

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2009 calendar year, or tax year beginning and ending**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

Please use IRS label or pntt or type:  
 See Specific Instructions

**C Name of organization**  
ADELINE E. PROUTY TESTAMENTARY TRUST  
C/O CITIZENS FIRST NATIONAL BANK  
Doing Business As

**D Employer identification number**  
36-2193614

**E Telephone number**  
815-875-4444

**G Gross receipts \$** 2105385.

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list. (see instructions)  
**H(c)** Group exemption number ▶

**F Name and address of principal officer:** PAUL SCOMA  
10 PARK AVENUE WEST, PRINCETON, IL 61356

**I Tax-exempt status**  501(c) ( 3 ) ◀ (insert no)  4947(a)(1) or  527

**J Website:** ▶ N/A

**K Form of organization**  Corporation  Trust  Association  Other ▶

**L Year of formation** 1906 **M State of legal domicile** IL

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities SHELTERED CARE HOME FOR THE AGED AND HOUSING FOR THE ELDERLY.

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3	3
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4	3
<b>5</b> Total number of employees (Part V, line 2a)	5	43
<b>6</b> Total number of volunteers (estimate if necessary)	6	20
<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	7b	0.

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	104936.	96787.
<b>9</b> Program service revenue (Part VIII, line 2g)	1472420.	1599728.
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	49975.	36486.
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	124147.	163094.
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1751478.	1896095.
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1014585.	1068026.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
<b>17</b> Total fundraising expenses (Part IX, column (D), line 25) ▶	688536.	744519.
<b>18</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1703121.	1812545.
<b>19</b> Revenue less expenses (Subtract line 18 from line 12)	48357.	83550.
<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year 7352780.	End of Year 7408035.
<b>21</b> Total liabilities (Part X, line 26)	3163794.	3143409.
<b>22</b> Net assets or fund balances (Subtract line 21 from line 20)	4188986.	4264626.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**  
 Signature of officer: *Paul Scoma*  
 Date: 6.21.10  
 Name and title: PAUL SCOMA, TRUSTEE

**Paid Preparer's Use Only**  
 Preparer's signature: *Wm. B. Livey*  
 Date: 6/16/10  
 Check if self-employed:   
 Preparer's identifying number (see instructions):  
 Firm's name (or yours if self-employed), address, and ZIP + 4: WM. B. LIVEY, C.P.A., LTD., 726 S. MAIN ST., PRINCETON, IL 61356  
 EIN:   
 Phone no: 815-875-1186

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

SCANNED JUL 22 2010

81-118  
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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
SHELTERED CARE HOME FOR THE AGED AND INDEPENDENT LIVING APARTMENTS FOR THE ELDERLY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code ) (Expenses \$ 1781360. including grants of \$ ) (Revenue \$ 1599728. )
SHELTERED CARE HOME FOR THE AGED. NUMBER OF RESIDENTS CAPACITY - 44.
INDEPENDENT LIVING APARTMENTS FOR ELDERLY 13-17 UNITS.

4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services. (Describe in Schedule O.)
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses \$ 1781360.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>		
	Yes	No
		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

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C/O CITIZENS FIRST NATIONAL BANK

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
<b>1a</b>	0		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1b</b>	0		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2a</b>	43		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	X	

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		X
12b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
12c	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed ► IL
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ►  
CITIZENS FIRST NATIONAL BANK - 815-875-4444  
606 SOUTH MAIN STREET, PRINCETON, IL 61356





**ADELINE E. PROUTY TESTAMENTARY TRUST**  
**C/O CITIZENS FIRST NATIONAL BANK**

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**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 96787.				
	<b>g</b> Noncash contributions included in lines 1a-1f \$					
	<b>h Total.</b> Add lines 1a-1f		96787.			
<b>Program Service Revenue</b>	<b>2 a</b> <u>SHELTERED CARE</u>	Business Code 623000	1310353.	1310353.		
	<b>b</b> <u>SENIOR APARTMENTS</u>	623000	279425.	279425.		
	<b>c</b> <u>REFUNDS &amp; MISC INCOME</u>	623000	9950.	9950.		
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f		1599728.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		36522.		36522.	
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6 a</b> Gross Rents	(i) Real	191304.			
		(ii) Personal	28271.			
		<b>b</b> Less: rental expenses	163033.			
		<b>c</b> Rental income or (loss)				
	<b>d</b> Net rental income or (loss)		163033.		163033.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	180983.			
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses	181019.			
		<b>c</b> Gain or (loss)	<36.>			
	<b>d</b> Net gain or (loss)		<36.>		<36.>	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	<b>a</b>				
		<b>b</b> Less: direct expenses				
<b>c</b> Net income or (loss) from fundraising events						
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
	<b>b</b> Less: direct expenses					
	<b>c</b> Net income or (loss) from gaming activities					
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
	<b>b</b> Less: cost of goods sold					
	<b>c</b> Net income or (loss) from sales of inventory					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> <u>GARAGE SALE</u>		900099	61.		61.	
	<b>b</b>					
	<b>c</b>					
	<b>d</b> All other revenue					
	<b>e Total.</b> Add lines 11a-11d		61.			
<b>12 Total revenue.</b> See instructions		1896095.	1599728.	0.	199580.	

932009 02-04-10

Form **990** (2009)

ADELINE E. PROUTY TESTAMENTARY TRUST

Form 990 (2009)

C/O CITIZENS FIRST NATIONAL BANK

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**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	17500.		17500.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	941038.	941038.		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	38908.	38908.		
10 Payroll taxes	70580.	70580.		
11 Fees for services (non-employees).				
a Management				
b Legal	525.		525.	
c Accounting	5635.	1935.	3700.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	8545.		8545.	
g Other	8984.	8984.		
12 Advertising and promotion	25324.	25324.		
13 Office expenses	11273.	11273.		
14 Information technology				
15 Royalties				
16 Occupancy	97700.	97700.		
17 Travel	1136.	1136.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	191164.	191164.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	152422.	152422.		
23 Insurance	81616.	81616.		
24 Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a <b>FOOD STUFF</b>	110404.	110404.		
b <b>SUPPLIES</b>	37807.	37807.		
c <b>EDUCATION AND TRAVEL</b>	6486.	6486.		
d <b>DUES AND SUBSCRIPTIONS</b>	3398.	3398.		
e <b>TRUSTEES BOND</b>	860.		860.	
f All other expenses	1240.	1185.	55.	
25 Total functional expenses. Add lines 1 through 24f	1812545.	1781360.	31185.	0.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

ADELINE E. PROUTY TESTAMENTARY TRUST

Form 990 (2009)

C/O CITIZENS FIRST NATIONAL BANK

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**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	80676.	1	142694.
	2	Savings and temporary cash investments	333080.	2	277674.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	390.	4	975.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	6400.	8	5660.
	9	Prepaid expenses and deferred charges	36196.	9	26338.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 8379362.		
	b	Less: accumulated depreciation	10b 2379794.		
			6098784.	10c	5999568.
	11	Investments - publicly traded securities	790663.	11	950235.
	12	Investments - other securities. See Part IV, line 11	6591.	12	4891.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15		
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	7352780.	16	7408035.	
Liabilities	17	Accounts payable and accrued expenses	41915.	17	64297.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	3097629.	23	2905592.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	24250.	25	173520.
	26	<b>Total liabilities.</b> Add lines 17 through 25	3163794.	26	3143409.
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds	4071089.	30	4146729.
	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
	32	Retained earnings, endowment, accumulated income, or other funds	117897.	32	117897.
33	<b>Total net assets or fund balances</b>	4188986.	33	4264626.	
34	<b>Total liabilities and net assets/fund balances</b>	7352780.	34	7408035.	

Form 990 (2009)

**Part XI Financial Statements and Reporting**

**1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other CASH & ACCRUA

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

**2a** Were the organization's financial statements compiled or reviewed by an independent accountant?

**b** Were the organization's financial statements audited by an independent accountant?

**c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

**d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis  Consolidated basis  Both consolidated and separate basis

**3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form 990 (2009)

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

OMB No 1545-0047

**2009**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization **ADELIN E. PROUTY TESTAMENTARY TRUST  
C/O CITIZENS FIRST NATIONAL BANK** Employer identification number **36-2193614**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state. \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
  - a  Type I
  - b  Type II
  - c  Type III - Functionally integrated
  - d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2009

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	<b>15</b>	%
<b>16a 33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 33 1/3% support test - 2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

**ADELINE E. PROUTY TESTAMENTARY TRUST**

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	472.	1989.	43889.	4936.	3177.	54463.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1213031.	1218633.	1646574.	1472420.	1599728.	7150386.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	1213503.	1220622.	1690463.	1477356.	1602905.	7204849.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	554726.	571932.	532872.	598249.	645684.	2903463.
<b>c</b> Add lines 7a and 7b	554726.	571932.	532872.	598249.	645684.	2903463.
<b>8 Public support</b> (Subtract line 7c from line 6)						4301386.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6	1213503.	1220622.	1690463.	1477356.	1602905.	7204849.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	141855.	181405.	249857.	173411.	199518.	946046.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	141855.	181405.	249857.	173411.	199518.	946046.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	74450.	238.	51785.	711.	61.	127245.
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)	1429808.	1402265.	1992105.	1651478.	1802484.	8278140.

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	51.96 %
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	50.62 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	11.43 %
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	10.94 %

**19a 33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

**b 33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

ADELINE E. PROUTY TESTAMENTARY TRUST

Schedule A (Form 990 or 990-EZ) 2009 C/O CITIZENS FIRST NATIONAL BANK

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**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

GARAGE SALE

INSURANCE PROCEEDS

SCHEDULE A, LIST OF UNUSUAL GRANTS RECEIVED:

CASH

DATE: 12/30/05 AMOUNT: 82500.

CASH

DATE: 12/22/06 AMOUNT: 81000.

CASH

DATE: 12/31/07 AMOUNT: 101525.

CASH

DATE: 12/24/08 AMOUNT: 100000.

CASH

DATE: 12/28/09 AMOUNT: 93610.

**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization **ADELINE E. PROUTY TESTAMENTARY TRUST  
C/O CITIZENS FIRST NATIONAL BANK**

Employer identification number  
**36-2193614**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
	<b>Held at the End of the Tax Year</b>
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment  %
- b Permanent endowment  %
- c Term endowment  %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	1816246.	47000.		1863246.
b Buildings		6091726.	2069314.	4022412.
c Leasehold improvements				
d Equipment		291762.	265948.	25814.
e Other		132628.	44532.	88096.
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				5999568.



