

		FOR BHF USE			

LL2

**Supportive Living Facility**  
**2018**  
**STATE OF ILLINOIS**  
**DEPARTMENT OF HEALTHCARE & FAMILY SERVICES**  
**COST REPORT FOR**  
**SUPPORTIVE LIVING FACILITIES**  
**(FISCAL YEAR 2018)**

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 ID Number:** 1000062

**Facility Name:** The Kensington

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**Address:** 311 East Simmons St Galesburg 61401  
 Number City Zip Code

**County:** Knox

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

**Federal Employer ID Number:** \_\_\_\_\_

**Date Current Owners were Certified:** 1/1/17

**Type of Ownership:**

<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
<b>IRS Exemption Code</b> <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 _____	

**In the event there are further questions about this report, please contact:**  
**Name:** Ron Wilson **Telephone Number:** ( 309 ) 343-1550  
**Email Address:** \_\_\_\_\_

**II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER**

I have examined the contents of the accompanying report to the State of Illinois, for the period from 10/1/17 to 9/30/18 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.

<b>Officer or Administrator of Provider</b>	(Signed) _____	(Date) _____
	(Type or Print Name) _____	
	(Title) _____	
<b>Paid Preparer</b>	(Signed) <u>SEE ACCOUNTANTS' COMPILATION REPORT</u>	(Date) _____
	(Print Name and Title) <u>Larry Templin Partner</u>	
	(Firm Name & Address) <u>Templin Healthcare Accounting Services, LLP P.O. Box 9, Dunlap, IL 61525</u>	
	(Telephone) <u>(630) 361-2868</u> Fax # ( ) _____	

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

Facility Name The Kensington

Report Period Beginning: 10/1/17 Ending: 9/30/18

III. STATISTICAL DATA

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

Date of change in certified units N/A

	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		309	3
4	74	TOTALS	74	27,319	4

B. Census-For the entire report period.

	1 Type of Unit	2 3 4 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	12,234	6,172		18,406	5
6	Double Unit	1,464	2,075		3,539	6
7	Other	309			309	7
8	TOTALS	14,007	8,247		22,254	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 81.46%

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

23 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 20 (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)

None

H. ACCOUNTING BASIS

ACCRUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 9/30/18 Fiscal Year: 9/30/18

\* 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 principal? N/A  
If no, explain. N/A

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 principal? N/A  
If no, explain. N/A

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 principal? N/A  
If no, explain. N/A

Facility Name: The Kensington

Report Period Beginning:

10/1/17

Ending:

9/30/18

## 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	256,916	225,996	9,587	492,499	(47,834)	444,665	1
2	Housekeeping, Laundry and Maintenance	113,627	18,727	83,264	215,618	5	215,623	2
3	Heat and Other Utilities			154,200	154,200		154,200	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	370,543	244,723	247,051	862,317	(47,829)	814,488	5
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	301,627	538	14,640	316,805		316,805	6
7	Activities and Social Services	25,087	3,600		28,687		28,687	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	326,714	4,138	14,640	345,492		345,492	9
<b>C. General Administration</b>								
10	Administrative and Clerical	169,675	8,435	204,574	382,684	(66,482)	316,202	10
11	Marketing Materials, Promotions and Advertising			47,364	47,364		47,364	11
12	Employee Benefits and Payroll Taxes			129,190	129,190	6	129,196	12
13	Insurance-Property, Liability and Malpractice			5,096	5,096	18,164	23,260	13
14	Other (specify):							14
15	<b>TOTAL General Administration</b>	169,675	8,435	386,224	564,334	(48,312)	516,022	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	866,932	257,296	647,915	1,772,143	(96,141)	1,676,002	16
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			8,429	8,429	245,124	253,553	17
18	Interest					260,394	260,394	18
19	Real Estate Taxes					81,600	81,600	19
20	Rent -- Facility and Grounds			594,000	594,000	(594,000)		20
21	Rent -- Equipment							21
22	Other (specify): Mortgage Insurance					51,727	51,727	22
23	<b>TOTAL Ownership</b>			602,429	602,429	44,845	647,274	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	866,932	257,296	1,250,344	2,374,572	(51,296)	2,323,276	24

