

		FOR BHF USE			

LL2

Supportive Living Facility

**2016
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2016)**

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>100088</u></p> <p>Facility Name: <u>Courtyard Estates of Canton</u></p> <hr/> <p>Address: <u>160 East Walnut</u> <u>Canton</u> <u>61520</u></p> <p align="center">Number City Zip Code</p> <p>County: <u>Fulton</u></p> <p>Telephone Number: (<u>309</u>) <u>647-6400</u> Fax # (<u>309</u>) <u>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%; border: none;"> <tr> <td style="width:33%; border: none;"><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td style="width:33%; border: none;"><input checked="" type="checkbox"/> PROPRIETARY</td> <td style="width:33%; border: none;"><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Charitable Corp.</td> <td style="border: none;"><input type="checkbox"/> Individual</td> <td style="border: none;"><input type="checkbox"/> State</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Trust</td> <td style="border: none;"><input type="checkbox"/> Partnership</td> <td style="border: none;"><input type="checkbox"/> County</td> </tr> <tr> <td style="border: none;">IRS Exemption Code _____</td> <td style="border: none;"><input type="checkbox"/> Corporation</td> <td style="border: none;"><input type="checkbox"/> Other _____</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input checked="" type="checkbox"/> "Sub-S" Corp.</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Limited Liability Co.</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Trust</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Other _____</td> <td style="border: none;"></td> </tr> </table> <p>In the event there are further questions about this report, please contact:</p> <p>Name: <u>Mike Kocher</u> Telephone Number: <u>(309)691-8113</u></p> <p>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>1/1/2016</u> to <u>12/31/2016</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%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 5px;">Officer or Administrator of Provider</td> <td style="padding: 5px;">(Signed) _____</td> <td style="padding: 5px;">(Date) _____</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">(Type or Print Name) <u>Mark B. Petersen</u></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;"></td> <td colspan="2" style="padding: 5px;">(Title) <u>Chief Executive Officer</u></td> </tr> <tr> <td style="padding: 5px;">Paid Preparer</td> <td style="padding: 5px;">(Signed) _____</td> <td style="padding: 5px;">(Date) _____</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">(Print Name and Title) _____</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;"></td> <td colspan="2" style="padding: 5px;">(Firm Name & Address) _____</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">(Telephone) (<u> </u>) _____</td> <td style="padding: 5px;">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>) _____
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Facility Name Courtyard Estates of Canton

Report Period Beginning: 1/1/2016 Ending: 12/31/2016

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	4,577	13,380		17,957	5
6	Double Unit					6
7	Other					7
8	TOTALS	4,577	13,380		17,957	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 96.47%

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: 12/31/2016 Fiscal Year: 12/31/2016

* 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:

1/1/2016

Ending: 12/31/2016

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	91,964	100,268		192,232	(273)	191,959	1
2	Housekeeping, Laundry and Maintenance	96,657	18,174	20,703	135,534		135,534	2
3	Heat and Other Utilities			86,397	86,397		86,397	3
4	Other (specify):							4
5	TOTAL General Services	188,621	118,442	107,100	414,163	(273)	413,890	5
B. Health Care and Programs								
6	Health Care/ Personal Care	159,424	(55)		159,369		159,369	6
7	Activities and Social Services	39,991	1,219	420	41,630	(1,205)	40,425	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	199,415	1,164	420	200,999	(1,205)	199,794	9
C. General Administration								
10	Administrative and Clerical	25,033	731	176,377	202,141	(88,412)	113,729	10
11	Marketing Materials, Promotions and Advertising	38,338	2,337		40,675	(40,675)		11
12	Employee Benefits and Payroll Taxes			71,038	71,038		71,038	12
13	Insurance-Property, Liability and Malpractice			15,803	15,803		15,803	13
14	Other (specify):			17,194	17,194	(17,194)		14
15	TOTAL General Administration	63,371	3,068	280,412	346,851	(146,281)	200,570	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	451,407	122,674	387,932	962,013	(147,759)	814,254	16
Capital Expenses								
D. Ownership								
17	Depreciation			172,231	172,231	641	172,872	17
18	Interest			5,130	5,130		5,130	18
19	Real Estate Taxes			368,476	368,476		368,476	19
20	Rent -- Facility and Grounds			149,007	149,007		149,007	20
21	Rent -- Equipment							21
22	Other (specify):			12,364	12,364		12,364	22
23	TOTAL Ownership			707,208	707,208	641	707,849	23
24	GRAND TOTAL (Sum of lines 16 and 23)	451,407	122,674	1,095,140	1,669,221	(147,118)	1,522,103	24

