

		FOR BHF USE			

LL2

**Supportive Living Facility**

**2018  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES  
COST REPORT FOR  
SUPPORTIVE LIVING FACILITIES  
(FISCAL YEAR 2018)**

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

<p><b>I. Facility ID Number:</b> <u>1000084</u></p> <p><b>Facility Name:</b> <u>Legacy Estates of Monmouth</u></p> <hr/> <p><b>Address:</b> <u>1200 West Broadway</u> <u>Monmouth</u> <u>61462</u></p> <p align="center">Number City Zip Code</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</u> ) <u>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></p> <p><b>Name:</b> <u>Mike Kocher</u> <b>Telephone Number:</b> <u>(309) 691-8113</u></p> <p><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>1/1/2018</u> to <u>12/31/2018</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 align="center">Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table border="1" style="width:100%"> <tr> <td style="width:20%;"><b>Officer or Administrator of Provider</b></td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Type or Print Name) <u>Mark B. Petersen</u></td> <td></td> </tr> <tr> <td></td> <td>(Title) <u>Chief Executive Officer</u></td> <td></td> </tr> </table> <table border="1" style="width:100%"> <tr> <td style="width:20%;"><b>Paid Preparer</b></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 &amp; Address) _____</td> <td></td> </tr> <tr> <td></td> <td>(Telephone) ( <u>    </u> ) _____</td> <td>Fax # ( <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 Phone # (217) 782-1630</p>	<b>Officer or Administrator of Provider</b>	(Signed) _____	(Date) _____		(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> ) _____	Fax # ( <u>    </u> ) _____
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Facility Name Legacy Estates of Monmouth

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

**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	13,528	6,880		20,408	5
6	Double Unit					6
7	Other					7
8	TOTALS	13,528	6,880		20,408	8

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

**D. Indicate the number of paid bed-hold days the SLF had during this year**  
None Also, indicate the number of unpaid bed-hold days the SLF had during this year. None (Do not include bed-hold days in Section B.)

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

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

**J. Does the facility have any Illinois Housing Development Authority Loans outstanding?** No If yes, did the facility make all of the required payments of interest and principal? \_\_\_\_\_  
 If no, explain. \_\_\_\_\_

**K. Does the facility have any loans from the Federal Home Loan Bank outstanding?** No If yes, did the facility make all of 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. \_\_\_\_\_

Facility Name: Legacy Estates of Monmouth

Report Period Beginning:

1/1/2018

Ending: 12/31/2018

## IV. COST CENTER EXPENSES (please round to the nearest dollar)

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

Facility Name: Legacy Estates of Monmouth

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

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

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

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	N/A	\$ 1
2		\$ 2
		<b>Total</b>
		<b>\$ 3</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? \$ 166,600

(Please attach a separate schedule itemizing those services.)

C. Does page 3 include any costs derived from transactions (including rent) with related parties? YES  NO

If so, please attach a separate schedule detailing the nature of those services, their costs as they appear on your books and the underlying cost to the related party (i.e., not including markup).

Facility Name: Legacy Estates of Monmouth

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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	\$ 955,269	1
2				2009	10,000	401	25	400	(1)	3,400	2
3											3
4											4
5											5
<b>Improvement Type</b>											
6		2008 Repairs		2008	7,120	475	15	475		4,989	6
7		2009 Repairs		2009	41,649	2,777	15	2,777		27,012	7
8		Curb Replacement		2010	8,800	587	15	587		4,986	8
9		Door		2012	4,723	315	15	315		2,046	9
10		Carpeting		2013	23,776	1,585	15	1,585		8,718	10
11		2014 Repairs		2014	69,515	4,612	7 TO 25	4,612		20,802	11
12		Water Heater		2016	6,223	889	7	890	1	2,225	12
13		Water Heater		2017	6,535	699	7	934	235	1,868	13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 3,726,481	\$ 103,124		\$ 103,553	\$ 429	\$ 1,031,315	17

C. Equipment Depreciation -- Including Transportation.

	Type	1 Cost	2 Current Book Depreciation	3 Straight Line Depreciation	4 Adjustments	5 Life in Years	6 Accumulated Depreciation	
18	Movable Equipment	\$ 218,638	5,375	17,396	12,021	7-10 yrs.	\$ 218,638	18
19	Vehicles	39,064	6,744	3,906	(2,838)	5 yrs.	39,064	19
20	TOTAL (lines 18 and 19)	\$ 257,702	\$ 12,119	\$ 21,302	9,183		\$ 257,702	20

D. Depreciable Non-Care Assets Included in General Ledger.

	1 Description and Year Acquired	2 Cost	3 Current Book Depreciation	4 Accumulated Depreciation	
21		\$	\$	\$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$	\$	\$	24

