

		FOR BHF USE			

LL2

Supportive Living Facility

**2014
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2014)**

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.

<p>I. Facility ID Number: <u>1000084</u></p> <p>Facility Name: <u>Legacy Estates of Monmouth</u></p> <p>Address: <u>1200 West Broadway</u> <u>Monmouth</u> <u>61462</u> <small>Number City Zip Code</small></p> <p>County: <u>Warren</u></p> <p>Telephone Number: (<u>309</u>) <u>734-0909</u> Fax # <u>(309) 734-0910</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>8/16/2007</u></p> <p>Type of Ownership:</p> <table style="width:100%"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input checked="" type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td>IRS Exemption Code _____</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> "Sub-S" Corp.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Limited Liability Co.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>Mike Kocher</u> Telephone Number: <u>(309)691-8113</u> Email Address: _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	IRS Exemption Code _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input checked="" type="checkbox"/> "Sub-S" Corp.			<input type="checkbox"/> Limited Liability Co.			<input type="checkbox"/> Trust			<input type="checkbox"/> Other _____		<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1/1/2014</u> to <u>12/31/2014</u> 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.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table style="width:100%"> <tr> <td style="width:20%;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Type or Print Name) <u>Mark Petersen</u></td> <td></td> </tr> <tr> <td></td> <td>(Title) <u>Chief Executive Officer</u></td> <td></td> </tr> <tr> <td>Paid Preparer</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Print Name and Title) _____</td> <td></td> </tr> <tr> <td></td> <td>(Firm Name & Address) _____</td> <td></td> </tr> <tr> <td></td> <td>(Telephone) () _____</td> <td>Fax # () _____</td> </tr> </table> <p align="right">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</p>	Officer or Administrator of Provider	(Signed) _____	(Date) _____		(Type or Print Name) <u>Mark Petersen</u>			(Title) <u>Chief Executive Officer</u>		Paid Preparer	(Signed) _____	(Date) _____		(Print Name and Title) _____			(Firm Name & Address) _____			(Telephone) () _____	Fax # () _____
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																																												
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	(Telephone) () _____	Fax # () _____																																												

Facility Name Legacy Estates of Monmouth

Report Period Beginning: 1/1/2014 Ending: 12/31/2014

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 Type of Unit	2 3 4 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other		Total
5	Single Unit	14,813	4,683		19,496	5
6	Double Unit					6
7	Other					7
8	TOTALS	14,813	4,683		19,496	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 90.53%

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

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

H. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/2014 Fiscal Year: 12/31/2014

* 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. _____

Facility Name: Legacy Estates of Monmouth

Report Period Beginning:

1/1/2014

Ending: 12/31/2014

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	67,148	107,413		174,561	(3,411)	171,150	1
2	Housekeeping, Laundry and Maintenance	81,556	30,620	19,858	132,034		132,034	2
3	Heat and Other Utilities			63,090	63,090		63,090	3
4	Other (specify):							4
5	TOTAL General Services	148,704	138,033	82,948	369,685	(3,411)	366,274	5
B. Health Care and Programs								
6	Health Care/ Personal Care	332,212	2,085		334,297		334,297	6
7	Activities and Social Services	29,488	539	586	30,613	(6,182)	24,431	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	361,700	2,624	586	364,910	(6,182)	358,728	9
C. General Administration								
10	Administrative and Clerical	21,381	2,512	113,754	137,647	(59,060)	78,587	10
11	Marketing Materials, Promotions and Advertising	13,724	3,155	1,154	18,033	(18,033)		11
12	Employee Benefits and Payroll Taxes			78,725	78,725		78,725	12
13	Insurance-Property, Liability and Malpractice			9,644	9,644		9,644	13
14	Other (specify):			10,330	10,330	(10,330)		14
15	TOTAL General Administration	35,105	5,667	213,607	254,379	(87,423)	166,956	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	545,509	146,324	297,141	988,974	(97,016)	891,958	16
Capital Expenses								
D. Ownership								
17	Depreciation			127,706	127,706	(127,706)		17
18	Interest			280,311	280,311	(4)	280,307	18
19	Real Estate Taxes			62,766	62,766		62,766	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			1,639	1,639		1,639	21
22	Other (specify):			12,315	12,315		12,315	22
23	TOTAL Ownership			484,737	484,737	(127,710)	357,027	23
24	GRAND TOTAL (Sum of lines 16 and 23)	545,509	146,324	781,878	1,473,711	(224,726)	1,248,985	24

