

		FOR BHF USE			

LL2

**Supportive Living Facility**

**2015  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES  
COST REPORT FOR  
SUPPORTIVE LIVING FACILITIES  
(FISCAL YEAR 2015)**

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><b>I. Facility ID Number:</b> <u>1000084</u></p> <p><b>Facility Name:</b> <u>Legacy Estates of Monmouth</u></p> <p><b>Address:</b> <u>1200 West Broadway</u> <u>Monmouth</u> <u>61462</u>  <small>Number City Zip Code</small></p> <p><b>County:</b> <u>Warren</u></p> <p><b>Telephone Number:</b> ( <u>309</u> ) <u>734-0909</u> <b>Fax #</b> <u>(309) 734-0910</u></p> <p><b>Federal Employer ID Number:</b> _____</p> <p><b>Date Current Owners were Certified:</b> <u>8/16/2007</u></p> <p><b>Type of Ownership:</b></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><b>IRS Exemption Code</b> _____</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><b>In the event there are further questions about this report, please contact:</b>  <b>Name:</b> <u>Mike Kocher</u> <b>Telephone Number:</b> ( <u>309</u> ) <u>691-8113</u>  <b>Email Address:</b> _____</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	<b>IRS Exemption Code</b> _____	<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><b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b></p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1/1/2015</u> to <u>12/31/2015</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%; vertical-align: top;"> <b>Officer or Administrator of Provider</b> </td> <td>                 (Signed) _____                  (Type or Print Name) <u>Mark B. Petersen</u>                  (Title) <u>Chief Executive Officer</u> </td> </tr> <tr> <td style="vertical-align: top;"> <b>Paid Preparer</b> </td> <td>                 (Signed) _____                  (Date) _____                  (Print Name and Title) _____                  (Firm Name &amp; Address) _____                  (Telephone) ( <u>    </u> ) _____ <b>Fax #</b> ( <u>    </u> ) _____             </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 <b>Phone #</b> (217) 782-1630             </p>	<b>Officer or Administrator of Provider</b>	(Signed) _____ (Type or Print Name) <u>Mark B. Petersen</u> (Title) <u>Chief Executive Officer</u>	<b>Paid Preparer</b>	(Signed) _____ (Date) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) ( <u>    </u> ) _____ <b>Fax #</b> ( <u>    </u> ) _____
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																											
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<b>Paid Preparer</b>	(Signed) _____ (Date) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) ( <u>    </u> ) _____ <b>Fax #</b> ( <u>    </u> ) _____																												

Facility Name Legacy Estates of Monmouth

Report Period Beginning: 1/1/2015 Ending: 12/31/2015

**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	8,763	8,900		17,663	5
6	Double Unit					6
7	Other					7
8	TOTALS	8,763	8,900		17,663	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 82.02%

**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: 12/31/2015 Fiscal Year: 12/31/2015

\* 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:

1/1/2015

Ending: 12/31/2015

## 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			
<b>A. General Services</b>								
1	Dietary and Food Purchase	71,604	111,279		182,883	(1,764)	181,119	1
2	Housekeeping, Laundry and Maintenance	78,394	24,492	26,514	129,400		129,400	2
3	Heat and Other Utilities			56,711	56,711		56,711	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	<b>149,998</b>	<b>135,771</b>	<b>83,225</b>	<b>368,994</b>	<b>(1,764)</b>	<b>367,230</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	345,353	(823)		344,530	(175)	344,355	6
7	Activities and Social Services	36,029	128	326	36,483	(7,247)	29,236	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>381,382</b>	<b>(695)</b>	<b>326</b>	<b>381,013</b>	<b>(7,422)</b>	<b>373,591</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	24,399	1,787	127,354	153,540	(64,733)	88,807	10
11	Marketing Materials, Promotions and Advertising	36,950	1,650		38,600	(38,600)		11
12	Employee Benefits and Payroll Taxes			85,293	85,293		85,293	12
13	Insurance-Property, Liability and Malpractice			17,589	17,589		17,589	13
14	Other (specify):			19,386	19,386	(19,386)		14
15	<b>TOTAL General Administration</b>	<b>61,349</b>	<b>3,437</b>	<b>249,622</b>	<b>314,408</b>	<b>(122,719)</b>	<b>191,689</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>592,729</b>	<b>138,513</b>	<b>333,173</b>	<b>1,064,415</b>	<b>(131,905)</b>	<b>932,510</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			115,799	115,799	15,343	131,142	17
18	Interest			256,756	256,756	(475)	256,281	18
19	Real Estate Taxes			64,400	64,400		64,400	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			1,693	1,693		1,693	21
22	Other (specify):			12,015	12,015		12,015	22
23	<b>TOTAL Ownership</b>			<b>450,663</b>	<b>450,663</b>	<b>14,868</b>	<b>465,531</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>592,729</b>	<b>138,513</b>	<b>783,836</b>	<b>1,515,078</b>	<b>(117,037)</b>	<b>1,398,041</b>	<b>24</b>

