

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>I. Facility ID Number: <u>1000088</u></p> <p>Facility Name: <u>Courtyard Estates of Canton</u></p> <p>Address: <u>160 East Walnut</u> <u>Canton</u> <u>61520</u> <small>Number City Zip Code</small></p> <p>County: <u>Fulton</u></p> <p>Telephone Number: (<u>309</u>) <u>647-6400</u> Fax # <u>(309) 647-1419</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>12/7/2007</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</u>) <u>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>1/1/2015</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%;">Officer or Administrator of Provider</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> <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) (<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>	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>) _____
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																																												
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	(Telephone) (<u> </u>) _____	Fax # (<u> </u>) _____																																												

Facility Name Courtyard Estates of Canton

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	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 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other		Total
5	Single Unit	5,720	12,390		18,110	5
6	Double Unit					6
7	Other					7
8	TOTALS	5,720	12,390		18,110	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 97.29%

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: Courtyard Estates of Canton

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			
A. General Services								
1	Dietary and Food Purchase	90,791	101,143		191,934	(1,158)	190,776	1
2	Housekeeping, Laundry and Maintenance	89,275	19,787	23,969	133,031		133,031	2
3	Heat and Other Utilities			92,323	92,323		92,323	3
4	Other (specify):							4
5	TOTAL General Services	180,066	120,930	116,292	417,288	(1,158)	416,130	5
B. Health Care and Programs								
6	Health Care/ Personal Care	153,416	(31)		153,385	(1,100)	152,285	6
7	Activities and Social Services	38,344	1,122	681	40,147	(1,984)	38,163	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	191,760	1,091	681	193,532	(3,084)	190,448	9
C. General Administration								
10	Administrative and Clerical	24,991	1,193	241,333	267,517	(162,911)	104,606	10
11	Marketing Materials, Promotions and Advertising	37,300	2,478		39,778	(39,778)		11
12	Employee Benefits and Payroll Taxes			70,294	70,294		70,294	12
13	Insurance-Property, Liability and Malpractice			14,934	14,934		14,934	13
14	Other (specify):			18,255	18,255	(18,255)		14
15	TOTAL General Administration	62,291	3,671	344,816	410,778	(220,944)	189,834	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	434,117	125,692	461,789	1,021,598	(225,186)	796,412	16
Capital Expenses								
D. Ownership								
17	Depreciation			174,206	174,206	25,586	199,792	17
18	Interest			370,615	370,615		370,615	18
19	Real Estate Taxes			136,557	136,557		136,557	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			12,908	12,908		12,908	21
22	Other (specify):			16,018	16,018		16,018	22
23	TOTAL Ownership			710,304	710,304	25,586	735,890	23
24	GRAND TOTAL (Sum of lines 16 and 23)	434,117	125,692	1,172,093	1,731,902	(199,600)	1,532,302	24

Facility Name: Courtyard Estates of Canton

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	1	\$ 21.68	1
2	Licensed Practical Nurses	1	18.00	2
3	Certified Nurse Assistants	4	10.54	3
4	Activity Director & Assistants	1	12.29	4
5	Social Service Workers			5
6	Head Cook	1	10.70	6
7	Cook Helpers/Assistants	4	9.77	7
8	Dishwashers			8
9	Maintenance Workers			9
10	Housekeepers	4	10.70	10
11	Laundry			11
12	Managers	1	30.50	12
13	Other Administrative			13
14	Clerical	1	12.01	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	18	\$	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 Management, Inc. If yes, what is the value of those services? \$ 226,300

(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:

1/1/2015

Ending:

12/31/2015

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	\$ 1,449,453	1
2			4	2009	4,409	176	25	176		1,144	2
3											3
4											4
5											5
Improvement Type											
6		Piping Repair		2009	4,428	633	7	633		4,114	6
7		Piping Repair	1	2011	2,766	395	7	395		1,778	7
8		Compressor Repair	4	2012	3,723	532	7	532		1,862	8
9		HVAC Repair		2013	3,985	570	7	570		1,425	9
10		Water Heater Repair		2014	2,532	362	7	362		422	10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 6,672,275	\$ 172,865		\$ 173,192	\$ 327	\$ 1,460,198	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	\$ 1,342	\$ 26,600	25,258	10	\$ 220,660	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 266,002	\$ 1,342	\$ 26,600	25,258		\$ 220,660	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: 1/1/2015

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*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ (232,275)	\$ (232,275)	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>N/A</u>)	222,614	222,614	3
4	Supply Inventory (priced : <u>Cost</u>)	2,432	2,432	4
5	Short-Term Investments			5
6	Prepaid Insurance	16,716	16,716	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Security Deposits</u>	7,453	7,453	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 16,940	\$ 16,940	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)	(1,657,603)	(1,680,858)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	79,398	79,398	19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(30,737)	(30,737)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 5,383,285	\$ 5,357,599	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,400,225	\$ 5,374,539	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 51,955	\$ 51,955	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	22,119	22,119	30
31	Accrued Taxes Payable	166,656	166,656	31
32	Accrued Interest Payable	21,200	21,200	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	<u>Payroll Withholdings</u>	17,809	17,809	35
36	<u>Accrued Management Fees</u>	224,022	224,022	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 503,761	\$ 503,761	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	5,176,034	5,176,034	39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	<u>Security Deposit & Intercompany Loans</u>	29,717	29,717	42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 5,205,751	\$ 5,205,751	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 5,709,512	\$ 5,709,512	45
46	TOTAL EQUITY	\$ (309,287)	\$ (334,973)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 5,400,225	\$ 5,374,539	47

*(See instructions.)

