010	109,953	10,643	VAR	10,643		69,178	42
43	BUILDING IMPROVEMENTS	2011	139,446	13,917	VAR	13,917		76,914	43
44	BUILDING IMPROVEMENTS	2012	149,473	10,749	VAR	10,749		52,270	44
45	BUILDING IMPROVEMENTS	2013	537,911	39,101	VAR	39,101		175,503	45
46	CHAPPEE-RHODES #363 FLOORING	2014	2,220	222	10	222		574	46
47	GBS-GYM FLOOR	2014	680	136	5	136		385	47
48	HERRING-PARKER TUB	2014	14,062	1,406	10	1,406		3,750	48
49	HILLIER-FLOORING	2014	20,966	2,097	10	2,097		7,338	49
50	HILLIER-PAINTING	2014	58,455	5,845	10	5,845		20,459	50
51	HILLIER-PATIO	2014	3,800	380	10	380		1,330	51
52	HILLIER-CLOSER COMPLETE INSTALLED ON DOOR	2014	1,850	185	10	185		478	52
53	MAIN CAMPUS-SIDEWALKS	2014	7,623	762	10	762		2,668	53
54	MAIN CAMPUS-TREE REMOVAL	2014	650	130	5	130		455	54
55	MAIN CAMPUS-ASPHALT ROADWAY	2014	147,819	14,782	10	14,782		51,737	55
56	MAIN CAMPUS-GROUNDS MAINTENANCE	2014	26,415	2,642	10	2,642		9,245	56
57	SMITH-BASEBOARDS	2014	2,964	593	5	593		2,075	57
58	SMITH-SPRINKLER	2014	4,616	462	10	462		1,154	58
59	STAHL-FLOORING	2014	7,306	1,461	5	1,461		5,114	59
60	STAHL-PAINTING	2014	2,735	274	10	274		957	60
61	STAHL CEILING-REPAIRS	2014	6,875	687	10	687		2,406	61
62	STAHL-FLOORING-VCT TILE & COVE BASE	2014	2,056	206	10	206		514	62
63	STAHL-BEDROOM/HALLWAY ACCOUSTIC TEXTURE	2014	1,170	117	10	117		293	63
64	STAHL-PAINTED WALLS	2014	6,580	658	10	658		1,645	64
65	STAHL-ACCOUSTIC TEXTURE	2014	2,832	283	10	283		708	65
66	STAHL-FIRE ALARM SAFETY PANELS	2014	788	79	10	79		197	66
67	STAHL-FRONT DOOR SAFETY GLASS	2014	590	59	10	59		148	67
68	STAHL-REFINISHED 8 DOORS	2014	744	74	10	74		186	68
69	STAHL-ACTIVITY-VINYL FLOORING AND COVE BASE	2014	2,604	260	10	260		651	69
70	TOTAL (lines 4 thru 69)		\$ 12,802,859	\$ 342,938		\$ 342,938	\$	\$ 10,965,179	70

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

Facility Name & ID Number BEVERLY FARM FOUNDATION

0038604

Report Period Beginning:

