

		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><b>I. Facility ID Number:</b> <u>1000103</u></p> <p><b>Facility Name:</b> <u>Courtyard Estates Sullivan</u></p> <hr/> <p><b>Address:</b> <u>20 Courtyard Blvd</u> <u>Sullivan</u> <u>61951</u></p> <p align="center">Number City Zip Code</p> <p><b>County:</b> <u>Moultrie</u></p> <p><b>Telephone Number:</b> ( <u>217</u> ) <u>728-4300</u> Fax # <u>217 728-2165</u></p> <p><b>Federal Employer ID Number:</b> _____</p> <p><b>Date Current Owners were Certified:</b> <u>9/30/08</u></p> <p><b>Type of Ownership:</b></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><b>IRS Exemption Code</b> _____</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><b>In the event there are further questions about this report, please contact:</b></p> <p><b>Name:</b> <u>Mike Kocher</u> <b>Telephone Number:</b> <u>(309)691-8113</u></p> <p><b>Email Address:</b> _____</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	<b>IRS Exemption Code</b> _____	<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><b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b></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>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%;"><b>Officer or Administrator of Provider</b></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><b>Paid Preparer</b></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 &amp; 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>	<b>Officer or Administrator of Provider</b>	(Signed) _____	(Date) _____		(Type or Print Name) <u>Mark B. Petersen</u>			(Title) <u>Chief Executive Officer</u>		<b>Paid Preparer</b>	(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 Sullivan

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	50	Single Unit Apartment	50	18,250	1
2		Double Unit Apartment			2
3		Other			3
4	50	TOTALS	50	18,250	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	7,704	10,253		17,957	5
6	Double Unit					6
7	Other					7
8	TOTALS	7,704	10,253		17,957	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 98.39%

**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 Sullivan

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			
<b>A. General Services</b>								
1	Dietary and Food Purchase	149,960	103,222		253,182	(2,202)	250,980	1
2	Housekeeping, Laundry and Maintenance	65,496	16,198	32,332	114,026		114,026	2
3	Heat and Other Utilities			63,600	63,600		63,600	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	215,456	119,420	95,932	430,808	(2,202)	428,606	5
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	235,225	(133)		235,092	(2,695)	232,397	6
7	Activities and Social Services		431	17,654	18,085		18,085	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	235,225	298	17,654	253,177	(2,695)	250,482	9
<b>C. General Administration</b>								
10	Administrative and Clerical	29,597	666	172,712	202,975	(86,210)	116,765	10
11	Marketing Materials, Promotions and Advertising		1,926		1,926	(1,926)		11
12	Employee Benefits and Payroll Taxes			69,726	69,726		69,726	12
13	Insurance-Property, Liability and Malpractice			16,237	16,237		16,237	13
14	Other (specify): Non-Related Expenses			88,134	88,134	(88,134)		14
15	<b>TOTAL General Administration</b>	29,597	2,592	346,809	378,998	(176,270)	202,728	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	480,278	122,310	460,395	1,062,983	(181,167)	881,816	16
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			166,626	166,626	13,133	179,759	17
18	Interest							18
19	Real Estate Taxes			160,565	160,565		160,565	19
20	Rent -- Facility and Grounds			139,138	139,138		139,138	20
21	Rent -- Equipment							21
22	Other (specify):			5,309	5,309		5,309	22
23	<b>TOTAL Ownership</b>			471,638	471,638	13,133	484,771	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	480,278	122,310	932,033	1,534,621	(168,034)	1,366,587	24

Facility Name: Courtyard Estates Sullivan

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	22.01	1
2	Licensed Practical Nurses	1	17.17	2
3	Certified Nurse Assistants	7	11.17	3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook	1	14.51	6
7	Cook Helpers/Assistants	5	11.52	7
8	Dishwashers			8
9	Maintenance Workers	1	15.81	9
10	Housekeepers	2	10.45	10
11	Laundry			11
12	Managers	1	31.75	12
13	Other Administrative			13
14	Clerical	1	14.23	14
15	Marketing			15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>20</b>	<b>\$</b>	<b>17</b>

**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
<b>Total</b>				<b>\$</b>	<b>6</b>

**VI. (B) Management fees paid to unrelated parties**

	Amount of Fee	
1	N/A	\$ 1
2		\$ 2
<b>Total</b>		<b>\$ 3</b>

**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 <u>1</u>	City <u>2</u>
See Attached Schedule 4A	

OTHER RELATED BUSINESS ENTITIES		
Name <u>3</u>	City <u>4</u>	Type of Business <u>5</u>

