

		FOR BHF USE			

LL2

Supportive Living Facility

2019

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2019)

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 1/1/2019 to 12/31/2019 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

III. STATISTICAL DATA

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

Date of change in certified units / /

	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	13,487	6,130		19,617	5
6	Double Unit					6
7	Other					7
8	TOTALS	13,487	6,130		19,617	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 91.09%

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 NO X

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: 12/31/2019 Fiscal Year: 12/31/2019

* 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 the 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 the facility make all of the required payments of interest and principal?

If no, explain.

STATE OF ILLINOIS

Page 3

Facility Name: Legacy Estates of Monmouth

Report Period Beginning:

1/1/2019

Ending: 12/31/2019

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	78,195	133,215		211,410	(51,122)	160,288	1
2	Housekeeping, Laundry and Maintenance	87,398	21,704	40,933	150,035		150,035	2
3	Heat and Other Utilities			66,414	66,414		66,414	3
4	Other (specify):							4
5	TOTAL General Services	165,593	154,919	107,347	427,859	(51,122)	376,737	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	380,366	635		381,001		381,001	6
7	Activities and Social Services	39,063	300	429	39,792	(1,478)	38,314	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	419,429	935	429	420,793	(1,478)	419,315	9
	C. General Administration							
10	Administrative and Clerical	84,790	1,685	113,154	199,629	(100,426)	99,203	10
11	Marketing Materials, Promotions and Advertising	32,239	1,900		34,139	(34,139)		11
12	Employee Benefits and Payroll Taxes			80,802	80,802		80,802	12
13	Insurance-Property, Liability and Malpractice			25,730	25,730		25,730	13
14	Other (specify): Non-Medicaid Expenses			22,908	22,908	(22,908)		14
15	TOTAL General Administration	117,029	3,585	242,594	363,208	(157,473)	205,735	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	702,051	159,439	350,370	1,211,860	(210,073)	1,001,787	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			108,368	108,368	(4,815)	103,553	17
18	Interest			302,465	302,465	(1,745)	300,720	18
19	Real Estate Taxes			60,392	60,392		60,392	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			4,310	4,310		4,310	21
22	Other (specify):							22
23	TOTAL Ownership			475,535	475,535	(6,560)	468,975	23
24	GRAND TOTAL (Sum of lines 16 and 23)	702,051	159,439	825,905	1,687,395	(216,633)	1,470,762	24

Facility Name: Legacy Estates of Monmouth

Report Period Beginning 1/1/2019 Ending: 12/31/2019

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 22.42	1
2	Licensed Practical Nurses	3	19.82	2
3	Certified Nurse Assistants	9	11.29	3
4	Activity Director & Assistants	1	18.07	4
5	Social Service Workers			5
6	Head Cook	1	17.41	6
7	Cook Helpers/Assistants	3	9.62	7
8	Dishwashers			8
9	Maintenance Workers	1	17.70	9
10	Housekeepers	2	12.16	10
11	Laundry			11
12	Managers	1	26.93	12
13	Other Administrative			13
14	Clerical	1	13.84	14
15	Marketing	1	15.50	15
16	Other			16
17	Total (lines 1 thru 16)	24	\$	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, LLC If yes, what is the value of those services? \$ 100,400

(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).

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				\$	1
2					2
3					3
4					4
5					5
Total				\$	6

VI. (B) Management fees paid to unrelated parties

Amount of Fee

1		\$	1
2			2
Total		\$	3

Facility Name: Legacy Estates of Monmouth

Report Period Beginning:

1/1/2019

Ending:

12/31/2019

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	90,782	39	90,978	\$ 196	\$ 1,046,247	1
2				2009	10,000	401	25	400	(1)	3,800	2
3											3
4											4
5											5
	Improvement Type										
6	2008 Repairs			2008	7,120	475	15	475		5,464	6
7	2009 Repairs			2009	41,649	2,777	15	2,777		29,789	7
8	Curb Replacement			2010	8,800	587	15	587		5,573	8
9	Door			2012	4,723	315	15	315		2,361	9
10	Carpeting			2013	23,776	1,585	15	1,585		10,303	10
11	2014 Repairs			2014	69,515	4,612	7 TO 25	4,612		25,414	11
12	Water Heater			2016	6,223	889	7	890	1	3,115	12
13	Water Heater			2017	6,535	934	7	934		2,802	13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 3,726,481	\$ 103,357		\$ 103,553	\$ 196	\$ 1,134,868	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	5,011		(5,011)	7-10 yrs.	\$ 218,638	18
19	Vehicles	39,064				5 yrs.	39,064	19
20	TOTAL (lines 18 and 19)	\$ 257,702	\$ 5,011	\$	(5,011)		\$ 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: 1/1/2019