07/01/2016 Ending: 06/30/2017

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		\$ 12,802,859	\$ 342,938		\$ 342,938	\$	\$ 10,965,179	1
2	STAHL-ACTIVITY/HALLWAYS/NURSING-TILE FLOOR & C	2014	10,641	1,064	10	1,064		2,660	2
3	TREIN-SPRINKLERS	2014	2,902	290	10	290		1,016	3
4	BEVERLY BUILDING-NEW BATHROOM FLOOR	2015	4,280	428	10	428		892	4
5	CHAPPEE-AIR CONDITIONER	2015	6,152	615	10	615		1,333	5
6	CHAPPEE-SLIDING DOOR	2015	8,900	890	10	890		1,928	6
7	CHAPPEE-GENERATOR	2015	31,500	1,260	25	1,260		2,520	7
8	CHAPPEE-DOOR OPERATOR INSTALLED	2015	1,850	185	10	185		462	8
9	DONNELLEY-DOOR	2015	900	90	10	90		180	9
10	DONNELLEY-WEST BATHROOM FLOORING	2015	5,752	1,151	5	1,151		2,397	10
11	DONNELLEY-HAND DRYERS	2015	3,673	734	5	734		1,469	11
12	DONNELLEY-22 WINDOWS	2015	20,804	1,387	15	1,387		2,774	12
13	EVANS-INTERIOR RENOVATION, NEW CEILING	2015	17,093	1,709	10	1,709		3,419	13
14	HERRING-BATHROOM FLOORING, CLOSET BOWL TANK	2015	12,354	1,235	10	1,235		2,471	14
15	HERRING-SOUTH BATHROOM FLOORING	2015	4,275	855	5	855		1,781	15
16	HERRING-NEW HAND RAIL	2015	1,125	225	5	225		469	16
17	HERRING-EXTERIOR COLUMNS	2015	4,497	450	10	450		974	17
18	HILLIER-KEYPAD ON EAST DOOR	2015	1,833	183	10	183		382	18
19	HILLIER-NEW EXHAUST FAN	2015	2,800	560	5	560		1,120	19
20	HILLIER FLOORING IN D HALL	2015	7,914	1,583	5	1,583		3,297	20
21	HILLIER-WATER HEATER	2015	1,872	187	10	187		421	21
22	HILLIER-SHINGLES ON ROOF	2015	15,775	789	20	789		1,906	22
23	LOGAN-AIR CONDITIONER	2015	9,096	1,819	5	1,819		3,790	23
24	LOGAN-DOOR	2015	1,525	153	10	153		343	24
25	LOGAN-EAST AND WEST ACTIVITIES FLOORING	2015	2,846	569	5	569		1,186	25
26	LOGAN-GENERATORS	2015	160,500	6,420	25	6,420		12,840	26
27	LOGAN-FLOORING	2015	2,361	236	10	236		551	27
28	LOGAN-EAST OUTSIDE AND BEDROOM DOORS	2015	5,175	518	10	518		819	28
29	MAIN CAMPUS-ASHPALT FOR BUS LOT, EXTRA PARKING	2015	55,510	5,551	10	5,551		9,252	29
30	MAIN CAMPUS-SHIPPING ROAD ASPHALT	2015	17,169	3,434	5	3,434		6,868	30
31	MAIN CAMPUS-REPLACED SIDEWALKS	2015	27,875	2,788	10	2,788		6,736	31
32	MAIN CAMPUS-LANDSCAPING	2015	2,155	431	5	431		862	32
33	NURSING-DOOR	2015	995	100	10	100		224	33
34	TOTAL (lines 1 thru 33)		\$ 13,254,958	\$ 380,827		\$ 380,827	\$	\$ 11,042,521	34

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

Facility Name & ID Number BEVERLY FARM FOUNDATION

0038604

Report Period Beginning:

07/01/2016 Ending: 06/30/2017

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		\$ 13,254,958	\$ 380,827		\$ 380,827	\$	\$ 11,042,521	1
2	SMITH-HALL EXTERIOR AND KITCHEN DOOR	2015	3,475	347	10	347		695	2
3	SMITH-FLOORING IN KITCHEN, ACTIVITIES, EAST HALL	2015	11,972	2,394	5	2,394		4,789	3
4	STAHL-DOOR-MECHANICAL ROOM, BACK SOUTH	2015	2,140	214	10	214		446	4
5	BEVERLY-DOORS IN EAST AND WEST ACTIVITY	2016	3,590	359	10	359		359	5
6	BEVERLY-HALLWAY FLOORING	2016	7,098	1,420	5	1,420		1,420	6
7	BEVERLY-PAINTING CEILING	2016	7,355	735	10	735		735	7
8	CARRIAGE HOUSE-NEW DOOR	2016	995	100	10	100		100	8
9	CHAPPEE-DOUBLE DOORS TO BOILER ROOM	2016	2,650	265	10	265		265	9
10	CHAPPEE-HEATING AND AIR CONDITIONING	2016	12,404	1,240	10	1,240		1,240	10
11	EVANS-NEW CLOSET DOORS	2016	5,085	509	10	509		509	11
12	EVANS-FLOORING	2016	2,754	275	10	275		390	12
13	EVANS-PAINTING	2016	5,515	551	10	551		597	13
14	GBS-FLOOR IN BATHROOM	2016	4,049	405	10	405		574	14
15	HERRING-FLOORING IN BATHROOM	2016	18,803	1,880	10	1,880		2,194	15
16	HERRING-KEY PAD ENTRY FOR KITCHEN	2016	4,103	410	10	410		581	16
17	HILLIER-3 AUTOMATIC DOOR OPENERS	2016	6,262	626	10	626		835	17
18	HILLIER-FLOORING	2016	4,913	491	10	491		491	18
19	HILLIER-NEW FURNACE	2016	14,955	1,496	10	1,496		1,496	19
20	LAVENTHAL-WEST DOOR AND ACTIVITY ROOM	2016	2,725	272	10	272		272	20
21	LOGAN-ENTRANCE AND HALLWAY FLOORS	2016	6,651	665	10	665		1,330	21
22	LOGAN-ELECTRICAL OUTLET REPLACEMENTS	2016	9,500	950	10	950		1,267	22
23	MAIN CAMPUS-HEAVY DUTY DOOR CONTROLS	2016	3,250	650	5	650		812	23
24	MAIN CAMPUS-ASPHALT ON MAIN CAMPUS/DT ROAD	2016	52,021	5,202	10	5,202		5,202	24
25	SMITH-FLOORING IN BATHROOM & HALLWAY	2016	14,195	1,419	10	1,419		1,419	25
26	SMITH-REPLACED SPRINKLER HEADS	2016	3,065	613	5	613		613	26
27	STAHL-REPLACED DOORS	2016	11,980	1,198	10	1,198		1,198	27
28	STAHL-FLOORING IN FIRST FLOOR BEDROOMS	2016	5,826	583	10	583		680	28
29	STAHL-KITCHEN DOOR	2016	1,625	325	5	325		325	29
30	STAHL-PAINT TWO BEDROOMS	2016	2,730	546	5	546		728	30
31	BUILDING IMPROVEMENTS-ALLOCATED	1996	667,309	16,683	VAR	16,683		341,996	31
32	BUILDING IMPROVEMENTS-ALLOCATED	1997	10,315		VAR			10,315	32
33	BUILDING IMPROVEMENTS-ALLOCATED	1998	11,308		15			11,308	33
34	TOTAL (lines 1 thru 33)		\$ 14,175,576	\$ 423,650		\$ 423,650	\$	\$ 11,437,702	34

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

Facility Name & ID Number BEVERLY FARM FOUNDATION

0038604

Report Period Beginning:

07/01/2016 Ending: 06/30/2017

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		\$ 14,175,576	\$ 423,650		\$ 423,650	\$	\$ 11,437,702	1
2	BUILDING IMPROVEMENTS-ALLOCATED	1999	618	31	20	31		541	2
3	BUILDING IMPROVEMENTS-ALLOCATED	2000	329	16	20	16		271	3
4	BUILDING IMPROVEMENTS-ALLOCATED	2004	752		10			752	4
5	BUILDING IMPROVEMENTS-ALLOCATED	2012	2,870	400	VAR	400		1,797	5
6	BUILDING IMPROVEMENTS-ALLOCATED	2013	33,415	5,382	VAR	5,382		24,218	6
7	MAINT-SLIDES FOR PUMP HOUSE-ALLOCATED	2014	6,463	646	10	646		2,262	7
8	MAINT-ASPHALT FOR ADMIN BUILDING-ALLOCATED	2014	3,727	745	5	745		2,174	8
9	MAINT-DOOR AT TRACTOR SHED-ALLOCATED	2014	429	86	5	86		229	9
10	ADMIN BUILDING-PARKING LOT-ALLOCATED	2014	2,520	504	5	504		1,008	10
11	MAINT-SEWER MAIN REPAIR-ALLOCATED	2015	8,177	818	10	818		1,636	11
12	MAINT-DOOR AND FRAME-ALLOCATED	2015	1,089	109	10	109		218	12
13	MAINT-FLOOR COVERINGS-ALLOCATED	2015	520	104	5	104		208	13
14	MAINT-REPLACED SIDEWALKS-ALLOCATED	2015	2,775	555	5	555		925	14
15	MAINT-REPLACED SPRINKLERS-ALLOCATED	2015	1,852	370	5	370		741	15
16	MAINT-NEW 42X64 BUILDING-ALLOCATED	2016	29,011	1,451	20	1,451		1,693	16
17	MAINT-AIR CONDITIONER UNITS-ALLOCATED	2016	17,182	1,718	10	1,718		2,005	17
18	MAINT-CEILING TILE-ALLOCATED	2016	1,538	308	5	308		359	18
19	MAINT-CLOSET LOCKS-ALLOCATED	2016	1,500	300	5	300		350	19
20	MAINT-CORNER GUARDS-ALLOCATED	2016	1,142	229	5	229		229	20
21	MAINT-DOOR LOCKSETS-ALLOCATED	2016	4,170	417	10	417		521	21
22	MAINT-NEW FIRE ALARM PANEL-ALLOCATED	2016	3,218	644	5	644		858	22
23	MAINT-PAINTING-ALLOCATED	2016	3,615	723	5	723		723	23
24	MAINT-REPLACE FIRE ALARMS-ALLOCATED	2016	9,887	989	10	989		989	24
25	MAINT-REPLACED SEWER LINES-ALLOCATED	2016	1,776	178	10	178		251	25
26	MAINT-REPLACED WATER HEATER-ALLOCATED	2016	5,123	512	10	512		640	26
27	GUARD SHACK-AIR CONDITIONER-ALLOCATED	2017	467	8	10	8		8	27
28	MAINT-STEEL ENTRY DOOR-ALLOCATED	2017	3,272		10				28
29	MAINT-CONCRETE PAD FOR PROPANE TANK-ALLOCATE	2017	840	28	10	28		28	29
30	MAINT-FIBER OPTIC PROJECT-ALLOCATED	2017	274,039		20				30
31	HILLIER-NEW ROOF	2016	40,695	1,085	25	1,085		1,085	31
32	HILLIER-DOORS	2016	3,165	211	10	211		211	32
33	LAVENTHAL-DOOR GUARD AND KICKPLATE	2016	3,127	287	10	287		287	33
34	TOTAL (lines 1 thru 33)		\$ 14,644,879	\$ 442,504		\$ 442,504	\$	\$ 11,484,919	34

