

		FOR BHF USE			

LL2

Supportive Living Facility

2018

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2018)

IMPORTANT NOTICE

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

I. Facility ID Number: 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

☐ Charitable Corp.

☐ Trust

IRS Exemption Code

☒ PROPRIETARY

☐ Individual

☐ Partnership

☐ Corporation

☒ "Sub-S" Corp.

☐ Limited Liability Co.

☐ Trust

☐ Other

☐ GOVERNMENTAL

☐ State

☐ County

☐ 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 1/1/2018 to 12/31/2018 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

Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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

N/A

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

YES ☒ NO ☐

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

YES ☐ NO ☒

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

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

N/A

ACCUAL	<input checked="" type="checkbox"/>	MODIFIED		
CASH*	<input type="checkbox"/>	CASH*	<input type="checkbox"/>	

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

Tax Year: 12/31/18 **Fiscal Year:** 12/31/18

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

J. Does the facility have any Illinois Housing Development Authority Loans outstanding? No If yes, did the facility make all of the

required payments of interest and principal?

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 t

required payments of interest and principal?

If no, explain.

L. Does the facility have any loans from the IL Dept of Commerce and Economic Opportunity outstanding?	No	If yes, did

make all of the required payments of interest and principal?

If no, explain.

B. Census-For the entire report period.

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 94.77%

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.)

STATE OF ILLINOIS

Page 3

Facility Name: Legacy Estates of Monmouth

Report Period Beginning:

1/1/2018

Ending: 12/31/2018

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	87,008	118,772		205,780	(4,892)	200,888	1
2	Housekeeping, Laundry and Maintenance	73,557	20,950	34,009	128,516		128,516	2
3	Heat and Other Utilities			66,666	66,666		66,666	3
4	Other (specify):							4
5	TOTAL General Services	160,565	139,722	100,675	400,962	(4,892)	396,070	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	376,383	505		376,888	(2,783)	374,105	6
7	Activities and Social Services	38,510	980	5	39,495	(4,656)	34,839	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	414,893	1,485	5	416,383	(7,439)	408,944	9
	C. General Administration							
10	Administrative and Clerical	28,493	1,651	178,985	209,129	(110,600)	98,529	10
11	Marketing Materials, Promotions and Advertising	32,756	2,615		35,371	(35,371)		11
12	Employee Benefits and Payroll Taxes			72,862	72,862		72,862	12
13	Insurance-Property, Liability and Malpractice			18,461	18,461		18,461	13
14	Other (specify):			17,405	17,405	(17,405)		14
15	TOTAL General Administration	61,249	4,266	287,713	353,228	(163,376)	189,852	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	636,707	145,473	388,393	1,170,573	(175,707)	994,866	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			115,243	115,243	9,612	124,855	17
18	Interest			182,654	182,654	(155)	182,499	18
19	Real Estate Taxes			59,245	59,245		59,245	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			2,908	2,908		2,908	22
23	TOTAL Ownership			360,050	360,050	9,457	369,507	23
24	GRAND TOTAL (Sum of lines 16 and 23)	636,707	145,473	748,443	1,530,623	(166,250)	1,364,373	24

Facility Name: Legacy Estates of Monmouth

Report Period Beginning 1/1/2018 Ending: 12/31/2018

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 26.25	1
2	Licensed Practical Nurses	3	17.50	2
3	Certified Nurse Assistants	10	10.17	3
4	Activity Director & Assistants	2	9.26	4
5	Social Service Workers			5
6	Head Cook	1	11.53	6
7	Cook Helpers/Assistants	4	9.00	7
8	Dishwashers			8
9	Maintenance Workers	1	17.22	9
10	Housekeepers	2	9.41	10
11	Laundry			11
12	Managers	1	26.92	12
13	Other Administrative			13
14	Clerical	1	13.70	14
15	Marketing	1	15.75	15
16	Other			16
17	Total (lines 1 thru 16)	27	\$	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	

OTHER RELATED BUSINESS ENTITIES

Name 3	City 4	Type of Business 5

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? \$ 166,600

(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).