Facility Name: Legacy Estates of Monmouth

Report Period Beginning 1/1/2015

Ending: 12/31/2015

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	2	\$ 20.43	1
2	Licensed Practical Nurses	3	13.39	2
3	Certified Nurse Assistants	10	9.51	3
4	Activity Director & Assistants	2	11.54	4
5	Social Service Workers			5
6	Head Cook	1	12.68	6
7	Cook Helpers/Assistants	3	8.63	7
8	Dishwashers			8
9	Maintenance Workers	1	14.35	9
10	Housekeepers	2	11.67	10
11	Laundry			11
12	Managers	1	19.95	12
13	Other Administrative			13
14	Clerical	1	11.73	14
15	Marketing	1	17.76	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>27</b>	<b>\$</b>	<b>17</b>

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
<b>Total</b>				<b>\$</b>	<b>6</b>

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? \$ 106,200

(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. (B) Management fees paid to unrelated parties

	NAME and FUNCTION	Amount of Fee	
1	N/A	\$	1
2			2
<b>Total</b>		<b>\$</b>	<b>3</b>

Facility Name: Legacy Estates of Monmouth

Report Period Beginning:

1/1/2015

Ending:

12/31/2015

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	\$ 682,335	1
2				2009	10,000	401	25	400		2,200	2
3											3
4											4
5											5
<b>Improvement Type</b>											
6		2008 Repairs		2008	7,120	475	15	475	-	3,564	6
7		2009 Repairs		2009	41,649	2,777	15	2,777	-	18,681	7
8		Curb Replacement		2010	8,800	587	15	587	-	3,225	8
9		Door		2012	4,723	315	15	315	-	1,101	9
10		Carpeting		2013	23,776	1,585	15	1,585	-	3,963	10
11		Bathroom Repair Shower Install		2014	14,659	977	15	977	-	1,791	11
12		Elevator Repair		2014	2,785	398	7	398	-	696	12
13		Dining Room Construction		2014	40,854	1,634	25	1,634	-	2,587	13
14		Door Restrictor for Elevator		2014	3,000	429	7	429		572	14
15		Water Heater		2014	4,029	576	7	576		672	15
16		Roof Repairs		2014	4,188	598	7	598		648	16
17		TOTAL (lines 1 thru 16)			\$ 3,713,723	\$ 101,536		\$ 101,729	\$ 194	\$ 722,035	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	\$ 6,450	\$ 21,600	15,150	10 yrs.	157,778	18
19	Vehicles	39,064	7,813	7,813	-	5 yrs.	19,532	19
20	TOTAL (lines 18 and 19)	\$ 255,057	\$ 14,263	\$ 29,413	15,150		\$ 177,310	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	N/A	\$	\$	\$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$	\$	\$	24

Facility Name: Legacy Estates of Monmouth

Report Period Beginning: 1/1/2015

Ending: 2/31/2015

**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	<b>TOTAL</b>				\$			7

8. Is movable equipment rental included in building rental?  YES  NO

9. Rental amount for movable equipment \$ 1,693

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	Name of Lender	2		3	4	6		7	8	9	
			Related**	YES			NO	Purpose of Loan				
							Original	Balance				
		<b>A. Directly Facility Related</b>										
		<b>Long-Term</b>										
1		Midwest Bank of Western IL		X	Mortgage	4/30/09	4,237,500	3,762,484	6/27/16	0.0700	\$ 252,326	1
2		Ford Credit		X	Van	10/30/13	36,636	22,099	10/29/18	0.0050	4,430	2
3						/ /			/ /			3
		<b>Working Capital</b>										
4		Heartland Bank & Trust		X	Term Loan	6/1/14	56,000	Retired				4
5						/ /			/ /			5
6						/ /			/ /			6
7		<b>TOTAL Facility Related</b>					\$ 4,330,136	\$ 3,784,583			\$ 256,756	7
		<b>B. Non-Facility Related</b>										
8						/ /			/ /			8
9						/ /			/ /			9
10		<b>TOTALS (lines 7, 8 and 9)</b>					\$ 4,330,136	\$ 3,784,583			\$ 256,756	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: 1/1/2015