ADELINE E. PROUTY TESTAMENTARY TRUST

Schedule D (Form 990) 2009

C/O CITIZENS FIRST NATIONAL BANK

36-2193614 Page 4

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1896095.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1812545.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	83550.
4	Net unrealized gains (losses) on investments	4	84695.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	<92605.>
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4 through 8	9	<7910.>
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	75640.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	1503052.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	<99243.>
e	Add lines 2a through 2d	2e	<99243.>
3	Subtract line 2e from line 1	3	1602295.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	293800.
c	Add lines 4a and 4b	4c	293800.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1896095.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	1580716.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	1580716.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	231829.
c	Add lines 4a and 4b	4c	231829.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1812545.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

TRUST CAPITAL CONTRIBUTION: 53207.

TRUST OPERATIONS CONTRIBUTION: -208300.

TRUST TRANSFER TO GREENFIELD NETTED AGAINST REVENUE: 55850.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

C.V. FIELD ESTATE TRUST DISTRIBUTION: 93610.

**Part XIV** Supplemental Information (continued)

INTEREST AND DIVIDENDS FROM PROUTY TRUST: 36268.

NET FARM RENTAL INCOME: 163033.

GAIN (LOSS) ON SALE OF INVESTMENTS: -36.

CHARITABLE DONATIONS: 925.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

TRUSTEES FEES: 17500.

LEGAL AND ACCOUNTING FEES: 6020.

MORTGAGE INTEREST: 191164.

REAL ESTATE TAXES: 457.

IL CHARITY BUREAU FUND TAX: 15.

SAFE DEPOSIT BOX RENT: 40.

MISCELLANEOUS EXPENSE: 228.

INVESTMENT MANAGEMENT FEES: 8545.

TRUSTEES BOND: 860.

CONSULTANT FEES: 7000.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

ADELINE E. PROUTY TESTAMENTARY TRUST  
C/O CITIZENS FIRST NATIONAL BANK

Employer identification number  
36-2193614

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF FORM 990 IS FURNISHED TO EACH OF THE TRUSTEES FOR REVIEW, AFTER WHICH ONE OF THE TRUSTEES IS AUTHORIZED TO SIGN AND MAIL THE GOVERNMENT COPY.

FORM 990, PART VI, SECTION B, LINE 15: TRUSTEES COMPENSATION IS APPROVED BY CIRCUIT COURT OF THE THIRTEENTH JUDICIAL CIRCUIT, BUREAU CO., IL AND ATTORNEY GENERAL OF STATE OF IL. TRUSTEES APPROVE COMPENSATION OF OTHER KEY ADMINISTRATIVE PERSONNEL.

FORM 990, PART VI, SECTION C, LINE 19: ANNUAL REPORT IS FILED WITH CIRCUIT COURT OF THE THIRTEENTH JUDICIAL CIRCUIT, BUREAU COUNTY, IL AND WITH ATTORNEY GENERAL OF STATE OF ILLINOIS IN SPRINGFIELD AND CHICAGO, IL. FORM 990 IS FILED AS AN ATTACHMENT TO THE FORM AG990-IL FILED WITH THE OFFICE OF THE ATTORNEY GENERAL, CHARITABLE TRUST BUREAU, CHICAGO, IL. THESE ITEMS BECOME A MATTER OF PUBLIC RECORD AND ARE OPEN FOR INSPECTION.

FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:

CINDY TILSON - 530 PARK AVENUE EAST, PRINCETON, IL 61356

MERVIN K. SMITH - 301 L WEST HIDEAWAY DRIVE, PRINCETON, IL 61356

PAUL SCOMA - 10 PARK AVENUE WEST, PRINCETON, IL 61356

FORM 990, PART XI, LINE 1

TRUST USES CASH METHOD OF ACCOUNTING. GREENFIELD RETIREMENT HOME USES ACCRUAL METHOD OF ACCOUNTING. FINANCIAL INFORMATION INCLUDED IS A

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

ADELINE E. PROUTY TESTAMENTARY TRUST  
C/O CITIZENS FIRST NATIONAL BANK

Employer identification number  
36-2193614

COMBINATION OF CASH AND ACCRUAL METHODS OF ACCOUNTING.

FORM 990, PART XI, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**Tax Asset Detail 1/01/09 - 12/31/09**

FYE: 12/31/2009

Asset Id	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
<b>Group: Activity therapy equipment</b>											
209	Bather Tub	6/30/83	5,450.00	0.00	0.00	5,450.00	0.00	5,450.00	0.00	S/L	10.0
210	Movie Projector	5/01/78	125.00	0.00	0.00	125.00	0.00	125.00	0.00	S/L	3.0
211	Speaker System	9/30/81	490.00	0.00	0.00	490.00	0.00	490.00	0.00	S/L	3.0
212	Sound System	8/01/91	5,051.00	0.00	0.00	5,051.00	0.00	5,051.00	0.00	S/L	10.0
213	Large Screen TV	9/01/91	2,472.00	0.00	0.00	2,472.00	0.00	2,472.00	0.00	S/L	7.0
214	Quad Monitor	9/01/91	1,614.00	0.00	0.00	1,614.00	0.00	1,614.00	0.00	S/L	10.0
215	Walmart Store	9/09/94	338.00	0.00	0.00	338.00	0.00	338.00	0.00	S/L	10.0
216	Prairie Rose Aviary	8/02/96	4,664.38	0.00	0.00	4,664.38	0.00	4,664.38	0.00	200DB	7.0
217	2 Office chairs	2/04/98	278.41	0.00	0.00	278.41	0.00	278.41	0.00	S/L	7.0
287	Large screen TV - Best Buy	6/30/04	3,749.98	0.00	0.00	3,749.98	374.98	3,749.98	0.00	S/L	5.0
303	Popcorn machine - Direct Supply	5/19/06	873.06	0.00	0.00	322.20	124.72	446.92	426.14	S/L	7.0
<b>Activity therapy equipment</b>			<b>25,105.83</b>	<b>0.00c</b>	<b>0.00</b>	<b>24,179.99</b>	<b>499.70</b>	<b>24,679.69</b>	<b>426.14</b>		

**Group: Apartment - Furn & Fixt**

318	7 Refrig. new apart - Sears	1/02/07	3,015.85	0.00	0.00	603.16	301.58	904.74	2,111.11	S/L	10.0
319	13 Micro Convection - Sears	1/02/07	4,761.84	0.00	0.00	952.36	476.18	1,428.54	3,333.30	S/L	10.0
320	6 Refrig new apart - Sears	1/02/07	2,585.01	0.00	0.00	517.00	258.50	775.50	1,809.51	S/L	10.0
321	12 Cooktops - Sears	1/02/07	4,426.95	0.00	0.00	885.40	442.70	1,328.10	3,098.85	S/L	10.0
322	Micro Convection - Sears	1/02/07	366.30	0.00	0.00	73.26	36.63	109.89	256.41	S/L	10.0
323	1 Cooktop - Sears	1/02/07	368.90	0.00	0.00	73.78	36.89	110.67	258.23	S/L	10.0
324	New Building bath fixtures	5/01/07	541.47	0.00	0.00	90.25	54.15	144.40	397.07	S/L	10.0
325	Washers & Dryers - new building	8/01/07	3,279.92	0.00	0.00	464.65	327.99	792.64	2,487.28	S/L	10.0
326	Fire extinguishers	9/20/07	220.00	0.00	0.00	27.50	22.00	49.50	170.50	S/L	10.0
327	Shelving - apartments	9/25/07	97.65	0.00	0.00	12.21	9.77	21.98	75.67	S/L	10.0
333	Bath fixtures - New apartments	5/03/07	2,691.11	0.00	0.00	448.52	269.11	717.63	1,973.48	S/L	10.0
334	Outdoor furniture- Central Courtya	5/05/08	8,542.63	0.00	0.00	569.51	854.26	1,423.77	7,118.86	S/L	10.0
335	Apartment trees & Mulch - Hornba	9/15/08	669.96	0.00	0.00	22.33	67.00	89.33	580.63	S/L	10.0
338	Oak furniture - Teglers	6/01/08	38,923.44	0.00	0.00	2,270.53	3,892.34	6,162.87	32,760.57	S/L	10.0
339	Painting & decorating, apts & hallv	7/01/08	32,131.31	0.00	0.00	1,606.57	3,213.13	4,819.70	27,311.61	S/L	10.0
340	Wii gaming system	4/24/08	565.73	0.00	0.00	75.43	113.15	188.58	377.15	S/L	5.0
341	42" Plasma tv	4/25/08	867.88	0.00	0.00	115.72	173.58	289.30	578.58	S/L	5.0
342	Wireless microphone system	4/26/08	397.39	0.00	0.00	26.49	39.74	66.23	331.16	S/L	10.0
355	Parking lot signs	5/20/09	924.29	0.00c	0.00	0.00	53.92	53.92	870.37	S/L	10.0
358	TV Multipurpose room	4/22/09	1,498.97	0.00c	0.00	0.00	99.93	99.93	1,399.04	S/L	10.0
359	Microwave	4/24/09	413.99	0.00c	0.00	0.00	27.60	27.60	386.39	S/L	10.0
360	Refrigerator	4/24/09	439.99	0.00c	0.00	0.00	29.33	29.33	410.66	S/L	10.0
<b>Apartment - Furn &amp; Fixt</b>			<b>107,730.58</b>	<b>0.00c</b>	<b>0.00</b>	<b>8,834.67</b>	<b>10,799.48</b>	<b>19,634.15</b>	<b>88,096.43</b>		

**Group: Apartment Building**

330	Construction - Apartments	10/01/07	3,204,866.72	0.00	0.00	80,121.66	64,097.33	144,218.99	3,060,647.73	S/L	50.0
331	Carpeting - New apartments	5/23/07	31,643.76	0.00	0.00	5,010.27	3,164.38	8,174.65	23,469.11	S/L	10.0
357	Heat A/C unit	6/17/09	634.97	0.00c	0.00	0.00	31.75	31.75	603.22	S/L	10.0
<b>Apartment Building</b>			<b>3,237,145.45</b>	<b>0.00c</b>	<b>0.00</b>	<b>85,131.93</b>	<b>67,293.46</b>	<b>152,425.39</b>	<b>3,084,720.06</b>		