Facility Name: Legacy Estates of Monmouth

Report Period Beginning 1/1/2014

Ending: 12/31/2014

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 19.77	1
2	Licensed Practical Nurses	3	15.62	2
3	Certified Nurse Assistants	7	9.13	3
4	Activity Director & Assistants	1	10.12	4
5	Social Service Workers			5
6	Head Cook	1	10.25	6
7	Cook Helpers/Assistants	3	8.62	7
8	Dishwashers			8
9	Maintenance Workers	1	14.52	9
10	Housekeepers	1	8.69	10
11	Laundry			11
12	Managers	1	19.23	12
13	Other Administrative			13
14	Clerical	1	10.38	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	20	\$	17

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

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, Inc. & Petersen Health Care M If yes, what is the value of those services? \$ 99,000
 (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:

1/1/2014

Ending:

12/31/2014

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	91,409	39	90,978	\$ (431)	\$ 591,357	1
2				2009	10,000	401	25	400	(1)	1,800	2
3											3
4											4
5											5
Improvement Type											
6		2008 Repairs		2008	7,120	475	15	475		3,089	6
7		2009 Repairs		2009	41,649	2,777	15	2,777		15,904	7
8		Curb Replacement		2010	8,800	587	15	587		2,638	8
9		Door		2012	4,723	315	15	315		786	9
10		Carpeting		2013	23,776	1,585	15	1,585		2,378	10
11		Bathroom Repair Shower Install		2014	14,659	814	15	814		814	11
12		Elevator Repair		2014	2,785	298	7	298		298	12
13		Dining Room Construction		2014	40,854	953	25	953		953	13
14		Door Restrictor for Elevator		2014	3,000	143	7	143		143	14
15		Water Heater		2014	4,029	96	7	96		96	15
16		Roof Repairs		2014	4,188	50	7	50		50	16
17		TOTAL (lines 1 thru 16)			\$ 3,713,723	\$ 99,903		\$ 99,471	\$ (432)	\$ 620,306	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	\$ 20,251	\$ 20,251	-	10 yrs.	136,178	18
19	Vehicles	39,064	7,813	7,813		5 yrs.	11,719	19
20	TOTAL (lines 18 and 19)	\$ 255,057	\$ 28,064	\$ 28,064	\$		\$ 147,897	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	N/A				22
23					23
24	TOTALS (lines 21, 22 and 23)	\$	\$	\$	24

Facility Name: Legacy Estates of Monmouth

Report Period Beginning: 1/1/2014

Ending: 12/31/2014

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2014

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,811,531	\$ 1,811,531	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 35,121)	119,526	119,526	3
4	Supply Inventory (priced : Cost)	5,086	5,086	4
5	Short-Term Investments			5
6	Prepaid Insurance	21,016	21,016	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)	\$ 1,957,159	\$ 1,957,159	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	150,800	127,000	13
14	Buildings, at Historical Cost	2,762,532	3,558,140	14
15	Leasehold Improvements, at Historical Cost	927,391	155,583	15
16	Equipment, at Historical Cost	255,057	255,057	16
17	Accumulated Depreciation (book methods)	(923,332)	(768,203)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	60,073	60,073	19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(42,052)	(42,052)	20
21	Restricted Funds			21
22	Other Long-Term Assets (Loan Costs			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 3,190,469	\$ 3,345,598	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,147,628	\$ 5,302,757	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 119,254	\$ 119,254	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	28,941	28,941	30
31	Accrued Taxes Payable	73,042	73,042	31
32	Accrued Interest Payable	11,362	11,362	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Payroll Withholdings	45,767	45,767	35
36	Security Deposits	42,400	42,400	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 320,766	\$ 320,766	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	81,066	81,066	38
39	Mortgage Payable	3,886,777	3,886,777	39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	Accrued Management Fees	417,840	417,840	42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 4,385,683	\$ 4,385,683	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 4,706,449	\$ 4,706,449	45
46	TOTAL EQUITY	\$ 441,179	\$ 596,308	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 5,147,628	\$ 5,302,757	47

*(See instructions.)

