

		FOR BHF USE					

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2018
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2018)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

<p>I. IDPH License ID Number: <u>0038604</u></p> <p>Facility Name: <u>BEVERLY FARM FOUNDATION</u></p> <p>Address: <u>6301 HUMBERT ROAD</u> <u>GODFREY</u> <u>62035</u> Number City Zip Code</p> <p>County: <u>MADISON</u></p> <p>Telephone Number: <u>(618) 466-0367</u> Fax # <u>(618) 466-3652</u></p> <p>HFS ID Number: _____</p> <p>Date of Initial License for Current Owners: _____</p> <p>Type of Ownership:</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input checked="" type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td>IRS Exemption Code <u>501(c)(3)</u></td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> "Sub-S" Corp.</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Limited Liability Co.</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other</td> <td>_____</td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>BRENDA MILLER</u> Telephone Number: <u>(618) 466-0367</u> Email Address: _____</p>	<input checked="" type="checkbox"/> VOLUNTARY, NON-PROFIT	<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input checked="" type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	IRS Exemption Code <u>501(c)(3)</u>	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input type="checkbox"/> "Sub-S" Corp.	_____		<input type="checkbox"/> Limited Liability Co.	_____		<input type="checkbox"/> Trust	_____		<input type="checkbox"/> Other	_____	<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>07/01/2017</u> to <u>06/30/2018</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table border="1"> <tr> <td data-bbox="1473 748 1663 951"> Officer or Administrator of Provider </td> <td data-bbox="1663 748 2553 951"> (Signed) _____ (Date) _____ (Type or Print Name) <u>BRENDA MILLER</u> (Title) <u>FINANCE DIRECTOR</u> </td> </tr> <tr> <td data-bbox="1473 951 1663 1240"> Paid Preparer </td> <td data-bbox="1663 951 2553 1240"> (Signed) _____ (Date) _____ (Print Name and Title) <u>DANIEL E. PHIPPS</u> <u>PRINCIPAL</u> (Firm Name & Address) <u>SCHEFFEL BOYLE</u> <u>106 W. COUNTY ROAD, JERSEYVILLE, IL 62052</u> (Telephone) <u>(618) 498-6841</u> Fax # <u>(618) 498-6842</u> </td> </tr> </table> <p>MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630</p>	Officer or Administrator of Provider	(Signed) _____ (Date) _____ (Type or Print Name) <u>BRENDA MILLER</u> (Title) <u>FINANCE DIRECTOR</u>	Paid Preparer	(Signed) _____ (Date) _____ (Print Name and Title) <u>DANIEL E. PHIPPS</u> <u>PRINCIPAL</u> (Firm Name & Address) <u>SCHEFFEL BOYLE</u> <u>106 W. COUNTY ROAD, JERSEYVILLE, IL 62052</u> (Telephone) <u>(618) 498-6841</u> Fax # <u>(618) 498-6842</u>
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Facility Name & ID Number BEVERLY FARM FOUNDATION

0038604 Report Period Beginning: 07/01/2017 Ending: 06/30/2018

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	90,024	2,605		92,629	11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	90,024	2,605		92,629	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 84.59%

D. How many bed reserve days during this year were paid by the Department? 1,367 (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: 06/30/2018 Fiscal Year: 06/30/2018

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

Facility Name & ID Number **BEVERLY FARM FOUNDATION** # **0038604** Report Period Beginning: **07/01/2017** Ending: **06/30/2018**

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		31,631	1,546,483	1,578,114		1,578,114		1,578,114		1
2	Food Purchase		893,527		893,527		893,527		893,527		2
3	Housekeeping	904,410	17,744	48,457	970,611		970,611		970,611		3
4	Laundry		5,975	294,293	300,268		300,268		300,268		4
5	Heat and Other Utilities			375,617	375,617		375,617		375,617		5
6	Maintenance	236,999	90,394	351,841	679,234		679,234		679,234		6
7	Other (specify):* SECURITY	31,258	103	67,565	98,926		98,926		98,926		7
8	TOTAL General Services	1,172,667	1,039,374	2,684,256	4,896,297		4,896,297		4,896,297		8
	B. Health Care and Programs										
9	Medical Director										9
10	Nursing and Medical Records	4,628,688	224,157	637,857	5,490,702	(222,915)	5,267,787		5,267,787		10
10a	Therapy	213,726	2,869	5,092	221,687		221,687		221,687		10a
11	Activities	50,135	32,159	2,235	84,529		84,529		84,529		11
12	Social Services	173,521			173,521		173,521		173,521		12
13	CNA Training	102,267			102,267	222,915	325,182	(10,677)	314,505		13
14	Program Transportation	71,554			71,554		71,554		71,554		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	5,239,891	259,185	645,184	6,144,260		6,144,260	(10,677)	6,133,583		16
	C. General Administration										
17	Administrative	193,864		235,413	429,277	(18,376)	410,901		410,901		17
18	Directors Fees										18
19	Professional Services			79,687	79,687		79,687		79,687		19
20	Dues, Fees, Subscriptions & Promotions			58,547	58,547		58,547	(6,773)	51,774		20
21	Clerical & General Office Expenses	439,511	61,493	209,475	710,479		710,479		710,479		21
22	Employee Benefits & Payroll Taxes			2,198,628	2,198,628		2,198,628		2,198,628		22
23	Inservice Training & Education										23
24	Travel and Seminar			7,258	7,258	(681)	6,577		6,577		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			250,517	250,517		250,517		250,517		26
27	Other (specify):* FUNDRAISING/ADV	99,635		83,931	183,566	97,569	281,135	(281,135)			27
28	TOTAL General Administration	733,010	61,493	3,123,456	3,917,959	78,512	3,996,471	(287,908)	3,708,563		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	7,145,568	1,360,052	6,452,896	14,958,516	78,512	15,037,028	(298,585)	14,738,443		29

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

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

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 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			1,280,668	1,280,668		1,280,668	(483,034)	797,634			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			309,514	309,514	(78,512)	231,002	(231,002)				32
33	Real Estate Taxes			2,868	2,868		2,868	(2,868)				33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles											35
36	Other (specify):* MORTGAGE INS			23,421	23,421		23,421		23,421			36
37	TOTAL Ownership			1,616,471	1,616,471	(78,512)	1,537,959	(716,904)	821,055			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	38,609	6,048	40,815	85,472		85,472		85,472			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			766,104	766,104		766,104		766,104			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers	38,609	6,048	806,919	851,576		851,576		851,576			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	7,184,177	1,366,100	8,876,286	17,426,563		17,426,563	(1,015,489)	16,411,074			45