FYE: 12/31/2009

Asset Id	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
<b>Group: Auto</b>											
255	2001 Pontiac Van - Faber's	8/21/02	24,898.00	0.00	0.00	24,898.00	0.00	24,898.00	0.00	S/L	5.0
		Auto	24,898.00	0.00c	0.00	24,898.00	0.00	24,898.00	0.00		
<b>Group: Building</b>											
2	Final construction costs	1/01/79	16,791.00	0.00	0.00	16,791.00	0.00	16,791.00	0.00	150DB	30.0
3	Laundry Room	1/01/80	7,570.00	0.00	0.00	7,240.96	252.33	7,493.29	76.71	S/L	30.0
4	Call Station, Etc.	3/31/81	1,045.00	0.00	0.00	967.96	34.83	1,002.79	42.21	S/L	30.0
5	New Apartment	4/30/81	6,332.00	0.00	0.00	5,838.84	211.07	6,049.91	282.09	S/L	30.0
6	Outside Lighting	7/31/81	1,611.00	0.00	0.00	1,474.40	53.70	1,528.10	82.90	S/L	30.0
7	Heat/Cool Units	12/31/81	2,659.00	0.00	0.00	2,395.56	88.63	2,484.19	174.81	S/L	30.0
8	New Apartment	12/31/81	13,767.00	0.00	0.00	12,390.80	458.90	12,849.70	917.30	S/L	30.0
9	Hand Rails, Improvements	3/31/82	1,293.00	0.00	0.00	1,163.20	43.10	1,206.30	86.70	S/L	30.0
10	Sitting Room Partition	7/31/84	1,811.00	0.00	0.00	1,446.44	60.37	1,506.81	304.19	S/L	30.0
11	New Entrance	12/31/85	70,387.00	0.00	0.00	53,961.76	2,346.23	56,307.99	14,079.01	S/L	30.0
12	LCN Closures	5/31/85	1,080.00	0.00	0.00	828.00	36.00	864.00	216.00	S/L	30.0
13	Lite Standards, Etc.	12/31/84	2,119.00	0.00	0.00	1,627.56	70.63	1,698.19	420.81	S/L	30.0
14	Key Builders Remodeling	12/31/85	13,045.00	0.00	0.00	10,001.96	434.83	10,436.79	2,608.21	S/L	30.0
15	Lites, Fan, Ventilation	12/31/86	2,333.00	0.00	0.00	1,712.24	77.77	1,790.01	542.99	S/L	30.0
16	Roof	5/01/87	30,735.00	0.00	0.00	22,030.00	1,024.50	23,054.50	7,680.50	S/L	30.0
17	Roof	12/31/81	5,590.00	0.00	0.00	5,590.00	0.00	5,590.00	0.00	S/L	10.0
18	Storage Shed	12/31/81	1,092.00	0.00	0.00	1,092.00	0.00	1,092.00	0.00	S/L	10.0
19	Energy Mgmt.	12/31/81	4,236.00	0.00	0.00	4,236.00	0.00	4,236.00	0.00	S/L	10.0
20	Kitchen Fan	3/31/82	522.00	0.00	0.00	522.00	0.00	522.00	0.00	S/L	10.0
21	Two Heating Units	3/31/82	1,315.00	0.00	0.00	1,315.00	0.00	1,315.00	0.00	S/L	10.0
22	2 Tran Furnaces	5/31/82	5,208.00	0.00	0.00	5,208.00	0.00	5,208.00	0.00	S/L	10.0
23	Kitchen Hood	5/31/82	675.00	0.00	0.00	675.00	0.00	675.00	0.00	S/L	10.0
24	Carpet - Office	7/31/83	1,408.00	0.00	0.00	1,408.00	0.00	1,408.00	0.00	S/L	10.0
25	Carpet - Dining Room	9/30/83	2,649.00	0.00	0.00	2,649.00	0.00	2,649.00	0.00	S/L	10.0
26	Phone System	12/31/83	6,723.00	0.00	0.00	6,723.00	0.00	6,723.00	0.00	S/L	10.0
27	Climate Control Sepc.	11/30/84	1,463.00	0.00	0.00	1,463.00	0.00	1,463.00	0.00	S/L	10.0
28	Carpet - Apts.	11/30/84	1,205.00	0.00	0.00	1,205.00	0.00	1,205.00	0.00	S/L	10.0
29	Entrance Carpet	12/31/85	4,881.00	0.00	0.00	4,881.00	0.00	4,881.00	0.00	S/L	10.0
30	Two Sepco Heaters	11/30/85	3,118.00	0.00	0.00	3,118.00	0.00	3,118.00	0.00	S/L	10.0
31	Water Heater	1/31/87	5,976.00	0.00	0.00	5,976.00	0.00	5,976.00	0.00	S/L	10.0
32	Furnace	10/31/87	8,400.00	0.00	0.00	8,400.00	0.00	8,400.00	0.00	S/L	10.0
33	Carpet - Halls	2/29/88	3,877.00	0.00	0.00	3,877.00	0.00	3,877.00	0.00	S/L	10.0
34	Air Cleaner	3/31/88	911.00	0.00	0.00	911.00	0.00	911.00	0.00	S/L	10.0
35	Fire Detector	8/31/88	6,143.00	0.00	0.00	6,143.00	0.00	6,143.00	0.00	S/L	10.0
36	Draperies	1/01/91	1,154.00	0.00	0.00	1,154.00	0.00	1,154.00	0.00	S/L	10.0
37	Water Heater	2/01/91	2,708.00	0.00	0.00	2,708.00	0.00	2,708.00	0.00	S/L	10.0
38	Carpet - Dining Room	3/01/91	5,250.00	0.00	0.00	5,250.00	0.00	5,250.00	0.00	S/L	10.0
39	Electric Htr. & Thermostat	3/01/91	587.00	0.00	0.00	587.00	0.00	587.00	0.00	S/L	10.0
40	Voorees	4/01/91	3,131.00	0.00	0.00	3,131.00	0.00	3,131.00	0.00	S/L	10.0
41	Humidifiers	5/01/91	539.00	0.00	0.00	539.00	0.00	539.00	0.00	S/L	7.0
42	Carpet	8/01/91	1,513.00	0.00	0.00	1,513.00	0.00	1,513.00	0.00	S/L	10.0
43	Draperies	9/01/91	2,195.00	0.00	0.00	2,195.00	0.00	2,195.00	0.00	S/L	10.0
44	Kettman Dryer Vent	9/01/91	1,574.00	0.00	0.00	1,574.00	0.00	1,574.00	0.00	S/L	10.0

FYE: 12/31/2009

Asset #	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period	
<b>Group: Building (continued)</b>												
45	Bryant Nurseries	4/01/91	3,204.00	0.00	0.00	3,204.00	0.00	3,204.00	0.00	S/L	5.0	
46	Key Builders	4/01/91	3,419.00	0.00	0.00	2,023.64	113.97	2,137.61	1,281.39	S/L	30.0	
47	Work - New Wiring	2/01/91	627.00	0.00	0.00	374.80	20.90	395.70	231.30	S/L	30.0	
48	Building Trust Principal	1/01/92	678,048.00	0.00	0.00	384,229.20	22,601.60	406,830.80	271,217.20	S/L	30.0	
49	New Construction	1/01/92	90,494.00	0.00	0.00	51,277.64	3,016.47	54,294.11	36,199.89	S/L	30.0	
50	Baseboard Heaters	2/01/92	823.00	0.00	0.00	823.00	0.00	823.00	0.00	S/L	10.0	
51	Carpet Room 148	6/01/92	516.00	0.00	0.00	516.00	0.00	516.00	0.00	S/L	10.0	
52	New Roof Front Bldg.	7/01/92	1,600.00	0.00	0.00	878.96	53.33	932.29	667.71	S/L	30.0	
53	Toilet Partition	9/01/92	666.00	0.00	0.00	666.00	0.00	666.00	0.00	S/L	10.0	
54	Resurface Front Driveway	10/01/92	4,370.00	0.00	0.00	4,370.00	0.00	4,370.00	0.00	S/L	10.0	
55	New Roof On Home	11/01/92	44,000.00	0.00	0.00	23,712.04	1,466.67	25,178.71	18,821.29	S/L	30.0	
56	Roof Work	11/01/92	9,471.00	0.00	0.00	5,105.40	315.70	5,421.10	4,049.90	S/L	30.0	
57	New Furnace Upstairs	11/01/92	3,885.00	0.00	0.00	3,885.00	0.00	3,885.00	0.00	S/L	10.0	
58	Bath Only Room 160	12/01/92	2,125.00	0.00	0.00	2,125.00	0.00	2,125.00	0.00	S/L	10.0	
59	Alarm On Front Door	1/01/93	326.00	0.00	0.00	326.00	0.00	326.00	0.00	S/L	10.0	
60	Roof	6/01/93	5,231.00	0.00	0.00	5,231.00	0.00	5,231.00	0.00	S/L	10.0	
61	Gutters	8/01/93	3,648.00	0.00	0.00	3,648.00	0.00	3,648.00	0.00	S/L	10.0	
62	Draperies	6/01/92	487.00	0.00	0.00	487.00	0.00	487.00	0.00	S/L	10.0	
63	Carrier Air Conditioner	12/21/95	1,389.00	0.00	0.00	1,389.00	0.00	1,389.00	0.00	S/L	7.0	
64	Draperies	11/19/95	4,934.75	0.00	0.00	4,934.75	0.00	4,934.75	0.00	S/L	7.0	
65	Building Equipment	6/30/95	2,670.40	0.00	0.00	2,670.40	0.00	2,670.40	0.00	S/L	7.0	
66	Nurses Station	12/18/96	6,590.44	0.00	0.00	2,014.12	167.26	2,181.38	4,509.06	S/L	39.0	
67			0.00	0.00	0.00	0.00	0.00	0.00	0.00	S/L	0.0	
68	Stool Room 212	11/18/97	313.22	0.00	0.00	313.22	0.00	313.22	0.00	S/L	10.0	
69	Stool Room 177	2/06/97	311.28	0.00	0.00	311.28	0.00	311.28	0.00	S/L	10.0	
70	Bathroom Fixtures	2/06/97	1,635.06	0.00	0.00	1,635.06	0.00	1,635.06	0.00	S/L	10.0	
71	Vinyl and Carpet Room	1/15/97	1,003.32	0.00	0.00	1,003.32	0.00	1,003.32	0.00	S/L	10.0	
72	Carpeting Room 129	5/30/97	465.31	0.00	0.00	465.31	0.00	465.31	0.00	S/L	10.0	
73	Carpeting Room 204	1/07/97	689.18	0.00	0.00	689.18	0.00	689.18	0.00	S/L	10.0	
74	Hallway Carpet	1/15/97	8,043.59	0.00	0.00	8,043.59	0.00	8,043.59	0.00	S/L	10.0	
75	Flooring Nurses Station	1/15/97	1,437.07	0.00	0.00	1,437.07	0.00	1,437.07	0.00	S/L	10.0	
76	Water Heater	3/15/97	441.50	0.00	0.00	441.50	0.00	441.50	0.00	S/L	10.0	
77	Greenfield Sign	8/15/97	900.00	0.00	0.00	900.00	0.00	900.00	0.00	S/L	10.0	
78	Bathroom # 154	1/30/98	783.81	0.00	0.00	783.81	0.00	783.81	0.00	200DB	10.0	
79	Patio & sidewalk	8/06/98	2,026.00	0.00	0.00	2,026.00	0.00	2,026.00	0.00	200DB	10.0	
80	Vinyl room # 154	3/06/98	76.46	0.00	0.00	76.46	0.00	76.46	0.00	200DB	10.0	
81	2 Benches	8/06/98	899.00	0.00	0.00	899.00	0.00	899.00	0.00	200DB	10.0	
82	Hot water coil - kitchen	12/09/98	1,786.84	0.00	0.00	1,786.84	0.00	1,786.84	0.00	200DB	10.0	
83	Bathroom cabinets	12/30/98	1,572.29	0.00	0.00	1,572.29	0.00	1,572.29	0.00	200DB	10.0	
84	Folding tables	12/09/98	670.52	0.00	0.00	670.52	0.00	670.52	0.00	200DB	7.0	
85	Carpet 129,135,154	1/07/99	1,218.47	0.00	0.00	1,218.47	0.00	1,218.47	0.00	S/L	10.0	
86	Carpet 150, 210	2/01/99	917.28	0.00	0.00	909.65	7.63	917.28	0.00	S/L	10.0	
87	Bath fixtures 131	2/18/99	573.57	0.00	0.00	564.04	9.53	573.57	0.00	S/L	10.0	
88	Dining hutch	3/04/99	1,928.09	0.00	0.00	1,895.96	32.13	1,928.09	0.00	S/L	10.0	
89	Door closer-back door	3/17/99	2,711.94	0.00	0.00	2,644.11	67.83	2,711.94	0.00	S/L	10.0	
90	Bath fixtures 246, 170	3/25/99	1,264.23	0.00	0.00	1,232.60	31.63	1,264.23	0.00	S/L	10.0	
91	Carpet 170	3/25/99	531.38	0.00	0.00	518.11	13.27	531.38	0.00	S/L	10.0	
92	Vinyl 246, 170	3/25/99	287.56	0.00	0.00	280.41	7.15	287.56	0.00	S/L	10.0	
93	3 Pair draperies	8/01/99	717.19	0.00	0.00	675.36	41.83	717.19	0.00	S/L	10.0	