Facility Name: Legacy Estates of Monmouth

Report Period Beginning: 1/1/2014

Ending:

12/31/2014

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

	1	Amount	
	Revenue		
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 1,393,976	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,393,976	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	3,411	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 3,411	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	4	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 4	14
	D. Other Revenue (specify):		
15		6,750	15
16		6,242	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 12,992	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,410,383	18

	2	Amount	
	Expenses		
	A. Operating Expenses		
19	General Services	369,685	19
20	Health Care/ Personal Care	364,910	20
21	General Administration	254,379	21
	B. Capital Expense		
22	Ownership	484,737	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)	\$ 1,473,711	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (63,328)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (63,328)	31

	Salaries	Supplies	Other	Total	Reclass- ifications	Reclassified Total	Adjusted Adjustments	Total
1. Dietary	67,148	6,084	0	73,232	0	73,232	0	73,232
2. Food Purchase	0	101,329	0	101,329	0	101,329	-3,411	97,918
3. Housekeeping	49,768	19,141	0	68,909	0	68,909	0	68,909
4. Laundry	0	1,379	0	1,379	0	1,379	0	1,379
5. Heat and Other Utilities	0	0	63,090	63,090	0	63,090	0	63,090
6. Maintenance	31,788	10,100	19,858	61,746	0	61,746	0	61,746
7. Other (specify)*	0	0	0	0	0	0	0	0
8. Total General Services	148,704	138,033	82,948	369,685	0	369,685	-3,411	366,274
9. Medical Director	0	0	0	0	0	0	0	0
10. Nursing & Medical Records	332,212	2,085	0	334,297	0	334,297	0	334,297
10a. Therapy	0	0	0	0	0	0	0	0
11. Activities	29,488	522	586	30,596	0	30,596	-6,182	24,414
12. Social Services	0	17	0	17	0	17	0	17
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	361,700	2,624	586	364,910	0	364,910	-6,182	358,728
17. Administrative	0	0	99,000	99,000	0	99,000	-59,000	40,000
18. Directors Fees	0	0	0	0	0	0	0	0
19. Professional Services	0	0	1,232	1,232	0	1,232	0	1,232
20. Fees, Subscriptions & Promotion	0	0	2,706	2,706	0	2,706	0	2,706
21. Clerical & General Office	21,381	2,512	8,682	32,575	0	32,575	-60	32,515
22. Employee Benefits & Payroll	0	0	78,725	78,725	0	78,725	0	78,725
23. Inservice Training & Education	0	0	145	145	0	145	0	145
24. Travel and Seminar	0	0	0	0	0	0	0	0
25. Other Admin. Staff Trans	0	0	1,989	1,989	0	1,989	0	1,989
26. Insurance-Prop.Liab.Malpractice	0	0	9,644	9,644	0	9,644	0	9,644
27. Other (specify)*	13,724	3,155	11,484	28,363	0	28,363	-28,363	0
28. Total General Adminis	35,105	5,667	213,607	254,379	0	254,379	-87,423	166,956
29. Total General Administrative	545,509	146,324	297,141	988,974	0	988,974	-97,016	891,958

