

		FOR BHF USE			

LL2

Supportive Living Facility

**2017
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2017)**

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> <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 <input type="checkbox"/> Charitable Corp. <input type="checkbox"/> Trust <input type="checkbox"/> Miscellaneous and Cable TV Income</td> <td style="width:33%; border: none;"><input checked="" type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> "Sub-S" Corp. <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other _____</td> <td style="width:33%; border: none;"><input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____</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)691-8113</u> Email Address: _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT <input type="checkbox"/> Charitable Corp. <input type="checkbox"/> Trust <input type="checkbox"/> Miscellaneous and Cable TV Income	<input checked="" type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> "Sub-S" Corp. <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other _____	<input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <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>1/1/2017</u> to <u>12/31/2017</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) _____ (Date) _____</td> </tr> <tr> <td style="padding: 5px;">(Type or Print Name) <u>Mark B. Petersen</u></td> <td style="padding: 5px;">(Title) <u>Chief Executive Officer</u></td> </tr> <tr> <td style="padding: 5px;">Paid Preparer</td> <td style="padding: 5px;">(Signed) _____ (Date) _____</td> </tr> <tr> <td style="padding: 5px;">(Print Name and Title)</td> <td style="padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;">(Firm Name & Address)</td> <td style="padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;">(Telephone) (_____)</td> <td style="padding: 5px;">Fax # (_____)</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) (_____)	Fax # (_____)
<input type="checkbox"/> VOLUNTARY, NON-PROFIT <input type="checkbox"/> Charitable Corp. <input type="checkbox"/> Trust <input type="checkbox"/> Miscellaneous and Cable TV Income	<input checked="" type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> "Sub-S" Corp. <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other _____	<input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____														
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) (_____)	Fax # (_____)															

Facility Name Courtyard Estates of Canton

Report Period Beginning: 1/1/2017 Ending: 12/31/2017

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	5,528	12,588		18,116	5
6	Double Unit					6
7	Other					7
8	TOTALS	5,528	12,588		18,116	8

Transportation Revenue

Miscellaneous and Cable TV Income 97.32%

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: 12/31/2017 Fiscal Year: 12/31/2017

* 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:

1/1/2017

Ending: 12/31/2017

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	88,872	107,130		196,002		196,002	1
2	Housekeeping, Laundry and Maintenance	97,486	16,970	29,033	143,489		143,489	2
3	Heat and Other Utilities			80,291	80,291		80,291	3
4	Other (specify):							4
5	TOTAL General Services	186,358	124,100	109,324	419,782		419,782	5
B. Health Care and Programs								
6	Health Care/ Personal Care	173,650	(231)		173,419		173,419	6
7	Activities and Social Services	42,448	1,040	227	43,715	(3,947)	39,768	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	216,098	809	227	217,134	(3,947)	213,187	9
C. General Administration								
10	Administrative and Clerical	23,897	740	183,945	208,582	(89,594)	118,988	10
11	Marketing Materials, Promotions and Advertising	38,421	2,407		40,828	(40,828)		11
12	Employee Benefits and Payroll Taxes			70,154	70,154		70,154	12
13	Insurance-Property, Liability and Malpractice			16,536	16,536		16,536	13
14	Other (specify):			15,435	15,435	(15,435)		14
15	TOTAL General Administration	62,318	3,147	286,070	351,535	(145,857)	205,678	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	464,774	128,056	395,621	988,451	(149,804)	838,647	16
Capital Expenses								
D. Ownership								
17	Depreciation			172,231	172,231	19,069	191,300	17
18	Transportation Revenue			5,130	5,130		5,130	18
19	Miscellaneous and Cable TV Income			354,214	354,214		354,214	19
20	Rent -- Facility and Grounds			88,082	88,082		88,082	20
21	Rent -- Equipment							21
22	Other (specify):			10,288	10,288		10,288	22
23	TOTAL Ownership			629,945	629,945	19,069	649,014	23
24	GRAND TOTAL (Sum of lines 16 and 23)	464,774	128,056	1,025,566	1,618,396	(130,735)	1,487,661	24

Facility Name: Courtyard Estates of Canton

Report Period Beginning: 1/1/2017

Ending: 12/31/2017

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 23.74	1
2	Licensed Practical Nurses	1	16.51	2
3	Certified Nurse Assistants	4	11.84	3
4	Activity Director & Assistants	1	13.65	4
5	Social Service Workers			5
6	Head Cook	1	11.27	6
7	Cook Helpers/Assistants	3	10.32	7
8	Dishwashers			8
9	Maintenance Workers			9
10	Housekeepers	4	11.72	10
11	Laundry			11
12	Managers	1	31.93	12
13	Other Administrative			13
14	Clerical	1	11.49	14
15	Marketing	1	18.47	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

