

FOR BHF USE					

LL2

**Supportive Living Facility**

**2014  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES  
COST REPORT FOR  
SUPPORTIVE LIVING FACILITIES  
(FISCAL YEAR 2014)**

IMPORTANT NOTICE  
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN SECTION 146.265 OF THE 89 IL ADMIN CODE. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS.

<p><b>I. Facility ID Number:</b> <u>1000062</u></p> <p><b>Facility Name:</b> <u>The Kensington</u></p> <p><b>Address:</b> <u>311 East Simmons St</u> <u>Galesburg</u> <u>61401</u>  <small>Number City Zip Code</small></p> <p><b>County:</b> <u>Knox</u></p> <p><b>Telephone Number:</b> ( <u>309</u> ) <u>342-2577</u> Fax # <u>309 342-6343</u></p> <p><b>Federal Employer ID Number:</b> _____</p> <p><b>Date Current Owners were Certified:</b> <u>4/14/06</u></p> <p><b>Type of Ownership:</b></p> <table border="0"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input 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><b>IRS Exemption Code</b> _____</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input checked="" 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><b>In the event there are further questions about this report, please contact:</b>  <b>Name:</b> <u>Ron Wilson</u> <b>Telephone Number:</b> ( <u>309</u> ) <u>343-1550</u>  <b>Email Address:</b> _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	<b>IRS Exemption Code</b> _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input checked="" type="checkbox"/> "Sub-S" Corp.			<input type="checkbox"/> Limited Liability Co.			<input type="checkbox"/> Trust			<input type="checkbox"/> Other _____		<p><b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b></p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/2014</u> to <u>12/31/2014</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 rowspan="2" style="width: 15%;"><b>Officer or Administrator of Provider</b></td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td>(Type or Print Name) <u>Ronald Wilson</u></td> <td></td> </tr> <tr> <td></td> <td>(Title) <u>Secretary</u></td> <td></td> </tr> <tr> <td rowspan="5"><b>Paid Preparer</b></td> <td>(Signed) <u>See Preparation Report</u></td> <td>(Date) _____</td> </tr> <tr> <td>(Print Name and Title) <u>McGladrey LLP</u> <u>117 E. Main Street, Suite 210</u></td> <td></td> </tr> <tr> <td>(Firm Name &amp; Address) <u>PO Box 1070</u> <u>Galesburg, IL 61401</u></td> <td></td> </tr> <tr> <td>(Telephone) <u>309 ) 342-1175</u> Fax <u>(309) 342-7816</u></td> <td></td> </tr> <tr> <td colspan="2">MAIL TO: BUREAU OF HEALTH FINANCE IL DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630</td> </tr> </table>	<b>Officer or Administrator of Provider</b>	(Signed) _____	(Date) _____	(Type or Print Name) <u>Ronald Wilson</u>			(Title) <u>Secretary</u>		<b>Paid Preparer</b>	(Signed) <u>See Preparation Report</u>	(Date) _____	(Print Name and Title) <u>McGladrey LLP</u> <u>117 E. Main Street, Suite 210</u>		(Firm Name & Address) <u>PO Box 1070</u> <u>Galesburg, IL 61401</u>		(Telephone) <u>309 ) 342-1175</u> Fax <u>(309) 342-7816</u>		MAIL TO: BUREAU OF HEALTH FINANCE IL DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630	
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Facility Name The Kensington

Report Period Beginning: 01/01/2014 Ending: 12/31/2014

**III. STATISTICAL DATA**

**A. Certified units; enter number of units and unit days**

Date of change in certified units NA

	1	2	3	4	
	Units at Beginning of Report Period	Type of Apartment	Units at End of Report Period	Unit Days During Report Period	
1	51	Single Unit Apartment	51	18,615	1
2	23	Double Unit Apartment	23	8,395	2
3		Other		1,122	3
4	74	TOTALS	74	28,132	4

**B. Census-For the entire report period.**

	1 Type of Unit	2 3 4 Resident Days by Unit and Primary Source of Payment			5	
		Medicaid Recipient	Private Pay	Other		
5	Single Unit	10,031	8,188		18,219	5
6	Double Unit	3,530	3,736		7,266	6
7	Other					7
8	TOTALS	13,561	11,924		25,485	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 90.59%

**D. Indicate the number of paid bed-hold days the SLF had during this year** 1 Also, indicate the number of unpaid bed-hold days the SLF had during this year. \_\_\_\_\_ **(Do not include bed-hold days in Section B.)**