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Asset #	Date In Service	Property Description	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period	
<b>Group: Building (continued)</b>												
94	10/01/99	4 Floor mats	603.99	0.00	0.00	558.70	45.29	603.99	0.00	S/L	10.0	
95	11/30/99	New gutters	1,655.00	0.00	0.00	1,503.29	151.71	1,655.00	0.00	S/L	10.0	
96	9/01/99	Sidewalk & patio	2,768.00	0.00	0.00	2,583.47	184.53	2,768.00	0.00	S/L	10.0	
97	1/01/78	Bal & const costs	997,341.00	0.00	0.00	997,341.00	0.00	997,341.00	0.00	S/L	30.0	
219	1/31/00	Carpet #121 & #117	968.33	0.00	0.00	873.13	63.47	936.60	31.73	200DB	10.0	
220	3/06/00	Fire Hydrant	1,283.27	0.00	0.00	1,157.12	84.10	1,241.22	42.05	200DB	10.0	
221	4/25/00	2 Cameras	685.48	0.00	0.00	618.09	44.93	663.02	22.46	200DB	10.0	
222	5/12/00	Patio set	610.33	0.00	0.00	550.34	39.99	590.33	20.00	200DB	10.0	
223	5/23/00	Carpet #133	460.95	0.00	0.00	415.64	30.21	445.85	15.10	200DB	10.0	
224	5/25/00	21 Thermopane windows	2,367.51	0.00	0.00	2,134.78	155.15	2,289.93	77.58	200DB	10.0	
225	9/25/00	Carrier Unit for lobby	1,091.19	0.00	0.00	983.92	71.51	1,055.43	35.76	200DB	10.0	
226	9/29/00	Camera	259.00	0.00	0.00	233.54	16.97	250.51	8.49	200DB	10.0	
227	10/31/00	Dishable	1,591.34	0.00	0.00	1,434.90	104.29	1,539.19	52.15	200DB	10.0	
228	10/31/00	Carpet # 212	1,366.52	0.00	0.00	1,232.19	89.55	1,321.74	44.78	200DB	10.0	
230	11/15/00	Camera	303.10	0.00	0.00	273.30	19.87	293.17	9.93	200DB	10.0	
234	5/03/01	Sidewalk & Curb in front - Davis	2,216.00	0.00	0.00	1,698.93	221.60	1,920.53	295.47	S/L	10.0	
236	8/29/01	Sidewalk & patio for pond	1,300.00	0.00	0.00	953.33	130.00	1,083.33	216.67	S/L	10.0	
237	8/04/01	Ext & freezer pad - Davis	1,256.00	0.00	0.00	931.53	125.60	1,057.13	198.87	S/L	10.0	
238	10/22/01	Pond & retaining wall	5,383.24	0.00	0.00	3,857.96	538.32	4,396.28	986.96	S/L	10.0	
242	2/07/02	Kitchen cabinets- Someone's in Kite	4,674.95	0.00	0.00	3,233.54	467.50	3,701.04	973.91	S/L	10.0	
243	2/12/02	Furnace/Central air - Grasser	4,295.00	0.00	0.00	2,970.71	429.50	3,400.21	894.79	S/L	10.0	
244	2/28/02	Water heater - Kettmann's	4,978.16	0.00	0.00	3,401.77	497.82	3,899.59	1,078.57	S/L	10.0	
246	3/28/02	Water heater - Kettmann's	8,444.40	0.00	0.00	5,699.97	844.44	6,544.41	1,899.99	S/L	10.0	
249	6/13/02	Carpet - # 148	358.50	0.00	0.00	236.01	35.85	271.86	86.64	S/L	10.0	
250	8/19/02	Carpet - # 133 & 202	833.02	0.00	0.00	527.57	83.30	610.87	222.15	S/L	10.0	
251	10/07/02	Carpet - # 136	486.01	0.00	0.00	303.75	48.60	352.35	133.66	S/L	10.0	
252	10/28/02	Carpet - # 129	409.40	0.00	0.00	252.46	40.94	293.40	116.00	S/L	10.0	
253	8/02/02	Carpet - # 181	366.51	0.00	0.00	235.17	36.65	271.82	94.69	S/L	10.0	
256	9/06/02	Heat tape - Crescent Electric	307.25	0.00	0.00	194.62	30.73	225.35	81.90	S/L	10.0	
257	9/12/02	2 Wall units	1,690.00	0.00	0.00	1,070.33	169.00	1,239.33	450.67	S/L	10.0	
258	9/13/02	Replace/remove front cement - Dav	1,318.00	0.00	0.00	834.73	131.80	966.53	351.47	S/L	10.0	
259	10/03/02	Front door railings - Hodge Weldin	412.15	0.00	0.00	257.62	41.22	298.84	113.31	S/L	10.0	
262	7/26/02	Common bathroom	259.60	0.00	0.00	166.58	25.96	192.54	67.06	S/L	10.0	
263	12/17/02	Bathroom # 183	374.98	0.00	0.00	225.00	37.50	262.50	112.48	S/L	10.0	
264	12/20/02	Bathroom # 175	392.99	0.00	0.00	235.80	39.30	275.10	117.89	S/L	10.0	
265	12/01/02	Wallpaper - Halls/common areas	1,934.79	0.00	0.00	1,177.00	193.48	1,370.48	564.31	S/L	10.0	
266	1/07/03	Carpet - Dining & Activity Rooms	5,041.43	0.00	0.00	3,024.84	504.14	3,528.98	1,512.45	S/L	10.0	
267	3/08/03	Fire dampers	3,430.00	0.00	0.00	513.04	87.95	600.99	2,829.01	S/L	39.0	
268	3/31/03	Dining room carpet	1,270.00	0.00	0.00	730.25	127.00	857.25	412.75	S/L	10.0	
269	4/21/03	Carpet - Room 156	397.18	0.00	0.00	225.08	39.72	264.80	132.38	S/L	10.0	
270	4/23/03	Backflow preventer	150.00	0.00	0.00	85.00	15.00	100.00	50.00	S/L	10.0	
271	4/28/03	Sprinkler system - Upstairs	17,700.00	0.00	0.00	2,571.81	453.85	3,025.66	14,674.34	S/L	39.0	
272	5/20/03	Breakaways	1,792.00	0.00	0.00	1,000.53	179.20	1,179.73	612.27	S/L	10.0	
273	6/11/03	Air Conditioner	12,550.00	0.00	0.00	7,007.08	1,255.00	8,262.08	4,287.92	S/L	10.0	
274	6/24/03	Carpet - Room 208	358.50	0.00	0.00	197.18	35.85	233.03	125.47	S/L	10.0	
275	7/18/03	2 - Air conditioners/heaters	1,449.18	0.00	0.00	784.98	144.92	929.90	519.28	S/L	10.0	
276	8/15/03	Carpet - Room 206	358.50	0.00	0.00	194.19	35.85	230.04	128.46	S/L	10.0	
277	9/16/03	Boiler	5,500.00	0.00	0.00	2,887.50	550.00	3,437.50	2,062.50	S/L	10.0	
278	9/30/03	Carpet - Room 201	358.50	0.00	0.00	188.21	35.85	224.06	134.44	S/L	10.0	

