

|  |  |             |  |  |  |
|--|--|-------------|--|--|--|
|  |  | FOR BHF USE |  |  |  |
|  |  |             |  |  |  |
|  |  |             |  |  |  |
|  |  |             |  |  |  |

LL2

### Supportive Living Facility

**2009**  
**STATE OF ILLINOIS**  
**DEPARTMENT OF HEALTHCARE & FAMILY SERVICES**  
**COST REPORT FOR**  
**SUPPORTIVE LIVING FACILITIES**  
**(FISCAL YEAR 2009)**

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.

**I.**

Facility Name: The Kensington

Address: 311 East Simmons Street Galesburg 61401  
 Number City Zip Code

County: Knox

Telephone Number: ( 309 ) 342-2577 Fax # ( 309 ) 342-6343

Federal Employer ID Number: 37-1337014

Date Current Owners were Certified: 04/14/06

Type of Ownership:

|  |   |                                       |
|--|---|---------------------------------------|
| <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       |
| IRS Exemption Code _____                       | <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 _____              |                                       |

**II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER**

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2009 to 12/31/2009 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.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

|   |   |  |
|---|---|--|
| Officer or Administrator of Provider  | (Signed) _____  | (Date) _____                                 |
|   | (Type or Print Name) <u>Ronald J. Wilson</u>  |  |
|   | (Title) <u>Secretary</u>  |  |
| Paid Preparer   | (Signed) _____  | See Attached Independent Accountant's Report |
|   |   | (Date) _____                                 |
|   | (Print Name and Title) <u>McGladrey &amp; Pullen, LLP</u><br><u>117 E. Main Street, Suite 210</u> |  |
|   | (Firm Name & Address) <u>PO Box 1070</u><br><u>Galesburg, IL 61401</u>                            |  |
|   | (Telephone) <u>(309 ) 342-1175</u> Fax <u>(309) 342-7816</u>                                      |  |
| MAIL TO: BUREAU OF HEALTH FINANCE<br>IL DEPT OF HEALTHCARE AND FAMILY SERVICES<br>201 S. Grand Avenue East<br>Springfield, IL 62763-0001 Phone # (217) 782-1630 |   |  |

In the event there are further questions about this report, please contact:  
 Name: Ron Wilson Telephone Number: ( 309 ) 343-1550  
 Email Address: rjwilson@rfmsinc.com

Facility Name The Kensington

Report Period Beginning: 01/01/2009 Ending: 12/31/2009

**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                 |                               |                                | 3 |
| 4 | 74                                  | TOTALS                | 74                            | 27,010                         | 4 |

B. Census-For the entire report period.

|   | 1<br>Type of Unit | 2 3 4 5<br>Resident Days by Unit and Primary Source of Payment |             |       |        |   |
|---|-------------------|--|-------------|-------|--------|---|
|   |                   | Medicaid Recipient   | Private Pay | Other | Total  |   |
| 5 | Single Unit       | 9,399  | 9,176       |       | 18,575 | 5 |
| 6 | Double Unit       |  | 6,559       |       | 6,559  | 6 |
| 7 | Other             |  |             |       |        | 7 |
| 8 | TOTALS            | 9,399  | 15,735      |       | 25,134 | 8 |

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 93.05%

D. Indicate the number of paid bed-hold days the SLF had during this year

179 Also, indicate the number of unpaid bed-hold days the SLF had during this year. none (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: 12/31/09 Fiscal Year: 12/31/09

\* 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:

01/01/2009

Ending: 12/31/2009

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

| Operating Expenses                 |   | Costs Per General Ledger |                |                |                  | Reclassifications<br>and Adjustments | Adjusted<br>Total |           |
|------------------------------------|---|--------------------------|----------------|----------------|------------------|--------------------------------------|-------------------|-----------|
|                                    |   | Salary/Wage<br>1         | Supplies<br>2  | Other<br>3     | Total<br>4       |                                      |                   |           |
| <b>A. General Services</b>         |   |                          |                |                |                  |                                      |                   |           |
| 1                                  | Dietary and Food Purchase                                     | 235,918                  | 227,610        | 883            | 464,411          | (25,415)                             | 438,996           | 1         |
| 2                                  | Housekeeping, Laundry and Maintenance                         | 87,753                   | 53,389         | 70,233         | 211,375          |                                      | 211,375           | 2         |
| 3                                  | Heat and Other Utilities                                      |                          |                | 135,338        | 135,338          |                                      | 135,338           | 3         |
| 4                                  | Other (specify):  |                          |                |                |                  |                                      |                   | 4         |
| 5                                  | <b>TOTAL General Services</b>                                 | <b>323,671</b>           | <b>280,999</b> | <b>206,454</b> | <b>811,124</b>   | <b>(25,415)</b>                      | <b>785,709</b>    | <b>5</b>  |
| <b>B. Health Care and Programs</b> |   |                          |                |                |                  |                                      |                   |           |
| 6                                  | Health Care/ Personal Care                                    | 272,495                  | 2,123          | 26,513         | 301,131          |                                      | 301,131           | 6         |
| 7                                  | Activities and Social Services                                | 17,818                   | 3,341          |                | 21,159           |                                      | 21,159            | 7         |
| 8                                  | Other (specify):  |                          |                |                |                  |                                      |                   | 8         |
| 9                                  | <b>TOTAL Health Care and Programs</b>                         | <b>290,313</b>           | <b>5,464</b>   | <b>26,513</b>  | <b>322,290</b>   |                                      | <b>322,290</b>    | <b>9</b>  |
| <b>C. General Administration</b>   |   |                          |                |                |                  |                                      |                   |           |
| 10                                 | Administrative and Clerical                                   | 118,381                  | 11,250         | 53,737         | 183,368          | (18,000)                             | 165,368           | 10        |
| 11                                 | Marketing Materials, Promotions and Advertising               |                          |                | 35,623         | 35,623           | (35,489)                             | 134               | 11        |
| 12                                 | Employee Benefits and Payroll Taxes                           |                          |                | 116,838        | 116,838          |                                      | 116,838           | 12        |
| 13                                 | Insurance-Property, Liability and Malpractice                 |                          |                | 19,931         | 19,931           |                                      | 19,931            | 13        |
| 14                                 | Other (specify): Bad Debt Expense                             |                          |                | 2,397          | 2,397            | (2,397)                              |                   | 14        |
| 15                                 | <b>TOTAL General Administration</b>                           | <b>118,381</b>           | <b>11,250</b>  | <b>228,526</b> | <b>358,157</b>   | <b>(55,886)</b>                      | <b>302,271</b>    | <b>15</b> |
| 16                                 | <b>TOTAL Operating Expense<br/>(Sum of lines 5, 9 and 15)</b> | <b>732,365</b>           | <b>297,713</b> | <b>461,493</b> | <b>1,491,571</b> | <b>(81,301)</b>                      | <b>1,410,270</b>  | <b>16</b> |
| <b>Capital Expenses</b>            |   |                          |                |                |                  |                                      |                   |           |
| <b>D. Ownership</b>                |   |                          |                |                |                  |                                      |                   |           |
| 17                                 | Depreciation  |                          |                | 50,861         | 50,861           | 80,623                               | 131,484           | 17        |
| 18                                 | Interest  |                          |                | 13,206         | 13,206           |                                      | 13,206            | 18        |
| 19                                 | Real Estate Taxes   |                          |                | 56,400         | 56,400           |                                      | 56,400            | 19        |
| 20                                 | Rent -- Facility and Grounds                                  |                          |                | 361,960        | 361,960          | (361,960)                            |                   | 20        |
| 21                                 | Rent -- Equipment   |                          |                |                |                  |                                      |                   | 21        |
| 22                                 | Other (specify): Farm Expenses                                |                          |                | 1,570          | 1,570            | (1,570)                              |                   | 22        |
| 23                                 | <b>TOTAL Ownership</b>  |                          |                | <b>483,997</b> | <b>483,997</b>   | <b>(282,907)</b>                     | <b>201,090</b>    | <b>23</b> |
| 24                                 | <b>GRAND TOTAL (Sum of lines 16 and 23)</b>                   | <b>732,365</b>           | <b>297,713</b> | <b>945,490</b> | <b>1,975,568</b> | <b>(364,208)</b>                     | <b>1,611,360</b>  | <b>24</b> |

Facility Name: The Kensington

Report Period Beginning: 01/01/2009

Ending:

12/31/2009

**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             | 18.00               | 2         |
| 3  | Certified Nurse Assistants     | 13            | 8.14                | 3         |
| 4  | Activity Director & Assistants | 1             | 8.58                | 4         |
| 5  | Social Service Workers         |               |                     | 5         |
| 6  | Head Cook                      | 4             | 7.30                | 6         |
| 7  | Cook Helpers/Assistants        | 9             | 6.54                | 7         |
| 8  | Dishwashers                    |               |                     | 8         |
| 9  | Maintenance Workers            | 1             | 17.00               | 9         |
| 10 | Housekeepers                   | 2             | 7.85                | 10        |
| 11 | Laundry                        | 1             | 7.91                | 11        |
| 12 | Managers                       | 1             | 31.25               | 12        |
| 13 | Other Administrative           | 2             | 7.79                | 13        |
| 14 | Clerical                       | 1             | 9.56                | 14        |
| 15 | Marketing                      |               |                     | 15        |
| 16 | Other                          | 1             | 6.84                | 16        |
| 17 | <b>Total (lines 1 thru 16)</b> | <b>37</b>     | <b>\$ 136.76</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>\$</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:

01/01/2009

Ending:

12/31/2009

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<br>Units* | FOR BHF USE ONLY                   | 2<br>Year<br>Acquired | 3<br>Year<br>Constructed | 4<br>Cost    | 5<br>Current Book<br>Depreciation | 6<br>Life<br>in Years | 7<br>Straight Line<br>Depreciation | 8<br>Adjustments | 9<br>Accumulated<br>Depreciation |    |
|-------------------------|-------------|------------------------------------|-----------------------|--------------------------|--------------|-----------------------------------|-----------------------|------------------------------------|------------------|----------------------------------|----|
| 1                       | 74          |                                    | 1994                  |                          | \$ 1,889,000 | \$ 47,231                         | 32                    | \$ 60,127                          | \$ 12,896        | \$ 906,919                       | 1  |
| 2                       |             |                                    |                       |                          |              |                                   |                       |                                    |                  |                                  | 2  |
| 3                       |             |                                    |                       |                          |              |                                   |                       |                                    |                  |                                  | 3  |
| 4                       |             |                                    |                       |                          |              |                                   |                       |                                    |                  |                                  | 4  |
| 5                       |             |                                    |                       |                          |              |                                   |                       |                                    |                  |                                  | 5  |
| <b>Improvement Type</b> |             |                                    |                       |                          |              |                                   |                       |                                    |                  |                                  |    |
| 6                       |             | Sidewalks, parking lot and fencing |                       | 1994                     | 50,000       | 2,500                             | 20                    | 2,500                              |                  | 37,708                           | 6  |
| 7                       |             | Storm Sewer                        |                       | 1995                     | 24,886       | 995                               | 25                    | 995                                |                  | 14,516                           | 7  |
| 8                       |             | Pavement                           |                       | 1995                     | 22,000       |                                   | 15                    | 1,467                              | 1,467            | 21,268                           | 8  |
| 9                       |             | Windows                            |                       | 1995                     | 4,799        | 240                               | 20                    | 240                                |                  | 3,500                            | 9  |
| 10                      |             | Lighting                           |                       | 1995                     | 9,147        |                                   | 10                    |                                    |                  | 9,147                            | 10 |
| 11                      |             | Exterior Building Repair           |                       | 1995                     | 5,381        | 215                               | 25                    | 215                                |                  | 3,049                            | 11 |
| 12                      |             | Paint and Carpet                   |                       | 1995                     | 17,429       | 1,162                             | 5                     |                                    | (1,162)          | 17,429                           | 12 |
| 13                      |             | Heat Pumps                         |                       | 1995                     | 8,618        | 575                               | 10                    |                                    | (575)            | 8,618                            | 13 |
| 14                      |             | Water Heater                       |                       | 1997                     | 3,101        |                                   | 10                    |                                    |                  | 3,101                            | 14 |
| 15                      |             | Heat Pumps                         |                       | 1999                     | 5,136        | 171                               | 10                    | 171                                |                  | 5,136                            | 15 |
| 16                      |             | See Attached Schedule III          |                       |                          | 665,086      | 34,095                            |                       | 45,559                             | 11,464           | 280,650                          | 16 |
| 17                      |             | TOTAL (lines 1 thru 16)            |                       |                          | \$ 2,704,583 | \$ 87,184                         |                       | \$ 111,274                         | \$ 24,090        | \$ 1,311,041                     | 17 |