**E. Does page 3 include expenses for services or investments not directly related to SLF services?**

YES  NO

**F. Does the BALANCE SHEET reflect any non-SLF assets?**

YES  NO

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

**H. ACCOUNTING BASIS**

ACCRUAL  MODIFIED CASH\*  CASH\*

**I. Is your fiscal year identical to your tax year?**  YES  NO

Tax Year: 12/31/14 Fiscal Year: 12/31/14

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

**J. Does the facility have any Illinois Housing Development Authority Loans outstanding?** No If yes, did the facility make all of the required payments of interest and principle? \_\_\_\_\_

If no, explain. \_\_\_\_\_

**K. Does the facility have any loans from the Federal Home Loan Bank outstanding?** No If yes, did the facility make all of the required payments of interest and principle? \_\_\_\_\_

If no, explain. \_\_\_\_\_

**L. Does the facility have any loans from the IL Dept of Commerce and Economic Opportunity outstanding?** No If yes, did the facility make all of the required payments of interest and principle? \_\_\_\_\_

If no, explain. \_\_\_\_\_

Facility Name: The Kensington

Report Period Beginning:

01/01/2014

Ending: 12/31/2014

## IV. COST CENTER EXPENSES (please round to the nearest dollar)

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
<b>A. General Services</b>								
1	Dietary and Food Purchase	236,179	271,859	1,560	509,598	(21,634)	487,964	1
2	Housekeeping, Laundry and Maintenance	112,884	40,610	71,880	225,374		225,374	2
3	Heat and Other Utilities			131,461	131,461		131,461	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	<b>349,063</b>	<b>312,469</b>	<b>204,901</b>	<b>866,433</b>	<b>(21,634)</b>	<b>844,799</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	305,938	2,676	26,521	335,135		335,135	6
7	Activities and Social Services	20,842	2,830		23,672		23,672	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>326,780</b>	<b>5,506</b>	<b>26,521</b>	<b>358,807</b>		<b>358,807</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	135,587	20,274	53,001	208,862	(18,000)	190,862	10
11	Marketing Materials, Promotions and Advertising			39,072	39,072	(38,927)	145	11
12	Employee Benefits and Payroll Taxes			133,561	133,561		133,561	12
13	Insurance-Property, Liability and Malpractice			16,148	16,148		16,148	13
14	Other (specify):			21,094	21,094	(21,094)		14
15	<b>TOTAL General Administration</b>	<b>135,587</b>	<b>20,274</b>	<b>262,876</b>	<b>418,737</b>	<b>(78,021)</b>	<b>340,716</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>811,430</b>	<b>338,249</b>	<b>494,298</b>	<b>1,643,977</b>	<b>(99,655)</b>	<b>1,544,322</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			54,008	54,008	87,937	141,945	17
18	Interest			4,006	4,006	(4,006)		18
19	Real Estate Taxes			67,344	67,344		67,344	19
20	Rent -- Facility and Grounds			399,360	399,360	(399,360)		20
21	Rent -- Equipment							21
22	Other (specify): Farm Expenses			2,490	2,490	(2,490)		22
23	<b>TOTAL Ownership</b>			<b>527,208</b>	<b>527,208</b>	<b>(317,919)</b>	<b>209,289</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>811,430</b>	<b>338,249</b>	<b>1,021,506</b>	<b>2,171,185</b>	<b>(417,574)</b>	<b>1,753,611</b>	<b>24</b>

Facility Name: The Kensington

Report Period Beginning 01/01/2014 Ending: 12/31/2014

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses		\$	1
2	Licensed Practical Nurses	1	14.08	2
3	Certified Nurse Assistants	13	9.82	3
4	Activity Director & Assistants	1	9.88	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	12	9.04	7
8	Dishwashers			8
9	Maintenance Workers	1	19.00	9
10	Housekeepers	3	8.79	10
11	Laundry	1	9.38	11
12	Managers	1	34.32	12
13	Other Administrative			13
14	Clerical	3	10.36	14
15	Marketing			15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>36</b>	<b>\$ 124.67</b>	<b>17</b>

VI. (A) STATEMENT OF COMPENSATION AND OTHER PAYMENTS TO OWNERS, RELATIVES AND MEMBERS OF THE BOARD OF DIRECTORS.

	NAME and FUNCTION	Ownership Interest	Average Hours Per Work Week Devoted to this Business	Amount of Compensation for this Reporting Period	
1				\$	1
2					2
3					3
4					4
5					5
<b>Total</b>				<b>\$</b>	<b>6</b>

