

		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>1000133</u></p> <p>Facility Name: <u>Courtyard Estates of Peoria</u></p> <hr/> <p>Address: <u>117 N Western Avenue</u> <u>Peoria</u> <u>61604</u></p> <p align="center">Number City Zip Code</p> <p>County: <u>Peoria</u></p> <p>Telephone Number: (<u>(309)674-2400</u> Fax # <u>(309)621-4860</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>8/24/11</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:</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>1/1/2017</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 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) (_____)</td> <td>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 checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																																												
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	(Telephone) (_____)	Fax # (_____)																																												

Facility Name Courtyard Estates of Peoria

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	100	Single Unit Apartment	100	36,500	1
2		Double Unit Apartment			2
3		Other			3
4	100	TOTALS	100	36,500	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	24,643	8,247		32,890	5
6	Double Unit					6
7	Other					7
8	TOTALS	24,643	8,247		32,890	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 90.11%

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 Peoria

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	263,978	187,643		451,621	(2,089)	449,532	1
2	Housekeeping, Laundry and Maintenance	267,591	46,714	70,891	385,196		385,196	2
3	Heat and Other Utilities			167,467	167,467		167,467	3
4	Other (specify):							4
5	TOTAL General Services	531,569	234,357	238,358	1,004,284	(2,089)	1,002,195	5
B. Health Care and Programs								
6	Health Care/ Personal Care	646,314	(5,373)	17,622	658,563	(843)	657,720	6
7	Activities and Social Services	73,459	2,015	4,155	79,629	(6,928)	72,701	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	719,773	(3,358)	21,777	738,192	(7,771)	730,421	9
C. General Administration								
10	Administrative and Clerical	84,452	3,035	279,760	367,247	(170,300)	196,947	10
11	Marketing Materials, Promotions and Advertising	49,100	2,102		51,202	(51,202)		11
12	Employee Benefits and Payroll Taxes			173,986	173,986		173,986	12
13	Insurance-Property, Liability and Malpractice			33,010	33,010		33,010	13
14	Other (specify): Non-Related Expenses			56,689	56,689	(56,689)		14
15	TOTAL General Administration	133,552	5,137	543,445	682,134	(278,191)	403,943	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,384,894	236,136	803,580	2,424,610	(288,051)	2,136,559	16
Capital Expenses								
D. Ownership								
17	Depreciation			313,658	313,658	2,446	316,104	17
18	Interest							18
19	Real Estate Taxes			266,771	266,771		266,771	19
20	Rent -- Facility and Grounds			107,952	107,952		107,952	20
21	Rent -- Equipment							21
22	Other (specify):			5,152	5,152		5,152	22
23	TOTAL Ownership			693,533	693,533	2,446	695,979	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,384,894	236,136	1,497,113	3,118,143	(285,605)	2,832,538	24

Facility Name: Courtyard Estates of Peoria

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	3	\$ 29.07	1
2	Licensed Practical Nurses	8	18.49	2
3	Certified Nurse Assistants	8	10.46	3
4	Activity Director & Assistants	2	17.66	4
5	Social Service Workers			5
6	Head Cook	1	23.90	6
7	Cook Helpers/Assistants	9	11.45	7
8	Dishwashers			8
9	Maintenance Workers	2	14.49	9
10	Housekeepers	7	13.00	10
11	Laundry	1	11.54	11
12	Managers	1	33.84	12
13	Other Administrative			13
14	Clerical	2	20.30	14
15	Marketing	1	23.61	15
16	Other			16
17	Total (lines 1 thru 16)	45	\$	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? \$ 240,600

(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 Peoria

Report Period Beginning:

1/1/2017

Ending:

12/31/2017

VIII. OWNERSHIP COSTS

A. Purchase price of land 470,000 Year land was acquired 2009

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	100		2011	2011	\$ 5,537,053	\$ 221,482	25	\$ 221,482	\$	\$ 1,439,633	1
2											2
3											3
4											4
5											5
Improvement Type											
6		2012 Repairs		2012	38,128	3,943	7 & 15	3,946	3	21,703	6
7		Wall Air Conditioners (20)		2013	26,079	3,726	7	3,726	(0)	16,767	7
8		2014 Repairs		2014	27,602	3,943	7	3,943		15,082	8
9		Dry Pipe Valve Repair		2015	6,708	952	7	958	6	2,395	9
10		Elevator Repair		2016	4,895	699	7	700	1	1,050	10
11		Air Conditioner for Lounge		2016	4,617	308	15	308		462	11
12		Water Heater		2016	6,535	934	7	934		1,401	12
13		Carpeting for 7 Rooms		2016	5,283	755	7	954	199	1,331	13
14		Canopy, Gutter, Window Repairs		2017	4,488	641	7	321	(320)	321	14
15		Building Repairs After Fire		2017	60,456	8,636	7	4,318	(4,318)	4,318	15
16		Water Pipe Repair		2017	3,194	228	7	228		228	16
17		TOTAL (lines 1 thru 16)			\$ 5,725,038	\$ 246,247		\$ 241,818	\$ (4,429)	\$ 1,504,691	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	\$ 472,938	\$ 67,411	\$ 66,930	(481)	7 yrs.	\$ 301,295	18
19	Vehicles	36,788		7,356	7,356	5 yrs.	36,788	19
20	TOTAL (lines 18 and 19)	\$ 509,726	\$ 67,411	\$ 74,286	6,875		\$ 338,083	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	House on Arthur Street	\$ 61,800	\$	\$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$ 61,800	\$	\$	24