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

BEVERLY FARM FOUNDATION

ID# 0038604

Report Period Beginning: 07/01/2017

Ending: 06/30/2018

Sch. V Line

NON-ALLOWABLE EXPENSES

Amount

Reference

1	REAL ESTATE TAXES	\$	(2,868)	33
2				
3				
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48				
49	Total		(2,868)	

STATE OF ILLINOIS

Summary A

Facility Name & ID Number **BEVERLY FARM FOUNDATION**# **0038604**

Report Period Beginning:

07/01/2017

Ending:

06/30/2018**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	(10,677)	0	0	0	0	0	0	0	0	0	0	(10,677)	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	(10,677)	0	0	0	0	0	0	0	0	0	0	(10,677)	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	(6,773)	0	0	0	0	0	0	0	0	0	0	(6,773)	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):*	(281,135)	0	0	0	0	0	0	0	0	0	0	(281,135)	27
28	TOTAL General Administration	(287,908)	0	0	0	0	0	0	0	0	0	0	(287,908)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(298,585)	0	0	0	0	0	0	0	0	0	0	(298,585)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number BEVERLY FARM FOUNDATION# 0038604

Report Period Beginning:

07/01/2017 Ending:06/30/2018

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	(483,034)	0	0	0	0	0	0	0	0	0	0	(483,034)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(231,002)	0	0	0	0	0	0	0	0	0	0	(231,002)	32
33	Real Estate Taxes	(2,868)	0	0	0	0	0	0	0	0	0	0	(2,868)	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	(716,904)	0	(716,904)	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)	(1,015,489)	0	(1,015,489)	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: **07/01/2017** Ending: **06/30/2018**

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:

07/01/2017

Ending: 6/30/2018

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	\$ 3,881,876	\$ 5,664	\$ 2,198,628	1
2	17-3	OUTSOURCING-IT/PAYROLL/	WAGES	10,000	8	159,301	6,015	95,820	2
3	17-1	ADMINISTRATIVE SALARIES	HOURS	2,080	8	323,107	323,107	1,248	193,864
4	17-3	ADMINISTRATIVE-OTHER	HOURS	2,080	8	170,294	1,705	139,593	4
5	21-1	PERSONNEL-ACCOUNTING	HOURS	2,080	8	732,519	732,519	1,248	439,511
6	6-1	MAINTENANCE STAFF	HOURS	2,080	8	394,998	394,998	1,248	236,999
7	7-3	SECURITY/SAFETY	HOURS	2,080	8	112,608	1,248	67,565	7
8	7-1	SAFETY MANAGER	HOURS	2,080	8	52,097	52,097	1,248	31,258
9	7-2	SECURITY SUPPLIES	HOURS	2,080	8	171	1,248	103	9
10	6-2	MAINTENANCE SUPPLIES	HOURS	2,080	8	145,500	1,248	87,300	10
11	21-2	OSHA REQUIREMENTS	HOURS	2,080	8	67,349	1,248	40,409	11
12	21-3	CONSULTANTS	HOURS	2,080	8	127,991	1,248	76,795	12
13	6-3	MAINTENANCE-OTHER	HOURS	2,080	8	60,854	1,248	36,512	13
14	26-3	INSURANCE	HOURS	2,080	8	417,528	1,248	250,517	14
15	19-3	LEGAL & ACCOUNTING	HOURS	2,080	8	213,067	778	79,687	15
16	14-1	TRANSPORTATION STAFF	HOURS	2,080	8	119,257	1,248	71,554	16
17	20-3	DUES/SUBS/ADVERTISING	HOURS	2,080	8	86,612	1,406	58,547	17
18	36-3	MORTGAGE INSURANCE	HOURS	2,080	8	39,035	1,248	23,421	18
19	32-3	INTEREST	HOURS	2,080	8	515,857	1,248	309,514	19
20	24-3	TRAVEL & SEMINAR	HOURS	2,080	8	8,530	1,248	5,118	20
21	11-1	ACTIVITIES STAFF	HOURS	2,080	8	83,558	83,558	1,248	50,135
22	11-2	ACTIVITIES SUPPLIES	HOURS	2,080	8	11,816	1,248	7,090	22
23	11-3	ACTIVITIES OTHER	HOURS	2,080	8	2,094	1,248	1,256	23
24									24
25	TOTALS					\$ 7,726,019	\$ 1,705,536	\$ 4,501,196	25

Facility Name & ID Number

BEVERLY FARM FOUNDATION

0038604

Report Period Beginning:

07/01/2017

Ending:

06/30/2018

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		7	8	9	10						
		Related**					Purpose of Loan	Monthly Payment Required					Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO											Original	Balance			
A. Directly Facility Related																		
Long-Term																		
1	GERSHMAN MORTGAGE		X	REFINANCE BONDS	\$35,357.00	09/09/13	\$ 5,529,060	\$ 4,532,989	08/01/32	0.0417	\$ 195,414	1						
2	AMORTIZATION OF DEBT COSTS		X								3,523	2						
3												3						
4												4						
5												5						
Working Capital																		
6	LIBERTY BANK		X	WORKING CAPITAL		04/21/18	630,000	630,000	04/21/19	0.0525	32,065	6						
7												7						
8												8						
9	TOTAL Facility Related				\$35,357.00		\$ 6,159,060	\$ 5,162,989			\$ 231,002	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	\$ 5,162,989			\$ 231,002	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 23,421 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 2017 report.		\$		1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	2,868	2
3. Under or (over) accrual (line 2 minus line 1).		\$	2,868	3
4. Real Estate Tax accrual used for 2018 report. (Detail and explain your calculation of this accrual on the lines below.)		\$		4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	2,868	7
Real Estate Tax History:				
Real Estate Tax Bill for Calendar Year:	2013	<u>4,649</u>	8	
	2014	<u>2,595</u>	9	
	2015	<u>2,664</u>	10	
	2016	<u>2,751</u>	11	
	2017	<u>2,868</u>	12	
				FOR BHF USE ONLY
	13	FROM R. E. TAX STATEMENT FOR 2017	\$	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.

2017 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 2017 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 2017.

	(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 2017 tax bills which were listed in Section A to this statement. Be sure to use the 2017 tax bill which is normally paid during 2018.