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	\$	1
2		2
<b>Total</b>		<b>\$ 3</b>

VII. RELATED ORGANIZATIONS

A. Enter below the names of all related organizations. Attach an additional schedule if necessary.

RELATED SLF's & HEALTH CARE BUSINESSES

Name	1	City	2
None			

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
See Attached Schedule I					

B. Does your facility receive services from a parent organization or home office; the costs for which were not included on page 3? YES  NO

Name of related entity: \_\_\_\_\_ If yes, what is the value of those services? \$ \_\_\_\_\_  
 (Please attach a separate schedule itemizing those services.)

C. Does page 3 include any costs derived from transactions (including rent) with related parties? YES  NO

If so, please attach a separate schedule detailing the nature of those services, their costs as they appear on your books and the underlying cost to the related party (i.e., not including markup).

Facility Name: The Kensington

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

VIII. OWNERSHIP COSTS

A. Purchase price of land 50,000 Year land was acquired 1994

B. Building Depreciation -- Including Fixed Equipment. Round all numbers to the nearest dollar. \*Total units on this schedule must agree with page 2.

	1 Units*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	74		1994		\$ 1,889,000	\$ 47,225	32	\$ 60,127	\$ 12,902	\$ 1,207,556	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6		Sidewalks, parking lot and fencing		1994	50,000	2,292	20	2,292		50,000	6
7		Storm Sewer		1995	24,886	995	25	995		19,494	7
8		Pavement		1995	22,000		15			22,000	8
9		Windows		1995	4,799	240	20	240		4,699	9
10		Lighting		1995	9,147		10			9,147	10
11		Exterior Building Repair		1995	5,381	215	25	215		4,125	11
12		Paint and Carpet		1995	17,429		5			17,429	12
13		Heat Pumps		1995	8,618		10			8,618	13
14		Water Heater		1997	3,101		10			3,101	14
15		Heat Pumps		1999	5,136		10			5,136	15
16		See Attached Schedule III			1,277,670	43,103		55,247	12,144	543,321	16
17		TOTAL (lines 1 thru 16)			\$ 3,317,167	\$ 94,070		\$ 119,116	\$ 25,046	\$ 1,894,626	17

C. Equipment Depreciation -- Including Transportation.

	Type	1 Cost	2 Current Book Depreciation	3 Straight Line Depreciation	4 Adjustments	5 Life in Years	6 Accumulated Depreciation	
18	Movable Equipment	\$ 408,640	\$ 19,535	\$ 22,829	3,294	3-15 yrs	\$ 287,030	18
19	Vehicles	9,003				4 yrs	9,003	19
20	TOTAL (lines 18 and 19)	\$ 417,643	\$ 19,535	\$ 22,829	3,294		\$ 296,033	20

D. Depreciable Non-Care Assets Included in General Ledger.

	1 Description and Year Acquired	2 Cost	3 Current Book Depreciation	4 Accumulated Depreciation	
21	Land	\$ 188,183	\$	\$	21
22	Building Improvements 1997	17,500	560	13,487	22
23					23
24	TOTALS (lines 21, 22 and 23)	\$ 205,683	\$ 560	\$ 13,487	24

Facility Name: The KensingtonReport Period Beginning: 01/01/2014Ending: 2/31/2014**IX. RENTAL COSTS****A. Building and Fixed Equipment**1. Name of Party Holding Lease: See Attached Schedule V2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?  YES  NO

		1	2	3	4	5	6	
		Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	Total Years Renewal Option*	
3	Original Building			/ /	\$			3
4	Additions			/ /				4
5				/ /				5
6				/ /				6
7	<b>TOTAL</b>				\$			7

8. Is movable equipment rental included in building rental?  YES  NO YES  NO

9. Rental amount for movable equipment \$ \_\_\_\_\_

10. If the facility rents any vehicles which are used for care-related purposes, please attach a schedule detailing the model year and make, the rental expense for this period and the use of the vehicle.