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Asset #	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period	
<b>Group: Building (continued)</b>												
279	Carpet - Room 168	10/13/03	366.51	0.00	0.00	192.41	36.65	229.06	137.45	S/L	10.0	
281	Cabinets - Nurses Station	11/20/03	5,126.20	0.00	0.00	2,605.82	512.62	3,118.44	2,007.76	S/L	10.0	
282	Nurses Station remodel	3/06/04	993.59	0.00	0.00	480.24	99.36	579.60	413.99	S/L	10.0	
283	Eye wash station	11/17/04	455.67	0.00	0.00	186.08	45.57	231.65	224.02	S/L	10.0	
285	3 Transpar. Mylar Window shades	3/30/04	400.00	0.00	0.00	190.00	40.00	230.00	170.00	S/L	10.0	
288	3 Carrier Units	7/16/04	2,077.26	0.00	0.00	917.47	207.73	1,125.20	952.06	S/L	10.0	
289	Carpet & Installation Room 116	7/27/04	280.13	0.00	0.00	123.71	28.01	151.72	128.41	S/L	10.0	
290	Carpet & installation Room 158	11/02/04	381.85	0.00	0.00	159.12	38.19	197.31	184.54	S/L	10.0	
291	Carpet & installation Room 117	11/18/04	448.52	0.00	0.00	183.14	44.85	227.99	220.53	S/L	10.0	
294	Carpet Room 209 - Johnson	2/17/05	511.10	0.00	0.00	195.92	51.11	247.03	264.07	S/L	10.0	
295	Carpet Room 207	3/16/05	403.50	0.00	0.00	151.31	40.35	191.66	211.84	S/L	10.0	
297	Heat & Air Units - Direct Supply	7/02/05	2,320.95	0.00	0.00	812.35	232.10	1,044.45	1,276.50	S/L	10.0	
299	Insulated glass & 3 Screen inserts-I	12/02/05	2,303.50	0.00	0.00	710.25	230.35	940.60	1,362.90	S/L	10.0	
302	Carpet - Room 166 - Johnson	4/24/06	512.19	0.00	0.00	136.59	51.22	187.81	324.38	S/L	10.0	
304	Carpet - Room 154 - Johnson	5/30/06	503.17	0.00	0.00	129.99	50.32	180.31	322.86	S/L	10.0	
306	2 Heating/AC Units - Direct Supply	8/10/06	1,206.26	0.00	0.00	291.52	120.63	412.15	794.11	S/L	10.0	
307	Carpet - Room 172 - Johnson	9/22/06	105.00	0.00	0.00	23.63	10.50	34.13	70.87	S/L	10.0	
308	New Furnace Upstairs - Kettman	9/30/06	7,038.25	0.00	0.00	1,583.62	703.83	2,287.45	4,750.80	S/L	10.0	
309	Carpet - Room 205 - Johnson	10/16/06	576.00	0.00	0.00	124.80	57.60	182.40	393.60	S/L	10.0	
310	Re-Roof & reconstruct roof	9/25/07	168,361.54	0.00	0.00	7,015.06	5,612.05	12,627.11	155,734.43	S/L	30.0	
311	Carpet - Room 121	1/15/07	498.00	0.00	0.00	99.60	49.80	149.40	348.60	S/L	10.0	
312	Basement 200 replumbing	1/26/07	7,750.00	0.00	0.00	495.14	258.33	753.47	6,996.53	S/L	30.0	
313	Carpet & base cove - Room 150	3/26/07	582.19	0.00	0.00	101.88	58.22	160.10	422.09	S/L	10.0	
314	Carbon monoxide detectors	6/19/07	407.00	0.00	0.00	61.05	40.70	101.75	305.25	S/L	10.0	
315	Heat pump - Direct supply	8/21/07	654.17	0.00	0.00	87.23	65.42	152.65	501.52	S/L	10.0	
316	1 PTAC - Direct supply	9/11/07	623.52	0.00	0.00	83.13	62.35	145.48	478.04	S/L	10.0	
317	Sprinkler system	10/30/07	3,110.00	0.00	0.00	120.95	103.67	224.62	2,885.38	S/L	30.0	
332	Dining room expansion - per bid	10/01/07	273,084.00	0.00	0.00	11,378.50	9,102.80	20,481.30	252,602.70	S/L	30.0	
336	Storage shed & Concrete pad	12/31/08	2,302.19	0.00	0.00	0.00	0.00	0.00	2,302.19	Memo	0.0	
337	Sewer lines upgrades & cleanouts	10/03/08	15,136.10	0.00	0.00	126.13	504.54	630.67	14,505.43	S/L	30.0	
343	Door security system - Thompson E	8/20/08	15,951.00	0.00	0.00	531.70	1,595.10	2,126.80	13,824.20	S/L	10.0	
344	Carpet # 170	1/07/08	637.86	0.00	0.00	63.79	63.79	127.58	510.28	S/L	10.0	
345	Cove & base	5/16/08	151.95	0.00	0.00	8.86	15.20	24.06	127.89	S/L	10.0	
346	Control system heating - Johnson H	9/15/08	27,414.07	0.00	0.00	913.80	2,741.41	3,655.21	23,758.86	S/L	10.0	
347	SC Hall & Office Carpet	12/17/09	24,535.00	0.00c	0.00	0.00	0.00	0.00	24,535.00	S/L	10.0	
348	Carpet Dining Room	11/30/09	1,975.00	0.00c	0.00	0.00	0.00	0.00	1,958.54	S/L	10.0	
349	Carpet Room # 175	4/01/09	568.32	0.00c	0.00	0.00	42.62	42.62	525.70	S/L	10.0	
350	Tubs in Rooms # 117,121,125,175	4/16/09	2,400.00	0.00c	0.00	0.00	160.00	160.00	2,240.00	S/L	10.0	
351	Garage wiring	11/03/09	1,516.27	0.00c	0.00	0.00	25.27	25.27	1,491.00	S/L	10.0	
352	Kitchen exhaust fan system	4/24/09	8,338.00	0.00c	0.00	0.00	555.87	555.87	7,782.13	S/L	10.0	
354	Reseal driveways A+ Asphalt Main	9/16/09	4,416.00	0.00c	0.00	0.00	110.40	110.40	4,305.60	S/L	10.0	
356	Heat A/C units	2/19/09	4,307.83	0.00c	0.00	0.00	358.99	358.99	3,948.84	S/L	10.0	
<b>Building</b>			<b>2,854,580.66</b>	<b>0.00c</b>	<b>0.00</b>	<b>1,850,850.06</b>	<b>66,038.78</b>	<b>1,916,888.84</b>	<b>937,691.82</b>			
98	Various	1/01/78	1,336.00	0.00	0.00	1,336.00	0.00	1,336.00	0.00	S/L	7.0	
99	Cabinet Coffee Maker	2/01/78	98.00	0.00	0.00	98.00	0.00	98.00	0.00	S/L	7.0	

Group: Food Service equipment

**Tax Asset Detail 1/01/09 - 12/31/09**

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Asset Id	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Book Value	Tax Method	Tax Period	
<b>Group: Food Service equipment (continued)</b>												
100	Table & 4 Chairs	2/29/80	103.00	0.00	0.00	103.00	0.00	103.00	0.00	S/L	7.0	
101	Dishwasher	10/01/81	1,544.00	0.00	0.00	1,544.00	0.00	1,544.00	0.00	S/L	7.0	
102	G.E. Refrigerator	7/01/85	541.00	0.00	0.00	541.00	0.00	541.00	0.00	S/L	7.0	
103	Jackson Dishwasher	12/31/85	9,300.00	0.00	0.00	9,300.00	0.00	9,300.00	0.00	S/L	7.0	
104	Dish Dolly	12/31/85	509.00	0.00	0.00	509.00	0.00	509.00	0.00	S/L	7.0	
105	Disposer	12/31/85	685.00	0.00	0.00	685.00	0.00	685.00	0.00	S/L	7.0	
106	Food Cart	3/31/88	675.00	0.00	0.00	675.00	0.00	675.00	0.00	S/L	7.0	
107	Various	1/01/78	7,060.00	0.00	0.00	7,060.00	0.00	7,060.00	0.00	S/L	10.0	
108	Kitchen Aide Mixer	5/01/78	137.00	0.00	0.00	137.00	0.00	137.00	0.00	S/L	10.0	
109	China Cabinet	7/01/78	375.00	0.00	0.00	375.00	0.00	375.00	0.00	S/L	10.0	
110	Various	1/01/78	3,738.00	0.00	0.00	3,738.00	0.00	3,738.00	0.00	S/L	20.0	
111	Dining Room Chairs	4/01/91	1,014.00	0.00	0.00	1,014.00	0.00	1,014.00	0.00	S/L	10.0	
112	Dining Room Chairs	5/01/91	2,808.00	0.00	0.00	2,808.00	0.00	2,808.00	0.00	S/L	10.0	
113	Paper Dining Room	7/01/91	272.00	0.00	0.00	272.00	0.00	272.00	0.00	S/L	10.0	
114	Freezer	9/01/91	623.00	0.00	0.00	623.00	0.00	623.00	0.00	S/L	7.0	
115	Freezer Repair	9/01/91	948.00	0.00	0.00	948.00	0.00	948.00	0.00	S/L	7.0	
116	Refrigerator Kitchen	11/01/91	849.00	0.00	0.00	849.00	0.00	849.00	0.00	S/L	7.0	
117	Disposal in Kitchen	9/01/92	878.00	0.00	0.00	878.00	0.00	878.00	0.00	S/L	10.0	
119	Toaster	4/10/95	534.90	0.00	0.00	534.90	0.00	534.90	0.00	S/L	7.0	
120			0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0	
121	Stove	8/19/97	2,390.63	0.00	0.00	2,390.63	0.00	2,390.63	0.00	S/L	7.0	
122	Fryer	6/19/97	880.57	0.00	0.00	880.57	0.00	880.57	0.00	S/L	7.0	
123	Stainless Steel Hood	10/06/97	354.34	0.00	0.00	354.34	0.00	354.34	0.00	S/L	7.0	
124	Shelving	3/12/98	564.07	0.00	0.00	564.07	0.00	564.07	0.00	S/L	7.0	
125	Dining room cabinet	4/09/98	671.62	0.00	0.00	671.62	0.00	671.62	0.00	200DB	7.0	
126	Dining room cabinet	3/11/98	402.00	0.00	0.00	402.00	0.00	402.00	0.00	200DB	7.0	
235	Walk-in freezer & wiring - D&B	8/23/01	20,520.49	0.00	0.00	15,048.37	2,052.05	17,100.42	3,420.07	S/L	10.0	
239	Ice machine - D&B	12/12/01	1,603.98	0.00	0.00	1,136.17	160.40	1,296.57	307.41	S/L	10.0	
247	Garbage disposal - Holt Supply	4/10/02	1,018.00	0.00	0.00	687.15	101.80	788.95	229.05	S/L	10.0	
261	Refurbish dining room chairs - Dov	12/01/02	8,569.11	0.00	0.00	5,212.87	856.91	6,069.78	2,499.33	S/L	10.0	
284	Mixer- Direct Supply	3/26/04	2,130.34	0.00	0.00	1,445.57	304.33	1,749.90	380.44	S/L	7.0	
293	2 Door Cooler-D&B Refrigeration	1/18/05	2,382.32	0.00	0.00	933.07	238.23	1,171.30	1,211.02	S/L	10.0	
301	Garbage disposal - Hawkeye Food	1/18/06	839.00	0.00	0.00	244.71	83.90	328.61	510.39	S/L	10.0	
	<b>Food Service equipment</b>		<b>76,354.37</b>	<b>0.00c</b>	<b>0.00</b>	<b>63,999.04</b>	<b>3,797.62</b>	<b>67,796.66</b>	<b>8,557.71</b>			
<b>Group: Land</b>												
218	Land	1/01/78	47,000.00	0.00	0.00	0.00	0.00	0.00	47,000.00		0.0	
	<b>Land</b>		<b>47,000.00</b>	<b>0.00c</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>47,000.00</b>			
<b>Group: Machinery &amp; equipment</b>												
127	Various	1/01/78	261.00	0.00	0.00	261.00	0.00	261.00	0.00	S/L	5.0	
128	Civil Defense Monitor	9/01/79	142.00	0.00	0.00	142.00	0.00	142.00	0.00	S/L	5.0	
129	Garbage Container	2/29/80	265.00	0.00	0.00	265.00	0.00	265.00	0.00	S/L	5.0	
130	Riding Mower	4/30/82	1,960.00	0.00	0.00	1,960.00	0.00	1,960.00	0.00	S/L	5.0	
131	Mower 20" Lawn Boy	12/31/84	530.00	0.00	0.00	530.00	0.00	530.00	0.00	S/L	5.0	
132	Snow Blower	1/01/85	583.00	0.00	0.00	583.00	0.00	583.00	0.00	S/L	5.0	