Ending: 12/31/2015

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2015

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 2,078,913	\$ 2,078,913	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 33,851 )	83,489	83,489	3
4	Supply Inventory (priced : Cost )	5,086	5,086	4
5	Short-Term Investments			5
6	Prepaid Insurance	19,257	19,257	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 2,186,745	\$ 2,186,745	10
	<b>B. Long-Term Assets</b>			
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)	(1,039,132)	(919,145)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	60,073	60,073	19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(54,067)	(54,067)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <b>Non-Care Asset</b>			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 3,062,654	\$ 3,182,641	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 5,249,399	\$ 5,369,386	25

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 89,098	\$ 89,098	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	30,030	30,030	30
31	Accrued Taxes Payable	150,290	150,290	31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35	<b>Payroll Withholdings</b>	55,258	55,258	35
36	<b>Accrued Management Fees</b>	523,059	523,059	36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 847,735	\$ 847,735	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable	22,099	22,099	38
39	Mortgage Payable	3,762,484	3,762,484	39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42	<b>Security Deposit</b>	51,400	51,400	42
43	<b>Intercompany Loans</b>	27,018	27,018	43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$ 3,863,001	\$ 3,863,001	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 4,710,736	\$ 4,710,736	45
46	<b>TOTAL EQUITY</b>	\$ 538,663	\$ 658,650	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 5,249,399	\$ 5,369,386	47

\*(See instructions.)

Facility Name: Legacy Estates of Monmouth

Report Period Beginning: 1/1/2015

Ending:

12/31/2015

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

		1	
Revenue		Amount	
<b>A. SLF Resident Care</b>			
1	Gross SLF Resident Revenue	\$ 1,595,167	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care</b> (line 1 minus line 2)	\$ 1,595,167	3
<b>B. Other Operating Revenue</b>			
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	1,764	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE</b> (sum of lines 4 thru 10)	\$ 1,764	11
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	475	13
14	<b>SUBTOTAL Non-Operating Revenue</b> (sum of lines 12 and 13)	\$ 475	14
<b>D. Other Revenue (specify):</b>			
15	Cable Television Revenue	7,625	15
16	Transportation and Misc. Revenue	7,455	16
17	<b>SUBTOTAL Other Revenue</b> (sum of lines 15 and 16)	\$ 15,080	17
18	<b>TOTAL REVENUE</b> (sum of lines 3, 11, 14 and 17)	\$ 1,612,486	18

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	368,994	19
20	Health Care/ Personal Care	381,013	20
21	General Administration	314,408	21
<b>B. Capital Expense</b>			
22	Ownership	450,663	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	<b>TOTAL EXPENSES</b> (sum of lines 19 thru 27)	\$ 1,515,078	28
29	<b>Income Before Income Taxes</b> (line 18 minus line 28)	\$ 97,408	29
30	<b>Income Taxes</b>	\$	30
31	<b>NET INCOME OR LOSS FOR THE YEAR</b> (line 29 minus line 30)	\$ 97,408	31

	Salaries	Supplies	Other	Total	Reclass- ifications	Reclassified Total	Adjusted Adjustmen	Total
1. Dietary	71,604	8,393	0	79,997	0	79,997	0	79,997
2. Food Pt	0	102,886	0	102,886	0	102,886	-1,764	101,122
3. Housek	48,538	15,924	0	64,462	0	64,462	0	64,462
4. Laundry	0	1,851	0	1,851	0	1,851	0	1,851
5. Heat an	0	0	56,711	56,711	0	56,711	0	56,711
6. Mainte	29,856	6,717	26,514	63,087	0	63,087	0	63,087
7. Other (s	0	0	0	0	0	0	0	0
8. Total G	149,998	135,771	83,225	368,994	0	368,994	-1,764	367,230
9. Medical	0	0	0	0	0	0	0	0
10. Nursin	345,353	-823	0	344,530	0	344,530	-175	344,355
10a. Thera	0	0	0	0	0	0	0	0
11. Activi	36,029	128	326	36,483	0	36,483	-7,247	29,236
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	381,382	-695	326	381,013	0	381,013	-7,422	373,591
17. Admir	0	0	106,200	106,200	0	106,200	-64,700	41,500
18. Direct	0	0	0	0	0	0	0	0
19. Profes	0	0	5,593	5,593	0	5,593	0	5,593
20. Fees, S	0	0	2,997	2,997	0	2,997	0	2,997
21. Cleric:	24,399	1,787	10,428	36,614	0	36,614	-33	36,581
22. Emplo	0	0	85,293	85,293	0	85,293	0	85,293
23. Inservi	0	0	0	0	0	0	0	0
24. Travel	0	0	0	0	0	0	0	0
25. Other	0	0	2,136	2,136	0	2,136	0	2,136
26. Insura	0	0	17,589	17,589	0	17,589	0	17,589
27. Other	36,950	1,650	19,386	57,986	0	57,986	-57,986	0
28. Total C	61,349	3,437	249,622	314,408	0	314,408	-122,719	191,689
29. Total C	592,729	138,513	333,173	1,064,415	0	1,064,415	-131,905	932,510

