

		FOR BHF USE			

LL2

Supportive Living Facility

2021

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2021)

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

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 1/1/2021 to 12/31/2021 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 # ()

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 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	12,116	4,418		16,534	5
6	Double Unit					6
7	Other					7
8	TOTALS	12,116	4,418		16,534	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 76.78%

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: 12/31/2021 Fiscal Year: 12/31/2021

* 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

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Facility Name: Legacy Estates of Monmouth

Report Period Beginning:

1/1/2021

Ending:

12/31/2021

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	86,059	132,805		218,864	(67,527)	151,337	1
2	Housekeeping, Laundry and Maintenance	124,337	24,590	32,203	181,130		181,130	2
3	Heat and Other Utilities			65,118	65,118		65,118	3
4	Other (specify):							4
5	TOTAL General Services	210,396	157,395	97,321	465,112	(67,527)	397,585	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	399,945	4,137		404,082	(7,115)	396,967	6
7	Activities and Social Services	36,939	100	334	37,373		37,373	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	436,884	4,237	334	441,455	(7,115)	434,340	9
	C. General Administration							
10	Administrative and Clerical	84,860	903	149,076	234,839	(97,277)	137,562	10
11	Marketing Materials, Promotions and Advertising	27,459	970		28,429	(28,429)		11
12	Employee Benefits and Payroll Taxes			108,568	108,568		108,568	12
13	Insurance-Property, Liability and Malpractice			23,393	23,393	14,324	37,717	13
14	Other (specify):			42,738	42,738	(42,738)		14
15	TOTAL General Administration	112,319	1,873	323,775	437,967	(154,120)	283,847	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	759,599	163,505	421,430	1,344,534	(228,762)	1,115,772	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			2,655	2,655	112,357	115,012	17
18	Interest					525,798	525,798	18
19	Real Estate Taxes					58,858	58,858	19
20	Rent -- Facility and Grounds			648,864	648,864	(648,864)		20
21	Rent -- Equipment			4,480	4,480		4,480	21
22	Other (specify): Amortization					92,430	92,430	22
23	TOTAL Ownership			655,999	655,999	140,579	796,578	23
24	GRAND TOTAL (Sum of lines 16 and 23)	759,599	163,505	1,077,429	2,000,533	(88,183)	1,912,350	24

Facility Name: Legacy Estates of Monmouth

Report Period Beginning 1/1/2021 Ending: 12/31/2021

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 22.29	1
2	Licensed Practical Nurses	3	17.62	2
3	Certified Nurse Assistants	8	11.71	3
4	Activity Director & Assistants	1	12.07	4
5	Social Service Workers			5
6	Head Cook	1	14.59	6
7	Cook Helpers/Assistants	3	10.14	7
8	Dishwashers			8
9	Maintenance Workers	1	18.31	9
10	Housekeepers	3	10.95	10
11	Laundry			11
12	Managers	1	24.21	12
13	Other Administrative			13
14	Clerical	1	16.59	14
15	Marketing	1	17.60	15
16	Other Transportation	1	11.50	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	

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? \$ 97,200
(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:

1/1/2021

Ending:

12/31/2021

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	\$ 1,228,203	1
2				2009	10,000	400	25	400		4,600	2
3											3
4											4
5											5
	Improvement Type										
6	2008 Repairs			2008	7,120	475	15	475		6,414	6
7	2009 Repairs			2009	41,649	2,777	15	2,777		35,343	7
8	Curb Replacement			2010	8,800	587	15	587		6,747	8
9	Door			2012	4,723	315	15	315		2,991	9
10	Carpeting			2013	23,776	1,585	15	1,585		13,473	10
11	2014 Repairs			2014	69,515	4,025	7 TO 25	4,612	587	34,638	11
12	Water Heater			2016	6,223	890	7	890		4,895	12
13	Water Heater			2017	6,535	934	7	934		4,670	13
14	Parking Lot Resurfacing			2020	58,745	3,916	15	3,916		5,874	14
15	Roof Replacement			2020	67,136	2,686	25	2,686		4,029	15
16	Sprinkler Repair			2021	2,914	312	7	208	(104)	208	16
17	TOTAL (lines 1 thru 16)				\$ 3,855,276	\$ 109,686		\$ 110,363	\$ 677	\$ 1,352,085	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	\$ 235,039	3,365	4,649	1,284	7-10 yrs.	\$ 225,631	18
19	Vehicles	39,064				5 yrs.	39,064	19
20	TOTAL (lines 18 and 19)	\$ 274,103	\$ 3,365	\$ 4,649	1,284		\$ 264,695	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: 1/1/2021

Ending: 2/31/2021

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease:

