

		FOR BHF USE			

LL2

Supportive Living Facility

2016

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2016)

IMPORTANT NOTICE

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

I. Facility ID Number: 1000084

Facility Name: Legacy Estates of Monmouth

Address: 1200 West Broadway Monmouth 61462

Number City Zip Code

County: Warren

Telephone Number: (309) 734-0909 Fax # (309) 734-0910

Federal Employer ID Number:

Date Current Owners were Certified: 8/16/2007

Type of Ownership:

☐	VOLUNTARY, NON-PROFIT	☒	PROPRIETARY	☐	GOVERNMENTAL
☐	Charitable Corp.	☐	Individual	☐	State
☐	Trust	☐	Partnership	☐	County
IRS Exemption Code		☐	Corporation	☐	Other
		☒	"Sub-S" Corp.		
		☐	Limited Liability Co.		
		☐	Trust		
		☐	Other		

In the event there are further questions about this report, please contact:

Name: Mike Kocher Telephone Number: (309)691-8113

Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2016 to 12/31/2016 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

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

Officer or Administrator of Provider	(Signed)		(Date)
	(Type or Print Name)	Mark B. Petersen	
	(Title)	Chief Executive Officer	
Paid Preparer	(Signed)		(Date)
	(Print Name and Title)		
	(Firm Name & Address)		
	(Telephone)	()	Fax # ()

MAIL TO: BUREAU OF HEALTH FINANCE

IL DEPT OF HEALTHCARE AND FAMILY SERVICES

201 S. Grand Avenue East

Springfield, IL 62763-0001

Phone # (217) 782-1630

Facility Name Legacy Estates of Monmouth

Report Period Beginning: 1/1/2016 Ending: 12/31/2016

III. STATISTICAL DATA

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

Date of change in certified units N/A

	1	2	3	4	
	Units at Beginning of Report Period	Type of Apartment	Units at End of Report Period	Unit Days During Report Period	
1	59	Single Unit Apartment	59	21,535	1
2		Double Unit Apartment			2
3		Other			3
4	59	TOTALS	59	21,535	4

B. Census-For the entire report period.

	1	2	3	4	5	
	Type of Unit	Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	10,524	9,628		20,152	5
6	Double Unit					6
7	Other					7
8	TOTALS	10,524	9,628		20,152	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 93.58%

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

None Also, indicate the number of unpaid bed-hold days the SLF had during this year. None (Do not include bed-hold days in Section B.)

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

YES X NO

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

YES NO X

G. List all services provided by your facility for non-residents.

(E.g., day care, "meals on wheels", outpatient therapy)

N/A

H. ACCOUNTING BASIS

ACCRUAL X MODIFIED CASH* CASH*

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

Tax Year: 12/31/2016 Fiscal Year: 12/31/2016

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

J. Does the facility have any Illinois Housing Development Authority Loans

outstanding? No If yes, did the facility make all of the required payments of interest and principle?

If no, explain.

K. Does the facility have any loans from the Federal Home Loan Bank

outstanding? No If yes, did the facility make all of the required payments of interest and principle?

If no, explain.

L. Does the facility have any loans from the IL Dept of Commerce and

Economic Opportunity outstanding? No If yes, did the facility make all of the required payments of interest and principle?

If no, explain.

STATE OF ILLINOIS

Page 3

Facility Name: Legacy Estates of Monmouth

Report Period Beginning:

1/1/2016

Ending: 12/31/2016

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

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
	A. General Services							
1	Dietary and Food Purchase	76,742	129,730		206,472	(2,100)	204,372	1
2	Housekeeping, Laundry and Maintenance	71,173	22,512	22,750	116,435		116,435	2
3	Heat and Other Utilities			63,847	63,847		63,847	3
4	Other (specify):							4
5	TOTAL General Services	147,915	152,242	86,597	386,754	(2,100)	384,654	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	373,375	707		374,082	(1,742)	372,340	6
7	Activities and Social Services	37,681	526	324	38,531	(3,095)	35,436	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	411,056	1,233	324	412,613	(4,837)	407,776	9
	C. General Administration							
10	Administrative and Clerical	23,810	1,730	166,418	191,958	(102,380)	89,578	10
11	Marketing Materials, Promotions and Advertising	34,916	1,638		36,554	(36,554)		11
12	Employee Benefits and Payroll Taxes			82,018	82,018		82,018	12
13	Insurance-Property, Liability and Malpractice			18,117	18,117		18,117	13
14	Other (specify):			28,413	28,413	(28,413)		14
15	TOTAL General Administration	58,726	3,368	294,966	357,060	(167,347)	189,713	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	617,697	156,843	381,887	1,156,427	(174,284)	982,143	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			115,677	115,677	15,910	131,587	17
18	Interest			6,006	6,006		6,006	18
19	Real Estate Taxes			252,285	252,285		252,285	19
20	Rent -- Facility and Grounds			60,194	60,194		60,194	20
21	Rent -- Equipment							21
22	Other (specify):			1,666	1,666		1,666	22
23	TOTAL Ownership			435,828	435,828	15,910	451,738	23
24	GRAND TOTAL (Sum of lines 16 and 23)	617,697	156,843	817,715	1,592,255	(158,374)	1,433,881	24