Facility Name: The Kensington

Report Period Beginning: 10/1/17 Ending: 9/30/18

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	17.37	2
3	Certified Nurse Assistants	11	10.70	3
4	Activity Director & Assistants	1	10.42	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	11	11.09	7
8	Dishwashers			8
9	Maintenance Workers	1	20.66	9
10	Housekeepers	3	9.72	10
11	Laundry	1	8.66	11
12	Managers	1	36.84	12
13	Other Administrative			13
14	Clerical	4	10.26	14
15	Marketing			15
16	Other Resident Svc Coord	1	20.26	16
17	<b>Total (lines 1 thru 16)</b>	<b>34</b>	<b>\$</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	See Attached Schedule VIII	N/A	Less than 1	\$ 650	1
2					2
3					3
4					4
5					5
<b>Total</b>				<b>\$ 650</b>	<b>6</b>

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	RFMS, Inc.	\$ 79,200 1
2		
<b>Total</b>		<b>\$ 79,200 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
See Attached Schedule I			

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: N/A If yes, what is the value of those services? \$ N/A

(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:

10/1/17

Ending:

9/30/18

VIII. OWNERSHIP COSTS

A. Purchase price of land 50,000 Year land was acquired 2017

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		2016		\$ 9,465,000	\$	40	\$ 236,628	\$ 236,628	\$ 433,818	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6		Condensing Unit		2017	7,320	488	15	488		813	6
7		Climate Master Unit AC/Heat Pump		2017	3,895	390	10	390		520	7
8		Tuckpointing		2017	47,576	4,758	10	4,758		5,551	8
9		Compressor/Heater		2018	10,269	321	15	321		321	9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 9,534,060	\$ 5,957		\$ 242,585	\$ 236,628	\$ 441,023	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	\$ 109,214	\$ 2,472	\$ 10,968	8,496	5-15 Yrs	\$ 19,174	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 109,214	\$ 2,472	\$ 10,968	8,496		\$ 19,174	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	N/A	\$	\$	\$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$	\$	\$	24

Facility Name: The Kensington

Report Period Beginning: 10/1/17

Ending: 9/30/18

**IX. RENTAL COSTS**

**A. Building and Fixed Equipment**

1. Name of Party Holding Lease: See Attached Schedule I

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				\$ N/A			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 \$ N/A

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**	YES			NO	Purpose of Loan				
							Original	Balance				
		<b>A. Directly Facility Related</b>										
		<b>Long-Term</b>										
1		Cambridge Realty Capital		X	Mortgage	12/1/16	\$ 7,680,000	\$ 7,413,821	12/1/46	0.0339	\$ 253,736	1
2		LTD. of Illinois				/ /			/ /			2
3						/ /			/ /			3
		<b>Working Capital</b>										
4						/ /			/ /	Amort Exp	11,330	4
5						/ /			/ /	Less Int Inc Offset	(4,672)	5
6						/ /			/ /			6
7		<b>TOTAL Facility Related</b>					\$ 7,680,000	\$ 7,413,821			\$ 260,394	7
		<b>B. Non-Facility Related</b>										
8						/ /			/ /			8
9						/ /			/ /			9
10		<b>TOTALS (lines 7, 8 and 9)</b>					\$ 7,680,000	\$ 7,413,821			\$ 260,394	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: 10/1/17

Ending:

9/30/18

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 9/30/18

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 3,294	\$ 60,521	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>118,000</u> )	370,450	370,450	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	16,592	45,244	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	80,193	154,820	8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 470,529	\$ 631,035	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		50,000	13
14	Buildings, at Historical Cost		9,465,000	14
15	Leasehold Improvements, at Historical Cost	69,060	69,060	15
16	Equipment, at Historical Cost	24,214	109,214	16
17	Accumulated Depreciation (book methods)	(10,803)	(460,197)	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): <u>See Attached Sch IX</u>		710,548	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 82,471	\$ 9,943,625	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 553,000	\$ 10,574,660	25