30. Depreciation	0	0	127,706	127,706	0	127,706	-127,706	0
31. Amortization of Pre-Op. & Org.	0	0	12,315	12,315	0	12,315	0	12,315
32. Interest	0	0	280,311	280,311	0	280,311	-4	280,307
33. Real Estate	0	0	62,766	62,766	0	62,766	0	62,766
34. Rent - Facility & Grounds	0	0	0	0	0	0	0	0
35. Rent - Equipment & Vehicles	0	0	1,639	1,639	0	1,639	0	1,639
36. Other (specify):*	0	0	0	0	0	0	0	0
37. Total Ownership	0	0	484,737	484,737	0	484,737	-127,710	357,027
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. Other (specify):*	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	545,509	146,324	781,878	1,473,711	0	1,473,711	-224,726	1,248,985

	After	
	Operating	Consolidation
General Service Cost Center		
1. Cash on hand and in banks	1,811,531	1,811,531
2. Cash - Patient Deposits	0	0
3. Accounts & Notes Recievable	119,526	119,526
4. Supply Inventory	5,086	5,086
5. Short-Term Investments	0	0
6. Prepaid Insurance	21,016	21,016
7. Other Prepaid Expenses	0	0
8. Accounts Receivable-Owner/Related Party	0	0
9. Other (specify):	0	0
10. Total current assets	1,957,159	1,957,159
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	0	0
13. Land	150,800	127,000
14. Buildings, at Historical Cost	2,762,532	3,558,140
15. Leasehold Improvements, Historical Cost	927,391	155,583
16. Equipment, at Historical Cost	255,057	255,057
17. Accumulated Depreciation (book methods)	-923,332	-768,203
18. Deferred Charges	0	0
19. Organization & Pre-Operating Costs	60,073	60,073
20. Accum Amort - Org/Pre-Op Costs	-42,052	-42,052
21. Restricted Funds	0	0
22. Other Long-Term Assets (specify):	0	0
23. other (specify):	0	0
24. Total Long-Term Assets	3,190,469	3,345,598
25. Total Assets	5,147,628	5,302,757
CURRENT LIABILITIES		
26. Accounts Payable	119,254	119,254
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	28,941	28,941
31. Accrued Taxes Payable	8,074	8,074

32. Accrued Real Estate Taxes	64,968	64,968
33. Accrued Interest Payable	11,362	11,362
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	45,767	45,767
37. Other Current Liabilities (specify):	0	0
38. Total Current Liabilities	278,366	278,366
LONG TERM LIABILITES		
39.Long-Term Notes Payable	81,066	81,066
40.Mortgage Payable	3,886,777	3,886,777
41.Bonds Payable	0	0
42.Deferred Compensation	42,400	42,400
43.Other Long-Term Liabilities (specify):	417,840	417,840
44.Other Long-Term Liabilities (specify):	0	0
45.Total Long-Term Liabilities	4,428,083	4,428,083
46.Total Liabilities	4,706,449	4,706,449
47.Total Equity	441,179	596,308
48.Total Liabilities and Equity	5,147,628	5,302,757

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	1,393,976
2. Discounts and Allowances for all Level	0
Subtotal - Inpatient Care	1,393,976
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 Reimbursements	0
12. Gift and Coffee Shop	0
13. Barber and Beauty Care	0
14. Non-Patient Meals	3,411
15. Telephone, Television, and Radio	6,750
16. Rental of Facility Space	0
17. Sale of Drugs	0
18. Sale of Supplies to Non-Patients	0
19. Laboratory	0
20. Radiology and X-Ray	0
21. Other Medical Services	0
22. Laundry	0
Subtotal - Other Operating Revenue	10,161
24. Contributions	0
25. Interest and Other Investments Income	4
Subtotal - Non-Operating Revenue	4
27. Other Revenue (specify):	0
28. Other Revenue (specify):	6,242
Subtotal - Other Revenue	6,242

30. Total Revenue	1,410,383
31. General Services	369,685
32. Health Care	364,910
33. General Administration	254,379
34. Ownership	484,737
35. Special Cost Centers	0
35. Provider Participation Fee	0
37. Other	0
40. Total Expenses	1,473,711
41. Income Before Income Taxes	-63,328
42. Income Taxes	0
43. Net Income or Loss for the Year	-63,328