Facility Name: Legacy Estates of Monmouth

Report Period Beginning: 1/1/2018

Ending: 2/31/2018

**IX. RENTAL COSTS**

**A. Building and Fixed Equipment**

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?  YES  NO

		1	2	3	4	5	6	
		Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	Total Years Renewal Option*	
3	Original Building			/ /	\$			3
4	Additions			/ /				4
5				/ /				5
6				/ /				6
7	<b>TOTAL</b>				\$			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	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	3,505,680	4/29/34	0.0700	\$ 182,307	1
2		Ford Credit		X	Van	10/30/13	36,636	Paid	10/29/18	0.0050	347	2
3						/ /			/ /			3
		<b>Working Capital</b>										
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		<b>TOTAL Facility Related</b>					\$ 4,274,136	\$ 3,505,680			\$ 182,654	7
		<b>B. Non-Facility Related</b>										
8						/ /			/ /			8
9						/ /			/ /			9
10		<b>TOTALS (lines 7, 8 and 9)</b>					\$ 4,274,136	\$ 3,505,680			\$ 182,654	10

\* If there is an option to buy the building, please provide complete details on an attached schedule.

\*\* If there is any overlap in ownership between the facility and the lender, this must be indicated in column 2.

Facility Name: Legacy Estates of Monmouth

Report Period Beginning: 1/1/2018

Ending:

12/31/2018

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2018

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 675	\$ 675	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>21,544</u> )	175,321	175,321	3
4	Supply Inventory (priced <u>Cost</u> )	5,086	5,086	4
5	Short-Term Investments			5
6	Prepaid Insurance	11,503	11,503	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Prepaid Debt</u>	207,204	207,204	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 399,789	\$ 399,789	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	127,000	127,000	13
14	Buildings, at Historical Cost	2,762,532	3,558,140	14
15	Leasehold Improvements, at Historical Cost	963,949	168,341	15
16	Equipment, at Historical Cost	257,702	257,702	16
17	Accumulated Depreciation (book methods)	(1,386,365)	(1,289,017)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	25,805	25,805	21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 2,750,623	\$ 2,847,971	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 3,150,412	\$ 3,247,760	25

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

\*(See instructions.)

Facility Name: Legacy Estates of Monmouth

Report Period Beginning: 1/1/2018

Ending:

12/31/2018

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

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

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	400,962	19
20	Health Care/ Personal Care	416,383	20
21	General Administration	353,228	21
<b>B. Capital Expense</b>			
22	Ownership	360,050	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 (sum of lines 19 thru 27)</b>	<b>\$ 1,530,623</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ 459,467</b>	<b>29</b>
30	<b>Income Taxes</b>	<b>\$</b>	<b>30</b>
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	<b>\$ 459,467</b>	<b>31</b>
<b>III. Net Resident Care Revenue detailed by Payer Source</b>			
32	Medicaid - Net Inpatient Revenue	\$ 1,342,158	32
33	Private Pay - Net Inpatient Revenue	624,096	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	<b>TOTAL (This total must agree to Line 3)</b>	<b>\$ 1,966,254</b>	<b>37</b>

	Salaries	Supplies	Other	Total	Reclass- ifications	Reclassified Total	Adjusted Adjustmen	Total
1. Dietary	87,008	12,099	0	99,107	0	99,107	0	99,107
2. Food Pt	0	106,673	0	106,673	0	106,673	-4,892	101,781
3. Housek	38,139	13,372	0	51,511	0	51,511	0	51,511
4. Laundry	0	3,034	0	3,034	0	3,034	0	3,034
5. Heat an	0	0	66,666	66,666	0	66,666	0	66,666
6. Mainter	35,418	4,544	34,009	73,971	0	73,971	0	73,971
7. Other (s	0	0	0	0	0	0	0	0
8. Total G	160,565	139,722	100,675	400,962	0	400,962	-4,892	396,070
9. Medica	0	0	0	0	0	0	0	0
10. Nursin	376,383	505	0	376,888	0	376,888	-2,783	374,105
10a. Therz	0	0	0	0	0	0	0	0
11. Activi	38,510	980	5	39,495	0	39,495	-4,656	34,839
12. Social	0	0	0	0	0	0	0	0
13. Nurse	0	0	0	0	0	0	0	0
14. Progra	0	0	0	0	0	0	0	0
15. Other	0	0	0	0	0	0	0	0
16. Total I	414,893	1,485	5	416,383	0	416,383	-7,439	408,944
17. Admir	0	0	166,600	166,600	0	166,600	-110,600	56,000
18. Direct	0	0	0	0	0	0	0	0
19. Profes	0	0	1,260	1,260	0	1,260	0	1,260
20. Fees, f	0	0	2,625	2,625	0	2,625	0	2,625
21. Cleric:	28,493	1,651	7,114	37,258	0	37,258	0	37,258
22. Emplo	0	0	72,862	72,862	0	72,862	0	72,862
23. Inserv:	0	0	0	0	0	0	0	0
24. Travel	0	0	0	0	0	0	0	0
25. Other	0	0	1,386	1,386	0	1,386	0	1,386
26. Insura	0	0	18,461	18,461	0	18,461	0	18,461
27. Other	32,756	2,615	17,405	52,776	0	52,776	-52,776	0
28. Total C	61,249	4,266	287,713	353,228	0	353,228	-163,376	189,852
29. Total C	636,707	145,473	388,393	1,170,573	0	1,170,573	-175,707	994,866
30. Deprec	0	0	115,243	115,243	0	115,243	9,612	124,855
31. Amort	0	0	0	0	0	0	0	0
32. Interes	0	0	182,654	182,654	0	182,654	-155	182,499
33. Real E	0	0	59,245	59,245	0	59,245	0	59,245
34. Rent -	0	0	0	0	0	0	0	0
35. Rent -	0	0	2,908	2,908	0	2,908	0	2,908
36. Other	0	0	0	0	0	0	0	0
37. Total C	0	0	360,050	360,050	0	360,050	9,457	369,507
38. Medic	0	0	0	0	0	0	0	0
39. Ancill:	0	0	0	0	0	0	0	0
40. Barber	0	0	0	0	0	0	0	0
41. Coffee	0	0	0	0	0	0	0	0
42	0	0	0	0	0	0	0	0
43. Other	0	0	0	0	0	0	0	0
44. Total S	0	0	0	0	0	0	0	0
45. Grand	636,707	145,473	748,443	1,530,623	0	1,530,623	-166,250	1,364,373

