

		FOR BHF USE				

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2020
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2020)

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></p> <p style="margin-left: 40px;">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" style="width:100%; margin-left: 20px;"> <tr> <td style="width:30%;"><input checked="" type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td style="width:30%;"><input type="checkbox"/> PROPRIETARY</td> <td style="width:30%;"><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td style="padding-left: 20px;"><input checked="" type="checkbox"/> Charitable Corp.</td> <td style="padding-left: 20px;"><input type="checkbox"/> Individual</td> <td style="padding-left: 20px;"><input type="checkbox"/> State</td> </tr> <tr> <td style="padding-left: 20px;"><input type="checkbox"/> Trust</td> <td style="padding-left: 20px;"><input type="checkbox"/> Partnership</td> <td style="padding-left: 20px;"><input type="checkbox"/> County</td> </tr> <tr> <td>IRS Exemption Code <u>501(c)(3)</u></td> <td style="padding-left: 20px;"><input type="checkbox"/> Corporation</td> <td style="padding-left: 20px;"><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td style="padding-left: 20px;"><input type="checkbox"/> "Sub-S" Corp.</td> <td style="padding-left: 20px;">_____</td> </tr> <tr> <td></td> <td style="padding-left: 20px;"><input type="checkbox"/> Limited Liability Co.</td> <td style="padding-left: 20px;">_____</td> </tr> <tr> <td></td> <td style="padding-left: 20px;"><input type="checkbox"/> Trust</td> <td style="padding-left: 20px;">_____</td> </tr> <tr> <td></td> <td style="padding-left: 20px;"><input type="checkbox"/> Other _____</td> <td style="padding-left: 20px;">_____</td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>AMANDA NEWGENT</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>07/01/2019</u> to <u>06/30/2020</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" style="width:100%; margin-top: 10px;"> <tr> <td style="width:20%; padding: 5px; vertical-align: top;">Officer or Administrator of Provider</td> <td style="padding: 5px;">(Signed) _____ (Type or Print Name) <u>AMANDA NEWGENT</u> (Title) <u>CONTROLLER</u></td> </tr> <tr> <td style="padding: 5px; vertical-align: top;">Paid Preparer</td> <td style="padding: 5px;">(Signed) _____ (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 align="right" style="margin-top: 10px;"> 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) _____ (Type or Print Name) <u>AMANDA NEWGENT</u> (Title) <u>CONTROLLER</u>	Paid Preparer	(Signed) _____ (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: 07/01/2019 Ending: 06/30/2020

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	109,800	4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	300	TOTALS	300	109,800	7

B. Census-For the entire report period.

	1 Level of Care	2 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	83,170	773		83,943	11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	83,170	773		83,943	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 76.45%

D. How many bed reserve days during this year were paid by the Department? 1,305 (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: 06/30/2020 Fiscal Year: 06/30/2020

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

Facility Name & ID Number **BEVERLY FARM FOUNDATION** # **0038604** Report Period Beginning: **07/01/2019** Ending: **06/30/2020**

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		32,738	1,602,934	1,635,672		1,635,672		1,635,672		1
2	Food Purchase		924,085		924,085		924,085		924,085		2
3	Housekeeping	1,155,635	93,314	64,283	1,313,232		1,313,232		1,313,232		3
4	Laundry		8,166	314,789	322,955		322,955		322,955		4
5	Heat and Other Utilities			329,928	329,928		329,928		329,928		5
6	Maintenance	282,197	46,602	518,274	847,073		847,073		847,073		6
7	Other (specify):* SECURITY	35,741		78,321	114,062		114,062		114,062		7
8	TOTAL General Services	1,473,573	1,104,905	2,908,529	5,487,007		5,487,007		5,487,007		8
	B. Health Care and Programs										
9	Medical Director										9
10	Nursing and Medical Records	6,222,166	165,804	474,956	6,862,926	(122,193)	6,740,733		6,740,733		10
10a	Therapy	253,647	2,019	5,281	260,947		260,947		260,947		10a
11	Activities	53,830	28,800	4,509	87,139		87,139		87,139		11
12	Social Services	86,864			86,864		86,864		86,864		12
13	CNA Training	89,619			89,619	123,531	213,150		213,150		13
14	Program Transportation	85,925			85,925		85,925		85,925		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	6,792,051	196,623	484,746	7,473,420	1,338	7,474,758		7,474,758		16
	C. General Administration										
17	Administrative	255,554		230,013	485,567	(43,063)	442,504		442,504		17
18	Directors Fees										18
19	Professional Services			159,811	159,811		159,811		159,811		19
20	Dues, Fees, Subscriptions & Promotions			68,457	68,457		68,457	(1,979)	66,478		20
21	Clerical & General Office Expenses	478,128	23,774	223,686	725,588	33,180	758,768		758,768		21
22	Employee Benefits & Payroll Taxes			3,182,840	3,182,840	(16,451)	3,166,389		3,166,389		22
23	Inservice Training & Education										23
24	Travel and Seminar			7,635	7,635	8,896	16,531		16,531		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			125,797	125,797		125,797		125,797		26
27	Other (specify):* FUNDRAISING/ADV	187,422		35,484	222,906		222,906	(222,906)			27
28	TOTAL General Administration	921,104	23,774	4,033,723	4,978,601	(17,438)	4,961,163	(224,885)	4,736,278		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	9,186,728	1,325,302	7,426,998	17,939,028	(16,100)	17,922,928	(224,885)	17,698,043		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			1,319,478	1,319,478		1,319,478	(549,374)	770,104			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			216,215	216,215	14,391	230,606	(230,606)				32
33	Real Estate Taxes			3,109	3,109		3,109	(3,109)				33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles											35
36	Other (specify):* MORTGAGE INS.			21,172	21,172	1,709	22,881		22,881			36
37	TOTAL Ownership			1,559,974	1,559,974	16,100	1,576,074	(783,089)	792,985			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	23,485	6,023	32,614	62,122		62,122		62,122			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			754,636	754,636		754,636		754,636			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers	23,485	6,023	787,250	816,758		816,758		816,758			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	9,210,213	1,331,325	9,774,222	20,315,760		20,315,760	(1,007,974)	19,307,786			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	(549,374)	30		9
10	Interest and Other Investment Income	(230,606)	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	(1,979)	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	(222,906)	27		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule SEE ATTACHMENT	(3,109)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (1,007,974)		\$	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))	\$ (1,007,974)		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	

ID# 0038604

Report Period Beginning: 07/01/2019

Ending: 06/30/2020

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	REAL ESTATE TAXES	\$ (3,109)	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
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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	(3,109)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number BEVERLY FARM FOUNDATION# 0038604

Report Period Beginning:

07/01/2019

Ending:

06/30/2020

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	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	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	(1,979)	0	0	0	0	0	0	0	0	0	0	(1,979)	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):*	(222,906)	0	0	0	0	0	0	0	0	0	0	(222,906)	27
28	TOTAL General Administration	(224,885)	0	0	0	0	0	0	0	0	0	0	(224,885)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(224,885)	0	0	0	0	0	0	0	0	0	0	(224,885)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number BEVERLY FARM FOUNDATION# 0038604

Report Period Beginning:

07/01/2019 Ending:

06/30/2020

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	(549,374)	0	0	0	0	0	0	0	0	0	0	(549,374)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(230,606)	0	0	0	0	0	0	0	0	0	0	(230,606)	32
33	Real Estate Taxes	(3,109)	0	0	0	0	0	0	0	0	0	0	(3,109)	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	(783,089)	0	0	0	0	0	0	0	0	0	0	(783,089)	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)	(1,007,974)	0	0	0	0	0	0	0	0	0	0	(1,007,974)	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:

07/01/2019

Ending:

06/30/2020

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	BRIAN B. BIRNBAUM	BOD						1
2	CHARLENE SPICELAND	BOD						2
3	BARRY S. ALSWANG	BOD						3
4	SHARON G. BYERS	BOD						4
5	EMILY FRIEND	BOD						5
6	TRISH HOLMES	BOD						6
7	NICHOLAS LYNN	BOD						7
8	DONALD J. PEROZZI	BOD						8
9	ROGER W. QUEEN	BOD						9
10	JEFFERY L. ROSIGNOL	BOD						10
11	JAMES L. SPINDEL	BOD						11
12	TIMOTHY W. STELLFOX	BOD						12
13	DAVID F. SWAIN IV	BOD						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

Facility Name & ID Number

BEVERLY FARM FOUNDATION

0038604

Report Period Beginning:

07/01/2019

Ending:

06/30/2020

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:

07/01/2019

Ending: 6/30/2020

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization

GROUP HOMES #1 - #6

Street Address

City / State / Zip Code

GODFREY, IL 62035

Phone Number

(618) 466-0367

Fax Number

(618) 466-3652

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	22-3	EMPLOYEE BENEFITS	WAGES	10,000	8	\$ 5,429,956	\$ 5,862	\$ 3,182,840	1
2	17-3	OUTSOURCING-IT/PAYROLL/	WAGES	10,000	8	230,849	6,016	138,879	2
3	17-1	ADMINISTRATIVE SALARIES	HOURS	2,080	8	425,923	425,923	1,248	255,554
4	17-3	ADMINISTRATIVE-OTHER	HOURS	2,080	8	135,991	1,253	81,950	4
5	21-1	PERSONNEL-ACCOUNTING	HOURS	2,080	8	796,880	796,880	1,248	478,128
6	6-1	MAINTENANCE STAFF	HOURS	2,080	8	470,328	470,328	1,248	282,197
7	7-1	SAFETY MANAGER	HOURS	2,080	8	59,569	59,569	1,248	35,741
8	7-3	SECURITY/SAFETY	HOURS	2,080	8	130,535	1,248	78,321	8
9	6-2	MAINTENANCE SUPPLIES	HOURS	2,080	8	57,788	1,248	34,673	9
10	3-2	OSHA/PANDEMIC SUPPLIES	HOURS	2,080	8	100,589	1,248	60,353	10
11	21-2	SOFTWARE UPGRADES	HOURS	2,080	8	22,513	1,248	13,508	11
12	21-3	IT OURSOURCE/CONSULTANT	HOURS	2,080	8	202,242	1,248	121,345	12
13	6-3	MAINTENANCE-OTHER	HOURS	2,080	8	54,759	1,247	32,828	13
14	26-3	INSURANCE	HOURS	2,080	8	209,661	1,248	125,797	14
15	19-3	LEGAL & ACCOUNTING	HOURS	2,080	8	299,146	1,111	159,811	15
16	14-1	TRANSPORTATION STAFF	HOURS	2,080	8	143,209	143,209	1,248	85,925
17	20-3	DUES/SUBS/ADVERTISING	HOURS	2,080	8	111,500	1,277	68,457	17
18	24-3	TRAVEL & SEMINAR	HOURS	2,080	8	133	1,248	80	18
19	11-1	ACTIVITIES STAFF	HOURS	2,080	8	89,716	89,716	1,248	53,830
20	11-2	ACTIVITIES SUPPLIES	HOURS	2,080	8	8,535	1,248	5,121	20
21	11-3	ACTIVITIES OTHER	HOURS	2,080	8	3,337	1,248	2,002	21
22	36-3	MORTGAGE INSURANCE	HOURS	2,080	8	35,286	1,248	21,172	22
23	32-3	INTEREST	HOURS	2,080	8	360,359	1,248	216,215	23
24									24
25	TOTALS					\$ 9,378,804	\$ 1,985,625	\$ 5,534,727	25

Facility Name & ID Number

BEVERLY FARM FOUNDATION

0038604

Report Period Beginning:

07/01/2019

Ending:

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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	\$ 4,043,190	08/01/32	0.0417	\$ 174,203	1						
2	AMORTIZATION OF DEBT COSTS		X								3,523	2						
3	SBA PPP LOAN - UCB		X	WORKING CAPITAL		04/16/20	1,896,000	1,896,000	04/16/22	0.0100		3						
4												4						
5												5						
Working Capital																		
6	LIBERTY BANK		X	WORKING CAPITAL		05/03/19	1,830,000		09/30/19	0.0525	38,216	6						
7	WELLS FARGO		X	WORKING CAPITAL		05/13/19			N/A	VARIABLE	14,664	7						
8												8						
9	TOTAL Facility Related				\$35,357.00		\$ 9,255,060	\$ 5,939,190			\$ 230,606	9						
B. Non-Facility Related*																		
10												10						
11												11						
12												12						
13												13						
14	TOTAL Non-Facility Related						\$	\$			\$	14						
15	TOTALS (line 9+line14)						\$ 9,255,060	\$ 5,939,190			\$ 230,606	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 22,881 Line # 36-8

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.

1. Real Estate Tax accrual used on 2019 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.)		\$	3,109	2
3. Under or (over) accrual (line 2 minus line 1).		\$	3,109	3
4. Real Estate Tax accrual used for 2020 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.		\$	3,109	7

Real Estate Tax History:				
Real Estate Tax Bill for Calendar Year:	2015	<u>2,664</u>	8	
	2016	<u>2,751</u>	9	
	2017	<u>2,868</u>	10	
	2018	<u>3,027</u>	11	
	2019	<u>3,109</u>	12	

FOR BHF USE ONLY				
13	FROM R. E. TAX STATEMENT FOR 2019	\$		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.

2019 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 2019 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 2019.

(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 copies of the original 2019 tax bills which were listed in Section A to this statement. Be sure to use the 2019 tax bill which is normally paid during 2020.

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:

07/01/2019 Ending:

06/30/2020

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		40			628,784	8
Improvement Type**										
9	43 BEDS INCLUDED IN LINE 8 YEAR ACQUIRED 1984		1984	1,188,870	29,722	40	29,722		1,055,122	9
10	BUILDING IMPROVEMENTS		1960	85,138		40			85,138	10
11	BUILDING IMPROVEMENTS		1978	13,587		40			13,587	11
12	BUILDING IMPROVEMENTS		1979	23,978		40			23,978	12
13	BUILDING IMPROVEMENTS		1980	144,364	3,609	40	3,609		144,364	13
14	BUILDING IMPROVEMENTS		1981	449,724	915	40	915		448,808	14
15	BUILDING IMPROVEMENTS		1982	110,842	2,710	VAR	2,710		106,729	15
16	BUILDING IMPROVEMENTS		1983	175,982	1,136	VAR	1,136		172,007	16
17	BUILDING IMPROVEMENTS		1984	75,230	445	VAR	445		73,227	17
18	BUILDING IMPROVEMENTS		1985	817,404	3,726	VAR	3,726		796,911	18
19	BUILDING IMPROVEMENTS		1986	330,968	7,600	VAR	7,600		281,569	19
20	BUILDING IMPROVEMENTS		1987	123,834	2,601	VAR	2,601		104,326	20
21	BUILDING IMPROVEMENTS		1988	66,720	45	VAR	45		66,336	21
22	BUILDING IMPROVEMENTS		1990	1,053,989	24,200	VAR	24,200		788,126	22
23	BUILDING IMPROVEMENTS		1991	19,196	116	VAR	116		17,924	23
24	BUILDING IMPROVEMENTS		1992	1,483,030		VAR			1,483,030	24
25	BUILDING IMPROVEMENTS		1993	662,414		VAR			662,414	25
26	BUILDING IMPROVEMENTS		1994	159,277	1,143	VAR	1,143		159,277	26
27	BUILDING IMPROVEMENTS		1995	212,775	1,041	VAR	1,041		212,255	27
28	BUILDING IMPROVEMENTS		1996	139,129	452	VAR	452		138,450	28
29	BUILDING IMPROVEMENTS		1997	193,027	262	VAR	262		192,373	29
30	BUILDING IMPROVEMENTS		1998	160,685	4,387	VAR	4,387		145,330	30
31	BUILDING IMPROVEMENTS		1999	299,020	3,754	VAR	3,754		298,751	31
32	BUILDING IMPROVEMENTS		2000	299,473	1,277	VAR	1,277		294,216	32
33	BUILDING IMPROVEMENTS		2001	174,824	470	VAR	470		173,334	33
34	BUILDING IMPROVEMENTS		2002	93,633		VAR			93,633	34
35	BUILDING IMPROVEMENTS		2003	186,862		VAR			186,862	35
36	BUILDING IMPROVEMENTS		2004	285,866	1,227	VAR	1,227		274,212	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

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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	\$ 136,501	\$ 105	VAR	\$ 105		\$ 135,923	37
38	BUILDING IMPROVEMENTS	2006	369,507	6,539	VAR	6,539		298,607	38
39	BUILDING IMPROVEMENTS	2007	115,991	1,052	VAR	1,052		104,435	39
40	BUILDING IMPROVEMENTS	2008	79,830		VAR			79,830	40
41	BUILDING IMPROVEMENTS	2009	13,900	695	10	695		13,900	41
42	BUILDING IMPROVEMENTS	2010	109,953	10,643	VAR	10,643		101,106	42
43	BUILDING IMPROVEMENTS	2011	139,446	13,890	VAR	13,890		118,611	43
44	BUILDING IMPROVEMENTS	2012	149,474	9,477	VAR	9,477		81,337	44
45	BUILDING IMPROVEMENTS	2013	537,911	30,281	VAR	30,281		270,831	45
46	BUILDING IMPROVEMENTS	2014	339,943	32,857	VAR	32,857		220,216	46
47	BUILDING IMPROVEMENTS	2015	456,144	38,973	VAR	38,973		197,549	47
48	BUILDING IMPROVEMENTS	2016	274,864	26,822	VAR	26,822		108,828	48
49	BEVERLY-13 SPRINKLERS	2017	3,500	350	10	350		1,138	49
50	BEVERLY-BATHROOM TUB, SHOWER, AND STALLS	2017	7,000	700	10	700		1,808	50
51	CHAPPEE-AIR CONDITIONER	2017	42,221	4,222	10	4,222		14,777	51
52	CHAPPEE-NEW ROOF	2017	10,132	405	25	405		1,250	52
53	CHAPPEE-NEW CONCRETE	2017	7,730	773	10	773		2,383	53
54	CHAPPEE-DRAPERY	2017	9,432	1,886	5	1,886		5,502	54
55	CHAPPEE-TOILET PARTITIONS	2017	4,986	332	15	332		831	55
56	DIETARY-FURNACE	2017	3,120	312	10	312		962	56
57	DIETARY-9 SPRINKLERS	2017	2,800	280	10	280		910	57
58	DONNELLEY-FURNACE AND COMPRESSOR	2017	3,705	370	10	370		1,142	58
59	EVANS-TILE FLOORING	2017	26,307	2,631	10	2,631		7,892	59
60	EVANS-CABINETS AND VANITY	2017	9,567	957	10	957		2,870	60
61	EVANS-15 SPRINKLERS	2017	3,800	380	10	380		1,235	61
62	EVANS-DOORS & JAMS, CLOSET DOORS, PAINT WALLS O	2017	37,240	3,724	10	3,724		11,482	62
63	EVANS-FLOORING FOR WHOLE BUILDING	2017	4,118	412	10	412		1,167	63
64	HERRING-HANDRAILS	2017	5,441	363	15	363		967	64
65	HILLIER-NEW DOORS, FRAMES, DOOR CLOSERS	2017	7,626	763	10	763		2,351	65
66	HILLIER-FLOORING	2017	2,498	250	10	250		770	66
67	HILLIER-AIR CONDITIONER	2017	12,480	1,248	10	1,248		3,848	67
68	HILLIER-4 SPRINKLERS	2017	2,400	240	10	240		780	68
69	HILLIER-REPLACE ALL SPRINKLER HEADS	2017	41,202	1,648	25	1,648		4,395	69
70	TOTAL (lines 4 thru 69)		\$ 13,721,989	\$ 284,418		\$ 284,418	\$	\$ 12,013,301	70

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

Facility Name & ID Number BEVERLY FARM FOUNDATION

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Report Period Beginning:

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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		\$ 13,721,989	\$ 284,418		\$ 284,418	\$	\$ 12,013,301	1
2	LAVENTHAL-18 SPRINKLER HEADS	2017	4,100	410	10	410		1,333	2
3	LAVENTHAL-11 BEDROOM DOORS	2017	11,547	1,155	10	1,155		3,272	3
4	LAVENTHAL-CERAMIC BASEMENT FLOORING	2017	4,383	438	10	438		1,242	4
5	LAVENTHAL-NEW CABINETS, COUNTERTOPS, CLOSET D	2017	18,424	1,842	10	1,842		4,913	5
6	LAVENTHAL-NEW CEILING, FLOORING, BASEMENT STEI	2017	10,646	1,065	10	1,065		3,016	6
7	LOGAN-STORAGE SHED AND CONCRETE	2017	5,725	573	10	573		1,717	7
8	LOGAN-AIR CONDITIONER	2017	669	67	10	67		201	8
9	LOGAN-CABINETS, VANITIES, COUNTERTOPS,WALL FINI	2017	11,577	1,158	10	1,158		3,666	9
10	MAIN CAMPUS-DOOR CLOSER	2017	1,550	155	10	155		504	10
11	MAIN CAMPUS-PARKING LOT	2017	5,000	500	10	500		1,500	11
12	MAIN CAMPUS-HOT WATER HEATER	2017	2,961	296	10	296		765	12
13	SMITH-REPLACE BATHROOMS	2017	5,330	533	10	533		1,643	13
14	SMITH-3 SPRINKLERS	2017	2,200	220	10	220		715	14
15	SMITH-REPLACE 53 SPRINKLER HEADS	2017	15,564	623	25	623		1,764	15
16	STAHL-14 SPRINKLER HEADS	2017	3,600	360	10	360		1,170	16
17	STAHL-FLOORING FOR ACTIVITY ROOM AND BATHROO	2017	8,518	852	10	852		2,626	17
18	STAHL-REMODEL 9 BEDROOMS, 2 ACT ROOMS, NURSES (2017	93,703	9,370	10	9,370		31,234	18
19	STAHL-SHOWER STALLS	2017	17,680	1,768	10	1,768		5,599	19
20	STAHL-EAST BATH FLOORING	2017	3,098	310	10	310		800	20
21	STAHL ACTIVITY ROOM AND HALLWAY FLOORING	2017	4,192	419	10	419		1,223	21
22	TRAINING-INTERIOR OFFICE DOOR	2017	955	96	10	96		247	22
23	TRAINING-REMODELED STAIRWAY	2017	1,685	169	10	169		477	23
24	BALL DIAMOND - FENCE	2017	1,543	103	15	103		274	24
25	BALL DIAMOND - FENCE	2018	627	42	15	42		87	25
26	BEVERLY-FIRE ALARMS	2018	1,378	138	10	138		287	26
27	BEVERLY-31 DOUBLE HUNG WINDOWS THROUGHOUT BI	2018	18,218	1,822	10	1,822		3,947	27
28	BEVERLY-PAINTING BEDROOM, HALL DOORS, AND TRIM	2018	12,210	2,442	5	2,442		4,680	28
29	BEVERLY-NEW TUBS AND SHOWERS IN BATHROOMS	2018	7,000	700	10	700		1,108	29
30	BEVERLY-RECEPTACLE REPLACEMENTS	2018	458	46	10	46		80	30
31	CHAPPEE-NEW KITCHEN CABINETS AND COUNTERTOPS	2018	14,319	1,432	10	1,432		2,983	31
32	DIETARY-NEW FIRE ALARMS	2018	7,751	775	10	775		1,550	32
33	DIETARY-HOT WATER HEATERS	2018	5,200	520	10	520		910	33
34	TOTAL (lines 1 thru 33)		\$ 14,023,800	\$ 314,817		\$ 314,817	\$	\$ 12,098,834	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:

07/01/2019 Ending: 06/30/2020

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		\$ 14,023,800	\$ 314,817		\$ 314,817	\$	\$ 12,098,834	1
2	<u>DONNELLEY-15 NEW DOORS THROUGHOUT BUILDING</u>	2018	13,995	1,400	10	1,400		2,916	2
3	<u>DONNELLEY-KITCHEN CABINETS AND COUNTERTOPS</u>	2018	14,012	1,401	10	1,401		2,802	3
4	<u>DONNELLEY-NEW AIR CONDITIONER</u>	2018	43,703	8,741	5	8,741		18,938	4
5	<u>DONNELLEY-NEW FRONT DOOR SYSTEM</u>	2018	5,137	514	10	514		1,113	5
6	<u>DONNELLEY-KITCHEN FLOORING</u>	2018	3,595	359	10	359		659	6
7	<u>EVANS-EXTERIOR METAL DOOR</u>	2018	2,015	201	10	201		319	7
8	<u>EVANS-RECEPTACLE REPLACEMENT</u>	2018	673	67	10	67		118	8
9	<u>EVANS-SHOWER/TUBS IN BATHROOM</u>	2018	7,000	700	10	700		1,050	9
10	<u>HERRING-TILE AND DOOR IN EMPLOYEE BATHROOM</u>	2018	6,468	647	10	647		1,563	10
11	<u>HERRING-FRONT AUTO DOOR SYSTEM AND JANITOR UT</u>	2018	3,782	378	10	378		819	11
12	<u>HERRING-NURSES STATION PAINTING</u>	2018	8,624	1,725	5	1,725		3,737	12
13	<u>HILLIER-VANITY, TOILET PARTITIONS, SHOWER IN BAT</u>	2018	23,797	1,586	15	1,586		3,570	13
14	<u>HILLIER-DINING ROOM DOOR</u>	2018	2,350	235	10	235		490	14
15	<u>HILLIER-FLOORING IN WHOLE BUILDING</u>	2018	9,065	907	10	907		2,040	15
16	<u>HILLIER-KITCHEN DOOR</u>	2018	1,795	180	10	180		389	16
17	<u>HILLIER-SPRINKLER HEADS</u>	2018	8,836	353	25	353		795	17
18	<u>HILLIER-FIRE ALARMS</u>	2018	44,866	4,487	10	4,487		10,095	18
19	<u>HILLIER-RECEPTACLE REPLACEMENT</u>	2018	2,559	256	10	256		448	19
20	<u>LAVENTHAL-GUTTERS AND DOWNSPOUTS</u>	2018	3,283	328	10	328		547	20
21	<u>LAVENTHAL-NEW ROOF</u>	2018	26,400	1,056	25	1,056		1,848	21
22	<u>LAVENTHAL-WINDOWS THROUGHOUT BUILDING</u>	2018	18,639	1,864	25	1,864		3,262	22
23	<u>LAVENTHAL-HOT WATER HEATERS</u>	2018	2,978	298	10	298		496	23
24	<u>LAVENTHAL-RECEPTACLE REPLACEMENT</u>	2018	735	74	10	74		129	24
25	<u>LAVENTHAL-HOT WATER HEATERS</u>	2018	3,553	355	10	355		563	25
26	<u>LOGAN-ACTIVITY ROOM, ROOM 2, 3, AND 22 DOORS</u>	2018	4,800	480	10	480		1,000	26
27	<u>LOGAN-NEW ROOF</u>	2018	37,786	3,779	10	3,779		7,872	27
28	<u>LOGAN-TOILET PARTITIONS IN BATHROOM</u>	2018	7,598	760	10	760		1,836	28
29	<u>LOGAN-HALLWAY AND 1 OFFICE FLOORING</u>	2018	5,458	546	10	546		1,228	29
30	<u>LOGAN-2 HOT WATER HEATERS</u>	2018	4,861	486	10	486		1,013	30
31	<u>LOGAN-GUTTERS/DOWNSPOUTS</u>	2018	4,849	484	10	484		1,010	31
32	<u>LOGAN-TUBS/SHOWERS IN BATHROOM</u>	2018	14,000	1,400	10	1,400		2,217	32
33	<u>DIETARY-3 INCHES ASPHALT ON PARKING LOT</u>	2018	5,750	719	8	719		1,497	33
34	TOTAL (lines 1 thru 33)		\$ 14,366,762	\$ 351,583		\$ 351,583	\$	\$ 12,175,213	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:

07/01/2019 Ending: 06/30/2020

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		\$ 14,366,762	\$ 351,583		\$ 351,583	\$	\$ 12,175,213	1
2	DIETARY-REPLACE CONCRETE OUTSIDE OF ENTRANCE	2018	6,600	440	15	440		953	2
3	DIETARY-ASPHALT ON PARKING LOT AND INTERSECTIO	2018	45,215	5,652	8	5,652		8,478	3
4	HILLIER-ASPHALT ON PARKING LOT	2018	4,600	575	8	575		863	4
5	MAIN CAMPUS-3 INCHES ASPHALT ON EAST ROAD	2018	37,000	4,625	8	4,625		9,635	5
6	MAIN CAMPUS-WATER LINE AND VALVE REPLACEMENT	2018	5,065	203	25	203		439	6
7	MAIN CAMPUS-OUTSIDE LIGHTING	2018	3,181	318	10	318		504	7
8	MAIN CAMPUS-HOT WATER HEATERS	2018	1,379	138	10	138		276	8
9	NURSING-NEW FLOORING	2018	869	87	10	87		181	9
10	SMITH-BATHROOM AND STORAGE CABINETS	2018	3,570	357	10	357		774	10
11	SMITH-DOUBLE CLOSET DOORS	2018	1,450	145	10	145		302	11
12	SMITH-TUBS/SHOWERS IN BATHROOM	2018	14,000	1,400	10	1,400		2,217	12
13	SMITH-31 WINDOWS THROUGHOUT WHOLE BUILDING	2018	15,617	1,562	10	1,562		2,603	13
14	SMITH-NORTH ENTRANCE DOOR	2018	2,395	240	10	240		419	14
15	SMITH-RECEPTACLE REPLACEMENT	2018	343	34	10	34		60	15
16	SMITH-HOT WATER HEATERS	2018	3,553	355	10	355		563	16
17	STAHL-TILE FLOOR/WALLS AND DOOR IN EMPLOYEE BA	2018	3,486	349	10	349		871	17
18	STAHL-PAINT AND DRYWALL ACTIVITY ROOM	2018	3,477	348	10	348		811	18
19	STAHL-RECEPTACLE REPLACEMENT	2018	882	88	10	88		154	19
20	STAHL-TUBS/SHOWERS IN BATHROOM	2018	14,000	1,400	10	1,400		2,217	20
21	STAHL-ACTIVITY ROOM DOORS	2018	3,365	337	10	337		505	21
22	SEWER-MIXING VALVES	2018	5,898	1,180	5	1,180		2,458	22
23	BEVERLY-INTERIOR SOUTH SIDE DOOR	2019	1,975	197	10	197		230	23
24	BEVERLY-BEDROOM AND ACTIVITY ROOM FLOORING	2019	16,697	1,670	10	1,670		2,365	24
25	BEVERLY- WINDOWS, CLOSET DOORS, FLOORING, OUTL	2019	32,169	3,217	10	3,217		4,557	25
26	BEVERLY-SPRINKLER SYSTEM DRY VALVES	2019	2,795	112	25	112		158	26
27	BEVERLY-2 WINDOWS UNDER FRONT PORCH	2019	1,098	110	10	110		155	27
28	BEVERLY-OFFICE/BATHROOM FLOORING	2019	10,289	1,029	10	1,029		1,286	28
29	CAMP BEVERLY-NEW ROOF	2019	12,800	512	25	512		640	29
30	CARRIAGE HOUSE-NEW ROOF	2019	18,978	759	25	759		1,075	30
31	CHAPPEE-BEDROOM/HALL FLOORING	2019	10,218	1,022	10	1,022		1,277	31
32	CHAPPEE-LIGHTING	2019	14,137	1,414	10	1,414		1,767	32
33	DONNELLEY-CABINETS AND COUNTERTOPS	2019	9,105	910	10	910		986	33
34	TOTAL (lines 1 thru 33)		\$ 14,672,968	\$ 382,368		\$ 382,368	\$	\$ 12,224,992	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:

07/01/2019 Ending: 06/30/2020

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		\$ 14,672,968	\$ 382,368		\$ 382,368	\$	\$ 12,224,992	1
2	DONNELLEY-EAST AND WEST HALLWAY BEDROOM 1-10	2019	7,250	725	10	725		967	2
3	DONNELLEY-BATHROOM, NURSE STATION AND 5 BEDRO	2019	28,314	2,831	10	2,831		3,775	3
4	EVANS-BEDROOM AND HALL DOOR AND TRIM	2019	2,495	249	10	249		291	4
5	EVANS-36 DOUBLEHUNG WINDOWS THROUGHOUT BUIL	2019	18,135	1,813	10	1,813		2,569	5
6	EVANS-WEST BATHROOM FLOORING	2019	6,351	635	10	635		847	6
7	HERRING-INTERIOR DOOR AND FRAME	2019	2,050	205	10	205		273	7
8	HERRING-HALLWAY AND ACTIVITY ROOM FLOORING	2019	23,860	2,386	10	2,386		2,983	8
9	HERRING-DINING ROOM LIGHTING	2019	2,323	232	10	232		310	9
10	HERRING-EXTERIOR WEST DOOR	2019	2,195	219	10	219		274	10
11	HERRING-ACTIVITY ROOM FLOORING	2019	3,269	327	10	327		354	11
12	HILLIER-BATHROOM PARTITIONS	2019	6,402	427	15	427		569	12
13	HILLIER-2 HVAC UNITS	2019	15,780	1,578	10	1,578		1,710	13
14	HILLIER-CONCRETE PAD FOR DUMPSTER	2019	1,400	93	15	93		101	14
15	HILLIER-C HALL BATHROOM FLOORING	2019	460	46	10	46		50	15
16	HILLIER-TOILET PARTITIONS	2019	2,160	144	15	144		180	16
17	HILLIER-ASPHALT PARKING LOT	2019	5,340	667	8	667		668	17
18	LAVENTHAL-ACTIVITY ROOM FLOORING	2019	4,009	401	10	401		568	18
19	LAVENTHAL-SHOWERS/TUBS IN BATHROOM	2019	3,500	350	10	350		496	19
20	LOGAN-MAIN ENTRY DOOR SYSTEM	2019	4,895	489	10	489		612	20
21	LOGAN-BATHROOM AND BEDROOM FLOORING	2019	16,336	1,634	10	1,634		1,770	21
22	MAIN CAMPUS-FIRE ALARM MONITORING SYSTEM	2019	2,160	216	10	216		288	22
23	MAIN CAMPUS-LIGHTING	2019	4,000	400	10	400		600	23
24	MAIN CAMPUS-SIDEWALKS THROUGHOUT ALL OF MAIN	2019	18,481	1,232	15	1,232		1,335	24
25	SMITH-INTERIOR DOOR AND FRAME	2019	6,080	608	10	608		811	25
26	STAHL-FIRE ALARM PANEL	2019	2,384	238	10	238		358	26
27	STAHL-WEST BATHROOM FLOOR	2019	6,804	677	10	677		908	27
28	ADMIN-NURSING BUILDING DATA LINES	2019	5,600	112	25	112		112	28
29	LAVENTHAL-SPRINKLER SYSTEM	2019	2,865	86	25	86		86	29
30	HERRING-1/3 OF HALLWAY FLOORING	2019	7,308	487	10	487		487	30
31	LOGAN-OFFICES, ENTRY, HALL, AND NURSES STATION F	2019	8,063	605	10	605		605	31
32	MAIN CAMPUS-SEALING AND RESTRIPIING ROAD GOING	2019	4,800	400	8	400		400	32
33	MAIN CAMPUS-REPLACING SIDEWALKS BEHIND OLD BA	2019	5,300	398	10	398		398	33
34	TOTAL (lines 1 thru 33)		\$ 14,903,337	\$ 403,278		\$ 403,278	\$	\$ 12,250,747	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:

07/01/2019 Ending: 06/30/2020

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		\$ 14,903,337	\$ 403,278		\$ 403,278	\$	\$ 12,250,747	1
2	MAIN CAMPUS-SEALING AND RESTRIPIING HILLIER PARI	2019	6,000	500	8	500		500	2
3	HERRING-OUTSIDE ENTRY DOOR	2020	2,875	120	10	120		120	3
4	HILLIER-RECEPTION AREA FLOORING	2020	9,514	158	10	158		159	4
5	LOGAN-ACTIVITY, EAST HALL, WEST HALL, DINING ROC	2020	20,083	502	10	502		502	5
6	MAIN CAMPUS-NURSING BUILDING SIDEWALK	2020	9,980	416	10	416		416	6
7	MAIN CAMPUS-DOOR LOCKS AND CLOSERS	2020	9,969	249	10	249		249	7
8	MAIN CAMPUS-SIDEWALK REPLACEMENT BETWEEN MA	2020	6,250	208	10	208		208	8
9	NURSING-HALLWAY FLOORING	2020	3,642	121	10	121		121	9
10	BUILDING IMPROVEMENTS-ALLOCATED	1996	667,309	16,683	VAR	16,683		392,044	10
11	BUILDING IMPROVEMENTS-ALLOCATED	1997	10,315		VAR			10,315	11
12	BUILDING IMPROVEMENTS-ALLOCATED	1998	11,308		15			11,308	12
13	BUILDING IMPROVEMENTS-ALLOCATED	1999	618	16	20	16		618	13
14	BUILDING IMPROVEMENTS-ALLOCATED	2000	329	16	20	16		320	14
15	BUILDING IMPROVEMENTS-ALLOCATED	2004	752		10			752	15
16	BUILDING IMPROVEMENTS-ALLOCATED	2012	2,870	268	VAR	268		2,433	16
17	BUILDING IMPROVEMENTS-ALLOCATED	2013	33,415	1,301	VAR	1,301		30,162	17
18	BUILDING IMPROVEMENTS-ALLOCATED	2014	10,619	737	10	737		8,357	18
19	BUILDING IMPROVEMENTS-ALLOCATED	2015	16,934	2,460	VAR	2,460		12,115	19
20	BUILDING IMPROVEMENTS-ALLOCATED	2016	78,163	7,467	VAR	7,467		31,018	20
21	GUARD SHACK- AIR CONDITIONER-ALLOCATED	2017	467	47	10	47		148	21
22	MAINT-STEEL ENTRY DOOR-ALLOCATED	2017	3,272	327	10	327		982	22
23	MAINT-CONCRETE PAD FOR PROPANE TANK-ALLOCATE	2017	840	84	10	84		280	23
24	MAINT-FIBER OPTIC PROJECT-ALLOCATED	2017	307,713	12,308	25	12,308		34,874	24
25	MAINT-FRONT DOOR-ALLOCATED	2017	3,462	346	10	346		981	25
26	MAINT-SPRINKLER HEADS-ALLOCATED	2017	2,220	89	25	89		266	26
27	MAINT-FIRE ALARMS-ALLOCATED	2017	1,728	115	15	115		336	27
28	MAIN CAMPUS-FIRE SPRINKLER-ALLOCATED	2017	5,184	208	25	208		570	28
29	ADMIN-FLOORING ENTIRE BUILDING-ALLOCATED	2018	23,444	2,344	10	2,344		4,884	29
30	ADMIN-AIR CONDITIONER COMPUTER ROOM-ALLOCAT	2018	4,055	811	5	811		1,825	30
31	MAINT- CONCRETE FLOOR-MAINT SHED-ALLOCATE	2017	6,600	440	15	440		1,174	31
32	ADMIN-NEW CONCRETE AT FRONT ENTRANCE-ALLOCA	2018	3,235	215	15	215		467	32
33	MAINT-MAINTENANCE SHED CONCRETE	2017	4,650	310	15	310		801	33
34	TOTAL (lines 1 thru 33)		\$ 16,171,152	\$ 452,144		\$ 452,144	\$	\$ 12,800,052	34

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

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 16,171,152	\$ 452,144		\$ 452,144	\$	\$ 12,800,052	1
2	ADMIN-FRONT DOOR & SWING DOOR OPERATOR-ALLO	2018	4,265	427	10	427		675	2
3	ADMIN-AUTOMATIC FRONT DOOR-ALLOCATED	2019	2,397	240	10	240		280	3
4	MAINT-HOT WATER HEATERS-ALLOCATED	2019	1,410	141	10	141		164	4
5	MAINT-2 HOT WATER HEATERS-ALLOCATED	2019	1,099	110	10	110		110	5
6	MAINT-NEW PUMP SHED-ALLOCATED	2019	7,503	751	10	751		875	6
7	ADMIN-MAIN ENTRANCE ASPHALT-ALLOCATED	2019	5,940	743	8	743		805	7
8	MAINT-LANDSCAPING-ALLOCATED	2019	673	134	5	134		168	8
9	MAINT - PAINT SHOP BUILDING - 3 EXTERIOR ENTRY DO	2019	2,610	196	10	196		196	9
10	MAINT - REPLACED WATER LINE AND VALVE AND INSTA	2019	1,799	48	25	48		48	10
11									11
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32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 16,198,848	\$ 454,934		\$ 454,934	\$	\$ 12,803,373	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	\$ 2,189,360	\$ 228,686	\$ 228,686	\$	5-10	\$ 1,278,056	71
72	Current Year Purchases	36,611	3,797	3,797		5-10	3,797	72
73	Fully Depreciated Assets	2,852,998	40,889	40,889		5-10	2,852,998	73
74								74
75	TOTALS	\$ 5,078,969	\$ 273,372	\$ 273,372	\$		\$ 4,134,851	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			\$ 534,615	\$ 38,752	\$ 38,752	\$	5-10	\$ 442,183	76
77	TRANSPORTATION			30,464	3,046	3,046		10	13,963	77
78										78
79										79
80	TOTALS			\$ 565,079	\$ 41,798	\$ 41,798	\$		\$ 456,146	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 22,042,112	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 770,104	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 770,104	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)	\$ 17,394,370	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	\$ 13,873,190	\$ 549,374	\$ 8,478,547	86
87					87
88					88
89					89
90					90
91	TOTALS	\$ 13,873,190	\$ 549,374	\$ 8,478,547	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.	_____ /2021	\$ _____
13.	_____ /2022	\$ _____
14.	_____ /2023	\$ _____

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			Total
		1	2	3	
		Drop-outs	Completed	Contract	
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies	376	2,600		2,976
3	Classroom Wages (a)		47,840		47,840
4	Clinical Wages (b)		95,680		95,680
5	In-House Trainer Wages (c)	8,402	58,252		66,654
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$ 8,778	\$ 204,372	\$	\$ 213,150
10	SUM OF line 9, col. 1 and 2 (e)	\$ 213,150			

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	104
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	15
2. From other facilities (f)	
TOTAL TRAINED	119

- (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		hrs	\$		\$				1
2	Licensed Speech and Language Development Therapist		hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10a-1/10a-2	hrs	253,647			2,019		255,666	4
5	Physician Care	39-3	visits		504	20,739		504	20,739	5
6	Dental Care	39-1/39-3/39-2	visits	23,485	119	11,875	6,023	119	41,383	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			\$ 277,132	623	\$ 32,614	\$ 8,042	623	\$ 317,788	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.