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

Facility Name & ID Number BEVERLY FARM FOUNDATION

0038604

Report Period Beginning:

07/01/2016 Ending: 06/30/2017

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		\$ 14,644,879	\$ 442,504		\$ 442,504	\$	\$ 11,484,919	1
2	LAVENTHAL-CONCRETE PATIO	2016	7,360	675	10	675		675	2
3	MAIN CAMPUS-SIDEWALK	2016	5,453	409	10	409		409	3
4	DIETARY-2 WINDOWS IN DINING ROOM	2016	965	64	10	64		64	4
5	BEVERLY-13 SPRINKLERS	2017	3,500	88	10	88		88	5
6	CHAPPEE-AIR CONDITIONER	2017	42,221	2,111	10	2,111		2,111	6
7	CHAPPEE-ROOF	2017	10,132	34	25	34		34	7
8	CHAPPEE-REPLACE CONCRETE	2017	7,730	64	10	64		64	8
9	DIETARY-FURNACE	2017	3,120	26	10	26		26	9
10	DIETARY-9 SPRINKLERS	2017	2,800	70	10	70		70	10
11	DONNELLEY-FURNACE & COMPRESSOR	2017	3,705	31	10	31		31	11
12	EVANS-TILE FLOORING	2017	26,307		10				12
13	EVANS-CABINETS AND VANITY	2017	9,567		10				13
14	EVANS-15 SPRINKLERS	2017	3,800	95	10	95		95	14
15	EVANS-DOORS & JAMS, CLOSET DOORS, PAINT 14 BEDRO	2017	37,240	310	10	310		310	15
16	HILLIER-NEW DOORS, FRAMES, DOOR CLOSERS	2017	7,626	64	10	64		64	16
17	HILLIER-FLOORING	2017	2,498	21	10	21		21	17
18	HILLIER-AIR CONDITIONER	2017	12,480	104	10	104		104	18
19	HILLER-4 SPRINKLERS	2017	2,400	60	10	60		60	19
20	LAVENTHAL-18 SPRINKLERS	2017	4,100	103	10	103		103	20
21	LOGAN-STORAGE SHED AND CONCRETE	2017	5,725		10				21
22	LOGAN-AIR CONDITIONER	2017	669		10				22
23	LOGAN-CABINETS, VANITIES, COUNTERTOPS	2017	11,577	193	10	193		193	23
24	MAIN CAMPUS-DOOR CLOSER	2017	1,550	38	10	38		38	24
25	MAIN CAMPUS-PARKING LOT	2017	5,000		10				25
26	SMITH-REPLACE BATHROOMS	2017	5,330	44	10	44		44	26
27	SMITH-3 SPRINKLERS	2017	2,200	55	10	55		55	27
28	STAHL-14 SPRINKLERS	2017	3,600	90	10	90		90	28
29	STAHL-FLOORING FOR ACTVITY ROOM AND BATHROOM	2017	8,518	71	10	71		71	29
30	STAHL-2 ACT RMS, NURSES OFC, KTCN CEILING, 2 BATHI	2017	93,703	3,123	10	3,123		3,123	30
31	STAHL-SHOWER STALLS	2017	17,680	295	10	295		295	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 14,993,435	\$ 450,742		\$ 450,742	\$	\$ 11,493,157	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	\$ 2,837,291	\$ 285,537	\$ 285,537	\$	5-10	\$ 1,612,142	71
72	Current Year Purchases	127,461	4,816	4,816		5-10	4,816	72
73	Fully Depreciated Assets	1,724,875	51,029	51,029		5-10	1,724,875	73
74								74
75	TOTALS	\$ 4,689,627	\$ 341,382	\$ 341,382	\$		\$ 3,341,833	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			\$ 558,854	\$ 23,253	\$ 23,253	\$	5-10	\$ 497,332	76
77	TRANSPORTATION	2016 GMC SAVANNA 2500	2016	30,464	3,046	3,046		5	4,823	77
78										78
79										79
80	TOTALS			\$ 589,318	\$ 26,299	\$ 26,299	\$		\$ 502,155	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)	\$ 20,471,596	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 818,423	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 818,423	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)	\$ 15,337,145	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	\$ 12,864,869	\$ 444,101	\$ 7,139,083	86
87					87
88					88
89					89
90					90
91	TOTALS	\$ 12,864,869	\$ 444,101	\$ 7,139,083	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.	_____ /2018	\$ _____
13.	_____ /2019	\$ _____
14.	_____ /2020	\$ _____