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 26,519	\$ 40,463	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	28,263	28,263	30
31	Accrued Taxes Payable	75,186	137,408	31
32	Accrued Interest Payable		20,944	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35	<u>Interdivisional Payable</u>		2,679,734	35
36	<u>Event Deposits</u>	5,968	5,968	36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 135,936	\$ 2,912,780	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable		7,413,821	39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42	<u>Security Deposit</u>	31,500	31,500	42
43				43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$ 31,500	\$ 7,445,321	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 167,436	\$ 10,358,101	45
46	<b>TOTAL EQUITY</b>	\$ 385,564	\$ 216,559	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 553,000	\$ 10,574,660	47

\*(See instructions.)

Facility Name: The Kensington

Report Period Beginning: 10/1/17

Ending:

9/30/18

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

		1	
I. Revenue		Amount	
<b>A. SLF Resident Care</b>			
1	Gross SLF Resident Revenue	\$ 2,351,069	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 2,351,069</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	2,530	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$ 5,530</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions	521	12
13	Interest and Other Investment Income	4,350	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 4,871</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15	See Attached Schedule VII	130,729	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ 130,729</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 2,492,199</b>	<b>18</b>

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	862,317	19
20	Health Care/ Personal Care	345,492	20
21	General Administration	564,334	21
<b>B. Capital Expense</b>			
22	Ownership	602,429	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>\$ 2,374,572</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ 117,627</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>\$ 117,627</b>	<b>31</b>
<b>III. Net Resident Care Revenue detailed by Payer Source</b>			
32	Medicaid - Net Inpatient Revenue	\$ 1,100,397	32
33	Private Pay - Net Inpatient Revenue	1,250,672	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	<b>TOTAL (This total must agree to Line 3)</b>	<b>\$ 2,351,069</b>	<b>37</b>

FACILITY NAME: The Kensington BEGINNING: 10/1/2017  
 Federal ID #: 38-4002665 ENDING: 9/30/2018

**ATTACHED SCHEDULE I**

Vii. Related Organizations  
 A. Other Related Business Entities

Unlimited Development, Inc. is the sole member of the following LLC's:

Facility Name	Type	City
<u>UDI #1, LLC</u> Parkway Manor Parkway Estates	Skilled nursing facility Retirement living center	Marion Marion
<u>UDI #2, LLC</u> Maryville Manor	Skilled nursing facility	Maryville
<u>UDI #3, LLC</u> Shelbyville Manor	Skilled nursing facility	Shelbyville
<u>UDI #4, LLC</u> Leroy Manor	Skilled nursing facility	Leroy
<u>UDI #5, LLC</u> Manor Court of Carbondale Liberty Estates of Carbondale	Skilled nursing facility Retirement living center	Carbondale Carbondale
<u>UDI #6, LLC</u> Care Center of Abingdon	Skilled nursing facility	Abingdon
<u>UDI #7, LLC</u> Seminary Manor Seminary Estates Hawthorne Inn of Galesburg	Skilled nursing facility Retirement living center Assisted living facility	Galesburg Galesburg Galesburg
<u>UDI #8, LLC</u> Centralia Manor Centralia Estates	Skilled nursing facility Retirement living center	Centralia Centralia
<u>UDI #9, LLC</u> Pittsfield Manor	Skilled nursing facility	Pittsfield
<u>UDI #10, LLC</u> Pekin Manor Pekin Estates	Skilled nursing facility Retirement living center	Pekin Pekin
<u>UDI #11, LLC</u> Jerseyville Manor	Skilled nursing facility	Jerseyville
<u>Keokuk Village Drive, LLC</u> River Hills Manor River Hills Estates River Hills Inn	Skilled nursing facility Retirement living center Assisted living facility	Keokuk, IA Keokuk, IA Keokuk, IA
<u>UDI #12, LLC</u> The Kensington	Supportive Living facility	Galesburg