**X. INTEREST EXPENSE**

	1	2	3	4	6	7	8	9			
	Name of Lender	Related**		Purpose of Loan	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense	
		YES	NO			Original	Balance				
	<b>A. Directly Facility Related</b>										
	<b>Long-Term</b>										
1	RFMS, Inc.,	X		Fund working capital	6/2/02	\$	\$ 1,369,440	/ /	variable*	\$ 3,826	1
2				Due on Demand	/ /			/ /			2
3					/ /			/ /			3
	<b>Working Capital</b>										
4	Miscellaneous		X	Security Deposits	/ /			/ /		180	4
5					/ /			/ /			5
6	Less Interest Income		X		/ /			/ /		(4,006)	6
7	<b>TOTAL Facility Related</b>					\$	\$ 1,369,440			\$ -	7
	<b>B. Non-Facility Related</b>										
8				*.31 at 12/31/14	/ /			/ /			8
9					/ /			/ /			9
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$	\$ 1,369,440			\$	10

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

\*\* If there is any overlap in ownership between the facility and the lender, this must be indicated in column 2.

Facility Name: **The Kensington**Report Period Beginning: **01/01/2014**

Ending:

**12/31/2014****XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **12/31/2014**

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 1,481,553	\$ 1,481,553	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>1,499</u> )	288,668	288,668	3
4	Supply Inventory (priced at _____)			4
5	Short-Term Investments			5
6	Prepaid Insurance	22,981	22,981	6
7	Other Prepaid Expenses	3,330	3,330	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): _____			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,796,532	\$ 1,796,532	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	188,183	238,183	13
14	Buildings, at Historical Cost	14,000	1,903,000	14
15	Leasehold Improvements, at Historical Cost	1,024,344	1,431,667	15
16	Equipment, at Historical Cost	353,046	417,643	16
17	Accumulated Depreciation (book methods)	(592,176)	(1,801,779)	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): <b>Construction in Process</b>	782	782	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 988,179	\$ 2,189,496	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 2,784,711	\$ 3,986,028	25

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 87,271	\$ 87,271	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	62,549	62,549	30
31	Accrued Taxes Payable	71,032	71,032	31
32	Accrued Interest Payable	262	262	32
33	Deferred Compensation			33
34	Federal and State Income Taxes	4,603	4,603	34
	<b>Other Current Liabilities(specify):</b>			
35	<b>Deferred Revenue</b>	11,663	11,663	35
36	<b>Event Deposits</b>	3,904	3,904	36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 241,284	\$ 241,284	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable	1,369,440	1,369,440	38
39	Mortgage Payable			39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42	<b>Security Deposits</b>	49,310	49,310	42
43				43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$ 1,418,750	\$ 1,418,750	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 1,660,034	\$ 1,660,034	45
46	<b>TOTAL EQUITY</b>	\$ 1,124,677	\$ 2,325,994	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 2,784,711	\$ 3,986,028	47

\*(See instructions.)

Facility Name: The Kensington

Report Period Beginning: 01/01/2014

Ending:

12/31/2014

## XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)

		1	
Revenue		Amount	
<b>A. SLF Resident Care</b>			
1	Gross SLF Resident Revenue	\$ 2,459,426	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 2,459,426</b>	<b>3</b>
<b>B. Other Operating Revenue</b>			
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	3,000	8
9	Non-Resident Meals	5,321	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$ 8,321</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions	2,081	12
13	Interest and Other Investment Income	4,135	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 6,216</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15	See attached schedule VII	174,016	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ 174,016</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 2,647,979</b>	<b>18</b>

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	866,433	19
20	Health Care/ Personal Care	358,807	20
21	General Administration	418,737	21
<b>B. Capital Expense</b>			
22	Ownership	527,208	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	<b>TOTAL EXPENSES (sum of lines 19 thru 27)</b>	<b>\$ 2,171,185</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ 476,794</b>	<b>29</b>
30	<b>Income Taxes</b>	<b>\$</b>	<b>30</b>
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	<b>\$ 476,794</b>	<b>31</b>



FACILITY NAME: Kensington of Galesburg, Inc.