Ending: 2/31/2019

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 Year Constructed	2 Number of Units	3 Date of Lease	4 Rental Amount	5 Total Yrs. of Lease	6 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	Paid	10/31/19		\$ 302,465	1
2	X-Caliber		X	Mortgage	11/1/19	7,257,412	7,257,412	10/31/44	0.0500		2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 11,494,912	\$ 7,257,412			\$ 302,465	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 11,494,912	\$ 7,257,412			\$ 302,465	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: 1/1/2019

Ending: 12/31/2019

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2019

(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 27,287)	348,715	348,715	3
4	Supply Inventory (priced Cost)	5,086	5,086	4
5	Short-Term Investments			5
6	Prepaid Insurance	16,954	16,954	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Employee Education Loans</u>	250	250	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 371,680	\$ 371,680	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)	(1,494,732)	(1,392,570)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	184,861	184,861	19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	151,350	151,350	21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,952,662	\$ 3,054,824	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 3,324,342	\$ 3,426,504	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 186,683	\$ 186,683	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	28,644	28,644	30
31	Accrued Taxes Payable	62,774	62,774	31
32	Accrued Interest Payable	49,069	49,069	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	<u>Payroll Withholdings</u>	7,375	7,375	35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 334,545	\$ 334,545	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	200,000	200,000	38
39	Mortgage Payable	7,257,412	7,257,412	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)	\$ 7,457,412	\$ 7,457,412	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 7,791,957	\$ 7,791,957	45
46	TOTAL EQUITY	\$ (4,467,615)	\$ (4,365,453)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 3,324,342	\$ 3,426,504	47

*(See instructions.)

Facility Name: Legacy Estates of Monmouth

Report Period Beginning: 1/1/2019

Ending:

12/31/2019

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	\$ 2,087,605	1
2	Discounts and Allowances	(159,211)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,928,394	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	51,122	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 51,122	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	1,745	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 1,745	14
	D. Other Revenue (specify):		
15	Transportation Revenue	1,478	15
16	Miscellaneous and Cable TV Income	86,962	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 88,440	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,069,701	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	427,859	19
20	Health Care/ Personal Care	420,793	20
21	General Administration	363,208	21
	B. Capital Expense		
22	Ownership	475,535	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)	\$ 1,687,395	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 382,306	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 382,306	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 1,514,927	32
33	Private Pay - Net Inpatient Revenue	413,467	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 1,928,394	37