Community Living Options, Inc. is the sole member of the following:

Unlimited Development, Inc.	see above	Galesburg
Centralia East McCord, LLC	Lessor	Galesburg
Galesburg North Seminary, LLC	Lessor	Galesburg
Jerseyville North State, LLC	Lessor	Galesburg
Shelbyville Route 128, LLC	Lessor	Galesburg
Marion Williamson County Parkway, LLC	Lessor	Galesburg
Leroy South Buck, LLC	Lessor	Galesburg
2245 Seminary Street, LLC	Lessor	Galesburg
Pittsfield Lowry, LLC	Lessor	Galesburg
Pekin El Camino, LLC	Lessor	Galesburg
Abingdon West Martin, LLC	Lessor	Galesburg
Keokuk Village Circle, Ltd., NFP	Lessor	Galesburg
Elko Ruby Vista, LLC	Lessor	Galesburg
Lakeland Highlands Road Facility, LLC	Lessor	Galesburg
Ocala 33rd Avenue, LLC	Lessor	Galesburg
Kensington SLF, LC	Lessor	Galesburg

Community Living Options, Inc. operates the following DD facilities:

Beardstown Terrace	Beardstown
Bellefontaine Place	Waterloo
Braun's Terrace	Greenville
Carthage Terrace	Carthage
Curtiss Court	Springfield
Davies Square	Pekin
Douglas Terrace	Jacksonville
Edwardsville Terrace	Edwardsville
Effingham Terrace	Effingham
Freeburg Terrace	Freeburg
Froehlich House	Galesburg
Gaines Mill Place	Springfield
Glenwood Terrace	Springfield
Highview Terrace	Paris
Jacksonville Group Homes:	
Anna Terrace	Jacksonville
Campbell Court	Jacksonville
Lafayette Terrace	Jacksonville
Kopley House	Pittsfield
Lawrence Place	Lincoln
Lincoln Terrace	Lincoln
Maple Terrace	Quincy
Plonka Terrace	Galesburg
Quincy Terrace	Quincy
Schultz House	Danville
Stevens House	Galesburg
Tanner Place	Paris
Taylor House	Springfield
Thelma Terrace	Wood River
Truison House	Galesburg
Vahle Terrace	Jerseyville
Walsh Terrace	Galesburg
Webbrell Place	Effingham
Woodriver Group Homes:	
Aberdeen Terrace	Alton
Linton Terrace	Wood River
Madison Terrace	Wood River
Pershing Terrace	Wood River

Community Living Options, Inc. operates the following CILA facilities:

Allen Court	Clinton
Audrey Court	Clinton
Eisenhower Terrace	Jacksonville
Hawthorne Terrace	Galesburg