**Tax Asset Detail 1/01/09 - 12/31/09**

Asset Id	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period	
<b>Group: Machinery &amp; equipment (continued)</b>												
133	Vacuum	3/31/87	645.00	0.00	0.00	645.00	0.00	645.00	0.00	S/L	5.0	
134	John Deere 21" Mower	3/31/87	593.00	0.00	0.00	593.00	0.00	593.00	0.00	S/L	5.0	
135	Various	1/01/78	1,287.00	0.00	0.00	1,287.00	0.00	1,287.00	0.00	S/L	10.0	
136	P. Washer - Hotsy	5/01/78	840.00	0.00	0.00	840.00	0.00	840.00	0.00	S/L	10.0	
137	Lawn Edger	12/31/78	125.00	0.00	0.00	125.00	0.00	125.00	0.00	S/L	10.0	
138	Keittman Heating	7/07/94	11,330.00	0.00	0.00	11,330.00	0.00	11,330.00	0.00	S/L	10.0	
139	Haiges Machinery	8/29/94	1,200.00	0.00	0.00	1,200.00	0.00	1,200.00	0.00	S/L	10.0	
140	Haiges Machinery	11/02/94	3,520.00	0.00	0.00	3,520.00	0.00	3,520.00	0.00	S/L	10.0	
141	14 Carrier Wall Pac Mower	3/28/95	15,862.00	0.00	0.00	15,862.00	0.00	15,862.00	0.00	S/L	10.0	
142	Telephone System	5/19/95	738.44	0.00	0.00	738.44	0.00	738.44	0.00	S/L	7.0	
143	Bagger for mower	12/20/96	7,165.67	0.00	0.00	7,165.67	0.00	7,165.67	0.00	S/L	7.0	
145	Fire suppression system	5/31/98	303.31	0.00	0.00	303.31	0.00	303.31	0.00	200DB	5.0	
146	Snow blower	2/06/98	1,241.35	0.00	0.00	1,241.35	0.00	1,241.35	0.00	200DB	10.0	
147	Water softner	1/05/99	1,061.44	0.00	0.00	1,061.44	0.00	1,061.44	0.00	S/L	5.0	
148	Sumppump	5/24/99	2,359.38	0.00	0.00	2,359.38	98.29	2,359.38	0.00	S/L	10.0	
149	JD Mower & snow blade	6/01/99	300.30	0.00	0.00	287.79	12.51	300.30	0.00	S/L	10.0	
280		10/25/03	6,682.48	0.00	0.00	4,932.31	954.64	5,886.95	795.53	S/L	7.0	
			<b>58,995.37</b>	<b>0.00c</b>	<b>0.00</b>	<b>57,134.40</b>	<b>1,065.44</b>	<b>58,199.84</b>	<b>795.53</b>			

Asset Id	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period	
<b>Group: Office equipment</b>												
150	Various	1/01/78	2,645.00	0.00	0.00	2,645.00	0.00	2,645.00	0.00	S/L	5.0	
151	Folding Table	3/01/78	61.00	0.00	0.00	61.00	0.00	61.00	0.00	S/L	5.0	
152	Secretarial Chair	3/01/78	68.00	0.00	0.00	68.00	0.00	68.00	0.00	S/L	5.0	
153	Executive Chair	5/14/79	93.00	0.00	0.00	93.00	0.00	93.00	0.00	S/L	5.0	
154	Copier Table	12/01/79	148.00	0.00	0.00	148.00	0.00	148.00	0.00	S/L	5.0	
155	Canon Copier	12/31/84	2,540.00	0.00	0.00	2,540.00	0.00	2,540.00	0.00	S/L	5.0	
156	IBM Copier	9/30/88	3,209.00	0.00	0.00	3,209.00	0.00	3,209.00	0.00	S/L	5.0	
157	Various	1/01/78	1,618.00	0.00	0.00	1,618.00	0.00	1,618.00	0.00	S/L	10.0	
158	Desk	10/01/78	205.00	0.00	0.00	205.00	0.00	205.00	0.00	S/L	10.0	
159	Typewriter	3/01/91	930.00	0.00	0.00	930.00	0.00	930.00	0.00	S/L	7.0	
160	Desk Chair	1/01/93	279.00	0.00	0.00	279.00	0.00	279.00	0.00	S/L	7.0	
161	Desk	11/01/93	359.00	0.00	0.00	359.00	0.00	359.00	0.00	S/L	7.0	
162	Filing Cabinets	1/01/93	1,176.00	0.00	0.00	1,176.00	0.00	1,176.00	0.00	S/L	7.0	
163	Computerland	1/31/94	5,110.00	0.00	0.00	5,110.00	0.00	5,110.00	0.00	200DB	7.0	
164	Connecting Point	4/05/94	123.00	0.00	0.00	123.00	0.00	123.00	0.00	200DB	7.0	
165	Radio Shack	4/05/94	425.00	0.00	0.00	425.00	0.00	425.00	0.00	200DB	7.0	
166	Office Max	6/27/94	97.00	0.00	0.00	97.00	0.00	97.00	0.00	S/L	7.0	
167	Stereo System	8/19/95	650.08	0.00	0.00	650.08	0.00	650.08	0.00	S/L	7.0	
168	Fax Machine	6/15/97	297.49	0.00	0.00	297.49	0.00	297.49	0.00	S/L	5.0	
169	2 Lateral files	4/30/98	515.98	0.00	0.00	515.98	0.00	515.98	0.00	200DB	7.0	
170	Computer-Lola	12/15/99	3,285.49	0.00	0.00	3,285.49	0.00	3,285.49	0.00	S/L	5.0	
229	Filing cabinet	11/07/00	250.79	0.00	0.00	250.79	0.00	250.79	0.00	200DB	7.0	
232	Computer - ZCT	2/07/01	2,886.98	0.00	0.00	2,886.98	0.00	2,886.98	0.00	S/L	5.0	
241	HP Laptop computer	2/01/02	1,284.97	0.00	0.00	1,284.97	0.00	1,284.97	0.00	S/L	5.0	
254	3 Office chairs - CFNB	7/08/02	228.90	0.00	0.00	148.79	22.89	171.68	57.22	S/L	10.0	
260	3 New Phones - Expanets	12/16/02	357.36	0.00	0.00	357.36	0.00	357.36	0.00	S/L	5.0	
286	Color printer	4/21/04	1,126.15	0.00	0.00	1,051.07	75.08	1,126.15	0.00	S/L	5.0	



FYE: 12/31/2009

Asset Id	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period	
<b>Group: Resident service equipmnt (continued)</b>												
248	Computer upgrades - CFNB	5/22/02	1,105.53	0.00	0.00	1,105.53	0.00	1,105.53	0.00	S/L	5.0	
292	Bather - Invacare Cont. Care Group	11/17/04	9,734.60	0.00	0.00	3,893.84	973.46	4,867.30	4,867.30	S/L	10.0	
296	Triple hamper - Direct Supply	6/20/05	387.63	0.00	0.00	135.66	38.76	174.42	213.21	S/L	10.0	
298	Clothes Dryer - Wind Power	8/23/05	350.00	0.00	0.00	116.67	35.00	151.67	198.33	S/L	10.0	
300	Bather installation	12/20/05	3,202.47	0.00	0.00	960.75	320.25	1,281.00	1,921.47	S/L	10.0	
328	Washers & Dryers - Century Laud 1	7/03/07	8,432.24	0.00	0.00	1,264.83	843.22	2,108.05	6,324.19	S/L	10.0	
329	Washing machine	12/26/07	699.99	0.00	0.00	70.00	70.00	140.00	559.99	S/L	10.0	
	<b>Resident service equipmnt</b>		<b>97,885.07</b>	<b>0.00c</b>	<b>0.00</b>	<b>81,495.90</b>	<b>2,304.68</b>	<b>83,800.58</b>	<b>14,084.49</b>			
	<b>Grand Total</b>		<b>6,563,116.39</b>	<b>0.00c</b>	<b>0.00</b>	<b>2,227,371.49</b>	<b>152,422.19</b>	<b>2,379,793.68</b>	<b>4,183,322.71</b>			

**GREENFIELD RETIREMENT HOME  
(A NONPROFIT ORGANIZATION)**

**Princeton, Illinois**

**FINANCIAL STATEMENTS**

**AND**

**INDEPENDENT AUDITORS' REPORT**

**December 31, 2009**

**BIRKEY & NOBLE, P.C.**  
Certified Public Accountants

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# BIRKEY & NOBLE, P.C.