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:

07/01/2017 Ending:

06/30/2018

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	FACILITY	6,701,800	1955	\$ 60,245	1
2	GROUND IMPROV			138,971	2
3	TOTALS	6,701,800		\$ 199,216	3

Facility Name & ID Number BEVERLY FARM FOUNDATION

0038604

Report Period Beginning:

07/01/2017

Ending:

06/30/2018

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		628,784	8
	Improvement Type**										
9	43 BEDS INCLUDED IN LINE 8 YEAR ACQUIRED 1984		1984	1984	1,188,870	29,722	40	29,722		995,678	9
10	BUILDING IMPROVEMENTS		1960	1960	85,138		40			85,138	10
11	BUILDING IMPROVEMENTS		1978	1978	13,587	340	40	340		13,587	11
12	BUILDING IMPROVEMENTS		1979	1979	23,978	599	40	599		23,378	12
13	BUILDING IMPROVEMENTS		1980	1980	144,364	3,609	40	3,609		137,146	13
14	BUILDING IMPROVEMENTS		1981	1981	449,724	915	40	915		446,977	14
15	BUILDING IMPROVEMENTS		1982	1982	110,842	2,710	VAR	2,710		101,309	15
16	BUILDING IMPROVEMENTS		1983	1983	175,982	1,136	VAR	1,136		169,735	16
17	BUILDING IMPROVEMENTS		1984	1984	75,230	445	VAR	445		72,336	17
18	BUILDING IMPROVEMENTS		1985	1985	817,404	3,726	VAR	3,726		789,459	18
19	BUILDING IMPROVEMENTS		1986	1986	330,968	7,600	VAR	7,600		266,370	19
20	BUILDING IMPROVEMENTS		1987	1987	123,834	2,601	VAR	2,601		99,124	20
21	BUILDING IMPROVEMENTS		1988	1988	66,720	805	VAR	805		65,865	21
22	BUILDING IMPROVEMENTS		1990	1990	1,053,989	24,200	VAR	24,200		739,726	22
23	BUILDING IMPROVEMENTS		1991	1991	19,196	116	VAR	116		17,693	23
24	BUILDING IMPROVEMENTS		1992	1992	1,483,030	29,158	VAR	29,158		1,483,030	24
25	BUILDING IMPROVEMENTS		1993	1993	662,414	23,232	VAR	23,232		650,798	25
26	BUILDING IMPROVEMENTS		1994	1994	159,277	2,286	VAR	2,286		155,847	26
27	BUILDING IMPROVEMENTS		1995	1995	212,775	1,041	VAR	1,041		210,174	27
28	BUILDING IMPROVEMENTS		1996	1996	139,129	452	VAR	452		137,545	28
29	BUILDING IMPROVEMENTS		1997	1997	193,027	262	VAR	262		191,849	29
30	BUILDING IMPROVEMENTS		1998	1998	160,685	4,387	VAR	4,387		136,555	30
31	BUILDING IMPROVEMENTS		1999	1999	299,020	7,450	VAR	7,450		287,547	31
32	BUILDING IMPROVEMENTS		2000	2000	299,473	1,277	VAR	1,277		291,662	32
33	BUILDING IMPROVEMENTS		2001	2001	174,824	470	VAR	470		172,395	33
34	BUILDING IMPROVEMENTS		2002	2002	93,633	178	VAR	178		93,633	34
35	BUILDING IMPROVEMENTS		2003	2003	186,862	1,055	VAR	1,055		186,334	35
36	BUILDING IMPROVEMENTS		2004	2004	285,866	1,227	VAR	1,227		271,758	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:

07/01/2017 Ending: 06/30/2018

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	\$ 199,461	\$ 2,623	VAR	\$ 2,623	\$	\$ 167,193	37
38	BUILDING IMPROVEMENTS	2006	369,507	6,540	VAR	6,540		285,529	38
39	BUILDING IMPROVEMENTS	2007	115,991	5,616	VAR	5,616		102,331	39
40	BUILDING IMPROVEMENTS	2008	79,830	7,175	VAR	7,175		76,243	40
41	BUILDING IMPROVEMENTS	2009	13,900	1,390	10	1,390		11,815	41
42	BUILDING IMPROVEMENTS	2010	109,953	10,643	VAR	10,643		79,821	42
43	BUILDING IMPROVEMENTS	2011	139,446	13,917	VAR	13,917		90,831	43
44	BUILDING IMPROVEMENTS	2012	149,473	9,912	VAR	9,912		62,182	44
45	BUILDING IMPROVEMENTS	2013	537,911	34,841	VAR	34,841		210,343	45
46	BUILDING IMPROVEMENTS	2014	339,943	35,154	VAR	35,154		153,297	46
47	BEVERLY BUILDING-NEW BATHROOM FLOOR	2015	4,280	428	10	428		1,320	47
48	CHAPPEE-AIR CONDITIONER	2015	6,152	615	10	615		1,948	48
49	CHAPPEE-SLIDING DOOR	2015	8,900	890	10	890		2,818	49
50	CHAPPEE-GENERATOR	2015	31,500	1,260	25	1,260		3,780	50
51	CHAPPEE-DOOR OPERATOR INSTALLED	2015	1,850	185	10	185		648	51
52	DONNELLEY-DOOR	2015	900	90	10	90		270	52
53	DONNELLEY-WEST BATHROOM FLOORING	2015	5,752	1,150	5	1,150		3,547	53
54	DONNELLEY-HAND DRYERS	2015	3,673	735	5	735		2,204	54
55	DONNELLEY-22 WINDOWS	2015	20,804	1,387	15	1,387		4,161	55
56	EVANS-INTERIOR RENOVATION, NEW CEILING	2015	17,093	1,709	10	1,709		5,128	56
57	HERRING-BATHROOM FLOORING,CLOSET BOWL TANK	2015	12,354	1,235	10	1,235		3,706	57
58	HERRING-SOUTH BATHROOM FLOORING	2015	4,275	855	5	855		2,637	58
59	HERRING-NEW HAND RAIL	2015	1,125	225	5	225		694	59
60	HERRING-EXTERIOR COLUMNS	2015	4,497	450	10	450		1,424	60
61	HILLIER-KEYPAD ON EAST DOOR	2015	1,833	183	10	183		565	61
62	HILLIER-NEW EXHAUST FAN	2015	2,800	560	5	560		1,680	62
63	HILLIER FLOORING IN D HALL	2015	7,914	1,583	5	1,583		4,880	63
64	HILLIER -WATER HEATER	2015	1,872	187	10	187		608	64
65	HILLIER-SHINGLES ON ROOF	2015	15,775	789	20	789		2,695	65
66	LOGAN-AIR CONDITIONER	2015	9,096	1,819	5	1,819		5,609	66
67	LOGAN-DOOR	2015	1,525	152	10	152		495	67
68	LOGAN-EAST AND WEST ACTIVITIES FLOORING	2015	2,846	569	5	569		1,755	68
69	LOGAN-GENERATORS	2015	160,500	6,420	25	6,420		19,260	69
70	TOTAL (lines 4 thru 69)		\$ 13,133,951	\$ 318,006		\$ 318,006	\$	\$ 11,325,444	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:

07/01/2017 Ending: 06/30/2018

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		\$ 13,133,951	\$ 318,006		\$ 318,006	\$	\$ 11,325,444	1
2	LOGAN-FLOORING	2015	2,361	236	10	236		787	2
3	LOGAN-EAST OUTSIDE AND BEDROOM DOORS	2015	5,175	518	10	518		1,337	3
4	MAIN CAMPUS-ASPHALT FOR BUS LOT, EXTRA PARKING	2015	55,510	5,551	10	5,551		14,803	4
5	MAIN CAMPUS-SHIPPING ROAD ASPHALT	2015	17,169	3,434	5	3,434		10,301	5
6	MAIN CAMPUS-REPLACED SIDEWALKS	2015	27,875	2,788	10	2,788		9,524	6
7	MAIN CAMPUS-LANDSCAPING	2015	2,155	431	5	431		1,293	7
8	NURSING-DOOR	2015	995	100	10	100		323	8
9	SMITH-HALL EXTERIOR AND KITCHEN DOOR	2015	3,475	348	10	348		1,043	9
10	SMITH-FLOORING IN KITCHEN, ACTIVITIES, EAST HALL	2015	11,972	2,394	5	2,394		7,183	10
11	STAHL-DOOR-MECHANICAL ROOM, BACK SOUTH	2015	2,140	214	10	214		660	11
12	BEVERLY-DOORS IN EAST AND WEST ACTIVITY	2016	3,590	359	10	359		718	12
13	BEVERLY HALLWAY FLOORING	2016	7,098	1,420	5	1,420		2,839	13
14	BEVERLY PAINTING CEILING	2016	7,355	736	10	736		1,471	14
15	CARRIAGE HOUSE-NEW DOOR	2016	995	100	10	100		199	15
16	CHAPPEE-DOUBLE DOORS TO BOILER ROOM	2016	2,650	265	10	265		530	16
17	CHAPPEE-HEATING AND AIR CONDITIONING	2016	12,404	1,240	10	1,240		2,481	17
18	EVANS-NEW CLOSET DOORS	2016	5,085	509	10	509		1,017	18
19	EVANS-FLOORING	2016	2,754	275	10	275		666	19
20	EVANS-PAINTING	2016	5,515	551	10	551		1,149	20
21	GBS-FLOOR IN BATHROOM	2016	4,049	405	10	405		979	21
22	HERRING-FLOORING IN BATHROOM	2016	18,803	1,880	10	1,880		4,074	22
23	HERRING-KEY PAD ENTRY FOR KITCHEN	2016	4,103	410	10	410		992	23
24	HILLIER-3 AUTOMATIC DOOR OPENERS	2016	6,262	626	10	626		1,461	24
25	HILLIER-FLOORING	2016	4,913	491	10	491		983	25
26	HILLIER-NEW FURNACE	2016	14,955	1,496	10	1,496		2,991	26
27	LAVENTHAL-WEST DOOR AND ACTIVITY ROOM	2016	2,725	272	10	272		545	27
28	LOGAN-ENTRANCE AND HALLWAY FLOORS	2016	6,651	665	10	665		1,995	28
29	LOGAN-ELECTRICAL OUTLET REPLACEMENTS	2016	9,500	950	10	950		2,217	29
30	MAIN CAMPUS-HEAVY DUTY DOOR CONTROLS	2016	3,250	650	5	650		1,463	30
31	MAIN CAMPUS-ASPHALT ON MAIN CAMPUS/DT ROAD	2016	52,020	5,202	10	5,202		10,404	31
32	SMITH-FLOORING IN BATHROOM & HALLWAY	2016	14,195	1,420	10	1,420		2,839	32
33	SMITH- REPLACED SPRINKLER HEADS	2016	3,065	613	5	613		1,226	33
34	TOTAL (lines 1 thru 33)		\$ 13,454,715	\$ 354,555		\$ 354,555	\$	\$ 11,415,937	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:

07/01/2017 Ending: 06/30/2018

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		\$ 13,454,715	\$ 354,555		\$ 354,555	\$	\$ 11,415,937	1
2	SMITH-REPLACED DOORS	2016	11,980	1,198	10	1,198		2,396	2
3	STAHL-FLOORING IN FIRST FLOOR BEDROOMS	2016	5,826	583	10	583		1,262	3
4	STAHL-KITCHEN DOOR	2016	1,625	325	5	325		650	4
5	STAHL-PAINT TWO BEDROOMS	2016	2,730	546	5	546		1,274	5
6	HILLIER-NEW ROOF	2016	40,695	1,628	25	1,628		2,713	6
7	HILLIER-DOORS	2016	3,165	316	10	316		527	7
8	LAVENTHAL-DOOR GUARD AND KICKPLATE	2016	3,127	313	10	313		599	8
9	LAVENTHAL-CONCRETE PATIO	2016	7,360	736	10	736		1,411	9
10	MAIN CAMPUS-SIDEWALK	2016	5,453	545	10	545		954	10
11	DIETARY-2 WINDOWS IN DINING ROOM	2016	965	97	10	97		161	11
12	BEVERLY-13 SPRINKLERS	2017	3,500	350	10	350		438	12
13	BEVERLY-BATHROOM TUB, SHOWER, AND STALLS	2017	7,000	408	10	408		408	13
14	CHAPPEE-AIR CONDITIONER	2017	42,221	4,222	10	4,222		6,333	14
15	CHAPPEE-NEW ROOF	2017	10,132	405	25	405		439	15
16	CHAPPEE-NEW CONCRETE	2017	7,730	773	10	773		837	16
17	CHAPPEE-DRAPERY	2017	9,432	1,729	5	1,729		1,729	17
18	CHAPPEE-TOILET PARTITIONS	2017	4,986	166	15	166		166	18
19	DIETARY-FURNACE	2017	3,120	312	10	312		338	19
20	DIETARY-9 SPRINKLERS	2017	2,800	280	10	280		350	20
21	DONNELLEY-FURNACE AND COMPRESSOR	2017	3,705	370	10	370		401	21
22	EVANS-TILE FLOORING	2017	26,307	2,631	10	2,631		2,631	22
23	EVANS-CABINETS AND VANITY	2017	9,567	957	10	957		957	23
24	EVANS-15 SPRINKLERS	2017	3,800	380	10	380		475	24
25	EVANS-DOORS & JAMS, CLOSET DOORS, PAINT WALLS O	2017	37,240	3,724	10	3,724		4,034	25
26	EVANS-FLOORING FOR WHOLE BUILDING	2017	4,118	343	10	343		343	26
27	DIETARY-REPLACE CONCRETE OUTSIDE OF ENTRANCE	2018	6,600	73	15	73		73	27
28	BALL DIAMOND-FENCE	2018	627	3	15	3		3	28
29	HERRING-HANDRAILS	2017	5,441	242	15	242		242	29
30	HILLIER-NEW DOORS, FRAMES, DOOR CLOSERS	2017	7,626	762	10	762		826	30
31	HILLIER-FLOORING	2017	2,498	250	10	250		271	31
32	HILLIER-AIR CONDITIONER	2017	12,480	1,248	10	1,248		1,352	32
33	HILLIER-4 SPRINKLERS	2017	2,400	240	10	240		300	33
34	TOTAL (lines 1 thru 33)		\$ 13,750,971	\$ 380,710		\$ 380,710	\$	\$ 11,450,830	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:

07/01/2017 Ending: 06/30/2018

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		\$ 13,750,971	\$ 380,710		\$ 380,710	\$	\$ 11,450,830	1
2	HILLIER-REPLACE ALL SPRINKLER HEADS	2017	41,202	1,099	25	1,099		1,099	2
3	LAVENTHAL-18 SPRINKLER HEADS	2017	4,100	410	10	410		513	3
4	LAVENTHAL-11 BEDROOM DOORS	2017	11,547	962	10	962		962	4
5	LAVENTHAL-CERAMIC BASEMENT FLOORING	2017	4,383	365	10	365		365	5
6	LAVENTHAL-NEW CABINETS, COUNTERTOPS, CLOSET DOORS	2017	18,424	1,228	10	1,228		1,228	6
7	LAVENTHAL-NEW CEILING, FLOORING, BASEMENT STEPS	2017	10,646	887	10	887		887	7
8	LOGAN-STORAGE SHED AND CONCRETE	2017	5,725	573	10	573		573	8
9	LOGAN-AIR CONDITIONER	2017	669	67	10	67		67	9
10	LOGAN-CABINETS, VANITIES, COUNTERTOPS,WALL FINISH	2017	11,577	1,157	10	1,157		1,351	10
11	MAIN CAMPUS-DOOR CLOSER	2017	1,550	155	10	155		194	11
12	MAIN CAMPUS-PARKING LOT	2017	5,000	500	10	500		500	12
13	MAIN CAMPUS-HOT WATER HEATER	2017	2,961	173	10	173		173	13
14	SMITH-REPLACE BATHROOMS	2017	5,330	533	10	533		577	14
15	SMITH-3 SPRINKLERS	2017	2,200	220	10	220		275	15
16	SMITH-REPLACE 53 SPRINKLER HEADS	2017	15,564	519	25	519		519	16
17	STAHL-14 SPRINKLER HEADS	2017	3,600	360	10	360		450	17
18	STAHL-FLOORING FOR ACTIVITY ROOM AND BATHROOMS	2017	8,518	851	10	851		923	18
19	STAHL-REMODEL 9 BEDROOMS, 2 ACT ROOMS, NURSES C	2017	93,703	9,370	10	9,370		12,494	19
20	STAHL-SHOWER STALLS	2017	17,680	1,768	10	1,768		2,063	20
21	STAHL-EAST BATH FLOORING	2017	3,098	181	10	181		181	21
22	STAHL ACTIVITY ROOM AND HALLWAY FLOORING	2017	4,192	384	10	384		384	22
23	TRAINING-INTERIOR OFFICE DOOR	2017	956	56	10	56		56	23
24	TRAINING-REMODELED STAIRWAY	2017	1,685	140	10	140		140	24
25	BEVERLY-NEW FIRE ALARMS	2018	1,377	11	10	11		11	25
26	BEVERLY-31 NEW DOUBLE HUNG WINDOWS	2018	18,218	304	10	304		304	26
27	CHAPPEE-KITCHEN CABINETS & COUNTERTOPS	2018	14,319	119	10	119		119	27
28	DIETARY-FIRE ALARMS	2018	7,751		10				28
29	DONNELLEY-15 NEW DOORS THROUGHOUT BUILDING	2018	13,995	117	10	117		117	29
30	DONNELLEY-KITCHEN CABINETS & COUNTERTOPS	2018	14,012		10				30
31	DONNELLEY-AIR CONDITIONER	2018	43,703	1,457	5	1,457		1,457	31
32	DONNELLEY-FRONT DOOR SYSTEM	2018	5,137	86	10	86		86	32
33	MAIN CAMPUS-3 INCHES OF ASPHALT ON EAST PARKING	2018	37,000	385	8	385		385	33
34	TOTAL (lines 1 thru 33)		\$ 14,180,793	\$ 405,147		\$ 405,147	\$	\$ 11,479,283	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:

07/01/2017 Ending: 06/30/2018

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		\$ 14,180,793	\$ 405,147		\$ 405,147	\$	\$ 11,479,283	1
2	DIETARY-3 INCHES ASPHALT ON PARKING LOT	2018	5,750	60	8	60		60	2
3	HERRING-TILE AND DOOR IN EMPLOYEE BATHROOM	2018	6,468	270	10	270		270	3
4	HERRING-FRONT AUTO DOOR SYSTSEM AND JANITOR U	2018	3,782	63	10	63		63	4
5	HERRING-NURSES STATION PAINTING	2018	8,624	287	5	287		287	5
6	HILLIER-VANITY, TOILET PARTITIONS, SHOWER	2018	23,797	397	15	397		397	6
7	HILLIER-DINING ROOM DOOR	2018	2,350	20	10	20		20	7
8	HILLIER-FLOORING IN WHOLE BUILDING	2018	9,065	227	10	227		227	8
9	HILLIER-KITCHEN DOOR	2018	1,795	30	10	30		30	9
10	HILLIER-SPRINKLER HEADS	2018	8,836	88	25	88		88	10
11	HILLIER-FIRE ALARMS	2018	44,866	1,122	10	1,122		1,122	11
12	LOGAN- ACTIVITY ROOM, ROOM 2, 3, & 22 DOORS	2018	4,800	40	10	40		40	12
13	LOGAN-ROOF	2018	37,786	315	10	315		315	13
14	LOGAN-TOILET PARTITIONS IN BATHROOM	2018	7,598	317	10	317		317	14
15	LOGAN-HALLWAY AND 1 OFFICE FLOORING	2018	5,458	136	10	136		136	15
16	LOGAN-2 HOT WATER HEATERS	2018	4,861	41	10	41		41	16
17	LOGAN-GUTTERS/DOWNSPOUTS	2018	4,849	40	10	40		40	17
18	MAIN CAMPUS-WATER LINE & VALVE REPLACEMENT	2018	5,065	34	25	34		34	18
19	NURSING-FLOORING	2018	869	7	10	7		7	19
20	SMITH-BATHROOM & STORAGE CABINETS	2018	3,570	60	10	60		60	20
21	SMITH-DOUBLE CLOSET DOORS	2018	1,450	12	10	12		12	21
22	STAHL-TILE FLOOR/WALLS AND DOOR IN EMPLOYEE BA	2018	3,486	174	10	174		174	22
23	STAHL-PAINTING AND DRYWALLING ACTIVITY ROOM	2018	3,477	116	10	116		116	23
24	SEWER-MIXING VALVES	2018	5,898	98	5	98		98	24
25	BUILDING IMPROVEMENTS-ALLOCATED	1996	667,309	16,683	VAR	16,683		358,679	25
26	BUILDING IMPROVEMENTS-ALLOCATED	1997	10,315		VAR			10,315	26
27	BUILDING IMPROVEMENTS-ALLOCATED	1998	11,308		15			11,308	27
28	BUILDING IMPROVEMENTS-ALLOCATED	1999	618	31	20	31		572	28
29	BUILDING IMPROVEMENTS-ALLOCATED	2000	329	16	20	16		287	29
30	BUILDING IMPROVEMENTS-ALLOCATED	2004	752		10			752	30
31	BUILDING IMPROVEMENTS-ALLOCATED	2012	2,870	193	VAR	193		1,990	31
32	BUILDING IMPROVEMENTS-ALLOCATED	2013	33,415	3,341	VAR	3,341		27,560	32
33	BUILDING IMPROVEMENTS-ALLOCATED	2014	10,619	1,478	10	1,478		6,143	33
34	TOTAL (lines 1 thru 33)		\$ 15,122,828	\$ 430,843		\$ 430,843	\$	\$ 11,900,843	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:

07/01/2017 Ending: 06/30/2018

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		\$ 15,122,828	\$ 430,843		\$ 430,843	\$	\$ 11,900,843	1
2	MAINT-SEWER MAIN REPAIR-ALLOCATED	2015	8,177	818	10	818		2,453	2
3	MAINT-DOOR AND FRAME-ALLOCATED	2015	1,089	109	10	109		327	3
4	MAINT-FLOOR COVERINGS-ALLOCATED	2015	520	104	5	104		312	4
5	MAINT-REPLACED SIDEWALKS-ALLOCATED	2015	2,775	555	5	555		1,480	5
6	MAINT-REPLACED SPRINKLERS-ALLOCATED	2015	1,852	370	5	370		1,111	6
7	MAINT-NEW 42X64 BUILDING-ALLOCATED	2016	29,011	1,451	20	1,451		3,143	7
8	MAINT-AIR CONDITIONER UNITS-ALLOCATED	2016	17,182	1,718	10	1,718		3,723	8
9	MAINT-CEILING TILE-ALLOCATED	2016	1,538	308	5	308		667	9
10	MAINT-CLOSET LOCKS-ALLOCATED	2016	1,500	300	5	300		650	10
11	MAINT-CORNER GUARDS-ALLOCATED	2016	1,142	229	5	229		457	11
12	MAINT-DOOR LOCKSETS-ALLOCATED	2016	4,170	417	10	417		938	12
13	MAINT-NEW FIRE ALARM PANEL-ALLOCATED	2016	3,218	644	5	644		1,502	13
14	MAINT-PAINTING-ALLOCATED	2016	3,615	723	5	723		1,446	14
15	MAINT-REPLACE FIRE ALARMS-ALLOCATED	2016	9,887	989	10	989		1,978	15
16	MAINT-REPLACED SEWER LINES-ALLOCATED	2016	1,776	178	10	178		429	16
17	MAINT-REPLACED WATER HEATER-ALLOCATED	2016	5,123	512	10	512		1,153	17
18	ADMIN BUILDING - PARKING LOT - ALLOCATED	2015	2,520	504	5	504		1,512	18
19	GUARD SHACK- AIR CONDITIONER-ALLOCATED	2017	467	47	10	47		55	19
20	MAINT-STEEL ENTRY DOOR-ALLOCATED	2017	3,272	327	10	327		327	20
21	MAINT-CONCRETE PAD FOR PROPANE TANK-ALLOCATE	2017	840	84	10	84		112	21
22	MAINT-FIBER OPTIC PROJECT-ALLOCATED	2017	307,713	10,257	25	10,257		10,257	22
23	MAINT-FRONT DOOR-ALLOCATED	2017	3,462	289	10	289		289	23
24	MAINT-SPRINKLER HEADS-ALLOCATED	2017	2,220	89	25	89		89	24
25	MAINT-FIRE ALARMS-ALLOCATED	2017	1,728	106	15	106		106	25
26	MAIN CAMPUS-FIRE SPRINKLER-ALLOCATED	2017	5,184	155	25	155		155	26
27	ADMIN-FLOORING ENTIRE BUILDING-ALLOCATED	2018	23,444	196	10	196		196	27
28	ADMIN-AIR CONDITIONER COMPUTER ROOM-ALLOCATI	2018	4,055	203	5	203		203	28
29	MAINT- CONCRETE FLOOR-MAINT SHED-ALLOCATE	2017	6,600	293	15	293		293	29
30	BALL DIAMOND-FENCE	2017	1,543	69	15	69		69	30
31	CONCRETE-MAINTENANCE SHED	2017	7,750	301	15	301		301	31
32	ADMIN-NEW CONCRETE AT FRONT ENTRANCE-ALLOCA	2018	3,235	36	15	36		36	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 15,589,436	\$ 453,224		\$ 453,224	\$	\$ 11,936,612	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:

07/01/2017

Ending:

06/30/2018

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	\$ 2,601,498	\$ 271,904	\$ 271,904	\$	5-10	\$ 1,549,805	71
72	Current Year Purchases	248,469	22,136	22,136		5-10	22,136	72
73	Fully Depreciated Assets	2,034,414	24,511	24,511		5-10	2,034,414	73
74								74
75	TOTALS	\$ 4,884,381	\$ 318,551	\$ 318,551	\$		\$ 3,606,355	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			\$ 603,591	\$ 22,813	\$ 22,813	\$	5-10	\$ 520,143	76
77	TRANSPORTATION	2016 GMC SAVANNA 2500	2015	30,464	3,046	3,046		5	7,870	77
78										78
79										79
80	TOTALS			\$ 634,055	\$ 25,859	\$ 25,859	\$		\$ 528,013	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 21,307,088	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 797,634	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 797,634	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)	\$ 16,070,980	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	\$ 13,349,604	\$ 483,034	\$ 7,587,028	86
87					87
88					88
89					89
90					90
91	TOTALS	\$ 13,349,604	\$ 483,034	\$ 7,587,028	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.	_____ /2019	\$ _____
13.	_____ /2020	\$ _____
14.	_____ /2021	\$ _____

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>
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B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility			
		1	2	3	4
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies	4,800	4,200		9,000
3	Classroom Wages (a)	34,848	121,968		156,816
4	Clinical Wages (b)		120,960		120,960
5	In-House Trainer Wages (c)	16,232	11,497		27,729
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$ 55,880	\$ 258,625	\$	\$ 314,505
10	SUM OF line 9, col. 1 and 2 (e)	\$ 314,505			