30. Deprec	0	0	115,799	115,799	0	115,799	15,343	131,142
31. Amort	0	0	12,015	12,015	0	12,015	0	12,015
32. Interes	0	0	256,756	256,756	0	256,756	-475	256,281
33. Real E	0	0	64,400	64,400	0	64,400	0	64,400
34. Rent -	0	0	0	0	0	0	0	0
35. Rent -	0	0	1,693	1,693	0	1,693	0	1,693
36. Other	0	0	0	0	0	0	0	0
37. Total C	0	0	450,663	450,663	0	450,663	14,868	465,531
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	592,729	138,513	783,836	1,515,078	0	1,515,078	-117,037	1,398,041

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	2,078,913	2,078,913
2. Cash - Patient Deposits	0	0
3. Accounts & Notes Recievable	83,489	83,489
4. Supply Inventory	5,086	5,086
5. Short-Term Investments	0	0
6. Prepaid Insurance	19,257	19,257
7. Other Prepaid Expenses	0	0
8. Accounts Receivable-Owner/Related Party	0	0
9. Other (specify):	0	0
10. Total current assets	2,186,745	2,186,745
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)	-1,039,132	-919,145
18. Deferred Charges	0	0
19. Organization & Pre-Operating Costs	60,073	60,073
20. Accum Amort - Org/Pre-Op Costs	-54,067	-54,067
21. Restricted Funds	0	0
22. Other Long-Term Assets (specify):	0	0
23. other (specify):	0	0
24. Total Long-Term Assets	3,062,654	3,182,641
25. Total Assets	5,249,399	5,369,386
CURRENT LIABILITIES		
26. Accounts Payable	89,098	89,098
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	30,030	30,030
31. Accrued Taxes Payable	20,922	20,922

32. Accrued Real Estate Taxes	129,368	129,368
33. Accrued Interest Payable	0	0
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	55,258	55,258
37. Other Current Liabilities (specify):	523,059	523,059
38. Total Current Liabilities	847,735	847,735
LONG TERM LIABILITES		
39.Long-Term Notes Payable	22,099	22,099
40.Mortgage Payable	3,762,484	3,762,484
41.Bonds Payable	0	0
42.Deferred Compensation	0	0
43.Other Long-Term Liabilities (specify):	51,400	51,400
44.Other Long-Term Liabilities (specify):	27,018	27,018
45.Total Long-Term Liabilities	3,863,001	3,863,001
46.Total Liabilities	4,710,736	4,710,736
47.Total Equity	538,663	658,650
48.Total Liabilities and Equity	5,249,399	5,369,386

Balance per  
Medicaid  
Trial Balance

1. Gross R	1,595,167
2. Discour	0
Subtota	1,595,167
4. Day Ca	0
5. Other C	0
6. Therapy	0
7. Oxygen	0
Subtota -	
9. Paymen	0
10. Other	0
11. Nurses	0
12. Gift ar	0
13. Barber	0
14. Non-P	1,764
15. Teleph	7,625
16. Rental	0
17. Sale of	0
18. Sale of	0
19. Labor	0
20. Radiol	0
21. Other	0
22. Laund	0
Subtot	9,389
24. Contri	0
25. Interes	475
Subtot	475
27. Other	0
28. Other	7,455
Subtot	7,455

30. Total I	1,612,486
31. Gener:	369,685
32. Health	364,910
33. Gener:	254,379
34. Owner	484,737
35. Specia	0
35. Provid	0
37. Other	0
40. Total I	1,473,711
41. Incom	138,775
42. Incom	0
43. Net In	138,775