ID#: 37-1337014

BEGINNING: 1/1/2014

ENDING: 12/31/2014

**ATTACHED SCHEDULE I**

**VII. Related Organizations**

**A. Other Related Business Entities**

<b>Name</b>	<b>City and State</b>	<b>Type of Business</b>
1 LB Properties, Inc. and Subs	Galesburg, Illinois	Real estate
2 RFMS, Inc.	Galesburg, Illinois	Administrative services
3 Edwin Enterprises, LLC and Subs	Galesburg, Illinois	Real estate
4 RFMS Mestech, LLC	Mesquite, Nevada	Real estate
5 RFMS Mestech II, LLC	Mesquite, Nevada	Real estate
6 North Street Apartments	Galesburg, Illinois	Real estate
7 DF Ranch, LLC	Galesburg, Illinois	Real estate
8 Estancia Ranch Properties, LLC	Scottsdale, Arizona	Real estate
9 AIRFMS, Inc.	Galesburg, Illinois	Owner/operator of air transportation
10 Mid-Illini Healthcare, Inc.	Galesburg, Illinois	Real estate
11 Midwest Healthcare, Inc. and Sub	Galesburg, Illinois	Administrative services
12 DF Partnership	Galesburg, Illinois	Real estate
13 Jacksonville Home Partnership	Galesburg, Illinois	Real estate
14 Freemont, LLC	Galesburg, Illinois	Real estate
15 LeRoy Development, Inc	Galesburg, Illinois	Real estate
16 Poseidon, Inc.	Galesburg, Illinois	Real estate
17 Valleyview, LLC	Galesburg, Illinois	Real estate
18 ISB Bancorp, Inc.	Tonica, Illinois	Bank
19 Morgan County Homes, LLC	Galesburg, Illinois	Real estate
20 Galesburg CILA, LLC	Galesburg, Illinois	Real estate
21 Galesburg CILA #2, LLC	Galesburg, Illinois	Real estate

**ATTACHED SCHEDULE II**

**VII. Related Organizations**

**C. Costs Derived From Transactions with Related Parties**

<b>Entity</b>	<b>Services</b>	<b>Expense pg 3 col 4</b>	<b>Cost to Related Party</b>
LB Properties, Inc.	Rent	399,360	See attached schedule V
RFMS	Administrative Services	18,000	Undetermined*

\* These fees have been eliminated in column 5.

## STATE OF ILLINOIS

Att Schedule III

Facility Name: Kensington of Galesburg, Inc.

01/01/2014

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

## VIII. OWNERSHIP COSTS

## B. Building Depreciation -- Including Fixed Equipment. Round all numbers to the nearest dollar.

\*Total units on this schedule must agree with page 2.

	1 Units*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation
	Improvement Type									
16a	Carpet		1999		1,190	0	5	0	0	1,190
16b	Exterior Painting		1999		20,181	807	25	807	0	12,377
16c	Awning		2000		4,718	0	10	0	0	4,718
16d	Roofing		2000		5,638	378	10	0	(378)	5,638
16e	Parapet		2000		282,813	8,318	20	14,140	5,822	200,326
16f	Parapet		2001		3,191	94	20	160	66	2,181
16g	Carpet		2001		844	0	5	0	0	844
16h	Lounge remodel		2002		71,319	2,228	10	0	(2,228)	71,319
16i	Hot water line replacement		2004		4,202	168	25	168	0	1,723
16j	Carpet		2005		10,808	0	5	0	0	10,808
16k	Quarry Tile		2005		19,824	991	20	991	0	9,416
16l	4X4 Tables		2005		2,701	180	15	180	0	1,651
16m	Heat pumps		2005		41,918	4,192	10	4,192	0	38,425
16n	Flower pot accessories		2005		366	0	10	0	0	366
16o	4X4 Tables		2005		2,701	180	15	180	0	1,636
16p	Flooring, lighting, and wall coverings		2006		85,021	4,251	20	4,251	0	38,259
16q	Remodel		2006		39,485	1,974	15	2,632	658	23,032
16r	Carpet		2007		2,896	0	5	0	0	2,896
16s	Tuck Pointing		2007		7,225	722	10	722	0	5,419
16t	Painting		2007		3,750	375	5	0	(375)	3,750
16u	Ballroom Repair		2007		11,895	1,190	10	793	(397)	5,881
16v	Duro-Last Single Ply Roof Membrane		2007		4,040	404	10	404	0	2,996
16w	Wallpaper		2007		4,298	0	5	0	0	4,298
16x	Heat pump system		2008		25,270	2,527	10	2,527	0	16,847
16y	Roof repair		2009		3,250	325	10	325	0	1,869
16z	Carpet		2009		5,542	462	5	462	0	5,542
16aa	Façade Improvements		2011		166,674	8,333	10	16,667	8,334	58,335
16ab	Roof Replacement		2011		4,974	497	10	497	0	1,657
16ac	Heat Pump		2012		2,520	252	10	252	0	630
17	TOTAL (to next page)				\$ 839,254	\$ 38,848		\$ 50,350	\$ 11,502	\$ 534,029



STATE OF ILLINOIS

Att Schedule III

Facility Name: Kensington of Galesburg, Inc.