FACILITY NAME: UDI FY 2018

BEGINNING: 10/1/2017  
 ENDING: 9/30/2018

**ATTACHED SCHEDULE II**

**Bed Listing & Home Office Allocation**

Facility	Weighted beds @ 09/30/2018						Weighted Average Total	All Homes Percentage of Total	SNF Percentage of Total			
	Nursing Home	Sheltered	SLF	ALC	Estate	Units						
	Beds 100%	Care Beds 50%	Beds 40%	Beds 50%	Units 10%							
Care Center of Abingdon	82	0	0	0	0	0	82	5.67%	5.67%			
Centralia Estates	0	0	0	0	0	1	1	0.07%	0.00%			
Centralia Manor	120	0	0	0	0	0	120	8.29%	8.29%			
Hawthorne Inn of Galesburg	0	0	0	17	0	0	17	1.17%	0.00%			
Jerseyville Manor	160	0	0	0	0	0	160	11.06%	11.06%			
Kensington	0	0	30	0	0	0	30	2.07%	0.00%			
Leroy Manor	102	0	0	0	0	0	102	7.05%	7.05%			
Liberty Estates of Carbondale	0	0	0	0	0	1	1	0.07%	0.00%			
Manor Court of Carbondale	120	0	0	0	0	0	120	8.29%	8.29%			
Manor Court of Maryville	132	0	0	0	0	0	132	9.12%	9.12%			
Parkway Estates	0	0	0	0	0	0	0	0.00%	0.00%			
Parkway Manor	131	0	0	0	0	0	131	9.05%	9.05%			
Pekin Manor	130	0	0	0	0	0	130	8.98%	8.98%			
Pekin Estates	0	0	0	0	0	1	1	0.07%	0.00%			
Pittsfield Manor	89	0	0	0	0	0	89	6.15%	6.15%			
Keokuk Manor Court (River Hill)	84	0	0	0	0	0	84	5.81%	5.81%			
River Hills Estates	0	0	0	0	0	0	0	0.00%	0.00%			
River Hills Inn	0	0	0	16	0	0	16	1.11%	0.00%			
Seminary Estates	0	0	0	0	0	1	1	0.07%	0.00%			
Seminary Manor	121	0	0	0	0	0	121	8.36%	8.36%			
Shelbyville Manor	109	0	0	0	0	0	109	7.53%	7.53%			
	1380	0	30	33	4		1447	100%	95.37%	0.00%		
<b>Healthcare Facilities</b>												
							Beds	Allocation Stats	Days in Year	Base Stat	% of total	% of HC
Care Center of Abingdon	82	0	0	0	0		82	82	94	7,708	1.5235219%	1.6009039%
Jerseyville Manor	160	0	0	0	0		160	160	365	58,400	11.5430304%	12.1293185%
Manor Court of Maryville	132	0	0	0	0		132	132	365	48,180	9.5230001%	10.0066877%
Pekin Manor	130	0	0	0	0		130	130	365	47,450	9.3787122%	9.8550713%
Parkway Manor	131	0	0	0	0		131	131	365	47,815	9.4508561%	9.9308795%
Shelbyville Manor	109	0	0	0	0		109	109	365	39,785	7.8636895%	8.2630982%
Seminary Manor	121	0	0	0	0		121	121	365	44,165	8.7294167%	9.1727971%
Centralia Manor	120	0	0	0	0		120	120	365	43,800	8.6572728%	9.0969889%
Leroy Manor	102	0	0	0	0		102	102	365	37,230	7.3586819%	7.7324405%
Pittsfield Manor	89	0	0	0	0		89	89	365	32,485	6.4208107%	6.7469334%
Manor Court of Carbondale	120	0	0	0	0		120	120	365	43,800	8.6572728%	9.0969889%
Keokuk Manor Court (River Hill)	84	0	0	0	0		84	84	365	30,660	6.0600910%	6.3678922%
											0.0000000%	0.0000000%
	1380	0	0	0	0		1380			481,478	95.1663560%	100.0000000%
<b>Other Facilities</b>												
Centralia Estates	0	0	0	0	1		1	1	365	365	0.0721439%	1.4925373%
Hawthorne Inn of Galesburg	0	0	0	17	0		17	17	365	6,205	1.2264470%	25.3731343%
Kensington	0	0	30	0	0		30	30	365	10,950	2.1643182%	44.7761194%
Liberty Estates of Carbondale	0	0	0	0	1		1	1	365	365	0.0721439%	1.4925373%
Parkway Estates	0	0	0	0	0		0	-	365	-	0.0000000%	0.0000000%
Pekin Estates	0	0	0	0	1		1	1	365	365	0.0721439%	1.4925373%
River Hills Estates	0	0	0	0	0		0	-	365	-	0.0000000%	0.0000000%
River Hills Inn	0	0	0	16	0		16	16	365	5,840	1.1543030%	23.8805970%
Seminary Estates	0	0	0	0	1		1	1	365	365	0.0721439%	1.4925373%
	0	0	30	33	4		67			24,455	4.8336440%	100.0000000%
							1,447	Total		505,933	100.0000000%	