Facility Name: Courtyard Estates of Peoria

Report Period Beginning: 1/1/2017

Ending: 2/31/2017

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 \$ _____

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	1st Mid-Illinois Bank & Trust		X	Mortgage	1/1/11	\$ 5,249,269	\$ 4,316,647	3/4/36	5.0000	\$ 260,073
2					/ /			/ /		
3					/ /			/ /		
	Working Capital									
4	1st Mid-Illinois Bank & Trust		X	Line of Credit	/ /	244,274	131,430	/ /	Varies	6,698
5					/ /			/ /		
6					/ /			/ /		
7	TOTAL Facility Related					\$ 5,493,543	\$ 4,448,077			\$ 266,771
	B. Non-Facility Related									
8					/ /			/ /		
9					/ /			/ /		
10	TOTALS (lines 7, 8 and 9)					\$ 5,493,543	\$ 4,448,077			\$ 266,771

* 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 Peoria

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	\$ (84,037)	\$ (84,037)	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>26,506</u>)	994,847	994,847	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	23,088	23,088	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 933,898	\$ 933,898	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	470,000	470,000	13
14	Buildings, at Historical Cost	5,537,053	5,537,053	14
15	Leasehold Improvements, at Historical Cost	187,985	187,985	15
16	Equipment, at Historical Cost	509,726	509,726	16
17	Accumulated Depreciation (book methods)	(1,901,755)	(1,842,774)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>Non-Care Asset</u>	61,800	61,800	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 4,864,809	\$ 4,923,790	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,798,707	\$ 5,857,688	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 155,680	\$ 155,680	26
27	Officer's Accounts Payable	33,000	33,000	27
28	Accounts Payable-Patient Deposits	65,724	65,724	28
29	Short-Term Notes Payable	131,430	131,430	29
30	Accrued Salaries Payable	42,960	42,960	30
31	Accrued Taxes Payable	236,230	236,230	31
32	Accrued Interest Payable	22,586	22,586	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	<u>Payroll Withholdings</u>	95,482	95,482	35
36	<u>Accrued Management Fees</u>	1,229,907	1,229,907	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 2,012,999	\$ 2,012,999	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	4,316,647	4,316,647	39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 4,316,647	\$ 4,316,647	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 6,329,646	\$ 6,329,646	45
46	TOTAL EQUITY	\$ (530,939)	\$ (471,958)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 5,798,707	\$ 5,857,688	47

*(See instructions.)

Facility Name: Courtyard Estates of Peoria

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	\$ 3,118,767	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,118,767	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	2,089	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 2,089	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	6,928	15
16	Miscellaneous Income	923	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 7,851	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,128,707	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	1,004,284	19
20	Health Care/ Personal Care	738,192	20
21	General Administration	682,134	21
B. Capital Expense			
22	Ownership	693,533	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)	\$ 3,118,143	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 10,564	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 10,564	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 2,375,883	32
33	Private Pay - Net Inpatient Revenue	742,884	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,118,767	37