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## INDEPENDENT AUDITORS' REPORT

To the Board of Trustees of  
Greenfield Retirement Home

We have audited the accompanying statements of financial position of Greenfield Retirement Home (a nonprofit organization) as of December 31, 2009 and 2008, and the related statements of activities, functional expenses, and cash flows for the years then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with generally accepted auditing standards in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial positions of Greenfield Retirement Home as of December 31, 2009 and 2008, and the changes in its net assets and its cash flows for the years then ended in conformity with generally accepted accounting principles.

*Birkey & Noble, P.C.*

Princeton, Illinois  
May 7, 2010

GREENFIELD RETIREMENT HOME  
STATEMENT OF FINANCIAL POSITION  
December 31

	<u>2009</u>	<u>2008</u>
<u>ASSETS</u>		
Current assets:		
Cash in bank	\$ 100,207	\$ 43,945
Memorial and gift savings	1,534	979
Cash - security deposits on apartments	25,200	23,700
Inventory	5,660	6,400
Accounts receivable	975	390
Prepaid insurance	-	14,365
RRG savings and surplus	<u>25,425</u>	<u>21,831</u>
Total current assets	<u>\$ 159,001</u>	<u>\$ 111,610</u>
Fixed assets:		
Land	\$ 47,000	\$ 47,000
Buildings and equipment - sheltered care	2,854,580	2,806,524
Buildings and equipment - apartments	3,344,877	3,340,964
Office equipment	33,421	32,183
Residential equipment	97,885	97,885
Maintenance equipment	58,995	58,995
Food service equipment	76,354	76,354
Activity therapy equipment	25,106	25,106
Automobile	<u>24,898</u>	<u>24,898</u>
	\$ 6,563,116	\$ 6,509,909
Less: Accumulated depreciation	<u>(2,379,793)</u>	<u>(2,227,371)</u>
Net fixed assets	<u>\$ 4,183,323</u>	<u>\$ 4,282,538</u>
TOTAL ASSETS	<u>\$ 4,342,324</u>	<u>\$ 4,394,148</u>
<u>LIABILITIES AND NET ASSETS</u>		
Current liabilities:		
Security deposits payable - apartments	\$ 25,200	\$ 23,700
Accounts payable	64,297	41,915
Compensated absences liability	<u>94,563</u>	<u>92,605</u>
Total current liabilities	<u>\$ 184,060</u>	<u>\$ 158,220</u>
Net assets:		
Unrestricted net assets	\$ 4,156,730	\$ 4,234,949
Restricted assets	<u>1,534</u>	<u>979</u>
Total net assets	<u>\$ 4,158,264</u>	<u>\$ 4,235,928</u>
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 4,342,324</u>	<u>\$ 4,394,148</u>

The accompanying notes are an integral part of these financial statements.

GREENFIELD RETIREMENT HOME  
STATEMENT OF ACTIVITIES  
For The Years Ended December 31

	2009		2008		Total
	Unrestricted	Temporarily Restricted	Unrestricted	Temporarily Restricted	
<b>SUPPORT AND REVENUE:</b>					
Support:					
Trust capital contribution	\$ 53,207	-	\$ 53,207	-	\$ 126,692
Trust operations contribution	( 208,300)	-	( 208,300)	-	( 156,000)
Memorials, gifts and transfers	1,698	554	2,252	( 13,904)	2,355
Total support	<u>\$ (153,395)</u>	<u>\$ 554</u>	<u>\$ (152,841)</u>	<u>\$ (13,904)</u>	<u>\$ (26,943)</u>
Revenue:					
Routine services	\$ 1,310,353	-	\$ 1,310,353	-	\$ 1,236,250
Apartment revenue	279,425	-	279,425	-	218,816
Individual trust subsidy	55,850	-	55,850	-	19,795
Garage sales	61	-	61	-	711
Refunds	479	-	479	-	1,362
Investment income	253	1	254	7	308
Other revenue	9,471	-	9,471	-	17,412
Total revenue	<u>\$ 1,655,892</u>	<u>\$ 1</u>	<u>\$ 1,655,893</u>	<u>\$ 7</u>	<u>\$ 1,494,654</u>
TOTAL SUPPORT AND REVENUE	<u>\$ 1,502,497</u>	<u>\$ 555</u>	<u>\$ 1,503,052</u>	<u>\$ (13,897)</u>	<u>\$ 1,467,711</u>
EXPENSES:					
Program services:					
Residential services	\$ 467,435	-	\$ 467,435	-	\$ 482,443
Maintenance	194,875	-	194,875	-	202,934
Food service	297,146	-	297,146	-	305,269
Activity therapy	42,414	-	42,414	-	40,931
Total program services	<u>\$ 1,001,870</u>	<u>-</u>	<u>\$ 1,001,870</u>	<u>-</u>	<u>\$ 1,031,577</u>
Support services:					
General and administrative	\$ 426,346	-	\$ 426,346	-	\$ 413,674
Apartment services	152,500	-	152,500	-	142,451
TOTAL EXPENSES	<u>\$ 1,580,716</u>	<u>-</u>	<u>\$ 1,580,716</u>	<u>-</u>	<u>\$ 1,587,702</u>
CHANGE IN NET ASSETS	\$ ( 78,219)	555	\$ ( 77,664)	( 13,897)	\$ ( 119,991)
NET ASSETS, BEGINNING OF YEAR	4,234,949	979	4,235,928	14,876	4,355,919
NET ASSETS, END OF YEAR	<u>\$ 4,156,730</u>	<u>\$ 1,534</u>	<u>\$ 4,158,264</u>	<u>\$ 979</u>	<u>\$ 4,235,928</u>

The accompanying notes are an integral part of these financial statements.

GREENFIELD RETIREMENT HOME  
STATEMENT OF FUNCTIONAL EXPENSES - (SHELTERED CARE ONLY)  
For The Years Ended December 31

	Residential Services	Maintenance	Food Service	Activity Therapy	General and Admini- strative	December 31		Increase (Decrease) (Memorandum Only)
						2009	2008	
	\$ 461,781	\$ 95,906	\$ 196,844	\$ 37,861	\$ 121,041	\$ 913,433	\$ 959,097	\$ ( 45,664)
Salaries	-	-	-	-	69,084	69,084	65,257	3,827
Payroll taxes	-	-	-	-	2,831	2,831	3,986	( 1,155)
Employee benefits	-	-	-	-	22,241	22,241	26,672	( 4,431)
Public relations	-	-	-	-	6,486	6,486	3,858	2,628
Travel - education	-	-	-	-	-	-	25	( 25)
Gifts and memorials	-	-	-	-	746	746	2,784	( 2,038)
License and fees	-	-	-	-	3,398	3,398	3,266	132
Subscriptions and dues	-	-	-	-	1,981	1,981	3,078	( 1,097)
Office supplies	-	-	-	-	1,505	1,505	1,799	( 294)
Postage	-	-	-	-	4,659	4,659	4,862	( 203)
Telephone	-	-	-	-	1,308	1,308	1,308	-
Dietician	-	-	-	-	676	676	1,051	( 375)
Social worker	-	-	-	-	140	140	-	140
Legal and accounting	-	-	-	-	112,580	112,580	87,083	25,497
Insurance	-	-	-	-	3,128	3,128	2,391	737
Copier lease	20	-	-	-	213	233	417	( 184)
Miscellaneous expense	1,104	-	-	-	-	1,104	981	123
Linens	4,530	-	-	-	-	4,530	2,948	1,582
Medical supplies	-	-	-	-	-	58,158	58,588	( 430)
Utilities	-	58,158	-	-	-	6,336	6,257	79
Repairs and small equipment	-	5,893	443	-	-	13,550	14,445	( 895)
Contracted maintenance	-	13,550	-	-	-	6,061	5,507	554
Paper products	-	6,061	-	-	-	12,230	13,146	( 916)
Maintenance supplies	-	12,230	-	-	-	1,941	1,776	165
Laundry supplies	-	1,941	-	-	-	1,136	1,279	( 143)
Auto expenses	-	1,136	-	-	-	92,425	86,511	5,914
Food	-	-	92,425	-	-	7,434	6,990	444
Food service supplies	-	-	7,434	-	-	-	-	-
Activity therapy supplies	-	-	-	4,553	-	4,553	4,278	275
Total expense before depreciation	\$ 467,435	\$ 194,875	\$ 297,146	\$ 42,414	\$ 352,017	\$ 1,353,887	\$ 1,369,640	\$ ( 15,753)
Depreciation expense	-	-	-	-	74,329	74,329	75,611	( 1,282)
Total expenses	\$ 467,435	\$ 194,875	\$ 297,146	\$ 42,414	\$ 426,346	\$ 1,428,216	\$ 1,445,251	\$ ( 17,035)

The accompanying notes are an integral part of these financial statements.

GREENFIELD RETIREMENT HOME  
STATEMENT OF FUNCTIONAL EXPENSES - (APARTMENTS ONLY)  
For The Year Ended December 31

	<u>December 31</u>		Increase (Decrease) (Memorandum Only)
	<u>2009</u> Total	<u>2008</u> Total	
Salaries - administration	\$ 1,560	\$ 1,500	\$ 60
Salaries - resident services	6,500	2,000	4,500
Salaries - maintenance	19,545	18,751	794
Payroll taxes	1,495	1,434	61
Employee benefits	-	-	-
Public relations	3,083	4,535	( 1,452)
Travel - education	-	-	-
Gifts and memorials	-	-	-
License and fees	-	-	-
Subscriptions and dues	-	-	-
Office supplies	-	-	-
Postage	-	-	-
Telephone	-	-	-
Food	17,979	13,052	4,927
Social worker	-	-	-
Legal and accounting	-	-	-
Insurance	5,112	5,471	( 359)
Copier lease	-	-	-
Miscellaneous expense	-	-	-
Linens	-	-	-
Dietary supplies	74	40	34
Utilities	14,069	15,156	( 1,087)
Furniture and fixtures	707	2,414	( 1,707)
Contracted maintenance	2,682	1,732	950
Paper products	105	980	( 875)
Maintenance supplies	1,385	1,188	197
Laundry supplies	-	-	-
Tools	<u>111</u>	<u>14</u>	<u>97</u>
Total expense before depreciation	\$ 74,407	\$ 68,267	\$ 6,140
Depreciation expense	<u>78,093</u>	<u>74,184</u>	<u>3,909</u>
Total expenses	<u>\$ 152,500</u>	<u>\$ 142,451</u>	<u>\$ 10,049</u>

The accompanying notes are an integral part of these financial statements.