FACILITY NAME: The Kensington  
 ID#: 38-4002665

BEGINNING: 10/1/17  
 ENDING: 9/30/18

**ATTACHED SCHEDULE III ALLOCATION OF INDIRECT COSTS  
 (Detail Schedule)**

**Allocation Factors:**

SLF Home Office Factor **0.0216**

Schedule	Description	Total Expenses Incurred	Non-Allowable Costs	Costs To Be Allocated	Allocated Total	Adjustment Grouping
V-1-1	Labor-Dietary	0		0	0	0
V-1-2	Supplies-Dietary	0		0	0	0
V-2-1	Labor-Purchasing	0		0	0	0
V-2-3	Maintenance	240		240	5	5
V-3-3	Utilities	0		0	0	0
V-10-1	Labor - Administrative	0		0	0	
V-10-1	Labor-Clerical	0		0	0	0
V-10-2	Supplies	0		0	0	0
V-10-3	Miscellaneous			0	0	
V-10-3	Postage & Shipping	0		0	0	
V-10-3	Equipment	0		0	0	
V-10-3	Equipment Contracts	0		0	0	
V-10-3	Equip Maintenance & Repair			0	0	
V-10-3	Telephone	0		0	0	
V-10-3	Board of Directors	30,020		30,020	650	
V-10-3	Legal Fees	38,688	500	38,188	827	
V-10-3	Professional Services	64,414	64,414	0	0	
V-10-3	Licenses/Fees/Misc			0	0	
V-10-3	Inservice Training			0	0	
V-10-3	Travel			0	0	
V-10-3	Vehicle Expense	568		568	12	
V-10-3	Bad Debt Expense			0	0	
V-10-3	Bank Charges	873		873	19	1,508
V-11-3	Advertising			0	0	
V-11-3	Subscriptions & Fees	144		144	3	3
V-12-3	Worker's Compensation			0	0	
V-12-3	Other Employee Expense	300		300	6	
V-12-3	FICA			0	0	
V-12-3	State Unemployment Tax			0	0	
V-12-3	Health Insurance			0	0	6
V-13-3	Vehicle Insurance			0	0	
V-13-3	Liability Insurance			0	0	
V-13-3	Property Insurance			0	0	0
V-17-3	Depreciation Expense			0	0	0
V-18-3	Interest Expense			0	0	
V-18-3	Investment Income			0	0	0
<b>TOTALS</b>		<b>135,247</b>	<b>64,914</b>	<b>70,333</b>	<b>1,522</b>	<b>1,522</b>

SEE ACCOUNTANTS' COMPILATION REPORT

FACILITY NAME: The Kensington  
 ID#: 38-4002665

BEGINNING: 10/1/17  
 ENDING: 9/30/18

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	(14,614)
1-2	Supplies - Catering and Banquet	(4,873)
1-2	Food - Catering and Banquet	(17,788)
1-2	Non-Resident Meals/Vending	(2,658)
1-3	Sales Tax	(7,901)
See Att Sch III	Home Office Allocation	1,522
14-3	Bad debt expense	(94,128)
See Att Sch V	Related Party lessor net	93,494
18-3	Interest Income Offset	(4,350)
<i>Total Adjustments on Schedule IV</i>		<u>(51,296)</u>

**Summary of Interest Expense and Interest Income**

Interest Income	4,672
Interest Expense	253,736
Cost Adjustment, the lesser of Interest Income or Interest Expense	(4,672)