	Salaries	Supplies	Other	Total	Reclass- ifications	Reclassified Total	Adjusted Adjustmen	Total
1. Dietary	263,978	14,153	0	278,131	0	278,131	0	278,131
2. Food Pt	0	173,490	0	173,490	0	173,490	-2,089	171,401
3. Housek	189,317	29,406	0	218,723	0	218,723	0	218,723
4. Laundry	18,009	4,271	0	22,280	0	22,280	0	22,280
5. Heat an	0	0	167,467	167,467	0	167,467	0	167,467
6. Mainter	60,265	13,037	70,891	144,193	0	144,193	0	144,193
7. Other (s	0	0	0	0	0	0	0	0
8. Total G	531,569	234,357	238,358	1,004,284	0	1,004,284	-2,089	1,002,195
9. Medical	0	0	0	0	0	0	0	0
10. Nursin	646,314	-5,373	17,622	658,563	0	658,563	-843	657,720
10a. Therz	0	0	0	0	0	0	0	0
11. Activi	73,459	2,015	4,103	79,577	0	79,577	-6,928	72,649
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	719,773	-3,358	21,725	738,140	0	738,140	-7,771	730,369
17. Admir	0	0	240,600	240,600	0	240,600	-170,220	70,380
18. Direct	0	0	0	0	0	0	0	0
19. Profes	0	0	1,811	1,811	0	1,811	0	1,811
20. Fees, f	0	0	5,219	5,219	0	5,219	0	5,219
21. Cleric:	84,452	3,035	21,534	109,021	0	109,021	-80	108,941
22. Emplo	0	0	173,986	173,986	0	173,986	0	173,986
23. Inserv:	0	0	-301	-301	0	-301	0	-301
24. Travel	0	0	0	0	0	0	0	0
25. Other	0	0	10,897	10,897	0	10,897	0	10,897
26. Insura	0	0	33,010	33,010	0	33,010	0	33,010
27. Other	49,100	2,102	56,689	107,891	0	107,891	-107,891	0
28. Total C	133,552	5,137	543,445	682,134	0	682,134	-278,191	403,943
29. Total C	1,384,894	236,136	803,528	2,424,558	0	2,424,558	-288,051	2,136,507
30. Deprec	0	0	313,658	313,658	0	313,658	2,446	316,104
31. Amort	0	0	0	0	0	0	0	0
32. Interes	0	0	266,771	266,771	0	266,771	0	266,771
33. Real E	0	0	107,952	107,952	0	107,952	0	107,952
34. Rent -	0	0	0	0	0	0	0	0
35. Rent -	0	0	5,152	5,152	0	5,152	0	5,152
36. Other	0	0	0	0	0	0	0	0
37. Total C	0	0	693,533	693,533	0	693,533	2,446	695,979
38. Medic	0	0	0	0	0	0	0	0
39. Ancill.	0	-9	0	-9	0	-9	0	-9
40. Barber	0	0	0	0	0	0	0	0
41. Coffee	0	0	52	52	0	52	0	52
42	0	0	0	0	0	0	0	0
43. Other	0	0	0	0	0	0	0	0
44. Total S	0	-9	52	43	0	43	0	43
45. Grand	1,384,894	236,127	1,497,113	3,118,134	0	3,118,134	-285,605	2,832,529

		After
	Operating	Consolidation
General Service Cost Center		
1. Cash on hand and in banks	-84,037	-84,037
2. Cash - Patient Deposits	0	0
3. Accounts & Notes Recievable	994,847	994,847
4. Supply Inventory	0	0
5. Short-Term Investments	0	0
6. Prepaid Insurance	23,088	23,088
7. Other Prepaid Expenses	0	0
8. Accounts Receivable-Owner/Related Party	0	0
9. Other (specify):	0	0
10. Total current assets	933,898	933,898
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	0	0
13. Land	470,000	470,000
14. Buildings, at Historical Cost	5,537,053	5,537,053
15. Leasehold Improvements, Historical Cost	187,985	187,985
16. Equipment, at Historical Cost	509,726	509,726
17. Accumulated Depreciation (book methods)	-1,901,755	-1,842,774
18. Deferred Charges	0	0
19. Organization & Pre-Operating Costs	0	0
20. Accum Amort - Org/Pre-Op Costs	0	0
21. Restricted Funds	0	0
22. Other Long-Term Assets (specify):	0	0
23. other (specify):	61,800	61,800
24. Total Long-Term Assets	4,864,809	4,923,790
25. Total Assets	5,798,707	5,857,688
CURRENT LIABILITIES		
26. Accounts Payable	155,680	155,680
27. Officer's Accounts Payable	33,000	33,000
28. Accounts Payable-Patients Deposits	65,724	65,724
29. Short-Term Notes Payable	131,430	131,430
30. Accrued Salaries Payable	42,960	42,960
31. Accrued Taxes Payable	236,230	236,230
32. Accrued Real Estate Taxes	0	0
33. Accrued Interest Payable	22,586	22,586
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	95,482	95,482
37. Other Current Liabilities (specify):	1,229,907	1,229,907
38. Total Current Liabilities	2,012,999	2,012,999
LONG TERM LIABILITES		
39.Long-Term Notes Payable	0	0
40.Mortgage Payable	4,316,647	4,316,647
41.Bonds Payable	0	0
42.Deferred Compensation	0	0
43.Other Long-Term Liabilities (specify):	0	0
44.Other Long-Term Liabilities (specify):	0	0
45.Total Long-Term Liabilities	4,316,647	4,316,647
46.Total Liabilities	6,329,646	6,329,646
47.Total Equity	-530,939	-471,958
48.Total Liabilities and Equity	5,798,707	5,857,688

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	3,118,767
2. Discounts and Allowances for all Level	0
Subtotal - Inpatient Care	3,118,767
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	2,089
15. Telephone, Television, and Radio	0
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	2,089
24. Contributions	0
25. Interest and Other Investments Income	0
Subtotal - Non-Operating Revenue	-
27. Other Revenue (specify):	6,928
28. Other Revenue (specify):	923
Subtotal - Other Revenue	7,851
30. Total Revenue	3,128,707
31. General Services	969,794
32. Health Care	771,425
33. General Administration	674,588
34. Ownership	677,829
35. Special Cost Centers	32
35. Provider Participation Fee	0
37. Other	0
40. Total Expenses	3,093,668
41. Income Before Income Taxes	35,039
42. Income Taxes	0
43. Net Income or Loss for the Year	35,039