Facility Name: Legacy Estates of Monmouth

Report Period Beginning 1/1/2016 Ending: 12/31/2016

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	2	21.31	1
2	Licensed Practical Nurses	3	14.36	2
3	Certified Nurse Assistants	11	9.50	3
4	Activity Director & Assistants	1	12.08	4
5	Social Service Workers			5
6	Head Cook	1	13.27	6
7	Cook Helpers/Assistants	2	11.81	7
8	Dishwashers			8
9	Maintenance Workers	1	15.47	9
10	Housekeepers	2	9.38	10
11	Laundry			11
12	Managers			12
13	Other Administrative			13
14	Clerical	1	11.45	14
15	Marketing	1	16.79	15
16	Other			16
17	Total (lines 1 thru 16)	25	\$	17

VII. RELATED ORGANIZATIONS

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

RELATED SLF's & HEALTH CARE BUSINESSES			
Name	1	City	2
See Attached Schedule 4A			

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

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

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	N/A	\$ 1
2		2
Total		\$ 3

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

Name of related entity: Petersen Health Care Management, Inc. If yes, what is the value of those services? \$ 145,400 (Please attach a separate schedule itemizing those services.)

C. Does page 3 include any costs derived from transactions (including rent) with related parties? YES ☐ NO ☒ If so, please attach a separate schedule detailing the nature of those services, their costs as they appear on your books and the underlying cost to the related party (i.e., not including markup).

Facility Name: Legacy Estates of Monmouth

Report Period Beginning:

1/1/2016

Ending:

12/31/2016

VIII. OWNERSHIP COSTS

A. Purchase price of land 127,000 Year land was acquired 2005

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

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

	1 Units*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	59			2007	3,548,140	90,784	39	90,978	\$ 194	\$ 773,313	1
2				2009	10,000	401	25	400	(1)	2,600	2
3											3
4											4
5											5
	Improvement Type										
6	2008 Repairs			2008	7,120	475	15	475		4,039	6
7	2009 Repairs			2009	41,649	2,777	15	2,777		21,458	7
8	Curb Replacement			2010	8,800	587	15	587		3,812	8
9	Door			2012	4,723	315	15	315		1,416	9
10	Carpeting			2013	23,776	1,585	15	1,585		5,548	10
11	2014 Repairs			2014	69,515	5,501	7 TO 25	4,612	(889)	11,578	11
12	Water Heater			2016	6,223	889	7	445	(444)	445	12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 3,719,946	\$ 103,314		\$ 102,174	\$ (1,140)	\$ 824,209	17

C. Equipment Depreciation -- Including Transportation.

	Type	1 Cost	2 Current Book Depreciation	3 Straight Line Depreciation	4 Adjustments	5 Life in Years	6 Accumulated Depreciation	
18	Movable Equipment	\$ 215,993	4,550	21,600	17,050		\$ 179,378	18
19	Vehicles	39,064	7,813	7,813			27,345	19
20	TOTAL (lines 18 and 19)	\$ 255,057	\$ 12,363	\$ 29,413	17,050		\$ 206,723	20

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

	1 Description and Year Acquired	2 Cost	3 Current Book Depreciation	4 Accumulated Depreciation	
21			\$	\$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$	\$	\$	24

Facility Name: Legacy Estates of Monmouth

Report Period Beginning: 1/1/2016

Ending: 2/31/2016

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? ☐ YES ☒ NO

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

8. Is movable equipment rental included in building rental?

☐ YES ☒ NO

9. Rental amount for movable equipment \$ 6,153

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

X. INTEREST EXPENSE

	1	2		3	4	6		7	8	9	
	Name of Lender	Related**		Purpose of Loan	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense	
		YES	NO			Original	Balance				
	A. Directly Facility Related										
	Long-Term										
1	Midwest Bank of Western IL		X	Mortgage	4/30/09	4,237,500	3,672,848	4/29/34	0.0700	\$ 251,115	1
2	Ford Credit		X	Van	10/30/13	36,636	14,700	10/29/18	0.0050	1,170	2
3					/ /			/ /			3
	Working Capital										
4			X		/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 4,274,136	\$ 3,687,548			\$ 252,285	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 4,274,136	\$ 3,687,548			\$ 252,285	10