01/01/2014

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

VIII. OWNERSHIP COSTS

B. Building Depreciation -- Including Fixed Equipment. Round all numbers to the nearest dollar.

\*Total units on this schedule must agree with page 2.

	1 Units*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation
<b>Improvement Type</b>										
	Total from previous page				839,254	38,848		50,350	11,502	534,029
16ad	Condensor		2012		5,880	392	10	588	196	1,617
16ae	Heat pump		2012		2,520	252	10	252	0	693
16af	Water source heat pump		2012		2,520	252	10	252	0	693
16ag	Windows - 14		2012		13,392	893	10	1,339	446	3,571
16ah	Heat pump system		2013		3,215	321	10	321	0	455
16ai	1/2 Ton heat pump		2013		3,545	355	10	355	0	473
16aj	Ceramic tile - dining room		2014		4,778	179	20	179	0	179
16ak	Reversing valve		2014		6,899	230	10	230	0	230
16al	Sprinkler system		2014		383,246	1,277	25	1,277	0	1,277
16am	Roof		2014		8,994	75	10	75	0	75
16an	Climate master unit/compressor		2014		3,427	29	10	29	0	29
									0	
									0	
									0	
									0	
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17	TOTAL (to schedule VIII B. line 16)				\$ 1,277,670	\$ 43,103		\$ 55,247	\$ 12,144	\$ 543,321



FACILITY NAME: Kensington of Galesburg, Inc.  
ID#: 37-1337014

BEGINNING: 1/1/2014  
ENDING: 12/31/2014

**ATTACHED SCHEDULE IV**

**IV. Cost Center Expenses**

**Reclassifications and Adjustments**

Reported on Schedule IV on Line	Description	Adjustments Col 5
1-1	Labor - Catering and Banquet	(11,426)
1-2	Supplies - Catering and Banquet	(4,887)
1-2	Non-Resident Meals	(5,321)
17-3	Depr Sch VIII B.17. col 8	25,046
17-3	Depr Sch VIII C.20. col 4	3,294
17-3	Farm Depreciation	(560)
22-3	Farm Expenses	(2,490)
11-3	Marketing & promotions materials	(38,927)
14-3	Bad debt expense	(15,218)
14-3	State replacement tax	(5,500)
14-3	Legal and Bank charges	(376)
See Att Sch V	Related Party lessor net	(339,203)
See Att Sch II	Related Party Mgmt fee	(18,000)
18-3	Interest Expense	(4,006)
	<i>Total Adjustments on Schedule IV</i>	<u>(417,574)</u>

**Summary of Interest Expense and Interest Income**

Interest Income	4,135
Interest Expense	(4,006)
Cost Adjustment, the lesser of Interest Income or Interest Expense	(4,006)

**ATTACHED SCHEDULE V**

	<b>Related Party Cost Adjustment Facility Rent LB Properties, Inc.</b>	<b>Schedule Ref</b>
<b>Cost to Related Party Lessor:</b>		
<b>Depreciation</b>	<u>60,157</u>	<b>IV-17</b>
<b>Total lessor cost</b>		<b>60,157</b>
<b>Cost Per General Ledger - Facility Rent</b>		<b>(399,360) IV-20</b>
<b>Cost Adjustment Required</b>	<u><u>(339,203)</u></u>	



FACILITY NAME: Kensington of Galesburg, Inc.  
ID#: 37-1337014

BEGINNING: 1/1/2014  
ENDING: 12/31/2014

**ATTACHED SCHEDULE VI**

**Depreciation Reconciliation**

Schedule	Line	Description	Amount
VIII	17-7	Total buildings and improvements	119,116
VIII	20-3	Total equipment and transportation	22,829
		<i>Subtotal</i>	141,945
IV	17-6	Total cost center depreciation	141,945
		<i>Difference</i>	<u><u>-</u></u>

**ATTACHED SCHEDULE VII**

**Income Statement Line 15**

Schedule	Line	Description	Amount
XII.	15-1	Miscellaneous Catering and Rental	113,931
XII.	15-1	LINKS Revenue	40,721
XII.	15-1	Farm Income	18,000
XII.	15-1	Resident Processing fees	1,364
		<i>Total</i>	<u><u>174,016</u></u>