



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 DIVISION OF REGULATION AND LICENSURE
 SECTION FOR LONG-TERM CARE REGULATION

RELICENSURE FINANCIAL INFORMATION STATEMENT – GENERAL

All forms may be found on our website at: <https://www.health.mo.gov/NursingHomes/AppsForms.html>

OPERATOR

FOR THE 12 MONTHS

FROM TO

PART I INCOME STATEMENT

1. Net resident revenues		
2. Other revenues		
3. Net revenues		
4. Operating expenses		
5. Depreciation expense		
6. Amortization expense		
7. Interest expense		
8. Other expenses		
9. Total costs and expenses		
10. NET INCOME (LOSS)		

PART II BALANCE SHEET

11. Cash		
12. Accounts receivable		
13. Inventories		
14. Other current assets		
15. Land and land improvements		
16. Buildings and improvements		
17. Equipment		
18. Furniture and fixtures		
19. Less: accumulated depreciation		
20. Net property and equipment		
21. Other assets		
22. Total Assets		
23. Accounts payable		
24. Resident funds payable		
25. Current maturities of long-term debt		
26. Other current liabilities		
27. Long-term debt, less current maturities		
28. Other long-term liabilities		
29. Equity, or fund balance		
30. Total Liabilities and Equity (or Fund Balance)		

RELICENSURE FINANCIAL INFORMATION STATEMENT – GENERAL

INSTRUCTIONS

There are two versions of the *Relicensure Financial Information Statement* form. One is for use by general business corporations, partnerships, nonprofit corporations, limited liability companies, and government entities only. The other is for use by sole proprietors. Be sure you are using the correct form for your needs.

Operator Indicate the name of the operator as shown on the *Application for License to Operate a Long-Term Care Facility*.

Date Part I of the *Relicensure Financial Information Statement* form should indicate the revenues and expenses for the operator's prior fiscal year. Indicate the first day and the last day of that fiscal year.

PART I – INCOME STATEMENT

1. Net resident revenues – Revenue received for resident services provided.
2. Other revenues – Any revenue received other than that shown on line 1. Attach a supporting schedule.
3. **Net revenues** – Add lines 1 and 2.
4. Operating expenses – Expenses such as professional care, dietary, housekeeping, laundry, etc.
5. Depreciation expense – Depreciation expense for the period.
6. Amortization expense – Amortization expense for the period.
7. Interest expense – Interest expense for the period.
8. Other expenses – Any expenses not reported on lines 4 through 7. Attach a supporting schedule.
9. **Total costs and expenses** – Add lines 4 through 8.
10. **NET EARNINGS (LOSS)** – Subtract line 9 from line 3.

PART II – BALANCE SHEET

11. Cash – Cash on hand, bank checking and savings accounts, and other cash items.
12. Accounts receivable – Amounts due from others for services already rendered.
13. Inventories – Supplies and food held for use in ordinary business operations.
14. Other current assets – Includes any current asset not shown on lines 11 through 13. Attach a supporting schedule.
15. Land and land improvements – The original cost of land owned plus improvements.
16. Buildings and improvements – The cost of buildings owned plus improvements.
17. Equipment – Includes equipment, automobiles, machinery, etc.
18. Furniture and fixtures – Items added to the interior of a building to make it habitable.
19. Less: accumulated depreciation – Amount of depreciation claimed for income tax or book purposes to date.
20. **Net property and equipment** – Add lines 15 through 18. Then subtract line 19 from that total.
21. Other assets – Any assets not shown above. Attach a supporting schedule.
22. **Total Assets** – Add lines 11 through 14 and lines 20 and 21. This total must equal line 30.
23. Accounts payable – Debts owed to others for goods or services already received.
24. Resident funds payable – Amount of personal funds of residents held in trust.
25. Current maturities of long-term debt – The amount of long-term debt payable within twelve (12) months. (Principal only; does not include interest.) Refer to the loan amortization schedule.
26. Other current liabilities – Includes any current liabilities that cannot be classified on lines 23 through 25. Attach a supporting schedule.
27. Long-term debt, less current maturities – Total long-term debt **less** the amount shown on line 25. Total amount of principal to be paid, except for the amount to be paid within twelve (12) months. (Amount to be paid within twelve (12) months is shown on line 25 and is not included on line 27.) Refer to the amortization schedule to determine the amount of principal that will still be owed twelve (12) months after the balance sheet date.
28. Other long-term liabilities – Attach a supporting schedule.
29. Equity or fund balance – The difference between total assets and total liabilities. Subtract the total of lines 23 through 28 from line 22.
30. **Total Liabilities and Equity (or Fund Balance)** – Add lines 23 through 29. This total must equal line 22.