C. Equipment Depreciation -- Including Transportation.

|    | Type                    | 1<br>Cost  | 2<br>Current Book<br>Depreciation | 3<br>Straight Line<br>Depreciation | 4<br>Adjustments | 5<br>Life<br>in Years | 6<br>Accumulated<br>Depreciation |    |
|----|-------------------------|------------|-----------------------------------|------------------------------------|------------------|-----------------------|----------------------------------|----|
| 18 | Movable Equipment       | \$ 318,752 | \$ 23,383                         | \$ 20,210                          | (3,173)          | 3-15 yrs              | \$ 179,801                       | 18 |
| 19 | Vehicles                | 9,003      |                                   |                                    |                  | 4 yrs                 | 9,003                            | 19 |
| 20 | TOTAL (lines 18 and 19) | \$ 327,755 | \$ 23,383                         | \$ 20,210                          | (3,173)          |                       | \$ 188,804                       | 20 |

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

|    | 1<br>Description and Year Acquired | 2<br>Cost  | 3<br>Current Book<br>Depreciation | 4<br>Accumulated<br>Depreciation |    |
|----|------------------------------------|------------|-----------------------------------|----------------------------------|----|
| 21 | Land 1997                          | \$ 188,183 | \$ -                              | \$ -                             | 21 |
| 22 | Buildings & Improvements 1997      | 17,500     | 660                               | 10,470                           | 22 |
| 23 |                                    |            |                                   |                                  | 23 |
| 24 | TOTALS (lines 21, 22 and 23)       | \$ 205,683 | \$ 660                            | \$ 10,470                        | 24 |

Facility Name: The Kensington

Report Period Beginning: 01/01/2009

Ending: 2/31/2009

**IX. RENTAL COSTS**

**A. Building and Fixed Equipment**

1. Name of Party Holding Lease: See attached schedule V

2. 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

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 | Name of Lender                      | 2         |    | 3                    | 4      | 6               |              | 7 | 8       | 9         |           |                |
|----|---|-------------------------------------|-----------|----|----------------------|--------|-----------------|--------------|---|---------|-----------|-----------|----------------|
|    |   |                                     | Related** |    |                      |        | Purpose of Loan | Date of Note |   |         |           |           | Amount of Note |
|    |   |                                     | YES       | NO |                      |        | Original        | Balance      |   |         |           |           |                |
|    |   | <b>A. Directly Facility Related</b> |           |    |                      |        |                 |              |   |         |           |           |                |
|    |   | <b>Long-Term</b>                    |           |    |                      |        |                 |              |   |         |           |           |                |
| 1  |   | RFMS                                | X         |    | Fund working capital | 6/2/02 | \$              | 1,346,312    |   | 12/1/13 | variable* | \$ 12,870 | 1              |
| 2  |   |                                     |           |    |                      | / /    |                 |              |   | / /     |           |           | 2              |
| 3  |   |                                     |           |    |                      | / /    |                 |              |   | / /     |           |           | 3              |
|    |   | <b>Working Capital</b>              |           |    |                      |        |                 |              |   |         |           |           |                |
| 4  |   | Miscellaneous                       |           | X  | Security deposits    | / /    |                 |              |   | / /     |           | 336       | 4              |
| 5  |   |                                     |           |    |                      | / /    |                 |              |   | / /     |           |           | 5              |
| 6  |   |                                     |           |    |                      | / /    |                 |              |   | / /     |           |           | 6              |
| 7  |   | <b>TOTAL Facility Related</b>       |           |    |                      |        | \$              | 1,346,312    |   |         |           | \$ 13,206 | 7              |
|    |   | <b>B. Non-Facility Related</b>      |           |    |                      |        |                 |              |   |         |           |           |                |
| 8  |   |                                     |           |    | * .69% at 12/31/09   | / /    |                 |              |   | / /     |           |           | 8              |
| 9  |   |                                     |           |    |                      | / /    |                 |              |   | / /     |           |           | 9              |
| 10 |   | <b>TOTALS (lines 7, 8 and 9)</b>    |           |    |                      |        | \$              | 1,346,312    |   |         |           | \$ 13,206 | 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: **01/01/2009**

Ending:

**12/31/2009****XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **12/31/2009**

(last day of reporting year)

|    |   | 1          | 2                    |    |
|----|---|------------|----------------------|----|
|    |   | Operating  | After Consolidation* |    |
|    | <b>A. Current Assets</b>  |            |                      |    |
| 1  | Cash on Hand and in Banks   | \$ 160,097 | \$ 160,097           | 1  |
| 2  | Cash-Patient Deposits   |            |                      | 2  |
| 3  | Accounts & Short-Term Notes Receivable-Patients (less allowance ) | 213,028    | 213,028              | 3  |
| 4  | Supply Inventory (priced at )                                     |            |                      | 4  |
| 5  | Short-Term Investments  |            |                      | 5  |
| 6  | Prepaid Insurance   | 30,102     | 30,102               | 6  |
| 7  | Other Prepaid Expenses  |            |                      | 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>               | \$ 403,227 | \$ 403,227           | 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                        | 411,760    | 819,083              | 15 |
| 16 | Equipment, at Historical Cost                                     | 263,157    | 327,754              | 16 |
| 17 | Accumulated Depreciation (book methods)                           | (323,307)  | (1,231,291)          | 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 | <b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>           | \$ 553,793 | \$ 2,056,729         | 24 |
| 25 | <b>TOTAL ASSETS (sum of lines 10 and 24)</b>                      | \$ 957,020 | \$ 2,459,956         | 25 |

\*(See instructions.)

|    |  | 1            | 2                    |    |
|----|--|--------------|----------------------|----|
|    |  | Operating    | After Consolidation* |    |
|    | <b>C. Current Liabilities</b>                                |              |                      |    |
| 26 | Accounts Payable   | \$ 60,107    | \$ 60,107            | 26 |
| 27 | Officer's Accounts Payable                                   |              |                      | 27 |
| 28 | Accounts Payable-Patient Deposits                            |              |                      | 28 |
| 29 | Short-Term Notes Payable                                     |              |                      | 29 |
| 30 | Accrued Salaries Payable                                     | 44,278       | 44,278               | 30 |
| 31 | Accrued Taxes Payable  | 63,321       | 63,321               | 31 |
| 32 | Accrued Interest Payable                                     | 262          | 262                  | 32 |
| 33 | Deferred Compensation  |              |                      | 33 |
| 34 | Federal and State Income Taxes                               |              |                      | 34 |
|    | <b>Other Current Liabilities(specify):</b>                   |              |                      |    |
| 35 |  |              |                      | 35 |
| 36 |  |              |                      | 36 |
| 37 | <b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>   | \$ 167,968   | \$ 167,968           | 37 |
|    | <b>D. Long-Term Liabilities</b>                              |              |                      |    |
| 38 | Long-Term Notes Payable                                      | 1,346,312    | 1,346,312            | 38 |
| 39 | Mortgage Payable   |              |                      | 39 |
| 40 | Bonds Payable  |              |                      | 40 |
| 41 | Deferred Compensation  |              |                      | 41 |
|    | <b>Other Long-Term Liabilities(specify):</b>                 |              |                      |    |
| 42 | Security Deposits  | 62,225       | 62,225               | 42 |
| 43 | Event Deposits   | 1,650        | 1,650                | 43 |
| 44 | <b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b> | \$ 1,410,187 | \$ 1,410,187         | 44 |
| 45 | <b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>            | \$ 1,578,155 | \$ 1,578,155         | 45 |
| 46 | <b>TOTAL EQUITY</b>  | \$ (621,135) | \$ 881,801           | 46 |
| 47 | <b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b> | \$ 957,020   | \$ 2,459,956         | 47 |

Facility Name: The Kensington

Report Period Beginning: 01/01/2009

Ending:

12/31/2009

## 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   | \$ 2,145,194        | 1         |
| 2                                  | Discounts and Allowances   |                     | 2         |
| 3                                  | <b>SUBTOTAL Resident Care<br/>(line 1 minus line 2)</b>              | <b>\$ 2,145,194</b> | <b>3</b>  |
| <b>B. Other Operating Revenue</b>  |  |                     |           |
| 4                                  | Special Services   |                     | 4         |
| 5                                  | Other Health Care Services   | 4,258               | 5         |
| 6                                  | Special Grants   |                     | 6         |
| 7                                  | Gift and Coffee Shop   |                     | 7         |
| 8                                  | Barber and Beauty Care   | 3,000               | 8         |
| 9                                  | Non-Resident Meals   | 2,787               | 9         |
| 10                                 | Laundry  | 180                 | 10        |
| 11                                 | <b>SUBTOTAL OTHER OPERATING REVENUE<br/>(sum of lines 4 thru 10)</b> | <b>\$ 10,225</b>    | <b>11</b> |
| <b>C. Non-Operating Revenue</b>    |  |                     |           |
| 12                                 | Contributions  |                     | 12        |
| 13                                 | Interest and Other Investment Income                                 |                     | 13        |
| 14                                 | <b>SUBTOTAL Non-Operating Revenue<br/>(sum of lines 12 and 13)</b>   | <b>\$</b>           | <b>14</b> |
| <b>D. Other Revenue (specify):</b> |  |                     |           |
| 15                                 | See Attached schedule VII  | 180,585             | 15        |
| 16                                 |  |                     | 16        |
| 17                                 | <b>SUBTOTAL Other Revenue<br/>(sum of lines 15 and 16)</b>           | <b>\$ 180,585</b>   | <b>17</b> |
| 18                                 | <b>TOTAL REVENUE<br/>(sum of lines 3, 11, 14 and 17)</b>             | <b>\$ 2,336,004</b> | <b>18</b> |

|                              |  | 2                   |           |
|------------------------------|--|---------------------|-----------|
| Expenses                     |  | Amount              |           |
| <b>A. Operating Expenses</b> |  |                     |           |
| 19                           | General Services   | 811,124             | 19        |
| 20                           | Health Care/ Personal Care   | 322,290             | 20        |
| 21                           | General Administration   | 358,157             | 21        |
| <b>B. Capital Expense</b>    |  |                     |           |
| 22                           | Ownership  | 483,997             | 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<br/>(sum of lines 19 thru 27)</b>                | <b>\$ 1,975,568</b> | <b>28</b> |
| 29                           | <b>Income Before Income Taxes<br/>(line 18 minus line 28)</b>      | <b>\$ 360,436</b>   | <b>29</b> |
| 30                           | <b>Income Taxes</b>  | <b>\$</b>           | <b>30</b> |
| 31                           | <b>NET INCOME OR LOSS FOR THE YEAR<br/>(line 29 minus line 30)</b> | <b>\$ 360,436</b>   | <b>31</b> |

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

BEGINNING: 1/1/2009  
ENDING: 12/31/2009

**ATTACHED SCHEDULE I**

**VII. Related Organizations**

**A. Other Related Business Entities**

| <u>Name</u>                          | <u>City and State</u> | <u>Type of Business</u>              |
|--------------------------------------|-----------------------|--------------------------------------|
| 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 B S F & G Farms                    | Galesburg, Illinois   | Real estate                          |
| 5 RFMS Mestech II, LLC               | Galesburg, Illinois   | Real estate                          |
| 6 North Street Apartments            | Galesburg, Illinois   | Real estate                          |
| 7 DF Ranch                           | Galesburg, Illinois   | Real estate                          |
| 8 Diamond L Ranch                    | Galesburg, Illinois   | Ranch operator                       |
| 9 Estancia Ranch Properties, LLC     | Scottsdale, Arizona   | Real estate                          |
| 10 AIRFMS, Inc.                      | Galesburg, Illinois   | Owner/operator of air transportation |
| 11 Mid-Illini Healthcare, Inc.       | Galesburg, Illinois   | Real estate                          |
| 12 Midwest Healthcare, Inc. and Subs | Galesburg, Illinois   | Administrative services              |
| 13 DF Partnership                    | Galesburg, Illinois   | Real estate                          |
| 14 Jacksonville Home Partnership     | Galesburg, Illinois   | Real estate                          |
| 15 Freemont, LLC                     | Galesburg, Illinois   | Real estate                          |
| 16 LeRoy Development, Inc            | Galesburg, Illinois   | Real estate                          |
| 17 Poseidon, Inc.                    | Galesburg, Illinois   | Real estate                          |
| 18 Valleyview, LLC                   | Galesburg, Illinois   | Real estate                          |
| 19 AJ Fike, Inc.                     | Galesburg, Illinois   | Motor sports                         |
| 20 Aaron Fike, Inc                   | Galesburg, Illinois   | Motor sports                         |

**ATTACHED SCHEDULE II**

**VII. Related Organizations**

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

| <u>Entity</u>      | <u>Services</u>         | <u>Expense pg 3 col 4</u> | <u>Cost to Related Party</u> |
|--------------------|-------------------------|---------------------------|------------------------------|
| LB Properties, Inc | Rent                    | 361,960                   | See attached schedule V      |
| RFMS               | Administrative Service: | 18,000                    | Undetermined*                |

\* These fees have been eliminated in column 5.