GREENFIELD RETIREMENT HOME  
STATEMENT OF CASH FLOWS  
For The Year Ended December 31

	December 31	
	2009	2008
CASH FLOWS USED FOR OPERATING ACTIVITIES:		
Change in net assets	\$( 77,664)	\$( 119,991)
Adjustments to reconcile changes in net assets to cash used in operating activities:		
Depreciation	152,422	149,795
Change in accounts receivable and other current assets	10,186	( 20,218)
Change in inventory	740	( 1,845)
Change in current liabilities	25,840	123,030
Net cash used (provided) by operating activities	\$ 111,524	\$ 130,771
CASH FLOWS FROM INVESTING ACTIVITIES:		
Acquisitions of property and equipment	\$( 53,207)	\$( 143,692)
Net cash used (provided) by investing activities	\$( 53,207)	\$( 143,692)
NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	\$ 58,317	\$( 12,921)
CASH AND CASH EQUIVALENTS - JANUARY 1	68,624	81,545
CASH AND CASH EQUIVALENTS - DECEMBER 31	\$ 126,941	\$ 68,624

The accompanying notes are an integral part of these financial statements.

GREENFIELD RETIREMENT HOME  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2009 and 2008

Note 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Nature of Activities:

Greenfield Retirement Home is licensed in the State of Illinois for sheltered long term care with a capacity of 44 beds. Additionally, Greenfield Retirement Home has a flexible 13-17 unit independent living building which began providing services in October, 2007. Greenfield is a private, nonprofit organization and is the beneficiary of two trusts setup to provide support for the operations of Greenfield. These two trusts, the Adeline E. Prouty Trust for Old Ladies and the Clement V. Field Trust for Old Men, have assets which include various stocks, annuities and farmland with an estimated fair market value in excess of \$7,237,245. The Adeline E. Prouty Trust for Old Ladies has a mortgage related to the expansion project of \$2,905,592 as of December 31, 2009. The trust assets do not include the value of the Greenfield Retirement Home, which is owned by the Prouty Trust. The assets and liabilities of those trusts are accounted for separately from Greenfield Retirement Home and are not included in these financial statements.

Financial Statement Presentation:

In 1997, Greenfield Retirement Home adopted Statement of Financial Accounting Standards (SFAS) No. 117, "Financial Statements of Non-for-Profit Organizations." Under SFAS No. 117, Greenfield Retirement Home is required to report information regarding its financial position and activities according to three classes of net assets (unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets) based upon the existence or absence of donor-imposed restrictions.

Greenfield Retirement Home also adopted SFAS No. 116, "Accounting For Contributions Received and Contributions Made," in 1997. In accordance with SFAS No. 116, contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support, depending on the existence and/or nature of any donor restrictions. The adoption had no cumulative effect on net assets at the date of the adoption. In addition, Greenfield Retirement Home has received contributions with donor-imposed restrictions that would result in temporarily restricted net assets.

Basis of Accounting:

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with generally accepted accounting principles.

Cash and Cash Equivalents:

Cash and cash equivalents consist of short-term, highly liquid investments which are readily convertible into cash.

Support and Revenue:

Greenfield Retirement Home receives the majority of its revenue from routine services, which are monthly charges paid by each of the residents. Greenfield receives no revenues from any federal or state governmental agency.

GREENFIELD RETIREMENT HOME  
NOTES TO FINANCIAL STATEMENTS (CONTINUED)  
December 31, 2009 and 2008

During the years ended December 31, 2009 and 2008, \$53,207 and \$126,692 respectively, was transferred to the Greenfield Retirement Home from trust funds. Normally the charges for routine services are adjusted to provide adequate cash flows to cover expenses. Transfer from the Greenfield Retirement Home to the Trust during the years ended December 31, 2009 and 2008 were \$208,300 and \$156,000, respectively.

**Contributions:**

All contributions are considered to be available for unrestricted use unless specifically restricted by the donor. Amounts received that are designated for future periods or restricted by the donor for specific purposes are reported as temporarily restricted support that increases those net asset classes. When a temporary restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

**Inventory:**

Inventories of food and supplies are carried at the lower of cost or market values using the first in - first out method in determining cost.

**Fixed Assets:**

Fixed assets acquired by Greenfield Retirement Home are considered to be owned by Greenfield Retirement Home.

Greenfield Retirement Home follows the practice of capitalizing, at cost, all expenditures for fixed assets in excess of \$500. Depreciation is computed on a straight-line basis over the useful lives of the assets generally as follows:

Building and improvements	20 years
Furniture and equipment	5-10 years
Automobile	5 years

The net fixed asset balance has been recorded as a separate component in unrestricted net assets.

**Functional Allocation of Expenses:**

The costs of providing the various programs and other activities have been summarized on a functional basis in the statement of activities. Accordingly, certain costs have been allocated among the programs and supporting services benefitted.

**Estimates:**

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

GREENFIELD RETIREMENT HOME  
NOTES TO FINANCIAL STATEMENTS (CONTINUED)  
December 31, 2009 and 2008

Income Taxes:

Greenfield Retirement Home is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code and therefore has made no provision for federal income taxes in the accompanying financial statements. In addition, Greenfield Retirement Home has been determined by the Internal Revenue Service to be a "private foundation" within the meaning of Section 509(a) of the Internal Revenue Code. There was no unrelated business income for 2009 and 2008.

In a letter dated September 7, 2001, from the Illinois Department of Revenue, Greenfield Retirement Home was granted exemption from the Retailers' Occupation Tax, the Service Occupation Tax, the Use Tax, and the Service Use Tax in Illinois. The exemption will expire on July 1, 2011, unless a renewal application is submitted to the Illinois Department of Revenue.

2 - CONCENTRATION OF CREDIT RISK

Greenfield Retirement Home maintains two bank accounts at one bank. Accounts at that institution are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. Cash did not exceed Federally insured limits.

3 - RETIREMENT PLAN

The employees of Greenfield Retirement Home are covered by the social security retirement system and an employee elective 403(b) retirement plan.

4 - LITIGATION, CLAIMS AND ASSESSMENTS

Although the outcome of lawsuits cannot be predicted with certainty, management is of the opinion that the ultimate disposition of any litigation it may be involved in at year-end will not have a material adverse effect on the Organization's financial condition. As of December 31, 2009 and 2008, Greenfield Retirement Home was not involved in any litigation, claims or assessments.

5 - RELATED PARTY TRANSACTIONS

As discussed in Note 1, Greenfield Retirement Home is the beneficiary of two trusts. The Prouty Trust periodically transfers funds to Greenfield when cash flows are insufficient to cover normal operating expenses.

6 - COMPENSATED ABSENCES

A provision has been made for any liability resulting at year-end for any unused vacation or sick time. The liability as of December 31, 2009 and 2008 was \$94,563 and \$92,605, respectively.

GREENFIELD RETIREMENT HOME  
NOTES TO FINANCIAL STATEMENTS (CONTINUED)  
December 31, 2009 and 2008

7 - PRIOR PERIOD ADJUSTMENT

The December 31, 2008 financial statements have been adjusted to reflect the recording of compensated absences for unused vacation and sick time. The net effects are reflected below.

Increase in salaries expense and liability:	
Residential	\$ 43,316
Maintenance	8,579
Food service	22,730
Activity therapy	2,433
General and administrative	<u>15,547</u>
Total	<u>\$ 92,605</u>

GREENFIELD RETIREMENT HOME  
INSURANCE COVERAGES - DECEMBER 31, 2009

Workers' compensation	Statutory
Commercial property:	
Building	\$7,322,400
Contents	\$421,800
Special form, replacement cost, 90% co-insurance	\$1,000 deductible
Earthquake	5% of loss deductible \$8,000 on storage building
Liability:	
General *	\$1,000,000 each occurrence \$3,000,000 aggregate
Damage to premises	\$500,000
Medical expenses	\$5,000 (exc. residents)
Employee Benefit Liability *	\$1,000,000 each employee \$1,000,000 aggregate
Sexual abuse & misconduct *	\$1,000,000 each occurrence \$1,000,000 aggregate
Professional liability *	\$1,000,000 per claim \$3,000,000 aggregate
* General, Sexual & Professional deductibles Employees benefits liability	\$10,000 deductible per occ. \$40,000 annual maximum
Officers and Directors Coverage	\$1,000,000 maximum aggregate \$5,000 retention
Auto: 2001 Pontiac Montana Van	
CSL Including hired and non-owned	\$1,000,000
Medical payments	\$5,000
UM/UIM	\$1,000,000
Comp.	\$250 deductible
Collision	\$500 deductible
Crime:	
Blanket employee dishonesty	\$25,000 (\$500 deductible)
Theft, disappearance, destruction	\$5,000 (\$1,000 deductible)
Umbrella:	
Following \$1,000,000 buffer	\$2,000,000 limit per claim \$10,000,000 annual program aggregate
Surety Bond:	
Residents fund surety bond	\$5,000
Time element:	
Business income including extra expense	\$368,000
1/4 monthly limitation	\$92,000

GREENFIELD RETIREMENT HOME  
BOARD OF TRUSTEES - DECEMBER 31, 2009

Merv Smith  
 Cynthia Tilson  
 Paul Scoma  
 Pete Nelson  
 Gary Bruce  
 Tim Harris

. . . . .  
ADMINISTRATION - DECEMBER 31, 2009

Phillip Kaufmann	Administrator
Lola Glafka	Office Manager and Bookkeeper
Mary Grieff	Director of Nursing
Beth Culjan	Dietary Supervisor
Joel Nelson	Maintenance Supervisor
Christine Thompson	Activities Director

STATISTICAL INFORMATION

Sheltered Care

	2009	2008	2007	2006
Occupancy rate at the licensed capacity of 44	88 %	82 %	88 %	87 %
Semi-private room rate	\$2,099 *	\$2,068 *	\$1,921 *	\$1,825 *
Suite rate	\$3,997 *	\$3,899 *	\$3,648 *	\$3,495 *
Single room rate	\$3,027 *	\$2,939 *	\$2,797 *	\$2,627 *
Reported payroll	\$913,433	\$866,492	\$849,603	\$804,564

\* Weighted average rates.

Apartments

	2009	2008 7/1 to 12/31/08	2008 1/1 to 06/30/08	2007 Opened 10/1/07
Average Occupancy				
Studio	-	-	-	-
One Bedroom	8.92	8.2	4.5	4
Two Bedroom	4.00	4.0	3.3	2
Residents	15.60	15.2	10.2	-
Vacant Units	.006	.8	5.2	-
Reported payroll	\$ 27,605	\$ 22,251		