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

Facility Name: Legacy Estates of Monmouth

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

VIII. OWNERSHIP COSTSA. 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	\$ 955,269	1
2				2009	10,000	401	25	400	(1)	3,400	2
3											3
4											4
5											5
	Improvement Type										
6	2008 Repairs			2008	7,120	475	15	475		4,989	6
7	2009 Repairs			2009	41,649	2,777	15	2,777		27,012	7
8	Curb Replacement			2010	8,800	587	15	587		4,986	8
9	Door			2012	4,723	315	15	315		2,046	9
10	Carpeting			2013	23,776	1,585	15	1,585		8,718	10
11	2014 Repairs			2014	69,515	4,612	7 TO 25	4,612		20,802	11
12	Water Heater			2016	6,223	889	7	890	1	2,225	12
13	Water Heater			2017	6,535	699	7	934	235	1,868	13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 3,726,481	\$ 103,124		\$ 103,553	\$ 429	\$ 1,031,315	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	17,396	12,021	7-10 yrs.	\$ 218,638	18
19	Vehicles	39,064	6,744	3,906	(2,838)	5 yrs.	39,064	19
20	TOTAL (lines 18 and 19)	\$ 257,702	\$ 12,119	\$ 21,302	9,183		\$ 257,702	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: 1/1/2018

Ending: 2/31/2018

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	\$ 182,307	1
2	Ford Credit		X	Van	10/30/13	36,636	Paid	10/29/18	0.0050	347	2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 4,274,136	\$ 3,505,680			\$ 182,654	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 4,274,136	\$ 3,505,680			\$ 182,654	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.

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Facility Name: Legacy Estates of Monmouth

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2018

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 675	\$ 675	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 21,544)	175,321	175,321	3
4	Supply Inventory (priced Cost)	5,086	5,086	4
5	Short-Term Investments			5
6	Prepaid Insurance	11,503	11,503	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Prepaid Debt</u>	207,204	207,204	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 399,789	\$ 399,789	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)	(1,386,365)	(1,289,017)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	25,805	25,805	21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,750,623	\$ 2,847,971	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 3,150,412	\$ 3,247,760	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 109,221	\$ 109,221	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	63,850	63,850	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	25,992	25,992	30
31	Accrued Taxes Payable	59,756	59,756	31
32	Accrued Interest Payable	4,942	4,942	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	<u>Payroll Withholdings</u>	168,454	168,454	35
36	<u>Accrued Management Fees</u>	985,145	985,145	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,417,360	\$ 1,417,360	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	3,329,384	3,329,384	39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	<u>Intercompany Loans</u>	11,885	11,885	42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 3,341,269	\$ 3,341,269	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 4,758,629	\$ 4,758,629	45
46	TOTAL EQUITY	\$ (1,608,217)	\$ (1,510,869)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 3,150,412	\$ 3,247,760	47

*(See instructions.)

Facility Name: Legacy Estates of Monmouth

Report Period Beginning: 1/1/2018

Ending:

12/31/2018

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	\$ 1,966,254	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,966,254	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	4,892	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 4,892	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	155	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 155	14
	D. Other Revenue (specify):		
15	Transportation Revenue	4,656	15
16	Cable TV and Miscellaneous Revenue	14,133	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 18,789	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,990,090	18

2			
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	400,962	19
20	Health Care/ Personal Care	416,383	20
21	General Administration	353,228	21
	B. Capital Expense		
22	Ownership	360,050	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)	\$ 1,530,623	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 459,467	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 459,467	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 1,342,158	32
33	Private Pay - Net Inpatient Revenue	624,096	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 1,966,254	37