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	X-Caliber		X	Mortgage	11/1/19	7,257,412	7,257,412	10/31/44	0.0500	\$ 526,111	1
2											2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 7,257,412	\$ 7,257,412			\$ 526,111	7
	B. Non-Facility Related										
8					/ /			/ /	Int. Income Offset	-313	8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 7,257,412	\$ 7,257,412			\$ 525,798	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: 1/1/2021

Ending: 12/31/2021

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2021

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ (23,937)	\$ (23,937)	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 48,507)	576,788	576,788	3
4	Supply Inventory (priced Cost)			4
5	Short-Term Investments			5
6	Prepaid Insurance	10,079	12,793	6
7	Other Prepaid Expenses	65,261	65,261	7
8	Accounts Receivable (owners or related parties)	606	61,405	8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 628,797	\$ 692,310	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		127,000	13
14	Buildings, at Historical Cost		3,558,140	14
15	Leasehold Improvements, at Historical Cost	2,914	297,136	15
16	Equipment, at Historical Cost	60,116	274,103	16
17	Accumulated Depreciation (book methods)	(43,140)	(1,612,131)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		184,861	19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(200,265)	20
21	Restricted Funds		171,679	21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>Intercompany Loans</u>	1,662,297	1,662,297	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,682,187	\$ 4,462,820	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,310,984	\$ 5,155,130	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 117,356	\$ 117,356	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	32,963	32,963	30
31	Accrued Taxes Payable		118,234	31
32	Accrued Interest Payable		44,683	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	<u>Payroll Withholdings</u>	41,957	41,957	35
36		2,227	2,227	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 194,503	\$ 357,420	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable		7,257,412	39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	<u>Intercompany Loans</u>	225,508	280,804	42
43	<u>Loans-MCAD Adv. & SBA PPP</u>	200,000	200,000	43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 425,508	\$ 7,738,216	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 620,011	\$ 8,095,636	45
46	TOTAL EQUITY	\$ 1,690,973	\$ (2,940,506)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 2,310,984	\$ 5,155,130	47

*(See instructions.)

Facility Name: Legacy Estates of Monmouth

Report Period Beginning: 1/1/2021

Ending:

12/31/2021

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	\$ 2,011,497	1
2	Discounts and Allowances	(152,822)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,858,675	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	67,527	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 67,527	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	313	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 313	14
	D. Other Revenue (specify):		
15	Miscellaneous and Cable TV Income	17,042	15
16	Illinois Cares Act Stimulus Revenue	253,851	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 270,893	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,197,408	18

2			
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	465,112	19
20	Health Care/ Personal Care	441,455	20
21	General Administration	437,967	21
	B. Capital Expense		
22	Ownership	655,999	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)	\$ 2,000,533	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 196,875	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 196,875	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 1,223,486	32
33	Private Pay - Net Inpatient Revenue	635,189	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 1,858,675	37

	Salaries	Supplies	Other	Total	Reclass- ifications	Reclassified Total	Adjusted Adjustmen	Total
1. Dietary	86,059	13,813	0	99,872	0	99,872	0	99,872
2. Food Purchase	0	118,992	0	118,992	0	118,992	-67,527	51,465
3. Housekeeping	68,300	15,043	0	83,343	0	83,343	0	83,343
4. Laundry	0	3,075	0	3,075	0	3,075	0	3,075
5. Heat and Other Utilities	0	0	65,118	65,118	0	65,118	0	65,118
6. Maintenance	56,037	6,472	32,203	94,712	0	94,712	0	94,712
7. Other (specify)*	0	0	0	0	0	0	0	0
8. Total General Services	210,396	157,395	97,321	465,112	0	465,112	-67,527	397,585
9. Medical Director	0	0	0	0	0	0	0	0
10. Nursing & Medical Records	399,945	4,137	0	404,082	0	404,082	-7,115	396,967
10a. Therapy	0	0	0	0	0	0	0	0
11. Activities	36,939	100	334	37,373	0	37,373	0	37,373
12. Social Services	0	0	0	0	0	0	0	0
13. Nurse Aide Training	0	0	0	0	0	0	0	0
14. Program Transportation	0	0	0	0	0	0	0	0
15. Other (specify)*	0	0	0	0	0	0	0	0
16. Total Health Care & Programs	436,884	4,237	334	441,455	0	441,455	-7,115	434,340
17. Administrative	50,361	0	97,200	147,561	0	147,561	-97,200	50,361
18. Directors Fees	0	0	0	0	0	0	0	0
19. Professional Services	0	0	28,374	28,374	0	28,374	0	28,374
20. Fees, Subscriptions & Promotion	0	0	5,386	5,386	0	5,386	0	5,386
21. Clerical & General Office	34,499	903	16,003	51,405	0	51,405	-77	51,328
22. Employee Benefits & Payroll	0	0	108,568	108,568	0	108,568	0	108,568
23. Inservice Training & Education	0	0	46	46	0	46	0	46
24. Travel and Seminar	0	0	0	0	0	0	0	0
25. Other Admin. Staff Trans	0	0	2,067	2,067	0	2,067	0	2,067
26. Insurance-Prop.Liab.Malpractice	0	0	23,393	23,393	0	23,393	14,324	37,717
27. Other (specify)*	27,459	970	42,738	71,167	0	71,167	-71,167	0
28. Total General Adminis	112,319	1,873	323,775	437,967	0	437,967	-154,120	283,847
29. Total General Administrative	759,599	163,505	421,430	1,344,534	0	1,344,534	-228,762	1,115,772
30. Depreciation	0	0	2,655	2,655	0	2,655	112,357	115,012
31. Amortization of Pre-Op. & Org.	0	0	0	0	0	0	92,430	92,430
32. Interest	0	0	0	0	0	0	525,798	525,798
33. Real Estate	0	0	0	0	0	0	58,858	58,858
34. Rent - Facility & Grounds	0	0	648,864	648,864	0	648,864	-648,864	0
35. Rent - Equipment & Vehicles	0	0	4,480	4,480	0	4,480	0	4,480
36. Other (specify):*	0	0	0	0	0	0	0	0
37. Total Ownership	0	0	655,999	655,999	0	655,999	140,579	796,578
38. Medically Necessary T	0	0	0	0	0	0	0	0
39. Ancillary Service Cent	0	0	0	0	0	0	0	0
40. Barber and Beauty Shop	0	0	0	0	0	0	0	0
41. Coffee and Gift Shops	0	0	0	0	0	0	0	0
42	0	0	0	0	0	0	0	0
43. Other (specify):*	0	0	0	0	0	0	0	0
44. Total Special Cost Ce	0	0	0	0	0	0	0	0
45. Grand Total	759,599	163,505	1,077,429	2,000,533	0	2,000,533	-88,183	1,912,350