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			
Transportation Revenue			
Miscellaneous and Cable TV Income			

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? \$ _____
 (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:

1/1/2017

Ending:

12/31/2017

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	\$ 1,790,501	1
2			4	2009	4,409	176	25	176		1,496	2
3											3
4											4
5											5
Improvement Type											
6		Piping Repair		2009	4,428		7			4,428	6
7		Piping Repair	1	2011	2,766	395	7	395		2,568	7
8		Compressor Repair	4	2012	3,723	532	7	532		2,926	8
9		HVAC Repair		2013	3,985	569	7	569		2,563	9
10		Water Heater Repair		2014	2,532	362	7	362		1,146	10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 6,672,275	\$ 172,231		\$ 172,558	\$ 327	\$ 1,805,628	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	\$	\$ 18,742	18,742	10 yrs.	\$ 266,002	18
Transporta 19	Vehicles							19
Miscellaneo 20	TOTAL (lines 18 and 19)	\$ 266,002	\$	\$ 18,742	18,742		\$ 266,002	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: 1/1/2017

Ending: 2/31/2017

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	5/5/13	\$ 4,680,000	\$ 4,119,939	5/4/37	0.0600	\$ 318,425	1
2	Colson Services		X	Facility	2/1/10	1,172,000	823,552	2/1/30	0.0420	35,789	2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6	Transportation Revenue				/ /			/ /			6
7	Miscellaneous and Cable TV Income					\$ 5,852,000	\$ 4,943,491			\$ 354,214	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 5,852,000	\$ 4,943,491			\$ 354,214	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: 1/1/2017

Ending:

12/31/2017

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2017

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ (68,520)	\$ (68,520)	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>10,862</u>)	71,194	71,194	3
4	Supply Inventory (priced at)	2,432	2,432	4
5	Short-Term Investments			5
6	Prepaid Insurance	11,385	11,385	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)	\$ 20,525	\$ 20,525	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)	(2,002,066)	(2,071,620)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	79,398	79,398	19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(40,996)	(40,996)	20
21	Transportation Revenue			21
22	Miscellaneous and Cable TV Income			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 5,028,563	\$ 4,959,009	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,049,088	\$ 4,979,534	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 62,778	\$ 62,778	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	22,672	22,672	30
31	Accrued Taxes Payable	121,365	121,365	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	Payroll Withholdings	12,851	12,851	35
36	Accrued Management Fees	394,595	394,595	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 634,868	\$ 634,868	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	4,943,491	4,943,491	39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	Intercompany Loans & Security Deposits	45,398	45,398	42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 4,988,889	\$ 4,988,889	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 5,623,757	\$ 5,623,757	45
46	TOTAL EQUITY	\$ (574,669)	\$ (644,223)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 5,049,088	\$ 4,979,534	47

*(See instructions.)

Facility Name: Courtyard Estates of Canton

Report Period Beginning: 1/1/2017

Ending:

12/31/2017

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	\$ 1,546,213	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,546,213	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		9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$	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	3,947	15
16	Miscellaneous and Cable TV Income	9,834	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 13,781	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,559,994	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	419,782	19
20	Health Care/ Personal Care	217,134	20
21	General Administration	351,535	21
B. Capital Expense			
22	Ownership	629,945	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)	\$ 1,618,396	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (58,402)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (58,402)	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 567,330	32
33	Private Pay - Net Inpatient Revenue	978,883	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 1,546,213	37