	After	
	Operating	Consolidation
General Service Cost Center		
1. Cash on hand and in banks	675	675
2. Cash - Patient Deposits	0	0
3. Accounts & Notes Recievable	175,321	175,321
4. Supply Inventory	5,086	5,086
5. Short-Term Investments	0	0
6. Prepaid Insurance	11,503	11,503
7. Other Prepaid Expenses	0	0
8. Accounts Receivable-Owner/Related Party	0	0
9. Other (specify):	207,204	207,204
10. Total current assets	399,789	399,789
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	0	0
13. Land	127,000	127,000
14. Buildings, at Historical Cost	2,762,532	3,558,140
15. Leasehold Improvements, Historical Cost	963,949	168,341
16. Equipment, at Historical Cost	257,702	257,702
17. Accumulated Depreciation (book methods)	-1,386,365	-1,289,017
18. Deferred Charges	0	0
19. Organization & Pre-Operating Costs	0	0
20. Accum Amort - Org/Pre-Op Costs	0	0
21. Restricted Funds	25,805	25,805
22. Other Long-Term Assets (specify):	0	0
23. other (specify):	0	0
24. Total Long-Term Assets	2,750,623	2,847,971
25. Total Assets	3,150,412	3,247,760
CURRENT LIABILITIES		
26. Accounts Payable	109,221	109,221
27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	63,850	63,850
29. Short-Term Notes Payable	0	0
30. Accrued Salaries Payable	25,992	25,992
31. Accrued Taxes Payable	1,208	1,208
32. Accrued Real Estate Taxes	58,548	58,548
33. Accrued Interest Payable	4,942	4,942
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	168,454	168,454
37. Other Current Liabilities (specify):	985,145	985,145
38. Total Current Liabilities	1,417,360	1,417,360
LONG TERM LIABILITES		
39. Long-Term Notes Payable	0	0
40. Mortgage Payable	3,329,384	3,329,384
41. Bonds Payable	0	0
42. Deferred Compensation	0	0
43. Other Long-Term Liabilities (specify):	11,885	11,885
44. Other Long-Term Liabilities (specify):	0	0
45. Total Long-Term Liabilities	3,341,269	3,341,269
46. Total Liabilities	4,758,629	4,758,629
47. Total Equity	-1,608,217	-1,510,869
48. Total Liabilities and Equity	3,150,412	3,247,760

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	1,966,254
2. Discounts and Allowances for all Level	0
Subtotal - Inpatient Care	1,966,254
4. Day Care	0
5. Other Care for Outpatients	0
6. Therapy	0
7. Oxygen	0
Subtotal - Anciliary Revenue	-
9. Payments for Education	0
10. Other Governmental Grants	0
11. Nurses Aide Training Reimbursement	0
12. Gift and Coffee Shop	0
13. Barber and Beauty Care	0
14. Non-Patient Meals	4,892
15. Telephone, Television, and Radio	11,350
16. Rental of Facility Space	0
17. Sale of Drugs	0
18. Sale of Supplies to Non-Patients	0
19. Laboratory	0
20. Radiology and X-Ray	0
21. Other Medical Services	0
22. Laundry	0
Subtotal - Other Operating Revenue	16,242
24. Contributions	0
25. Interest and Other Investments Income	155
Subtotal - Non-Operating Revenue	155
27. Other Revenue (specify):	4,656
28. Other Revenue (specify):	2,783
Subtotal - Other Revenue	7,439
30. Total Revenue	1,990,090
31. General Services	383,074
32. Health Care	417,180
33. General Administration	344,284
34. Ownership	358,316
35. Special Cost Centers	0
35. Provider Participation Fee	0
37. Other	0
40. Total Expenses	1,502,854
41. Income Before Income Taxes	487,236
42. Income Taxes	0
43. Net Income or Loss for the Year	487,236