	Salaries	Supplies	Other	Total	Reclass- ifications	Reclassified Total	Adjusted Adjustmen	Total
1. Dietary	78,195	12,120	0	90,315	0	90,315	0	90,315
2. Food Pu	0	121,095	0	121,095	0	121,095	-51,122	69,973
3. Housek	50,590	12,861	0	63,451	0	63,451	0	63,451
4. Laundry	0	3,587	0	3,587	0	3,587	0	3,587
5. Heat an	0	0	66,414	66,414	0	66,414	0	66,414
6. Mainte	36,808	5,256	40,933	82,997	0	82,997	0	82,997
7. Other (s	0	0	0	0	0	0	0	0
8. Total G	165,593	154,919	107,347	427,859	0	427,859	-51,122	376,737
9. Medical	0	0	0	0	0	0	0	0
10. Nursin	380,366	473	0	380,839	0	380,839	-8,195	372,644
10a. Thera	0	0	0	0	0	0	0	0
11. Activi	39,063	300	429	39,792	0	39,792	-1,478	38,314
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	419,429	773	429	420,631	0	420,631	-9,673	410,958
17. Admin	56,004	0	100,400	156,404	0	156,404	-100,400	56,004
18. Direct	0	0	0	0	0	0	0	0
19. Profes	0	0	1,042	1,042	0	1,042	0	1,042
20. Fees, S	0	0	1,619	1,619	0	1,619	0	1,619
21. Cleric	28,786	1,685	5,585	36,056	0	36,056	-26	36,030
22. Emplo	0	0	80,802	80,802	0	80,802	0	80,802
23. Inservi	0	0	0	0	0	0	0	0
24. Travel	0	0	0	0	0	0	0	0
25. Other .	0	0	4,508	4,508	0	4,508	0	4,508
26. Insura	0	0	25,730	25,730	0	25,730	0	25,730
27. Other (	32,239	1,900	22,908	57,047	0	57,047	-57,047	0
28. Total C	117,029	3,585	242,594	363,208	0	363,208	-157,473	205,735
29. Total C	702,051	159,277	350,370	1,211,698	0	1,211,698	-218,268	993,430
30. Deprec	0	0	108,368	108,368	0	108,368	-4,815	103,553
31. Amort	0	0	0	0	0	0	0	0
32. Interes	0	0	302,465	302,465	0	302,465	-1,745	300,720
33. Real E	0	0	60,392	60,392	0	60,392	0	60,392
34. Rent -	0	0	0	0	0	0	0	0
35. Rent -	0	0	4,310	4,310	0	4,310	0	4,310
36. Other (	0	0	0	0	0	0	0	0
37. Total C	0	0	475,535	475,535	0	475,535	-6,560	468,975
38. Medic	0	0	0	0	0	0	0	0
39. Ancill	0	162	0	162	0	162	0	162
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	162	0	162	0	162	0	162
45. Grand	702,051	159,439	825,905	1,687,395	0	1,687,395	-224,828	1,462,567

	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	348,715	348,715
4. Supply Inventory	5,086	5,086
5. Short-Term Investments	0	0
6. Prepaid Insurance	16,954	16,954
7. Other Prepaid Expenses	0	0
8. Accounts Receivable-Owner/Related Party	0	0
9. Other (specify):	250	250
10. Total current assets	371,680	371,680
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)	-1,494,732	-1,392,570
18. Deferred Charges	0	0
19. Organization & Pre-Operating Costs	184,861	184,861
20. Accum Amort - Org/Pre-Op Costs	0	0
21. Restricted Funds	151,350	151,350
22. Other Long-Term Assets (specify):	0	0
23. other (specify):	0	0
24. Total Long-Term Assets	2,952,662	3,054,824
25. Total Assets	3,324,342	3,426,504
CURRENT LIABILITIES		
26. Accounts Payable	186,683	186,683
27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	0	0
29. Short-Term Notes Payable	0	0
30. Accrued Salaries Payable	28,644	28,644
31. Accrued Taxes Payable	1,560	1,560
32. Accrued Real Estate Taxes	61,214	61,214
33. Accrued Interest Payable	49,069	49,069
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	7,375	7,375
37. Other Current Liabilities (specify):	0	0
38. Total Current Liabilities	334,545	334,545
LONG TERM LIABILITES		
39.Long-Term Notes Payable	200,000	200,000
40.Mortgage Payable	7,257,412	7,257,412
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	7,457,412	7,457,412
46.Total Liabilities	7,791,957	7,791,957
47.Total Equity	-4,467,615	-4,365,453
48.Total Liabilities and Equity	3,324,342	3,426,504

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	2,087,605
2. Discounts and Allowances for all Level	-159,211
Subtotal - Inpatient Care	1,928,394
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	51,122
15. Telephone, Television, and Radio	14,886
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	66,008
24. Contributions	0
25. Interest and Other Investments Income	1,745
Subtotal - Non-Operating Revenue	1,745
27. Other Revenue (specify):	1,478
28. Other Revenue (specify):	72,076
Subtotal - Other Revenue	73,554
30. Total Revenue	2,069,701
31. General Services	400,962
32. Health Care	416,383
33. General Administration	353,228
34. Ownership	360,050
35. Special Cost Centers	0
35. Provider Participation Fee	0
37. Other	0
40. Total Expenses	1,530,623
41. Income Before Income Taxes	539,078
42. Income Taxes	0
43. Net Income or Loss for the Year	539,078