Facility Name: Courtyard Estates of Canton

Report Period Beginning: 1/1/2016 Ending: 12/31/2016

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	22.19	1
2	Licensed Practical Nurses	1	19.87	2
3	Certified Nurse Assistants	4	11.13	3
4	Activity Director & Assistants	2	12.82	4
5	Social Service Workers			5
6	Head Cook	1	9.76	6
7	Cook Helpers/Assistants	5	8.74	7
8	Dishwashers			8
9	Maintenance Workers			9
10	Housekeepers	4	11.62	10
11	Laundry			11
12	Managers	1	31.10	12
13	Other Administrative			13
14	Clerical	1	12.04	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	20	\$	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
See Attached Schedule 4A		

OTHER RELATED BUSINESS ENTITIES		
Name	3	City

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? \$ 151,000
 (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:

1/1/2016

Ending:

12/31/2016

VIII. OWNERSHIP COSTS

A. Purchase price of land 53,950 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	\$ 1,619,977	1
2			4	2009	4,409	176	25	176		1,320	2
3											3
4											4
5											5
Improvement Type											
6		Piping Repair		2009	4,428		7	314	314	4,428	6
7		Piping Repair	1	2011	2,766	395	7	395		2,173	7
8		Compressor Repair	4	2012	3,723	532	7	532		2,394	8
9		HVAC Repair		2013	3,985	569	7	569		1,994	9
10		Water Heater Repair		2014	2,532	362	7	362		784	10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 6,672,275	\$ 172,231		\$ 172,872	\$ 641	\$ 1,633,070	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	\$	\$ 26,600	26,600	10	\$ 247,260	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 266,002	\$	\$ 26,600	26,600		\$ 247,260	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: Courtyard Estates of Canton

Report Period Beginning: 1/1/2016

Ending: 2/31/2016

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	TOTAL				\$			7

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

9. Rental amount for movable equipment \$ 6,153

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				
		A. Directly Facility Related										
		Long-Term										
1		Country Bank		X	Facility	5/5/13	\$ 4,680,000	4,194,388	5/4/37	0.0600	330,599	1
2		Colson Services		X	Facility	2/1/10	1,172,000	874,348	2/1/30	0.0420	37,877	2
3						/ /			/ /			3
		Working Capital										
4				X		/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		TOTAL Facility Related					\$ 5,852,000	\$ 5,068,736			\$ 368,476	7
		B. Non-Facility Related										
8						/ /			/ /			8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$ 5,852,000	\$ 5,068,736			\$ 368,476	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: Courtyard Estates of Canton

Report Period Beginning: 1/1/2016

Ending:

12/31/2016

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2016

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ (120,366)	\$ (120,366)	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	71,084	71,084	3
4	Supply Inventory (priced <u>Cost</u>)	2,432	2,432	4
5	Short-Term Investments			5
6	Prepaid Insurance	14,944	14,944	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	4,034	4,034	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ (27,872)	\$ (27,872)	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	53,950	53,950	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)	(1,829,834)	(1,880,330)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	79,398	79,398	19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(35,866)	(35,866)	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)	\$ 5,205,925	\$ 5,155,429	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,178,053	\$ 5,127,557	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 66,139	\$ 66,139	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	22,315	22,315	30
31	Accrued Taxes Payable	161,086	161,086	31
32	Accrued Interest Payable	20,607	20,607	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	<u>Payroll Withholdings</u>	33,196	33,196	35
36	<u>Accrued Management Fees</u>	295,559	295,559	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 598,902	\$ 598,902	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	5,068,736	5,068,736	39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	<u>Intercompany Loans</u>	33,017	33,017	42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 5,101,753	\$ 5,101,753	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 5,700,655	\$ 5,700,655	45
46	TOTAL EQUITY	\$ (522,602)	\$ (573,098)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 5,178,053	\$ 5,127,557	47

*(See instructions.)

Facility Name: Courtyard Estates of Canton

Report Period Beginning: 1/1/2016

Ending:

12/31/2016

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

		1	
I. Revenue		Amount	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 1,453,109	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,453,109	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	273	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 273	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	Transportation Revenue	1,205	15
16	Miscellaneous and Cable TV Income	11,412	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 12,617	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,465,999	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	414,163	19
20	Health Care/ Personal Care	200,999	20
21	General Administration	346,851	21
B. Capital Expense			
22	Ownership	707,208	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)	\$ 1,669,221	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (203,222)	29
30	Income Taxes		30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (203,222)	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 434,352	32
33	Private Pay - Net Inpatient Revenue	1,018,757	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 1,453,109	37