	Salaries	Supplies	Other	Total	Reclass- ifications	Reclassified Total	Adjusted Adjustmen	Total
1. Dietary	88,872	8,768	0	97,640	0	97,640	0	97,640
2. Food Pt	0	98,362	0	98,362	0	98,362	0	98,362
3. Housek	97,486	12,774	0	110,260	0	110,260	0	110,260
4. Laundry	0	817	0	817	0	817	0	817
5. Heat an	0	0	80,291	80,291	0	80,291	0	80,291
6. Mainter	0	3,379	29,033	32,412	0	32,412	0	32,412
7. Other (s	0	0	0	0	0	0	0	0
8. Total G	186,358	124,100	109,324	419,782	0	419,782	0	419,782
9. Medical	0	0	0	0	0	0	0	0
10. Nursin	173,650	-231	0	173,419	0	173,419	0	173,419
10a. Therz	0	0	0	0	0	0	0	0
11. Activi	39,048	1,040	227	40,315	0	40,315	-3,947	36,368
12. Social	3,400	0	0	3,400	0	3,400	0	3,400
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	216,098	809	227	217,134	0	217,134	-3,947	213,187
17. Admir	23,897	0	156,000	179,897	0	179,897	-89,594	90,303
18. Direct	0	0	0	0	0	0	0	0
19. Profes	0	0	4,148	4,148	0	4,148	0	4,148
20. Fees, f	0	0	2,578	2,578	0	2,578	0	2,578
21. Cleric:	0	740	18,813	19,553	0	19,553	0	19,553
22. Emplo	0	0	70,154	70,154	0	70,154	0	70,154
23. Inserv:	0	0	0	0	0	0	0	0
24. Travel	0	0	10	10	0	10	0	10
25. Other	0	0	2,396	2,396	0	2,396	0	2,396
26. Insura	0	0	16,536	16,536	0	16,536	0	16,536
27. Other	38,421	2,407	15,435	56,263	0	56,263	-56,263	0
28. Total C	62,318	3,147	286,070	351,535	0	351,535	-145,857	205,678
29. Total C	464,774	128,056	395,621	988,451	0	988,451	-149,804	838,647
30. Deprec	0	0	172,231	172,231	0	172,231	19,069	191,300
31. Amort	0	0	5,130	5,130	0	5,130	0	5,130
32. Interes	0	0	354,214	354,214	0	354,214	0	354,214
33. Real E	0	0	88,082	88,082	0	88,082	0	88,082
34. Rent -	0	0	0	0	0	0	0	0
35. Rent -	0	0	10,288	10,288	0	10,288	0	10,288
36. Other	0	0	0	0	0	0	0	0
37. Total C	0	0	629,945	629,945	0	629,945	19,069	649,014
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	464,774	128,056	1,025,566	1,618,396	0	1,618,396	-130,735	1,487,661

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	-68,520	-68,520
2. Cash - Patient Deposits	0	0
3. Accounts & Notes Recievable	71,194	71,194
4. Supply Inventory	2,432	2,432
5. Short-Term Investments	0	0
6. Prepaid Insurance	11,385	11,385
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	20,525	20,525
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)	-2,002,066	-2,071,620
18. Deferred Charges	0	0
19. Organization & Pre-Operating Costs	79,398	79,398
20. Accum Amort - Org/Pre-Op Costs	-40,996	-40,996
21. Restricted Funds	0	0
22. Other Long-Term Assets (specify):	0	0
23. other (specify):	0	0
24. Total Long-Term Assets	5,028,563	4,959,009
25. Total Assets	5,049,088	4,979,534
CURRENT LIABILITIES		
26. Accounts Payable	62,778	62,778
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	22,672	22,672
31. Accrued Taxes Payable	2,097	2,097
32. Accrued Real Estate Taxes	119,268	119,268
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):	12,851	12,851
37. Other Current Liabilities (specify):	394,595	394,595
38. Total Current Liabilities	634,868	634,868
LONG TERM LIABILITES		
39.Long-Term Notes Payable	0	0
40.Mortgage Payable	4,943,491	4,943,491
41.Bonds Payable	0	0
42.Deferred Compensation	0	0
43.Other Long-Term Liabilities (specify):	45,398	45,398
44.Other Long-Term Liabilities (specify):	0	0
45.Total Long-Term Liabilities	4,988,889	4,988,889
46.Total Liabilities	5,623,757	5,623,757
47.Total Equity	-574,669	-644,223
48.Total Liabilities and Equity	5,049,088	4,979,534

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	1,546,213
2. Discounts and Allowances for all Level	0
Subtotal - Inpatient Care	1,546,213
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	0
15. Telephone, Television, and Radio	9,834
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	9,834
24. Contributions	0
25. Interest and Other Investments Income	0
Subtotal - Non-Operating Revenue	-
27. Other Revenue (specify):	3,947
28. Other Revenue (specify):	0
Subtotal - Other Revenue	3,947
30. Total Revenue	1,559,994
31. General Services	414,163
32. Health Care	200,999
33. General Administration	346,851
34. Ownership	707,208
35. Special Cost Centers	0
35. Provider Participation Fee	0
37. Other	0
40. Total Expenses	1,669,221
41. Income Before Income Taxes	-109,227
42. Income Taxes	0
43. Net Income or Loss for the Year	-109,227