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	-23,937	-23,937
2. Cash - Patient Deposits	0	0
3. Accounts & Notes Recievable	576,788	576,788
4. Supply Inventory	0	0
5. Short-Term Investments	0	0
6. Prepaid Insurance	10,079	12,793
7. Other Prepaid Expenses	65,261	65,261
8. Accounts Receivable-Owner/Related Party	606	61,405
9. Other (specify):	0	0
10. Total current assets	628,797	692,310
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	0	0
13. Land	0	127,000
14. Buildings, at Historical Cost	0	3,558,140
15. Leasehold Improvements, Historical Cost	2,914	297,136
16. Equipment, at Historical Cost	60,116	274,103
17. Accumulated Depreciation (book methods)	-43,140	-1,612,131
18. Deferred Charges	0	0
19. Organization & Pre-Operating Costs	0	184,861
20. Accum Amort - Org/Pre-Op Costs	0	-200,265
21. Restricted Funds	0	171,679
22. Other Long-Term Assets (specify):	0	0
23. other (specify):	1,662,297	1,662,297
24. Total Long-Term Assets	1,682,187	4,462,820
25. Total Assets	2,310,984	5,155,130
CURRENT LIABILITIES		
26. Accounts Payable	117,356	117,356
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	32,963	32,963
31. Accrued Taxes Payable	0	0
32. Accrued Real Estate Taxes	0	118,234
33. Accrued Interest Payable	0	44,683
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	41,957	41,957
37. Other Current Liabilities (specify):	2,227	2,227
38. Total Current Liabilities	194,503	357,420
LONG TERM LIABILITES		
39.Long-Term Notes Payable	0	0
40.Mortgage Payable	0	7,257,412
41.Bonds Payable	0	0
42.Deferred Compensation	0	0
43.Other Long-Term Liabilities (specify):	225,508	280,804
44.Other Long-Term Liabilities (specify):	200,000	200,000
45.Total Long-Term Liabilities	425,508	7,738,216
46.Total Liabilities	620,011	8,095,636
47.Total Equity	1,690,973	-2,940,506
48.Total Liabilities and Equity	2,310,984	5,155,130

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	2,011,497
2. Discounts and Allowances for all Level	-152,822
Subtotal - Inpatient Care	1,858,675
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	67,527
15. Telephone, Television, and Radio	9,850
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	77,377
24. Contributions	0
25. Interest and Other Investments Income	313
Subtotal - Non-Operating Revenue	313
27. Other Revenue (specify):	0
28. Other Revenue (specify):	261,043
Subtotal - Other Revenue	261,043
30. Total Revenue	2,197,408
31. General Services	465,112
32. Health Care	441,455
33. General Administration	437,967
34. Ownership	655,999
35. Special Cost Centers	0
35. Provider Participation Fee	0
37. Other	0
40. Total Expenses	2,000,533
41. Income Before Income Taxes	196,875
42. Income Taxes	0
43. Net Income or Loss for the Year	196,875