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.

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

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

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. <u>CLASSROOM PORTION:</u></p> <p>IN-HOUSE PROGRAM <input checked="" type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA <u>84</u></p>	<p>3. <u>CLINICAL PORTION:</u></p> <p>IN-HOUSE PROGRAM <input checked="" type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA <u>90</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	5,250	3,725		8,975
3	Classroom Wages (a)	30,756	98,340		129,096
4	Clinical Wages (b)		108,174		108,174
5	In-House Trainer Wages (c)	16,200	11,475		27,675
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$ 52,206	\$ 221,714	\$	\$ 273,920
10	SUM OF line 9, col. 1 and 2 (e)	\$ 273,920			

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	149
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	210
2. From other facilities (f)	
TOTAL TRAINED	359

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

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	10a-3	hrs	\$	80	\$ 5,801	\$	80	\$ 5,801	1
2	Licensed Speech and Language Development Therapist	10a-3	hrs		23	1,150		23	1,150	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10a-1/10a-3/10a-2	hrs	116,512	207	11,210	1,203	207	128,925	4
5	Physician Care	39-3	visits			20,364			20,364	5
6	Dental Care	39-1/39-3/39-2	visits	31,528	223	21,775	9,208	223	62,511	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			\$ 148,040	533	\$ 60,300	\$ 10,411	533	\$ 218,751	14

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

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of **06/30/2017**

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 4,858,708	\$	1
2	Cash-Patient Deposits	205,105		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (166,935))	3,288,490		3
4	Supply Inventory (priced at)	117,694		4
5	Short-Term Investments	11,213,025		5
6	Prepaid Insurance	442,642		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 20,125,664	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	703,825		12
13	Land	311,612		13
14	Buildings, at Historical Cost	25,651,351		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	7,373,502		16
17	Accumulated Depreciation (book methods)	(22,476,228)		17
18	Deferred Charges	88,575		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)	\$ 11,652,637	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 31,778,301	\$	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 785,594	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	205,105		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	428,928		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	543,730		36
37	LINE OF CREDIT	1,050,000		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,013,357	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable	8,137,651		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)	\$ 8,137,651	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 11,151,008	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 20,627,293	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 31,778,301	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 19,830,610	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 19,830,610	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,302,814)	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	2,099,497	15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 796,683	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)	\$ 20,627,293	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number BEVERLY FARM FOUNDATION