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	\$ 4,921,338	\$	1
2	Cash-Patient Deposits	516,438		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 101,101)	1,903,803		3
4	Supply Inventory (priced at)	125,967		4
5	Short-Term Investments	17,009,461		5
6	Prepaid Insurance	596,887		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)	\$ 25,073,894	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	718,048		12
13	Land	311,612		13
14	Buildings, at Historical Cost	27,722,741		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	7,880,949		16
17	Accumulated Depreciation (book methods)	(25,872,917)		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)	\$ 10,760,433	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 35,834,327	\$	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 690,311	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	516,438		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	732,219		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	550,242		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 2,489,210	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable	6,836,718		40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	PPP LOAN	3,160,000		43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 9,996,718	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 12,485,928	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 23,348,399	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 35,834,327	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 27,997,095	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 27,997,095	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(2,211,487)	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	(2,437,209)	15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (4,648,696)	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)	\$ 23,348,399	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number BEVERLY FARM FOUNDATION

0038604

Report Period Beginning: 07/01/2019

Ending: 06/30/2020

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required

classifications of revenue and expense must be provided on this form, even if financial statements are attached.

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

1

I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 12,886,741	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 12,886,741	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	4,108,877	24
25	Interest and Other Investment Income***	797,451	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 4,906,328	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	MISCELLANEOUS INCOME	311,204	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 311,204	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 18,104,273	30

2

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	5,487,007	31
32	Health Care	7,474,758	32
33	General Administration	4,961,163	33
B. Capital Expense			
34	Ownership	1,576,074	34
C. Ancillary Expense			
35	Special Cost Centers	62,122	35
36	Provider Participation Fee	754,636	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 20,315,760	40
41	Income before Income Taxes (line 30 minus line 40)**	(2,211,487)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (2,211,487)	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: **07/01/2019**

Ending: **06/30/2020**

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	1,643	1,643	\$ 58,538	\$ 35.63	1
2	Assistant Director of Nursing					2
3	Registered Nurses	19,678	21,813	759,918	34.84	3
4	Licensed Practical Nurses	15,856	16,761	395,774	23.61	4
5	CNAs & Orderlies					5
6	CNA Trainees					6
7	Licensed Therapist	4,088	4,214	98,921	23.47	7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	2,747	3,137	53,830	17.16	10
11	Social Service Workers	4,394	4,570	86,864	19.01	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants					15
16	Dishwashers					16
17	Maintenance Workers	16,002	17,274	282,197	16.34	17
18	Housekeepers	100,490	100,490	1,155,635	11.50	18
19	Laundry					19
20	Administrator	1,210	1,271	78,439	61.71	20
21	Assistant Administrator	1,248	1,248	51,928	41.61	21
22	Other Administrative	3,856	4,424	185,151	41.85	22
23	Office Manager					23
24	Clerical	24,874	27,248	495,274	18.18	24
25	Vocational Instruction	5,373	5,705	89,619	15.71	25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	21,101	21,697	408,297	18.82	28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)	238,526	256,711	4,556,379	17.75	30
31	Medical Records	2,375	2,623	43,260	16.49	31
32	Other Health Care(specify)					32
33	Other(specify) <u>SEE ATTACHED</u>	19,689	21,277	410,189	19.28	33
34	TOTAL (lines 1 - 33)	483,150	512,106	\$ 9,210,213 *	\$ 17.98	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	12 MONTHS	28,515	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>	42	5,281	10a-3	46
47				47	
48				48	
49	TOTAL (lines 35 - 48)	42	\$ 33,796		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	3,065	\$ 162,224	10-3	50
51	Licensed Practical Nurses	6,340	284,043	10-3	51
52	Certified Nurse Assistants/Aides	7	174	10-3	52
53	TOTAL (lines 50 - 52)	9,412	\$ 446,441		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		
JOHN HUELSKAMP	EXEC. DIRECTOR	0	\$ 78,439	Workers' Compensation Insurance	\$ 442,343	IDPH License Fee	\$		
LORI RODGERS	ASST. DIRECTOR	0	51,928	Unemployment Compensation Insurance	34,177	Advertising: Employee Recruitment	8,131		
CHRIS EVANS	HUMAN RIGHTS COORD	0	20,582	FICA Taxes	710,943	Health Care Worker Background Check			
ERIC KEITH	CHIEF FIN. OFFICER	0	69,000	Employee Health Insurance	1,869,782	(Indicate # of checks performed)	21,082		
BRENDA MILLER	FINANCIAL COORD.	0	35,605	Employee Meals		PATIENT BACKGROUND CHEC	4 733		
				Illinois Municipal Retirement Fund (IMRF)*		DUES/SUBS/LICENSE FEES	11,627		
				PENSION	78,321	IHCA DUES	12,400		
				MISC EMPLOYEE BENEFITS	30,823	IARF DUES	12,505		
TOTAL (agree to Schedule V, line 17, col. 1)									
(List each licensed administrator separately.)			\$ 255,554						
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**		
Description			Amount	Description	Line #	Amount	Description	Amount	
OUTSOURCING-IT/PAYROLL/TIME CLOCK			\$ 138,879				Out-of-State Travel	\$	
MISCELLANEOUS			91,134						
							In-State Travel		
TOTAL (agree to Schedule V, line 17, col. 3)			\$ 230,013	TOTAL (agree to Schedule V, line 22, col.8)			\$ 3,166,389	TOTAL (agree to Sch. V, line 20, col. 8)	
(Attach a copy of any management service agreement)									
C. Professional Services									
Vendor/Payee	Type	Amount							
SEE ENCLOSED WORKSHEET	LEGAL FEES	\$ 103,850							
SCHEFFEL BOYLE	ACCOUNTING & AUDITING	55,961							
TOTAL (agree to Schedule V, line 19, column 3)			\$ 159,811	TOTAL			\$	TOTAL (agree to Sch. V, line 24, col. 8)	
(For legal fee disclosure, see page 39 of instructions)								\$ 16,531	

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number BEVERLY FARM FOUNDATION# 0038604Report Period Beginning: 07/01/2019Ending: 06/30/2020**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? NO
- (2) Are there any dues to nursing home associations included on the cost report? YES
If YES, give association name and amount. IL HEALTH CARE ASSN (\$12,400) AND IL ASSN REHAB FAC (\$12,505)
- (3) Did the nursing home make political contributions or payments to a political action organization? YES If YES, have these costs been properly adjusted out of the cost report? YES
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? NO If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? YES
What was the average life used for new equipment added during this period? 5-10 YRS
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 65,354 Line 10-2
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? YES If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? NO
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 754,636
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? NO If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? YES
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? NO For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 0 Has any meal income been offset against related costs? NO Indicate the amount. \$ 1
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? NO
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? YES If YES, please indicate the amount of income earned from such a program during this reporting period. \$ 0
c. What percent of all travel expense relates to transportation of nurses and patients? 92%
d. Have vehicle usage logs been maintained? YES
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? YES
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? YES
g. Does the facility transport residents to and from day training? YES
Indicate the amount of income earned from providing such transportation during this reporting period. \$ 0
- (17) Has an audit been performed by an independent certified public accounting firm? YES
Firm Name: SCHEFFEL BOYLE
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? YES
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. YES
Attach invoices and a summary of services for all architect and appraisal fees.