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

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

Facility Name: Legacy Estates of Monmouth

Report Period Beginning: 1/1/2016

Ending: 12/31/2016

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2016

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 2,409,910	\$ 2,409,910	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	187,116	187,116	3
4	Supply Inventory (priced <u>Cost</u>)	5,086	5,086	4
5	Short-Term Investments			5
6	Prepaid Insurance	17,204	17,204	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,619,316	\$ 2,619,316	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	127,000	127,000	13
14	Buildings, at Historical Cost	2,762,532	2,762,532	14
15	Leasehold Improvements, at Historical Cost	957,414	957,414	15
16	Equipment, at Historical Cost	255,057	255,057	16
17	Accumulated Depreciation (book methods)	(1,154,807)	(1,030,932)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,947,196	\$ 3,071,071	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,566,512	\$ 5,690,387	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ (3,376)	\$ (3,376)	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	52,900	52,900	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	31,531	31,531	30
31	Accrued Taxes Payable	78,386	78,386	31
32	Accrued Interest Payable	10,999	10,999	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Payroll Withholdings	8,522	8,522	35
36	Accrued Management Fees	685,200	685,200	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 864,162	\$ 864,162	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	14,700	14,700	38
39	Mortgage Payable	3,672,848	3,672,848	39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	Intercompany Loans	122,892	122,892	42
43	Restricted Funds	70,649	70,649	43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 3,881,089	\$ 3,881,089	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 4,745,251	\$ 4,745,251	45
46	TOTAL EQUITY	\$ 821,261	\$ 945,136	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 5,566,512	\$ 5,690,387	47

*(See instructions.)

Facility Name: Legacy Estates of Monmouth

Report Period Beginning: 1/1/2016

Ending:

12/31/2016

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

		1	
	I. Revenue	Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 1,877,214	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,877,214	3
	B. Other Operating Revenue		
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals	2,100	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 2,100	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income		13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$	14
	D. Other Revenue (specify):		
15	Transportation Revenue	3,095	15
16	Miscellaneous and Cable TV Income	11,039	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 14,134	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,893,448	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	386,754	19
20	Health Care/ Personal Care	412,613	20
21	General Administration	357,060	21
	B. Capital Expense		
22	Ownership	435,828	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 1,592,255	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 301,193	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 301,193	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$	32
33	Private Pay - Net Inpatient Revenue		33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$	37

	Salaries	Supplies	Other	Total	Reclass- ifications	Reclassified Total	Adjusted Adjustmen	Total
1. Dietary	76,742	11,248	0	87,990	0	87,990	0	87,990
2. Food Pt	0	118,482	0	118,482	0	118,482	-2,100	116,382
3. Housek	39,004	14,108	0	53,112	0	53,112	0	53,112
4. Laundry	0	1,737	0	1,737	0	1,737	0	1,737
5. Heat an	0	0	63,847	63,847	0	63,847	0	63,847
6. Mainter	32,169	6,667	22,750	61,586	0	61,586	0	61,586
7. Other (s	0	0	0	0	0	0	0	0
8. Total G	147,915	152,242	86,597	386,754	0	386,754	-2,100	384,654
9. Medical	0	0	0	0	0	0	0	0
10. Nursin	373,375	707	0	374,082	0	374,082	-1,742	372,340
10a. Therz	0	0	0	0	0	0	0	0
11. Activi	37,681	526	324	38,531	0	38,531	-3,095	35,436
12. Social	0	0	0	0	0	0	0	0
13. Nurse	0	0	0	0	0	0	0	0
14. Progra	0	0	0	0	0	0	0	0
15. Other	0	0	0	0	0	0	0	0
16. Total I	411,056	1,233	324	412,613	0	412,613	-4,837	407,776
17. Admir	0	0	145,400	145,400	0	145,400	-102,233	43,167
18. Direct	0	0	0	0	0	0	0	0
19. Profes	0	0	4,284	4,284	0	4,284	0	4,284
20. Fees, f	0	0	5,927	5,927	0	5,927	0	5,927
21. Cleric:	23,810	1,730	9,218	34,758	0	34,758	-147	34,611
22. Emplo	0	0	82,018	82,018	0	82,018	0	82,018
23. Inserv:	0	0	0	0	0	0	0	0
24. Travel	0	0	0	0	0	0	0	0
25. Other	0	0	1,589	1,589	0	1,589	0	1,589
26. Insura	0	0	18,117	18,117	0	18,117	0	18,117
27. Other	34,916	1,638	28,413	64,967	0	64,967	-64,967	0
28. Total C	58,726	3,368	294,966	357,060	0	357,060	-167,347	189,713
29. Total C	617,697	156,843	381,887	1,156,427	0	1,156,427	-174,284	982,143
30. Deprec	0	0	115,677	115,677	0	115,677	15,910	131,587
31. Amort	0	0	6,006	6,006	0	6,006	0	6,006
32. Interes	0	0	252,285	252,285	0	252,285	0	252,285
33. Real E	0	0	60,194	60,194	0	60,194	0	60,194
34. Rent -	0	0	0	0	0	0	0	0
35. Rent -	0	0	1,666	1,666	0	1,666	0	1,666
36. Other	0	0	0	0	0	0	0	0
37. Total C	0	0	435,828	435,828	0	435,828	15,910	451,738
38. Medic	0	0	0	0	0	0	0	0
39. Ancill.	0	0	0	0	0	0	0	0
40. Barber	0	0	0	0	0	0	0	0
41. Coffee	0	0	0	0	0	0	0	0
42	0	0	0	0	0	0	0	0
43. Other	0	0	0	0	0	0	0	0
44. Total f	0	0	0	0	0	0	0	0
45. Grand	617,697	156,843	817,715	1,592,255	0	1,592,255	-158,374	1,433,881