	Salaries	Supplies	Other	Total	Reclass- ifications	Reclassified Total	Adjusted Adjustmen	Total
1. Dietary	87,008	12,099	0	99,107	0	99,107	0	99,107
2. Food Pt	0	106,673	0	106,673	0	106,673	-4,892	101,781
3. Housek	38,139	13,372	0	51,511	0	51,511	0	51,511
4. Laundry	0	3,034	0	3,034	0	3,034	0	3,034
5. Heat an	0	0	66,666	66,666	0	66,666	0	66,666
6. Mainter	35,418	4,544	34,009	73,971	0	73,971	0	73,971
7. Other (s	0	0	0	0	0	0	0	0
8. Total G	160,565	139,722	100,675	400,962	0	400,962	-4,892	396,070
9. Medica	0	0	0	0	0	0	0	0
10. Nursin	376,383	505	0	376,888	0	376,888	-2,783	374,105
10a. Therz	0	0	0	0	0	0	0	0
11. Activi	38,510	980	5	39,495	0	39,495	-4,656	34,839
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	414,893	1,485	5	416,383	0	416,383	-7,439	408,944
17. Admir	0	0	166,600	166,600	0	166,600	-110,600	56,000
18. Direct	0	0	0	0	0	0	0	0
19. Profes	0	0	1,260	1,260	0	1,260	0	1,260
20. Fees, f	0	0	2,625	2,625	0	2,625	0	2,625
21. Cleric:	28,493	1,651	7,114	37,258	0	37,258	0	37,258
22. Emplo	0	0	72,862	72,862	0	72,862	0	72,862
23. Inserv:	0	0	0	0	0	0	0	0
24. Travel	0	0	0	0	0	0	0	0
25. Other	0	0	1,386	1,386	0	1,386	0	1,386
26. Insura	0	0	18,461	18,461	0	18,461	0	18,461
27. Other	32,756	2,615	17,405	52,776	0	52,776	-52,776	0
28. Total C	61,249	4,266	287,713	353,228	0	353,228	-163,376	189,852
29. Total C	636,707	145,473	388,393	1,170,573	0	1,170,573	-175,707	994,866
30. Deprec	0	0	115,243	115,243	0	115,243	9,612	124,855
31. Amort	0	0	0	0	0	0	0	0
32. Interes	0	0	182,654	182,654	0	182,654	-155	182,499
33. Real E	0	0	59,245	59,245	0	59,245	0	59,245
34. Rent -	0	0	0	0	0	0	0	0
35. Rent -	0	0	2,908	2,908	0	2,908	0	2,908
36. Other	0	0	0	0	0	0	0	0
37. Total C	0	0	360,050	360,050	0	360,050	9,457	369,507
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 S	0	0	0	0	0	0	0	0
45. Grand	636,707	145,473	748,443	1,530,623	0	1,530,623	-166,250	1,364,373

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	675	675
2. Cash - Patient Deposits	0	0
3. Accounts & Notes Recievable	175,321	175,321
4. Supply Inventory	5,086	5,086
5. Short-Term Investments	0	0
6. Prepaid Insurance	11,503	11,503
7. Other Prepaid Expenses	0	0
8. Accounts Receivable-Owner/Related Party	0	0
9. Other (specify):	207,204	207,204
10. Total current assets	399,789	399,789
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)	-1,386,365	-1,289,017
18. Deferred Charges	0	0
19. Organization & Pre-Operating Costs	0	0
20. Accum Amort - Org/Pre-Op Costs	0	0
21. Restricted Funds	25,805	25,805
22. Other Long-Term Assets (specify):	0	0
23. other (specify):	0	0
24. Total Long-Term Assets	2,750,623	2,847,971
25. Total Assets	3,150,412	3,247,760
CURRENT LIABILITIES		
26. Accounts Payable	109,221	109,221
27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	63,850	63,850
29. Short-Term Notes Payable	0	0
30. Accrued Salaries Payable	25,992	25,992
31. Accrued Taxes Payable	1,208	1,208
32. Accrued Real Estate Taxes	58,548	58,548
33. Accrued Interest Payable	4,942	4,942
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	168,454	168,454
37. Other Current Liabilities (specify):	985,145	985,145
38. Total Current Liabilities	1,417,360	1,417,360
LONG TERM LIABILITES		
39.Long-Term Notes Payable	0	0
40.Mortgage Payable	3,329,384	3,329,384
41.Bonds Payable	0	0
42.Deferred Compensation	0	0
43.Other Long-Term Liabilities (specify):	11,885	11,885
44.Other Long-Term Liabilities (specify):	0	0
45.Total Long-Term Liabilities	3,341,269	3,341,269
46.Total Liabilities	4,758,629	4,758,629
47.Total Equity	-1,608,217	-1,510,869
48.Total Liabilities and Equity	3,150,412	3,247,760

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	1,966,254
2. Discounts and Allowances for all Level	0
Subtotal - Inpatient Care	1,966,254
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	4,892
15. Telephone, Television, and Radio	11,350
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	16,242
24. Contributions	0
25. Interest and Other Investments Income	155
Subtotal - Non-Operating Revenue	155
27. Other Revenue (specify):	4,656
28. Other Revenue (specify):	2,783
Subtotal - Other Revenue	7,439
30. Total Revenue	1,990,090
31. General Services	383,074
32. Health Care	417,180
33. General Administration	344,284
34. Ownership	358,316
35. Special Cost Centers	0
35. Provider Participation Fee	0
37. Other	0
40. Total Expenses	1,502,854
41. Income Before Income Taxes	487,236
42. Income Taxes	0
43. Net Income or Loss for the Year	487,236