

		FOR BHF USE			

LL2

Supportive Living Facility

2017

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2017)

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

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

Charitable Corp.

Trust

IRS Exemption Code

X PROPRIETARY

Individual

Partnership

Corporation

X "Sub-S" Corp.

Limited Liability Co.

Trust

Other

GOVERNMENTAL

State

County

Other

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2017 to 12/31/2017 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)

(Type or Print Name) Mark B. Petersen

(Title) Chief Executive Officer

Paid Preparer

(Signed)

(Print Name and Title)

(Firm Name & Address)

(Telephone) () Fax # ()

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

Name: Mike Kocher

Telephone Number: (309)691-8113

Email Address:

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

HFS 3745C (N-4-05)

IL478-2471

III. STATISTICAL DATA

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

Date of change in certified unitsN/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	11,543	8,123		19,666	5
6	Double Unit					6
7	Other					7
8	TOTALS	11,543	8,123		19,666	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.)91.32%

D. Indicate the number of paid bed-hold days the SLF had during this yearNoneAlso, 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?
YESXNO

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

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
ACCRUALXCASH* CASH*

I. Is your fiscal year identical to your tax year?XYESNO
Tax Year: 12/31/17Fiscal Year: 12/31/17
* All facilities other than governmental must report on the accrual basis.

J. Does the facility have any Illinois Housing Development Authority Loans outstanding?NoIf 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?NoIf 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?NoIf yes, did the facility make all of the required payments of interest and principle?
If no, explain.

HFS 3745C (N-4-05)

IL478-2471

STATE OF ILLINOIS

Page 3

Facility Name: Legacy Estates of Monmouth

Report Period Beginning:

1/1/2017

Ending:

12/31/2017

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	79,456	123,063		202,519	(3,131)	199,388	1
2	Housekeeping, Laundry and Maintenance	73,834	20,443	22,143	116,420		116,420	2
3	Heat and Other Utilities			64,135	64,135		64,135	3
4	Other (specify):							4
5	TOTAL General Services	153,290	143,506	86,278	383,074	(3,131)	379,943	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	378,733	627		379,360	(890)	378,470	6
7	Activities and Social Services	36,273	1,099	448	37,820	(1,995)	35,825	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	415,006	1,726	448	417,180	(2,885)	414,295	9
	C. General Administration							
10	Administrative and Clerical	27,550	1,663	163,643	192,856	(105,771)	87,085	10
11	Marketing Materials, Promotions and Advertising	35,324	2,077		37,401	(37,401)		11
12	Employee Benefits and Payroll Taxes			82,364	82,364		82,364	12
13	Insurance-Property, Liability and Malpractice			18,934	18,934		18,934	13
14	Other (specify):			12,729	12,729	(12,729)		14
15	TOTAL General Administration	62,874	3,740	277,670	344,284	(155,901)	188,383	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	631,170	148,972	364,396	1,144,538	(161,917)	982,621	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			116,312	116,312	16,451	132,763	17
18	Interest							18
19	Real Estate Taxes			192,129	192,129		192,129	19
20	Rent -- Facility and Grounds			48,124	48,124		48,124	20
21	Rent -- Equipment							21
22	Other (specify):			1,751	1,751		1,751	22
23	TOTAL Ownership			358,316	358,316	16,451	374,767	23
24	GRAND TOTAL (Sum of lines 16 and 23)	631,170	148,972	722,712	1,502,854	(145,466)	1,357,388	24

Facility Name: Legacy Estates of Monmouth

Report Period Beginning 1/1/2017 Ending: 12/31/2017

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 28.69	1
2	Licensed Practical Nurses	3	17.16	2
3	Certified Nurse Assistants	10	10.19	3
4	Activity Director & Assistants	2	11.63	4
5	Social Service Workers			5
6	Head Cook	1	13.55	6
7	Cook Helpers/Assistants	2	12.33	7
8	Dishwashers			8
9	Maintenance Workers	1	16.16	9
10	Housekeepers	2	9.67	10
11	Laundry			11
12	Managers	1	19.88	12
13	Other Administrative			13
14	Clerical	1	13.25	14
15	Marketing	1	16.98	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? \$ 147,100 (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:

1/1/2017

Ending:

12/31/2017

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	\$ 864,291	1
2				2009	10,000	401	25	400	(1)	3,000	2
3											3
4											4
5											5
	Improvement Type										
6	2008 Repairs			2008	7,120	475	15	475		4,514	6
7	2009 Repairs			2009	41,649	2,777	15	2,777		24,235	7
8	Curb Replacement			2010	8,800	587	15	587		4,399	8
9	Door			2012	4,723	315	15	315		1,731	9
10	Carpeting			2013	23,776	1,585	15	1,585		7,133	10
11	2014 Repairs			2014	69,515	4,612	7 TO 25	4,612		16,190	11
12	Water Heater			2016	6,223	889	7	890	1	1,335	12
13	Water Heater			2017	6,535	699	7	467	(232)	467	13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 3,726,481	\$ 103,124		\$ 103,086	\$ (38)	\$ 927,295	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	\$ 218,638	5,375	21,864	16,489	7-10 yrs.	\$ 201,242	18
19	Vehicles	39,064	7,813	7,813		5 yrs.	35,158	19
20	TOTAL (lines 18 and 19)	\$ 257,702	\$ 13,188	\$ 29,677	16,489		\$ 236,400	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: 1/1/2017

Ending: 2/31/2017

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 \$

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	3,505,680	4/29/34	0.0700	\$ 191,434	1
2	Ford Credit		X	Van	10/30/13	36,636	6,825	10/29/18	0.0050	695	2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 4,274,136	\$ 3,512,505			\$ 192,129	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 4,274,136	\$ 3,512,505			\$ 192,129	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: 1/1/2017

Ending: 12/31/2017

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2017

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 2,652,481	\$ 2,652,481	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 21,544)	199,684	199,684	3
4	Supply Inventory (priced Cost)	5,086	5,086	4
5	Short-Term Investments			5
6	Prepaid Insurance	13,059	13,059	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Prepaid Debts</u>	182,058	182,058	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,052,368	\$ 3,052,368	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	3,558,140	14
15	Leasehold Improvements, at Historical Cost	963,949	168,341	15
16	Equipment, at Historical Cost	257,702	257,702	16
17	Accumulated Depreciation (book methods)	(1,271,120)	(1,163,695)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	20,101	20,101	21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,860,164	\$ 2,967,589	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,912,532	\$ 6,019,957	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 133,996	\$ 133,996	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	60,900	60,900	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	31,243	31,243	30
31	Accrued Taxes Payable	68,554	68,554	31
32	Accrued Interest Payable	5,183	5,183	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	<u>Payroll Withholdings</u>	42,268	42,268	35
36	<u>Accrued Management Fees</u>	844,948	844,948	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,187,092	\$ 1,187,092	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	6,825	6,825	38
39	Mortgage Payable	3,505,680	3,505,680	39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 3,512,505	\$ 3,512,505	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 4,699,597	\$ 4,699,597	45
46	TOTAL EQUITY	\$ 1,212,935	\$ 1,320,360	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 5,912,532	\$ 6,019,957	47

*(See instructions.)

Facility Name: Legacy Estates of Monmouth

Report Period Beginning: 1/1/2017

Ending:

12/31/2017

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	\$ 1,868,416	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,868,416	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	3,131	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 3,131	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	1,995	15
16	Cable TV and Miscellaneous Income	11,103	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 13,098	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,884,645	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	383,074	19
20	Health Care/ Personal Care	417,180	20
21	General Administration	344,284	21
	B. Capital Expense		
22	Ownership	358,316	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)	\$ 1,502,854	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 381,791	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 381,791	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 1,115,735	32
33	Private Pay - Net Inpatient Revenue	752,681	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 1,868,416	37