## STATE OF ILLINOIS

Att Schedule III

Facility Name: Kensington of Galesburg, Inc.

Report Period Beginning:

01/01/2009

Ending:

12/31/2009

## 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<br>Units*                            | FOR BHF USE ONLY | 2<br>Year<br>Acquired | 3<br>Year<br>Constructed | 4<br>Cost  | 5<br>Current Book<br>Depreciation | 6<br>Life<br>in Years | 7<br>Straight Line<br>Depreciation | 8<br>Adjustments | 9<br>Accumulated<br>Depreciation |    |
|-----|--|------------------|-----------------------|--------------------------|------------|-----------------------------------|-----------------------|------------------------------------|------------------|----------------------------------|----|
|     | Improvement Type                       |                  |                       |                          |            |                                   |                       |                                    |                  |                                  |    |
| 16a | Carpet                                 |                  | 1999                  |                          | 1,190      | 79                                | 5                     | 0                                  | (79)             | 1,190                            | 6  |
| 16b | Exterior Painting                      |                  | 1999                  |                          | 20,181     | 807                               | 25                    | 807                                | 0                | 8,341                            | 7  |
| 16c | Awning                                 |                  | 2000                  |                          | 4,718      | 472                               | 10                    | 472                                | 0                | 4,561                            | 8  |
| 16d | Roofing                                |                  | 2000                  |                          | 5,638      | 376                               | 10                    | 564                                | 188              | 5,309                            | 9  |
| 16e | Parapet                                |                  | 2000                  |                          | 282,813    | 8,318                             | 20                    | 14,141                             | 5,823            | 129,623                          | 10 |
| 16f | Parapet                                |                  | 2001                  |                          | 3,191      | 94                                | 20                    | 160                                | 66               | 1,383                            | 11 |
| 16g | Carpet                                 |                  | 2001                  |                          | 844        | 0                                 | 5                     | 0                                  | 0                | 844                              | 12 |
| 16h | Lounge remodel                         |                  | 2002                  |                          | 71,319     | 2,229                             | 10                    | 7,132                              | 4,903            | 52,301                           | 13 |
| 16i | Hot water line replacement             |                  | 2004                  |                          | 4,202      | 168                               | 25                    | 168                                | 0                | 882                              | 14 |
| 16j | Carpet                                 |                  | 2005                  |                          | 10,808     | 2,162                             | 5                     | 2,162                              | 0                | 10,448                           | 15 |
| 16k | Quarry Tile                            |                  | 2005                  |                          | 19,824     | 991                               | 20                    | 991                                | 0                | 4,460                            |    |
| 16l | 4X4 Tables                             |                  | 2005                  |                          | 2,701      | 180                               | 15                    | 180                                | 0                | 750                              |    |
| 16m | Heat pumps                             |                  | 2005                  |                          | 41,918     | 4,192                             | 10                    | 4,192                              | 0                | 17,466                           |    |
| 16n | Flower pot accessories                 |                  | 2005                  |                          | 366        | 73                                | 10                    | 0                                  | (73)             | 366                              |    |
| 16o | 4X4 Tables                             |                  | 2005                  |                          | 2,701      | 180                               | 15                    | 180                                | 0                | 735                              |    |
| 16p | Flooring, lighting, and wall coverings |                  | 2006                  |                          | 85,021     | 4,251                             | 20                    | 4,251                              | 0                | 17,004                           |    |
| 16q | Remodel                                |                  | 2006                  |                          | 39,485     | 1,974                             | 15                    | 2,632                              | 658              | 9,871                            |    |
| 16r | Carpet                                 |                  | 2007                  |                          | 2,896      | 579                               | 5                     | 579                                | 0                | 1,496                            |    |
| 16s | Tuck Pointing                          |                  | 2007                  |                          | 7,225      | 723                               | 10                    | 723                                | 0                | 1,807                            |    |
| 16t | Painting                               |                  | 2007                  |                          | 3,750      | 375                               | 5                     | 750                                | 375              | 1,813                            |    |
| 16u | Ballroom Repair                        |                  | 2007                  |                          | 11,895     | 1,190                             | 10                    | 793                                | (397)            | 1,915                            |    |
| 16v | Duro-Last Single Ply Roof Membrane     |                  | 2007                  |                          | 4,040      | 404                               | 10                    | 404                                | 0                | 976                              |    |
| 16w | Wallpaper                              |                  | 2007                  |                          | 4,298      | 860                               | 5                     | 860                                | 0                | 2,006                            |    |
| 16x | Heat pump system                       |                  | 2008                  |                          | 25,270     | 2,527                             | 10                    | 2,527                              | 0                | 4,212                            |    |
| 16y | Roof repair                            |                  | 2009                  |                          | 3,250      | 244                               | 10                    | 244                                | 0                | 244                              |    |
| 16z | Carpet                                 |                  | 2009                  |                          | 5,542      | 647                               | 5                     | 647                                | 0                | 647                              |    |
|     |  |                  |                       |                          |            |                                   |                       |                                    |                  |                                  | 16 |
| 17  | TOTAL (to schedule VIII B. line 16)    |                  |                       |                          | \$ 665,086 | \$ 34,095                         |                       | \$ 45,559                          | \$ 11,464        | \$ 280,650                       | 17 |