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	168
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	192
2. From other facilities (f)	
TOTAL TRAINED	360

- (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	\$	10	\$ 741	\$	10	\$ 741	1
2	Licensed Speech and Language Development Therapist	10a-3	hrs		8	400		8	400	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10a-1/10a-3/10a2	hrs	213,726	6	420	2,869	6	217,015	4
5	Physician Care	39-3	visits			20,364			20,364	5
6	Dental Care	39-1/39-3/39-2	visits	38,609	205	20,451	6,048	205	65,108	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			\$ 252,335	229	\$ 42,376	\$ 8,917	229	\$ 303,628	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 **06/30/2018**

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 3,196,758	\$	1
2	Cash-Patient Deposits	203,068		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>359,492</u>)	4,274,241		3
4	Supply Inventory (priced at _____)	121,440		4
5	Short-Term Investments	12,007,120		5
6	Prepaid Insurance	480,575		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>CONTRIBUTION REC'VBLE</u>	5,589,801		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 25,873,003	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	449,643		12
13	Land	311,612		13
14	Buildings, at Historical Cost	26,629,398		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	7,715,682		16
17	Accumulated Depreciation (book methods)	(23,658,008)		17
18	Deferred Charges			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)	\$ 11,448,327	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 37,321,330	\$	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 734,106	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	203,068		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	495,629		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>OTHER ACCRUED EXPENSES</u>	568,597		36
37	<u>LINE OF CREDIT</u>	1,050,000		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,051,400	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable	7,661,524		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)	\$ 7,661,524	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 10,712,924	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 26,608,406	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 37,321,330	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 20,627,293	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 20,627,293	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	4,235,111	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	1,746,002	15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 5,981,113	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)	\$ 26,608,406	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number BEVERLY FARM FOUNDATION

0038604

Report Period Beginning: 07/01/2017

Ending: 06/30/2018

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	\$ 13,011,837	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 13,011,837	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	7,472,294	24
25	Interest and Other Investment Income***	926,832	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 8,399,126	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	MISCELLANEOUS INCOME	250,711	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 250,711	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 21,661,674	30

2

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	4,896,297	31
32	Health Care	6,144,260	32
33	General Administration	3,996,471	33
B. Capital Expense			
34	Ownership	1,537,959	34
C. Ancillary Expense			
35	Special Cost Centers	85,472	35
36	Provider Participation Fee	766,104	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 17,426,563	40
41	Income before Income Taxes (line 30 minus line 40)**	4,235,111	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 4,235,111	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: 07/01/2017

Ending:

06/30/2018

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	2,240	\$ 70,176	\$ 31.33	1
2	Assistant Director of Nursing					2
3	Registered Nurses	15,194	16,397	442,903	27.01	3
4	Licensed Practical Nurses	24,750	25,109	495,868	19.75	4
5	CNAs & Orderlies					5
6	CNA Trainees					6
7	Licensed Therapist	4,480	4,568	82,925	18.15	7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	3,044	3,301	50,135	15.19	10
11	Social Service Workers	10,558	10,686	173,521	16.24	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants					15
16	Dishwashers					16
17	Maintenance Workers	16,105	16,991	236,999	13.95	17
18	Housekeepers	100,490	100,490	904,410	9.00	18
19	Laundry					19
20	Administrator	2,448	2,562	117,305	45.79	20
21	Assistant Administrator	1,248	1,248	41,150	32.97	21
22	Other Administrative	4,794	4,840	80,837	16.70	22
23	Office Manager					23
24	Clerical	25,941	29,206	426,972	14.62	24
25	Vocational Instruction	5,697	5,921	102,267	17.27	25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	23,576	23,674	409,365	17.29	28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)	209,795	218,896	3,181,155	14.53	30
31	Medical Records	2,240	2,240	29,221	13.05	31
32	Other Health Care(specify)					32
33	Other(specify) <u>SEE ATTACHED</u>	16,453	17,207	338,968	19.70	33
34	TOTAL (lines 1 - 33)	468,893	485,576	\$ 7,184,177 *	\$ 14.80	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	1 MONTH	772	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>	28	3,531	10A-3	46
47				47	
48				48	
49	TOTAL (lines 35 - 48)	28	\$ 4,303		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	2,492	\$ 117,570	10-3	50
51	Licensed Practical Nurses	4,252	174,866	10-3	51
52	Certified Nurse Assistants/Aides	17,711	344,649	10-3	52
53	TOTAL (lines 50 - 52)	24,455	\$ 637,085		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	\$ 57,301	Workers' Compensation Insurance	\$ 363,849	IDPH License Fee	\$	
VICKY PALMER-VOGT	EXECUTIVE DIRECTOR	0	60,004	Unemployment Compensation Insurance	35,828	Advertising: Employee Recruitment	12,934	
DEBBIE REED	ASSISTANT DIRECTOR	0	41,149	FICA Taxes	554,139	Health Care Worker Background Check		
BRENDA MILLER	FINANCIAL COORD	0	35,410	Employee Health Insurance	1,100,978	(Indicate # of checks performed <u>101</u>)	22,571	
				Employee Meals		Patient Background Checks <u>8</u>	1,788	
				Illinois Municipal Retirement Fund (IMRF)*		DUES/SUBS/LICENSE FEES	3,105	
				PENSION	84,848	IHCA DUES	11,376	
				MISC. EMPLOYEE BENEFITS	58,986			
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 193,864					
B. Administrative - Other								
Description			Amount					
OUTSOURCING-IT/PAYROLL/TIMECLOCK			\$ 95,820			Less: Public Relations Expense	()	
MISCELLANEOUS			139,593			Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 235,413	TOTAL (agree to Schedule V, line 22, col.8)	\$ 2,198,628	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 51,774	
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		\$ 20,107				Out-of-State Travel	\$
SCHEFFEL BOYLE	ACCOUNTING & AUDIT		59,580					
							In-State Travel	
							Seminar Expense	
							MEETINGS/SEMINARS/PARKING	6,577
							Entertainment Expense	()
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 79,687	TOTAL			TOTAL (agree to Sch. V, line 24, col. 8)	\$ 6,577

* Attach copy of IMRF notifications

**See instructions.

BEVERLY FARM FOUNDATION #0038604
PAGES 3 & 4, SCHEDULE V RECLASSIFICATIONS
JUNE 30, 2018

BANK & BROKER FEES INCLUDED AS INTEREST	78,512	17
	(78,512)	32
CNA TRAINING INCLUDED AS NURSING	222,915	13
	(222,915)	10
ADVERTISING & DUES INCLUDED AS ADMINISTRATIVE	97,569	27
	(97,569)	17
ADMINISTRATIVE INCLUDED AS TRAVEL AND SEMINAR	681	17
	(681)	24