BEVERLY FARM FOUNDATION #0038604
PAGES 3 & 4, SCHEDULE V RECLASSIFICATIONS
JUNE 30, 2020

BANK & BROKER FEES INCLUDED AS INTEREST	273	21
	(273)	32
CNA TRAINING INCLUDED AS NURSING	123,531	13
	(123,531)	10
TRAVEL AND SEMINAR INCLUDED AS EMPLOYEE BENEFITS	16,451	24
	(16,451)	22
MORTGAGE INSURANCE INCLUDED AS MISCELLANEOUS	1,709	36
LINE OF CREDIT INTEREST INCLUDED AS MISCELLANEOUS	14,664	32
SOFTWARE FEES INCLUDED AS MISCELLANEOUS	32,907	21
NURSING INCLUDED AS MISCELLANEOUS	1,338	10
	(50,618)	17
ADMINISTRATIVE INCLUDED AS TRAVEL AND SEMINAR	7555	17
	(7,555)	24

BEVERLY FARM FOUNDATION #0038604
PAGE 10, SCHEDULE IX - REAL ESTATE TAXES
JUNE 30, 2020

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, 2020

Model, Make, Year	Cost	Current Book Depreciation	Straight Line Depreciation	Accumulated Depreciation
IDOT VAN #15	\$ 26,612	\$ -	\$ -	\$ 26,612
IDOT VAN #16	26,612	-	-	26,612
MAINT. #8 F350 TRUCK	15,944	-	-	15,944
TRUCK FOR MAINTENANCE	3,081	-	-	3,081
2006 CHRYSLER VAN #10	10,407	-	-	10,407
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	-	-	420
VAN SEAT REPAIR	2,631	-	-	2,631
VAN	34,122	-	-	34,122
1997 FORD PICKUP	3,530	706	706	2,177
MAINT-2010 F150 4X2	9,063	1,813	1,813	6,646
MAINT-2012 4X4 F-150	9,063	1,813	1,813	6,646
TRANSPORTATION-VAN #14 LIFT	3,457	692	692	2,766
TRANSPORTATION-VAN #6 LIFT	776	155	155	595
TRANSPORTATION-TURTLE TOP BUS	39,863	7,973	7,973	28,569
TRANSPORTATION-NEW VAN	15,216	3,043	3,043	8,115
TRANSPORTATION-NEW VAN	29,521	5,904	5,904	15,745
SECURITY VEHICLE 2018 FORD FUSION	13,784	2,757	2,757	4,595
2019 GRAND CARAVAN	14,024	2,805	2,805	4,207
2017 FORD TRANSIT VAN TRANSIT-350	20,100	4,020	4,020	7,705
2018 FORD E-350 WHEELCHAIR BUS	35,354	7,071	7,071	13,553
	<u>\$ 534,615</u>	<u>\$ 38,752</u>	<u>\$ 38,752</u>	<u>\$ 442,183</u>

BEVERLY FARM FOUNDATION #0038604
DEPRECIABLE NON-CARE ASSETS-SCHEDULE XI., SECTION F.
JUNE 30, 2020

DESCRIPTION	Cost	Current Book Depreciation	Accumulated Depreciation
DAY TRAINING BUILDING	\$ 2,185,033	\$ 70,732	\$ 1,522,293
DAY TRAINING ALLOCATED ADMIN BLDG	204,532	8,229	91,725
DAY TRAINING EQUIPMENT	320,802	22,354	265,125
DAY TRAINING ALLOCATED ADMIN EQUIP	137,777	12,924	101,438
DAY TRAINING VEHICLES	15,188	2,116	12,542
DAY TRAINING ALLOCATED VEHICLES	89,099	6,458	73,694
GROUP HOMES BUILDINGS	2,714,506	94,795	1,703,631
GROUP HOMES ALLOCATED ADMIN BLDG	613,602	24,690	275,178
GROUP HOMES EQUIPMENT	409,188	18,608	366,118
GROUP HOMES ALLOCATED ADMIN EQUIP	413,334	38,766	304,308
GROUP HOME VEHICLES	267,312	19,380	221,094
GROUP HOMES LAND	30,000	-	-
ACTIVITIES BUILDING	11,280	1,379	6,957
ARENA BUILDING	393,634	16,510	202,038
GROVES B. SMITH BUILDING	1,147,186	29,129	763,716
GREENHOUSE BUILDING	145,295	3,029	116,786
HARDIN APARTMENTS BUILDING	1,602,353	62,435	897,339
HORTICULTURE BUILDING	115,669	2,650	90,483
JUDAH SENIORS BUILDING	460,269	10,958	231,451
TOMBSTONES	3,186	-	3,186
TREIN VOCATIONAL BUILDING	755,990	17,296	430,204
GIFT SHOP BUILDING	293,812	10,866	181,058
ARENA EQUIPMENT	74,565	3,530	63,006
GIFT SHOP EQUIPMENT	19,961	1,114	16,217
GROVES B. SMITH EQUIPMENT	51,655	40	51,655
HARDIN APARTMENTS EQUIPMENT	285,684	14,473	270,811
JUDAH EQUIPMENT	16,306	-	16,306
TREIN EQUIPMENT	3,764	-	3,764
ACTIVITIES EQUIPMENT	18,056	3,491	14,254
OTHER LAND	57,643	-	-
HARDIN APARTMENTS VEHICLES	36,739	3,674	23,880
CILA VEHICLES	38,984	3,547	9,615
CILA EQUIPMENT	38,487	7,697	22,474
CILA LAND	24,753	-	-
CILA BUILDING	877,546	38,504	126,201
	<u>\$ 13,873,190</u>	<u>\$ 549,374</u>	<u>\$ 8,478,547</u>

BEVERLY FARM FOUNDATION #0038604
 INCOME RECEIVED BY BROAD CATEGORY NOT LISTED ON P. 19
 JUNE 30, 2020

DAY TRAINING	\$ 4,941,795
APARTMENTS & INCIDENTALS	541,312
GROUP HOMES	4,495,306
GIFT SHOP	86,975
TACK SHOP	4,051
CILA	840,663
	<u>\$ 10,910,102</u>

EXPENSES INCURRED BY BROAD CATEGORY
 NOT LISTED IN THIS COST REPORT

DAY TRAINING (DIRECT)	\$ 5,579,770
DAY TRAINING (ALLOCATED)	1,811,724
APARTMENTS	407,884
GROUP HOMES (DIRECT)	2,699,274
GROUP HOMES (ALLOCATED)	1,875,645
GIFT SHOP	98,103
GREENHOUSE	7,045
TACK SHOP	3,555
TREASURES & TRINKETS	397
CILA (DIRECT)	707,206
CILA (ALLOCATED)	156,708
	<u>\$ 13,347,311</u>

NET INCOME (Page 18, Schedule XVI, Line 15)	<u>\$ (2,437,209)</u>
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BEVERLY FARM FOUNDATION
MISCELLANEOUS INCOME, PAGE 19, LINE 28
JUNE 30, 2020

HAB-AIDE REIMBURSEMENT	\$ 255,266
SODA MACHINE	15,956
OTHER REFUNDS AND REIMBURSEMENTS	39,982
	<u>\$ 311,204</u>

BEVERLY FARM FOUNDATION #0038604
PAGE 20, SCHEDULE XVIII, LINE 33
JUNE 30, 2020

SERVICE	1	2	3	4
	HRS. WORKED	HRS. PAID	WAGES	HOURLY WAGE
PHYSICAL THERAPY	7,171	7,540	\$ 154,726	\$ 20.52
HUMAN RIGHTS COORDINATOR	1,043	1,058	20,582	19.45
DENTAL ASSISTANT	1,417	1,573	23,485	14.93
TRANSPORTATION	6,236	6,981	85,925	12.31
SAFETY & SECURITY	1,229	1,248	35,741	28.64
DEVELOPMENT DIRECTOR	2,593	2,877	89,730	31.19
	<u>19,689</u>	<u>21,277</u>	<u>\$ 410,189</u>	