	Salaries	Supplies	Other	Total	Reclass- ifications	Reclassified Total	Adjusted Adjustmen	Total
1. Dietary	91,964	8,445	0	100,409	0	100,409	0	100,409
2. Food Pt	0	91,823	0	91,823	0	91,823	-273	91,550
3. Housek	96,657	13,037	0	109,694	0	109,694	0	109,694
4. Laundry	0	959	0	959	0	959	0	959
5. Heat an	0	0	86,397	86,397	0	86,397	0	86,397
6. Mainter	0	4,178	20,703	24,881	0	24,881	0	24,881
7. Other (s	0	0	0	0	0	0	0	0
8. Total G	188,621	118,442	107,100	414,163	0	414,163	-273	413,890
9. Medical	0	0	0	0	0	0	0	0
10. Nursin	159,424	-55	0	159,369	0	159,369	0	159,369
10a. Therz	0	0	0	0	0	0	0	0
11. Activi	39,991	1,219	420	41,630	0	41,630	-1,205	40,425
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	199,415	1,164	420	200,999	0	200,999	-1,205	199,794
17. Admir	25,033	0	151,000	176,033	0	176,033	-86,312	89,721
18. Direct	0	0	0	0	0	0	0	0
19. Profes	0	0	2,509	2,509	0	2,509	0	2,509
20. Fees, f	0	0	5,367	5,367	0	5,367	0	5,367
21. Cleric:	0	731	15,053	15,784	0	15,784	-2,100	13,684
22. Emplo	0	0	71,038	71,038	0	71,038	0	71,038
23. Inserv:	0	0	0	0	0	0	0	0
24. Travel	0	0	0	0	0	0	0	0
25. Other	0	0	2,448	2,448	0	2,448	0	2,448
26. Insura	0	0	15,803	15,803	0	15,803	0	15,803
27. Other	38,338	2,337	17,194	57,869	0	57,869	-57,869	0
28. Total C	63,371	3,068	280,412	346,851	0	346,851	-146,281	200,570
29. Total C	451,407	122,674	387,932	962,013	0	962,013	-147,759	814,254
30. Deprec	0	0	172,231	172,231	0	172,231	641	172,872
31. Amort	0	0	5,130	5,130	0	5,130	0	5,130
32. Interes	0	0	368,476	368,476	0	368,476	0	368,476
33. Real E	0	0	149,007	149,007	0	149,007	0	149,007
34. Rent -	0	0	0	0	0	0	0	0
35. Rent -	0	0	12,364	12,364	0	12,364	0	12,364
36. Other	0	0	0	0	0	0	0	0
37. Total C	0	0	707,208	707,208	0	707,208	641	707,849
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	451,407	122,674	1,095,140	1,669,221	0	1,669,221	-147,118	1,522,103

		After
	Operating	Consolidation
General Service Cost Center		
1. Cash on hand and in banks	-120,366	-120,366
2. Cash - Patient Deposits	0	0
3. Accounts & Notes Recievable	71,084	71,084
4. Supply Inventory	2,432	2,432
5. Short-Term Investments	0	0
6. Prepaid Insurance	14,944	14,944
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	-27,872	-27,872
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	0	0
13. Land	53,950	53,950
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)	-1,829,834	-1,880,330
18. Deferred Charges	0	0
19. Organization & Pre-Operating Costs	79,398	79,398
20. Accum Amort - Org/Pre-Op Costs	-35,866	-35,866
21. Restricted Funds	0	0
22. Other Long-Term Assets (specify):	0	0
23. other (specify):	0	0
24. Total Long-Term Assets	5,205,925	5,155,429
25. Total Assets	5,178,053	5,127,557
CURRENT LIABILITIES		
26. Accounts Payable	66,139	66,139
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	22,315	22,315
31. Accrued Taxes Payable	14,110	14,110
32. Accrued Real Estate Taxes	146,976	146,976
33. Accrued Interest Payable	20,607	20,607
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	33,196	33,196
37. Other Current Liabilities (specify):	295,559	295,559
38. Total Current Liabilities	598,902	598,902
LONG TERM LIABILITES		
39.Long-Term Notes Payable	0	0
40.Mortgage Payable	5,068,736	5,068,736
41.Bonds Payable	0	0
42.Deferred Compensation	0	0
43.Other Long-Term Liabilities (specify):	33,017	33,017
44.Other Long-Term Liabilities (specify):	0	0
45.Total Long-Term Liabilities	5,101,753	5,101,753
46.Total Liabilities	5,700,655	5,700,655
47.Total Equity	-522,602	-573,098
48.Total Liabilities and Equity	5,178,053	5,127,557

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	1,453,109
2. Discounts and Allowances for all Level	0
Subtotal - Inpatient Care	1,453,109
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	273
15. Telephone, Television, and Radio	9,312
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	9,585
24. Contributions	0
25. Interest and Other Investments Income	0
Subtotal - Non-Operating Revenue	-
27. Other Revenue (specify):	1,205
28. Other Revenue (specify):	2,100
Subtotal - Other Revenue	3,305
30. Total Revenue	1,465,999
31. General Services	417,288
32. Health Care	193,532
33. General Administration	410,778
34. Ownership	710,304
35. Special Cost Centers	0
35. Provider Participation Fee	0
37. Other	0
40. Total Expenses	1,731,902
41. Income Before Income Taxes	-265,903
42. Income Taxes	0
43. Net Income or Loss for the Year	-265,903