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

BEGINNING: 1/1/2009  
 ENDING: 12/31/2009

**ATTACHED SCHEDULE IV**

**IV. Cost Center Expenses**  
**Reclassifications and Adjustments**

| Reported on<br>Schedule IV on<br>Line   | Description                      | Adjustments<br>Col 5 |
|---|----------------------------------|----------------------|
| 1-1                                     | Labor - Catering and Banquet     | (18,971)             |
| 1-2                                     | Supplies - Catering and Banquet  | (6,444)              |
| 17-3                                    | Depr Sch VIII B.17. col 8        | 24,090               |
| 17-3                                    | Depr Sch VIII C.20. col 4        | (3,173)              |
| 17-3                                    | Farm Depreciation                | (660)                |
| 22-3                                    | Farm Expenses                    | (1,570)              |
| 11-3                                    | Marketing & promotions materials | (35,489)             |
| 14-3                                    | Bad debt expense                 | (2,397)              |
| See Att Sch V                           | Related Party lessor net         | (301,594)            |
| See Att Sch II                          | Related Party Mgmt fee           | (18,000)             |
| <i>Total Adjustments on Schedule IV</i> |                                  | (364,208)            |

**ATTACHED SCHEDULE V**

|   | Related Party Cost Adjustment<br>Facility Rent<br>LB Properties, Inc. | Schedule Ref |
|---|---|--------------|
| <b>Cost to Related Party Lessor:<br/>Depreciation</b> | <u>60,366</u>   | IV-17        |
| <b>Total lessor cost</b>                              | <b>60,366</b>   |              |
| <b>Cost Per General Ledger - Facility Rent</b>        | <b>(361,960)</b>  | IV-20        |
| <b>Cost Adjustment Required</b>                       | <u><u>(301,594)</u></u>   |              |

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

**BEGINNING: 1/1/2009**  
**ENDING: 12/31/2009**

**ATTACHED SCHEDULE VI**

**Depreciation Reconciliation**

| <u>Schedule</u> | <u>Line</u> | <u>Description</u>                 | <u>Amount</u>   |
|-----------------|-------------|------------------------------------|-----------------|
| VIII            | 17-7        | Total buildings and improvements   | 111,274         |
| VIII            | 20-3        | Total equipment and transportation | 20,210          |
|                 |             | <i>Subtotal</i>                    | 131,484         |
| IV              | 17-6        | Total cost center depreciation     | 131,484         |
|                 |             | <i>Difference</i>                  | <u><u>-</u></u> |

**ATTACHED SCHEDULE VII**

**Income Statement Line 15**

| <u>Schedule</u> | <u>Line</u> | <u>Description</u>                | <u>Amount</u>         |
|-----------------|-------------|-----------------------------------|-----------------------|
| XII.            | 15-1        | Miscellaneous Catering and Rental | 150,212               |
| XII.            | 15-1        | LINKS Revenue                     | 11,158                |
| XII.            | 15-1        | Farm Income                       | 18,000                |
| XII.            | 15-1        | Resident Processing fees          | 1,215                 |
|                 |             | <i>Total</i>                      | <u><u>180,585</u></u> |