

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.

I. Facility ID Number: 1000088

Facility Name: Courtyard Estates of Canton

Address: 160 E Walnut Canton 61520
Number City Zip Code

County: Fulton

Telephone Number: (309) 647-6400 **Fax #** (309) 647-1419

Federal Employer ID Number: _____

Date Current Owners were Certified: 12/7/2007

Type of Ownership:

<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 _____	

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 1/1/2014 to 12/31/2014 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) _____	(Date) _____
	(Type or Print Name) <u>Mark B. Petersen</u>	
	(Title) <u>Chief Executive Officer</u>	
Paid Preparer	(Signed) _____	(Date) _____
	(Print Name and Title) _____	
	(Firm Name & Address) _____	
	(Telephone) (<u> </u>) _____	Fax # (<u> </u>) _____
	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	

Facility Name Courtyard Estates of Canton

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	51	Single Unit Apartment	51	18,615	1
2		Double Unit Apartment			2
3		Other			3
4	51	TOTALS	51	18,615	4

B. Census-For the entire report period.

	1 Type of Unit	2 3 4 Resident Days by Unit and Primary Source of Payment			5	
		Medicaid Recipient	Private Pay	Other		
5	Single Unit	5,585	11,797		17,382	5
6	Double Unit					6
7	Other					7
8	TOTALS	5,585	11,797		17,382	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 93.38%

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. _____ **(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: Courtyard Estates of Canton

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	94,952	105,707		200,659	(1,833)	198,826	1
2	Housekeeping, Laundry and Maintenance	93,095	23,119	28,918	145,132		145,132	2
3	Heat and Other Utilities			96,578	96,578		96,578	3
4	Other (specify):							4
5	TOTAL General Services	188,047	128,826	125,496	442,369	(1,833)	440,536	5
B. Health Care and Programs								
6	Health Care/ Personal Care	146,225	15		146,240		146,240	6
7	Activities and Social Services	22,123	886	379	23,388	(1,448)	21,940	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	168,348	901	379	169,628	(1,448)	168,180	9
C. General Administration								
10	Administrative and Clerical	22,874	1,103	122,890	146,867	(49,800)	97,067	10
11	Marketing Materials, Promotions and Advertising	11,966	3,232	1,068	16,266	(16,266)		11
12	Employee Benefits and Payroll Taxes			85,105	85,105		85,105	12
13	Insurance-Property, Liability and Malpractice			7,302	7,302		7,302	13
14	Other (specify):			12,358	12,358	(12,358)		14
15	TOTAL General Administration	34,840	4,335	228,723	267,898	(78,424)	189,474	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	391,235	134,062	354,598	879,895	(81,705)	798,190	16
Capital Expenses								
D. Ownership								
17	Depreciation			207,707	207,707	(8,217)	199,490	17
18	Interest			378,706	378,706		378,706	18
19	Real Estate Taxes			138,454	138,454		138,454	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			12,889	12,889		12,889	21
22	Other (specify): Amortization			17,928	17,928		17,928	22
23	TOTAL Ownership			755,684	755,684	(8,217)	747,467	23
24	GRAND TOTAL (Sum of lines 16 and 23)	391,235	134,062	1,110,282	1,635,579	(89,922)	1,545,657	24

Facility Name: Courtyard Estates of Canton

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	\$ 21.14	1
2	Licensed Practical Nurses	1	17.80	2
3	Certified Nurse Assistants	4	9.75	3
4	Activity Director & Assistants	1	12.98	4
5	Social Service Workers			5
6	Head Cook	1	11.72	6
7	Cook Helpers/Assistants	4	9.23	7
8	Dishwashers			8
9	Maintenance Workers	1	14.17	9
10	Housekeepers	4	8.89	10
11	Laundry			11
12	Managers	1	29.91	12
13	Other Administrative			13
14	Clerical	1	10.13	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	19	\$	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? \$ 106,600

(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: Courtyard Estates of Canton

Report Period Beginning:

1/1/2014

Ending:

12/31/2014

VIII. OWNERSHIP COSTS

A. Purchase price of land 51,519 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	51		1	2007	\$ 6,650,432	\$ 170,197	39	\$ 170,524	\$ 327	\$ 1,278,929	1
2			4	2009	4,409	176	25	176		968	2
3											3
4											4
5											5
Improvement Type											
6		Piping Repair		2009	4,428	633	7	633		3,481	6
7		Piping Repair	1	2011	2,766	395	7	395		1,383	7
8		Compressor Repair	4	2012	3,723	532	7	532		1,330	8
9		HVAC Repair		2013	3,985	570	7	570		855	9
10		Water Heater Repair		2014	2,532	60	7	60		60	10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 6,672,275	\$ 172,563		\$ 172,890	\$ 327	\$ 1,287,006	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	\$ 266,002	\$ 35,144	\$ 26,600	(8,544)	10	\$ 194,060	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 266,002	\$ 35,144	\$ 26,600	(8,544)		\$ 194,060	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: Courtyard Estates of Canton