0038604

Report Period Beginning: 07/01/2016

Ending: 06/30/2017

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

I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 12,703,816	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 12,703,816	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	2,389,168	24
25	Interest and Other Investment Income***	784,091	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 3,173,259	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	MISCELLANEOUS INCOME	293,071	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 293,071	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 16,170,146	30

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	4,914,540	31
32	Health Care	6,320,609	32
33	General Administration	3,896,756	33
B. Capital Expense			
34	Ownership	1,511,412	34
C. Ancillary Expense			
35	Special Cost Centers	82,875	35
36	Provider Participation Fee	746,768	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 17,472,960	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,302,814)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,302,814)	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: 07/01/2016

Ending:

06/30/2017

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	2,080	2,080	\$ 63,703	\$ 30.63	1
2	Assistant Director of Nursing					2
3	Registered Nurses	23,514	24,046	498,320	20.72	3
4	Licensed Practical Nurses	18,340	20,345	418,747	20.58	4
5	CNAs & Orderlies					5
6	CNA Trainees					6
7	Licensed Therapist	4,488	4,560	70,172	15.39	7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	2,752	3,145	48,230	15.34	10
11	Social Service Workers	10,600	10,704	180,406	16.85	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants					15
16	Dishwashers					16
17	Maintenance Workers	18,054	19,183	214,547	11.18	17
18	Housekeepers	100,490	100,490	844,116	8.40	18
19	Laundry					19
20	Administrator	1,427	1,475	71,042	48.16	20
21	Assistant Administrator	1,248	1,429	47,743	33.41	21
22	Other Administrative	1,467	2,241	45,143	20.14	22
23	Office Manager					23
24	Clerical	28,041	29,870	435,188	14.57	24
25	Vocational Instruction	6,485	7,017	115,744	16.49	25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	19,698	22,278	340,426	15.28	28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)	213,770	227,716	3,264,757	14.34	30
31	Medical Records	2,142	2,366	28,617	12.10	31
32	Other Health Care(specify)					32
33	Other(specify)	17,995	18,814	315,689	16.78	33
34	TOTAL (lines 1 - 33)	472,591	497,759	\$ 7,002,590 *	\$ 14.07	34

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

** See instructions.

B. CONSULTANT SERVICES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant			35	
36	Medical Director			36	
37	Medical Records Consultant			37	
38	Nurse Consultant			38	
39	Pharmacist Consultant	6 MOS	12,973	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>	43	5,313	10a-3	46
47				47	
48				48	
49	TOTAL (lines 35 - 48)	43	\$ 18,286		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	2,949	\$ 138,097	10-3	50
51	Licensed Practical Nurses	5,639	197,273	10-3	51
52	Certified Nurse Assistants/Aides	33,624	531,773	10-3	52
53	TOTAL (lines 50 - 52)	42,212	\$ 867,143		53

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
MARTHA WARFORD	EXECUTIVE DIRECTOR	0	\$ 61,810	Workers' Compensation Insurance	\$ 365,180	IDPH License Fee	\$	
VICKY PALMER-VOGT	EXEC DIREC/ASST. DIRECTO	0	44,660	Unemployment Compensation Insurance	30,087	Advertising: Employee Recruitment	22,255	
DEBBIE REED	ASSISTANT DIRECTOR	0	12,314	FICA Taxes	543,781	Health Care Worker Background Check		
BRENDA MILLER	FINANCIAL COORD.	0	33,789	Employee Health Insurance	1,289,260	(Indicate # of checks performed 100)	23,794	
				Employee Meals		Patient Background Checks	15 3,569	
				Illinois Municipal Retirement Fund (IMRF)*		DUES/SUBS/LICENSE FEES	5,030	
				PENSION	77,874	IHCA DUES	10,807	
				MISC. EMPLOYEE BENEFITS	25,473			
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 152,573					
B. Administrative - Other								
Description			Amount					
OUTSOURCING-IT/PAYROLL/TIME CLOCK			\$ 91,944					
MISCELLANEOUS			101,822					
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 193,766					
C. Professional Services				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Vendor/Payee	Type		Amount	Description	Line #	Amount	Description	Amount
SEE ENCLOSED WORKSHEET	LEGAL FEES		\$ 27,395				Out-of-State Travel	\$
SCHEFFEL BOYLE	ACCOUNTING & AUDIT		30,000					
							In-State Travel	
							MILEAGE REIMBURSEMENT	1,254
							Seminar Expense	
							MEETINGS/SEMINARS/PARKING	4,657
							Entertainment Expense	()
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 57,395	TOTAL		\$	(agree to Sch. V, line 24, col. 8)	\$ 5,911