	Salaries	Supplies	Other	Total	Reclass- ifications	Reclassified Total	Adjusted Adjustmen	Total
1. Dietary	79,456	9,791	0	89,247	0	89,247	0	89,247
2. Food Pt	0	113,272	0	113,272	0	113,272	-3,131	110,141
3. Housek	40,211	12,566	0	52,777	0	52,777	0	52,777
4. Laundry	0	3,422	0	3,422	0	3,422	0	3,422
5. Heat an	0	0	64,135	64,135	0	64,135	0	64,135
6. Mainter	33,623	4,455	22,143	60,221	0	60,221	0	60,221
7. Other (s	0	0	0	0	0	0	0	0
8. Total G	153,290	143,506	86,278	383,074	0	383,074	-3,131	379,943
9. Medical	0	0	0	0	0	0	0	0
10. Nursin	378,733	627	0	379,360	0	379,360	-890	378,470
10a. Therz	0	0	0	0	0	0	0	0
11. Activi	36,273	1,050	448	37,771	0	37,771	-1,995	35,776
12. Social	0	49	0	49	0	49	0	49
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	415,006	1,726	448	417,180	0	417,180	-2,885	414,295
17. Admir	0	0	147,100	147,100	0	147,100	-105,752	41,348
18. Direct	0	0	0	0	0	0	0	0
19. Profes	0	0	2,247	2,247	0	2,247	0	2,247
20. Fees, f	0	0	2,580	2,580	0	2,580	0	2,580
21. Cleric	27,550	1,663	8,003	37,216	0	37,216	-19	37,197
22. Emplo	0	0	82,364	82,364	0	82,364	0	82,364
23. Inserv	0	0	0	0	0	0	0	0
24. Travel	0	0	0	0	0	0	0	0
25. Other	0	0	3,713	3,713	0	3,713	0	3,713
26. Insura	0	0	18,934	18,934	0	18,934	0	18,934
27. Other	35,324	2,077	12,729	50,130	0	50,130	-50,130	0
28. Total C	62,874	3,740	277,670	344,284	0	344,284	-155,901	188,383
29. Total C	631,170	148,972	364,396	1,144,538	0	1,144,538	-161,917	982,621
30. Deprec	0	0	116,312	116,312	0	116,312	16,451	132,763
31. Amort	0	0	0	0	0	0	0	0
32. Interes	0	0	192,129	192,129	0	192,129	0	192,129
33. Real E	0	0	48,124	48,124	0	48,124	0	48,124
34. Rent -	0	0	0	0	0	0	0	0
35. Rent -	0	0	1,751	1,751	0	1,751	0	1,751
36. Other	0	0	0	0	0	0	0	0
37. Total C	0	0	358,316	358,316	0	358,316	16,451	374,767
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	631,170	148,972	722,712	1,502,854	0	1,502,854	-145,466	1,357,388

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	2,652,481	2,652,481
2. Cash - Patient Deposits	0	0
3. Accounts & Notes Recievable	199,684	199,684
4. Supply Inventory	5,086	5,086
5. Short-Term Investments	0	0
6. Prepaid Insurance	13,059	13,059
7. Other Prepaid Expenses	0	0
8. Accounts Receivable-Owner/Related Party	0	0
9. Other (specify):	182,058	182,058
10. Total current assets	3,052,368	3,052,368
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	3,558,140
15. Leasehold Improvements, Historical Cost	963,949	168,341
16. Equipment, at Historical Cost	257,702	257,702
17. Accumulated Depreciation (book methods)	-1,271,120	-1,163,695
18. Deferred Charges	0	0
19. Organization & Pre-Operating Costs	0	0
20. Accum Amort - Org/Pre-Op Costs	0	0
21. Restricted Funds	20,101	20,101
22. Other Long-Term Assets (specify):	0	0
23. other (specify):	0	0
24. Total Long-Term Assets	2,860,164	2,967,589
25. Total Assets	5,912,532	6,019,957
CURRENT LIABILITIES		
26. Accounts Payable	133,996	133,996
27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	60,900	60,900
29. Short-Term Notes Payable	0	0
30. Accrued Salaries Payable	31,243	31,243
31. Accrued Taxes Payable	12,406	12,406
32. Accrued Real Estate Taxes	56,148	56,148
33. Accrued Interest Payable	5,183	5,183
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	42,268	42,268
37. Other Current Liabilities (specify):	844,948	844,948
38. Total Current Liabilities	1,187,092	1,187,092
LONG TERM LIABILITES		
39.Long-Term Notes Payable	6,825	6,825
40.Mortgage Payable	3,505,680	3,505,680
41.Bonds Payable	0	0
42.Deferred Compensation	0	0
43.Other Long-Term Liabilities (specify):	0	0
44.Other Long-Term Liabilities (specify):	0	0
45.Total Long-Term Liabilities	3,512,505	3,512,505
46.Total Liabilities	4,699,597	4,699,597
47.Total Equity	1,212,935	1,320,360
48.Total Liabilities and Equity	5,912,532	6,019,957

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	1,868,416
2. Discounts and Allowances for all Level	0
Subtotal - Inpatient Care	1,868,416
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	3,131
15. Telephone, Television, and Radio	10,194
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	13,325
24. Contributions	0
25. Interest and Other Investments Income	0
Subtotal - Non-Operating Revenue	-
27. Other Revenue (specify):	1,995
28. Other Revenue (specify):	909
Subtotal - Other Revenue	2,904
30. Total Revenue	1,884,645
31. General Services	386,754
32. Health Care	412,613
33. General Administration	357,060
34. Ownership	435,828
35. Special Cost Centers	0
35. Provider Participation Fee	0
37. Other	0
40. Total Expenses	1,592,255
41. Income Before Income Taxes	292,390
42. Income Taxes	0
43. Net Income or Loss for the Year	292,390