Report Period Beginning: 1/1/2014

Ending: 2/31/2014

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	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	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	Country Bank		X	Facility	6/15/08	\$ 4,680,000	\$ 4,313,268	5/15/13	0.0769	\$ 336,907
2	Colson Services		X	Facility	2/1/10	1,172,000	969,763	2/1/30	0.0420	41,799
3					/ /			/ /		
	Working Capital									
4					/ /			/ /		
5					/ /			/ /		
6					/ /			/ /		
7	TOTAL Facility Related					\$ 5,852,000	\$ 5,283,031			\$ 378,706
	B. Non-Facility Related									
8					/ /			/ /		
9					/ /			/ /		
10	TOTALS (lines 7, 8 and 9)					\$ 5,852,000	\$ 5,283,031			\$ 378,706

* 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: Courtyard Estates of Canton

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	\$ 37,198	\$ 37,198	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>N/A</u>)	57,709	57,709	3
4	Supply Inventory (priced : <u>Cost</u>)	2,432	2,432	4
5	Short-Term Investments			5
6	Prepaid Insurance	17,827	17,827	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Security Deposits</u>	4,034	4,034	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 119,200	\$ 119,200	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	53,950	51,519	13
14	Buildings, at Historical Cost	6,654,841	6,654,841	14
15	Leasehold Improvements, at Historical Cost	17,434	17,434	15
16	Equipment, at Historical Cost	266,002	266,002	16
17	Accumulated Depreciation (book methods)	(1,483,397)	(1,481,066)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	79,398	79,398	19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(25,607)	(25,607)	20
21	Restricted Funds			21
22	Other Long-Term Assets (<u>Loan Costs</u>)			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 5,562,621	\$ 5,562,521	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,681,821	\$ 5,681,721	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 139,380	\$ 139,380	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	23,007	23,007	30
31	Accrued Taxes Payable	151,436	151,436	31
32	Accrued Interest Payable	21,480	21,480	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	<u>Payroll Withholdings</u>	17,935	17,935	35
36	<u>Accrued Management Fees</u>	114,758	114,758	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 467,996	\$ 467,996	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	5,283,031	5,283,031	39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	<u>Security Deposit</u>	22,900	22,900	42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 5,305,931	\$ 5,305,931	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 5,773,927	\$ 5,773,927	45
46	TOTAL EQUITY	\$ (92,106)	\$ (92,206)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 5,681,821	\$ 5,681,721	47

*(See instructions.)

Facility Name: Courtyard Estates of Canton

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	
Revenue		Amount	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 1,526,034	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,526,034	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	1,833	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 1,833	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income		13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$	14
D. Other Revenue (specify):			
15	Cable TV Revenue	8,073	15
16	Transportation & Misc Income	6,848	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 14,921	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,542,788	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	442,369	19
20	Health Care/ Personal Care	169,628	20
21	General Administration	267,898	21
B. Capital Expense			
22	Ownership	755,684	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)	\$ 1,635,579	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (92,791)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (92,791)	31

	Salaries	Supplies	Other	Total	Reclass- ifications	Reclassified Total	Adjusted Adjustmen	Total
1. Dietary	94,952	8,355	0	103,307	0	103,307	0	103,307
2. Food Pt	0	97,352	0	97,352	0	97,352	-1,833	95,519
3. Housek	83,265	17,899	0	101,164	0	101,164	0	101,164
4. Laundry	0	1,093	0	1,093	0	1,093	0	1,093
5. Heat an	0	0	96,578	96,578	0	96,578	0	96,578
6. Mainter	9,830	4,127	28,918	42,875	0	42,875	0	42,875
7. Other (s	0	0	0	0	0	0	0	0
8. Total G	188,047	128,826	125,496	442,369	0	442,369	-1,833	440,536
9. Medical	0	0	0	0	0	0	0	0
10. Nursin	146,225	15	0	146,240	0	146,240	0	146,240
10a. Thera	0	0	0	0	0	0	0	0
11. Activi	22,123	886	379	23,388	0	23,388	-1,448	21,940
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	168,348	901	379	169,628	0	169,628	-1,448	168,180
17. Admir	22,874	0	106,600	129,474	0	129,474	-44,400	85,074
18. Direct	0	0	0	0	0	0	0	0
19. Profes	0	0	3,057	3,057	0	3,057	0	3,057
20. Fees, S	0	0	3,523	3,523	0	3,523	0	3,523
21. Cleric:	0	1,103	4,475	5,578	0	5,578	-5,400	178
22. Emplo	0	0	85,105	85,105	0	85,105	0	85,105
23. Inservi	0	0	0	0	0	0	0	0
24. Travel	0	0	0	0	0	0	0	0
25. Other	0	0	5,235	5,235	0	5,235	0	5,235
26. Insura	0	0	7,302	7,302	0	7,302	0	7,302
27. Other	11,966	3,232	13,426	28,624	0	28,624	-28,624	0
28. Total C	34,840	4,335	228,723	267,898	0	267,898	-78,424	189,474
29. Total C	391,235	134,062	354,598	879,895	0	879,895	-81,705	798,190