* Attach copy of IMRF notifications

**See instructions.

BEVERLY FARM FOUNDATION #0038604
PAGES 3 & 4, SCHEDULE V RECLASSIFICATIONS
JUNE 30, 2017

BANK & BROKER FEES INCLUDED AS INTEREST	74,050	17
	(74,050)	32
CNA TRAINING INCLUDED AS NURSING	172,623	13
	(172,623)	10
ADVERTISING & DUES INCLUDED AS ADMINISTRATIVE	85,416	27
	(85,416)	17
DUES, FEES, & DIETARY INCLUDED AS TRAVEL AND SEMINAR	294	1
	120	20
	(414)	24
FUNDRAISING INCLUDED AS DUES, FEES, SUBSCRIPTIONS & PROMOTIONS	398	27
	(398)	20

BEVERLY FARM FOUNDATION #0038604
PAGE 10, SCHEDULE IX - REAL ESTATE TAXES
JUNE 30, 2017

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, 2017

Model, Make, Year	Cost	Current Book Depreciation	Straight Line Depreciation	Accumulated Depreciation
TRANS MAINT #4-F150	\$ 3,957	\$ -	\$ -	\$ 3,957
FORD FOCUS CAR #1	6,545	-	-	6,545
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
IDOT BUS-VAN #17	52,612	-	-	52,612
E-350 VAN #18-15 PASS.	16,349	-	-	16,349
E-350 VAN #19-15 PASS.	16,427	-	-	16,427
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	-	-	22,023
MAINTENANCE TRUCK W/SNOW PLOW	20,035	-	-	20,035
VANS-WHEELCHAIR STRAP	1,454	-	-	1,454
TRANSPORTATION VAN	21,651	-	-	21,651
TRANSPORTATION VAN	17,190	-	-	17,190
IDOT VAN	19,538	-	-	19,538
MAINTENANCE - TRUCK	20,434	-	-	20,434
SHOULDER HARNESSSES	1,036	-	-	1,036
IDOT VAN	34,646	1,586	1,586	34,646
2010 CHRYSLER	18,885	-	-	18,885
MAINTENANCE TRUCK	3,315	-	-	3,315
4X4 CHEVY TRUCK	10,482	1,048	1,048	10,482
CHEVY C1500 SILVERADO	13,439	1,344	1,344	13,439
2008 MERCURY MARINER	10,336	1,034	1,034	10,336
FORD E250	24,539	2,454	2,454	24,539
FLEET REPAIRS	4,055	406	406	4,055
DUMP TRUCK REPAIRS	420	84	84	378
VAN SEAT REPAIR	2,631	526	526	2,368
VAN	34,122	6,824	6,824	30,710
1997 FORD PICKUP	3,530	59	59	59
MAINT-2010 F150 4X2	9,063	1,208	1,208	1,208
MAINT-2012 4X4 F-150	9,063	1,208	1,208	1,208
TRANSPORTATION-VAN #14 LIFT	3,457	692	692	692
TRANSPORTATION-VAN #6 LIFT	776	129	129	129
TRANSPORTATION-TURTLE TOP BUS	39,863	4,651	4,651	4,651
	<u>\$ 558,854</u>	<u>\$ 23,253</u>	<u>\$ 23,253</u>	<u>\$ 497,332</u>