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	2,409,910	2,409,910
2. Cash - Patient Deposits	0	0
3. Accounts & Notes Recievable	187,116	187,116
4. Supply Inventory	5,086	5,086
5. Short-Term Investments	0	0
6. Prepaid Insurance	17,204	17,204
7. Other Prepaid Expenses	0	0
8. Accounts Receivable-Owner/Related Party	0	0
9. Other (specify):	0	0
10. Total current assets	2,619,316	2,619,316
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	0	0
13. Land	127,000	127,000
14. Buildings, at Historical Cost	2,762,532	2,762,532
15. Leasehold Improvements, Historical Cost	957,414	957,414
16. Equipment, at Historical Cost	255,057	255,057
17. Accumulated Depreciation (book methods)	-1,154,807	-1,030,932
18. Deferred Charges	0	0
19. Organization & Pre-Operating Costs	0	0
20. Accum Amort - Org/Pre-Op Costs	0	0
21. Restricted Funds	0	0
22. Other Long-Term Assets (specify):	0	0
23. other (specify):	0	0
24. Total Long-Term Assets	2,947,196	3,071,071
25. Total Assets	5,566,512	5,690,387
CURRENT LIABILITIES		
26. Accounts Payable	-3,376	-3,376
27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	52,900	52,900
29. Short-Term Notes Payable	0	0
30. Accrued Salaries Payable	31,531	31,531
31. Accrued Taxes Payable	13,264	13,264
32. Accrued Real Estate Taxes	65,122	65,122
33. Accrued Interest Payable	10,999	10,999
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	8,522	8,522
37. Other Current Liabilities (specify):	685,200	685,200
38. Total Current Liabilities	864,162	864,162
LONG TERM LIABILITES		
39.Long-Term Notes Payable	14,700	14,700
40.Mortgage Payable	3,672,848	3,672,848
41.Bonds Payable	0	0
42.Deferred Compensation	0	0
43.Other Long-Term Liabilities (specify):	122,892	122,892
44.Other Long-Term Liabilities (specify):	70,649	70,649
45.Total Long-Term Liabilities	3,881,089	3,881,089
46.Total Liabilities	4,745,251	4,745,251
47.Total Equity	821,261	945,136
48.Total Liabilities and Equity	5,566,512	5,690,387

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	1,877,214
2. Discounts and Allowances for all Level	0
Subtotal - Inpatient Care	1,877,214
4. Day Care	0
5. Other Care for Outpatients	0
6. Therapy	0
7. Oxygen	0
Subtotal - Anciliary Revenue	-
9. Payments for Education	0
10. Other Governmental Grants	0
11. Nurses Aide Training Reimbursement	0
12. Gift and Coffee Shop	0
13. Barber and Beauty Care	0
14. Non-Patient Meals	2,100
15. Telephone, Television, and Radio	9,150
16. Rental of Facility Space	0
17. Sale of Drugs	0
18. Sale of Supplies to Non-Patients	0
19. Laboratory	0
20. Radiologyand X-Ray	0
21. Other Medical Services	0
22. Laundry	0
Subtotal - Other Operating Revenue	11,250
24. Contributions	0
25. Interest and Other Investments Income	0
Subtotal - Non-Operating Revenue	-
27. Other Revenue (specify):	3,095
28. Other Revenue (specify):	1,889
Subtotal - Other Revenue	4,984
30. Total Revenue	1,893,448
31. General Services	368,994
32. Health Care	381,013
33. General Administration	314,408
34. Ownership	450,663
35. Special Cost Centers	0
35. Provider Participation Fee	0
37. Other	0
40. Total Expenses	1,515,078
41. Income Before Income Taxes	378,370
42. Income Taxes	0
43. Net Income or Loss for the Year	378,370