30. Deprec	0	0	207,707	207,707	0	207,707	-8,217	199,490
31. Amort	0	0	17,928	17,928	0	17,928	0	17,928
32. Interes	0	0	378,706	378,706	0	378,706	0	378,706
33. Real E	0	0	138,454	138,454	0	138,454	0	138,454
34. Rent -	0	0	0	0	0	0	0	0
35. Rent -	0	0	12,889	12,889	0	12,889	0	12,889
36. Other	0	0	0	0	0	0	0	0
37. Total C	0	0	755,684	755,684	0	755,684	-8,217	747,467
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	391,235	134,062	1,110,282	1,635,579	0	1,635,579	-89,922	1,545,657

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	37,198	37,198
2. Cash - Patient Deposits	0	0
3. Accounts & Notes Recievable	57,709	57,709
4. Supply Inventory	2,432	2,432
5. Short-Term Investments	0	0
6. Prepaid Insurance	17,827	17,827
7. Other Prepaid Expenses	0	0
8. Accounts Receivable-Owner/Related Party	0	0
9. Other (specify):	4,034	4,034
10. Total current assets	119,200	119,200
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	0	0
13. Land	53,950	51,519
14. Buildings, at Historical Cost	6,654,841	6,654,841
15. Leasehold Improvements, Historical Cost	17,434	17,434
16. Equipment, at Historical Cost	266,002	266,002
17. Accumulated Depreciation (book methods)	-1,483,397	-1,481,066
18. Deferred Charges	0	0
19. Organization & Pre-Operating Costs	79,398	79,398
20. Accum Amort - Org/Pre-Op Costs	-25,607	-25,607
21. Restricted Funds	0	0
22. Other Long-Term Assets (specify):	0	0
23. other (specify):	0	0
24. Total Long-Term Assets	5,562,621	5,562,521
25. Total Assets	5,681,821	5,681,721
CURRENT LIABILITIES		
26. Accounts Payable	139,380	139,380
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	23,007	23,007
31. Accrued Taxes Payable	12,872	12,872

32. Accrued Real Estate Taxes	138,564	138,564
33. Accrued Interest Payable	21,480	21,480
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	17,935	17,935
37. Other Current Liabilities (specify):	114,758	114,758
38. Total Current Liabilities	467,996	467,996
LONG TERM LIABILITES		
39.Long-Term Notes Payable	0	0
40.Mortgage Payable	5,283,031	5,283,031
41.Bonds Payable	0	0
42.Deferred Compensation	0	0
43.Other Long-Term Liabilities (specify):	22,900	22,900
44.Other Long-Term Liabilities (specify):	0	0
45.Total Long-Term Liabilities	5,305,931	5,305,931
46.Total Liabilities	5,773,927	5,773,927
47.Total Equity	-92,106	-92,206
48.Total Liabilities and Equity	5,681,821	5,681,721

Balance per
Medicaid
Trial Balance

1. Gross R	1,526,034
2. Discour	0
Subtota	1,526,034
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	1,833
15. Teleph	8,073
16. Rental	0
17. Sale of	0
18. Sale of	0
19. Labor	0
20. Radiol	0
21. Other	0
22. Laund	0
Subtot	9,906
24. Contri	0
25. Interes	0
Subtot -	
27. Other	0
28. Other	6,848
Subtot	6,848

30. Total I	1,542,788
31. Gener:	442,369
32. Health	169,628
33. Gener:	267,898
34. Owner	755,684
35. Specia	0
35. Provid	0
37. Other	0
40. Total I	1,635,579
41. Incom	-92,791
42. Incom	0
43. Net In	-92,791