BEVERLY FARM FOUNDATION #0038604
DEPRECIABLE NON-CARE ASSETS - SCHEDULE XI., Section F.
JUNE 30, 2017

Description	Cost	Current Book Depreciation	Accumulated Depreciation
DAY TRAINING BUILDING	\$ 1,958,482	\$ 51,327	\$ 1,331,093
DAY TRAINING ALLOCATED ADMIN BLDG	185,206	5,655	68,206
DAY TRAINING EQUIPMENT	306,864	15,756	257,895
DAY TRAINING ALLOCATED ADMIN EQUIP	113,118	13,645	61,233
DAY TRAINING VEHICLES	53,173	1,586	44,180
DAY TRAINING ALLOCATED VEHICLES	93,137	3,876	82,886
GROUP HOMES BUILDINGS	2,354,486	69,288	1,452,034
GROUP HOMES ALLOCATED ADMIN BLDG	555,630	16,974	204,630
GROUP HOMES EQUIPMENT	363,542	19,653	324,725
GROUP HOMES ALLOCATED ADMIN EQUIP	339,354	40,932	183,696
GROUP HOME VEHICLES	279,438	11,628	248,670
GROUP HOMES LAND	30,000	-	-
ACTIVITIES BUILDING	11,280	1,347	2,823
ARENA BUILDING	359,280	14,415	154,416
GROVES B. SMITH BUILDING	1,146,151	29,248	675,625
GREENHOUSE	366,278	9,266	265,971
HARDIN APARTMENTS	1,533,143	58,288	715,315
HORTICULTURE	115,669	2,650	82,532
JUDAH SENIORS BUILDING	460,269	10,958	198,579
TOMBSTONES	3,186	-	3,186
TREIN VOCATIONAL BUILDING	755,989	17,399	378,109
ARENA EQUIPMENT	67,099	4,205	53,580
GIFT SHOP EQUIPMENT	15,341	1,276	14,704
GROVES B. SMITH EQUIPMENT	52,917	1,997	51,371
HARDIN APARTMENTS EQUIPMENT	282,474	20,213	220,177
JUDAH EQUIPMENT	17,909	23	17,795
TREIN EQUIPMENT	4,606	285	4,464
ACTIVITIES EQUIPMENT	18,055	3,218	3,742
OTHER LAND	57,643	-	-
HARDIN APARTMENTS VEHICLES	36,739	3,675	12,859
CILA VEHICLES	18,194	1,818	2,427
CILA EQUIPMENT	32,597	1,451	1,451
CILA LAND	24,753	-	-
CILA BUILDING	852,867	12,049	20,709
	<u>\$ 12,864,869</u>	<u>\$ 444,101</u>	<u>\$ 7,139,083</u>

BEVERLY FARM FOUNDATION #0038604
INCOME RECEIVED BY BROAD CATEGORY NOT LISTED ON P. 19
JUNE 30, 2017

DAY TRAINING	\$ 5,294,207
APARTMENTS & INCIDENTALS	603,504
GROUP HOMES	4,085,794
GIFT SHOP	92,311
CILA	529,524
	<u>\$ 10,605,340</u>

EXPENSES INCURRED BY BROAD CATEGORY
NOT LISTED IN THIS COST REPORT

DAY TRAINING (DIRECT)	\$ 2,631,039
DAY TRAINING (ALLOCATED)	1,632,133
APARTMENTS	360,178
GROUP HOMES (DIRECT)	2,017,509
GROUP HOMES (ALLOCATED)	1,467,191
GIFT SHOP	94,916
GREENHOUSE	5,581
TREASURES & TRINKETS	2,956
CILA (DIRECT)	246,446
CILA (ALLOCATED)	47,894
	<u>\$ 8,505,843</u>
NET INCOME (Page 18, Schedule XVI, Line 15)	<u>\$ 2,099,497</u>

BEVERLY FARM FOUNDATION
MISCELLANEOUS INCOME, PAGE 19, LINE 28
JUNE 30, 2017

HAB-AIDE REIMBURSEMENT	\$ 217,238
IPA TRANSPORTATION REIMBURSEMENT	788
SODA MACHINE	14,191
OTHER REFUNDS AND REIMBURSEMENTS	60,854
	<u>\$ 293,071</u>

BEVERLY FARM FOUNDATION #0038604
PAGE 20, SCHEDULE XVIII, LINE 33
JUNE 30, 2017

SERVICE	1 HRS. WORKED	2 HRS. PAID	3 WAGES	4 HOURLY WAGE
PHYSICAL THERAPY	6,120	6,120	\$ 116,512	19.04
DENTAL ASSISTANT	2,090	2,362	31,528	13.35
TRANSPORTATION	4,437	4,646	72,424	15.59
SAFETY & SECURITY	1,248	1,248	29,378	23.54
DEVELOPMENT DIRECTOR	4,100	4,438	65,847	14.84
	<u>17,995</u>	<u>18,814</u>	<u>\$ 315,689</u>	