BEVERLY FARM FOUNDATION #0038604
PAGE 10, SCHEDULE IX - REAL ESTATE TAXES
JUNE 30, 2018

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, 2018

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 HARNESES	1,036	-	-	1,036
IDOT VAN	34,646	-	-	34,646
2010 CHRYSLER	18,885	-	-	18,885
MAINTENANCE TRUCK	3,315	-	-	3,315
4X4 CHEVY TRUCK	10,482	-	-	10,482
CHEVY C1500 SILVERADO	13,439	-	-	13,439
2008 MERCURY MARINER	10,336	-	-	10,336
FORD E250	24,539	-	-	24,539
FLEET REPAIRS	4,055	-	-	4,055
DUMP TRUCK REPAIRS	420	21	21	399
VAN SEAT REPAIR	2,631	263	263	2,631
VAN	34,122	3,412	3,412	34,122
1997 FORD PICKUP	3,530	706	706	765
MAINT-2010 F150 4X2	9,063	1,813	1,813	3,021
MAINT-2012 4X4 F-150	9,063	1,813	1,813	3,021
TRANSPORTATION-VAN #14 LIFT	3,457	692	692	1,383
TRANSPORTATION-VAN #6 LIFT	776	155	155	284
TRANSPORTATION-TURTLE TOP BUS	39,863	7,973	7,973	12,623
TRANSPORTATION-NEW VAN	15,216	2,029	2,029	2,029
TRANSPORTATION-NEW VAN	29,521	3,936	3,936	3,936
	<u>\$ 603,591</u>	<u>\$ 22,813</u>	<u>\$ 22,813</u>	<u>\$ 520,143</u>

BEVERLY FARM FOUNDATION #0038604
DEPRECIABLE NON-CARE ASSETS-SCHEDULE XI., SECTION F.
JUNE 30, 2018

DESCRIPTION	Cost	Current Book Depreciation	Accumulated Depreciation
DAY TRAINING BUILDING	\$ 2,102,235	\$ 57,247	\$ 1,385,635
DAY TRAINING ALLOCATED ADMIN BLDG	199,141	7,288	75,498
DAY TRAINING EQUIPMENT	296,163	15,804	245,628
DAY TRAINING ALLOCATED ADMIN EQUIP	129,188	15,084	75,449
DAY TRAINING VEHICLES	53,173	2,116	46,295
DAY TRAINING ALLOCATED VEHICLES	100,593	3,803	86,686
GROUP HOMES BUILDINGS	2,464,155	74,415	1,526,451
GROUP HOMES ALLOCATED ADMIN BLDG	597,432	21,876	226,500
GROUP HOMES EQUIPMENT	377,117	14,974	339,699
GROUP HOMES ALLOCATED ADMIN EQUIP	387,564	45,246	226,344
GROUP HOME VEHICLES	301,806	11,406	260,082
GROUP HOMES LAND	30,000	-	-
ACTIVITIES BUILDING	11,279	1,378	4,201
ARENA BUILDING	366,556	15,761	170,178
GROVES B. SMITH BUILDING	1,147,186	29,834	705,459
GREENHOUSE	145,295	2,874	110,727
HARDIN APARTMENTS	1,589,761	58,410	773,726
HORTICULTURE	115,669	2,650	85,183
JUDAH SENIORS BUILDING	460,269	10,958	209,536
TOMBSTONES	3,186	-	3,186
TREIN VOCATIONAL BUILDING	755,990	17,399	395,509
GIFT SHOP BUILDING	223,941	6,189	164,306
ARENA EQUIPMENT	67,100	2,927	56,507
GIFT SHOP EQUIPMENT	15,863	295	14,998
GROVES B. SMITH EQUIPMENT	52,918	1,273	52,644
HARDIN APARTMENTS EQUIPMENT	285,684	18,577	238,753
JUDAH EQUIPMENT	17,909	115	17,909
TREIN EQUIPMENT	3,764	143	3,764
ACTIVITIES EQUIPMENT	18,055	3,511	7,252
OTHER LAND	57,643	-	-
HARDIN APARTMENTS VEHICLES	36,739	3,673	16,532
CILA VEHICLES	18,194	1,819	4,244
CILA EQUIPMENT	35,416	6,062	7,512
CILA LAND	24,753	-	-
CILA BUILDING	857,867	29,927	50,635
	<u>\$ 13,349,604</u>	<u>\$ 483,034</u>	<u>\$ 7,587,028</u>

BEVERLY FARM FOUNDATION #0038604
INCOME RECEIVED BY BROAD CATEGORY NOT LISTED ON P. 19
JUNE 30, 2018

DAY TRAINING	\$ 5,391,496
APARTMENTS & INCIDENTALS	527,678
GROUP HOMES	4,301,742
GIFT SHOP	95,771
CILA	463,366
	<u>\$ 10,780,053</u>

EXPENSES INCURRED BY BROAD CATEGORY
NOT LISTED IN THIS COST REPORT

DAY TRAINING (DIRECT)	\$ 2,792,175
DAY TRAINING (ALLOCATED)	1,586,901
APARTMENTS	356,916
GROUP HOMES (DIRECT)	2,104,686
GROUP HOMES (ALLOCATED)	1,565,770
GIFT SHOP	95,571
GREENHOUSE	7,193
TREASURES & TRINKETS	506
CILA (DIRECT)	452,181
CILA (ALLOCATED)	72,152
	<u>\$ 9,034,051</u>
NET INCOME (Page 18, Schedule XVI, Line 15)	<u>\$ 1,746,002</u>

BEVERLY FARM FOUNDATION
MISCELLANEOUS INCOME, PAGE 19, LINE 28
JUNE 30, 2018

HAB-AIDE REIMBURSEMENT	\$ 192,122
SODA MACHINE	15,020
OTHER REFUNDS AND REIMBURSEMENTS	43,569
	<u>\$ 250,711</u>

BEVERLY FARM FOUNDATION #0038604
PAGE 20, SCHEDULE XVIII, LINE 33
JUNE 30, 2018

SERVICE	1	2	3	4
SERVICE	HRS. WORKED	HRS. PAID	WAGES	HOURLY WAGE
PHYSICAL THERAPY	6,119	6,335	\$ 130,801	\$ 20.65
DENTAL ASSISTANT	2,383	2,383	38,609	16.20
TRANSPORTATION	4,553	4,943	71,554	14.48
SAFETY & SECURITY	1,248	1,248	31,258	25.05
DEVELOPMENT DIRECTOR	2,150	2,298	66,746	29.05
	<u>16,453</u>	<u>17,207</u>	<u>\$ 338,968</u>	