ATTACHED SCHEDULE V

**Related Party Cost Adjustment**

**Facility Rent**

**Kensington SLF, LLC**

**Schedule Ref**

**Cost to Related Party Lessor:**

Property Insurance	18,164	IV-22
Mortgage Insurance	51,727	IV-22
Depreciation	245,124	IV-17
Mortgage Interest (offset against interest income)	253,414	IV-18
Amortization	11,330	IV-18
Property Taxes	81,600	IV-17
Lincenses/Fees	75	IV-10
Professional Fees	26,060	IV-10

**Total lessor cost 687,494**

**Cost Per General Ledger - Facility Rent (594,000) IV-20**

**Cost Adjustment Required 93,494**

**FACILITY NAME:** The Kensington  
**ID#:** 38-4002665

**BEGINNING:** 10/1/17  
**ENDING:** 9/30/18

**ATTACHED SCHEDULE VI**

**Depreciation Reconciliation**

Schedule	Line	Description	Amount
VIII	17-7	Total buildings and improvements	236,628
VIII	20-3	Total equipment and transportation	8,496
		<i>Subtotal</i>	<u>245,124</u>
IV	17-6	Total cost center depreciation	<u>245,124</u>
		<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	110,288
XII.	15-1	LINKS Revenue	17,873
XII.	15-1	Special Service Income	100
XII.	15-1	Vending Income	128
XII.	15-1	Resident Processing fees	1,600
XII.	15-1	Tray Service	404
XII.	15-1	Guest Room	15
XII.	15-1	Late Payment Fee	321
		<i>Total</i>	<u><u>130,729</u></u>

**ATTACHED SCHEDULE VIII**

Facility	Number of Beds	% of Total UDI, Inc.	Total to be Allocated
Care Center of Abingdon**	82	1.524%	457
Centralia Estates	1	0.072%	22
Centralia Manor	120	8.657%	2,599
Hawthorne Inn of Galesburg	17	1.226%	368
Jerseyville Manor	160	11.543%	3,465
Kensington	30	2.164%	650
Leroy Manor	102	7.359%	2,209
Liberty Estates of Carbondale	1	0.072%	22
Manor Court of Carbondale	120	8.657%	2,599
Manor Court of Maryville	132	9.523%	2,859
Parkway Estates	-	0.000%	0
Parkway Manor	131	9.451%	2,837
Pekin Manor	130	9.379%	2,815
Pekin Estates	1	0.072%	22
Pittsfield Manor	89	6.421%	1,928
Keokuk Manor Court (River Hills M	84	6.060%	1,819
River Hills Estates	-	0.000%	0
River Hills Inn	16	1.154%	347
Seminary Estates	1	0.072%	22
Seminary Manor	121	8.729%	2,621
Shelbyville Manor	109	7.864%	2,361
	1,447	100.00%	30,020

\*\*-Care Center of Abingdon closed on 2/2/18 so the 82 beds have been prorated to compute their weighted average bed days

BOARD OF DIRECTORS FEES	30,000.00	Director:	Title:	
OUT OF STATE CONVENTION	0.00	Robert Wagner	President	6,000.00
TRAVEL	20.00	Audrey Finke	Secretary	6,000.00
MEETING EXPENSES	0.00	Glenna Taylor	Director	6,000.00
		Jerry Gilmore	Director	6,000.00
		David Haney	Director	6,000.00
TOTAL	30,020.00			
LESS OUT OF STATE TRAVEL	0.00			30,000.00
Board of Directors Allocation	30,020.00			

**The Kensington**

**Period Beginning**                      **10/1/17**  
**Period End**                                **9/30/18**

**ATTACHED SCHEDULE IX**

**XI. Balance Sheet**

**Line 23 Other**

	<b>Operating</b>	<b>After Consolidation</b>
<b>Replacement Reserve</b>		<b>414,073</b>
<b>Loan Fees, Net</b>		<b>235,391</b>
<b>Real Estate Tax Escrow</b>		<b>31,404</b>
<b>Insurance Escrow</b>		<b>2,000</b>
<b>MIP Escrow</b>		<b>27,680</b>
<b>TOTAL</b>		<b>710,548</b>