Facility Name: Courtyard Estates of Canton

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	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 1,502,923	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,502,923	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	1,158	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 1,158	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	9,165	15
16	Transportation & Misc Income	3,139	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 12,304	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,516,385	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	417,288	19
20	Health Care/ Personal Care	193,532	20
21	General Administration	410,778	21
B. Capital Expense			
22	Ownership	710,304	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)	\$ 1,731,902	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (215,517)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (215,517)	31

	Salaries	Supplies	Other	Total	Reclass- ifications	Reclassified Total	Adjusted Adjustmen	Total
1. Dietary	90,791	8,086	0	98,877	0	98,877	0	98,877
2. Food Pt	0	93,057	0	93,057	0	93,057	-1,158	91,899
3. Housek	89,035	15,241	0	104,276	0	104,276	0	104,276
4. Laundry	0	552	0	552	0	552	0	552
5. Heat an	0	0	92,323	92,323	0	92,323	0	92,323
6. Mainter	240	3,994	23,969	28,203	0	28,203	0	28,203
7. Other (s	0	0	0	0	0	0	0	0
8. Total G	180,066	120,930	116,292	417,288	0	417,288	-1,158	416,130
9. Medical	0	0	0	0	0	0	0	0
10. Nursin	153,416	-31	0	153,385	0	153,385	-1,100	152,285
10a. Thera	0	0	0	0	0	0	0	0
11. Activi	38,344	1,122	681	40,147	0	40,147	-1,984	38,163
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	191,760	1,091	681	193,532	0	193,532	-3,084	190,448
17. Admir	24,991	0	226,300	251,291	0	251,291	-162,856	88,435
18. Direct	0	0	0	0	0	0	0	0
19. Profes	0	0	1,769	1,769	0	1,769	0	1,769
20. Fees, S	0	0	3,016	3,016	0	3,016	0	3,016
21. Cleric:	0	1,193	7,517	8,710	0	8,710	-55	8,655
22. Emplo	0	0	70,294	70,294	0	70,294	0	70,294
23. Inservi	0	0	0	0	0	0	0	0
24. Travel	0	0	0	0	0	0	0	0
25. Other	0	0	2,731	2,731	0	2,731	0	2,731
26. Insura	0	0	14,934	14,934	0	14,934	0	14,934
27. Other	37,300	2,478	18,255	58,033	0	58,033	-58,033	0
28. Total C	62,291	3,671	344,816	410,778	0	410,778	-220,944	189,834
29. Total C	434,117	125,692	461,789	1,021,598	0	1,021,598	-225,186	796,412

30. Deprec	0	0	174,206	174,206	0	174,206	25,586	199,792
31. Amort	0	0	16,018	16,018	0	16,018	0	16,018
32. Interes	0	0	370,615	370,615	0	370,615	0	370,615
33. Real E	0	0	136,557	136,557	0	136,557	0	136,557
34. Rent -	0	0	0	0	0	0	0	0
35. Rent -	0	0	12,908	12,908	0	12,908	0	12,908
36. Other	0	0	0	0	0	0	0	0
37. Total C	0	0	710,304	710,304	0	710,304	25,586	735,890
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	434,117	125,692	1,172,093	1,731,902	0	1,731,902	-199,600	1,532,302

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	-232,275	-232,275
2. Cash - Patient Deposits	0	0
3. Accounts & Notes Recievable	222,614	222,614
4. Supply Inventory	2,432	2,432
5. Short-Term Investments	0	0
6. Prepaid Insurance	16,716	16,716
7. Other Prepaid Expenses	0	0
8. Accounts Receivable-Owner/Related Party	0	0
9. Other (specify):	7,453	7,453
10. Total current assets	16,940	16,940
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)	-1,657,603	-1,680,858
18. Deferred Charges	0	0
19. Organization & Pre-Operating Costs	79,398	79,398
20. Accum Amort - Org/Pre-Op Costs	-30,737	-30,737
21. Restricted Funds	0	0
22. Other Long-Term Assets (specify):	0	0
23. other (specify):	0	0
24. Total Long-Term Assets	5,383,285	5,357,599
25. Total Assets	5,400,225	5,374,539
CURRENT LIABILITIES		
26. Accounts Payable	51,955	51,955
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	22,119	22,119
31. Accrued Taxes Payable	27,060	27,060

32. Accrued Real Estate Taxes	139,596	139,596
33. Accrued Interest Payable	21,200	21,200
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	17,809	17,809
37. Other Current Liabilities (specify):	224,022	224,022
38. Total Current Liabilities	503,761	503,761
LONG TERM LIABILITES		
39.Long-Term Notes Payable	0	0
40.Mortgage Payable	5,176,034	5,176,034
41.Bonds Payable	0	0
42.Deferred Compensation	0	0
43.Other Long-Term Liabilities (specify):	29,717	29,717
44.Other Long-Term Liabilities (specify):	0	0
45.Total Long-Term Liabilities	5,205,751	5,205,751
46.Total Liabilities	5,709,512	5,709,512
47.Total Equity	-309,287	-334,973
48.Total Liabilities and Equity	5,400,225	5,374,539

Balance per
Medicaid
Trial Balance

1. Gross R	1,502,923
2. Discour	0
Subtota	1,502,923
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	1,158
15. Teleph	9,165
16. Rental	0
17. Sale of	0
18. Sale of	0
19. Labor	0
20. Radiol	0
21. Other	0
22. Laund	0
Subtot	10,323
24. Contri	0
25. Interes	0
Subtot -	
27. Other	0
28. Other	3,139
Subtot	3,139

30. Total I	1,516,385
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	-119,194
42. Incom	0
43. Net In	-119,194