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? \$ 152,200  
 (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 Sullivan

Report Period Beginning:

1/1/2017

Ending:

12/31/2017

VIII. OWNERSHIP COSTS

A. Purchase price of land 315,335 Year land was acquired 2004

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	50			2008	\$ 6,418,133	\$ 164,567	39	164,568	\$ 1	\$ 1,563,396	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6		Painting & Remodeling in Water Damaged Areas		2014	15,348	1,023	15	1,023		3,922	6
7											7
8											8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 6,433,481	\$ 165,590		\$ 165,591	\$ 1	\$ 1,567,318	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	\$ 345,213	1,036	14,168	13,132	7 yrs.	\$ 345,213	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 345,213	\$ 1,036	\$ 14,168	13,132		\$ 345,213	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 Sullivan

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	<b>TOTAL</b>				\$			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	Name of Lender	2		3	4	6		7	8	9	
			Related**	YES			NO	Purpose of Loan				
							Original	Balance				
		<b>A. Directly Facility Related</b>										
		<b>Long-Term</b>										
1		Bank Leumi		X	Mortgage	5/1/16	3,200,000	3,065,943	4/30/41	Varies	\$ 160,565	1
2						/ /			/ /			2
3						/ /			/ /			3
		<b>Working Capital</b>										
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		<b>TOTAL Facility Related</b>					\$ 3,200,000	\$ 3,065,943			\$ 160,565	7
		<b>B. Non-Facility Related</b>										
8						/ /			/ /			8
9						/ /			/ /			9
10		<b>TOTALS (lines 7, 8 and 9)</b>					\$ 3,200,000	\$ 3,065,943			\$ 160,565	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 Sullivan

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*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ (2,933,888)	\$ (2,933,888)	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>25,783</u> )	366,765	366,765	3
4	Supply Inventory (priced at )	2,414	2,414	4
5	Short-Term Investments			5
6	Prepaid Insurance	11,176	11,176	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ (2,553,533)	\$ (2,553,533)	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	315,335	315,335	13
14	Buildings, at Historical Cost	6,418,133	6,418,133	14
15	Leasehold Improvements, at Historical Cost	15,348	15,348	15
16	Equipment, at Historical Cost	345,213	345,213	16
17	Accumulated Depreciation (book methods)	(1,858,459)	(1,912,531)	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):			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 5,235,570	\$ 5,181,498	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 2,682,037	\$ 2,627,965	25

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 84,208	\$ 84,208	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	22,771	22,771	30
31	Accrued Taxes Payable	278,421	278,421	31
32	Accrued Interest Payable	14,618	14,618	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35	<b>Payroll Withholdings</b>	33,082	33,082	35
36	<b>Accrued Management Fees</b>	43,373	43,373	36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 476,473	\$ 476,473	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	3,065,943	3,065,943	39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42	<b>Security Deposits</b>	14,300	14,300	42
43				43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$ 3,080,243	\$ 3,080,243	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 3,556,716	\$ 3,556,716	45
46	<b>TOTAL EQUITY</b>	\$ (874,679)	\$ (928,751)	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 2,682,037	\$ 2,627,965	47

\*(See instructions.)

Facility Name: Courtyard Estates Sullivan

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	
<b>A. SLF Resident Care</b>			
1	Gross SLF Resident Revenue	\$ 1,568,632	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 1,568,632</b>	<b>3</b>
<b>B. Other Operating Revenue</b>			
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	2,202	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$ 2,202</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income		13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15	Miscellaneous & Cable TV Income	10,233	15
16	Loss on Sale of Property	(109,718)	16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ (99,485)</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 1,471,349</b>	<b>18</b>

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	430,808	19
20	Health Care/ Personal Care	253,177	20
21	General Administration	378,998	21
<b>B. Capital Expense</b>			
22	Ownership	471,638	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	<b>TOTAL EXPENSES (sum of lines 19 thru 27)</b>	<b>\$ 1,534,621</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ (63,272)</b>	<b>29</b>
30	<b>Income Taxes</b>	<b>\$</b>	<b>30</b>
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	<b>\$ (63,272)</b>	<b>31</b>
<b>III. Net Resident Care Revenue detailed by Payer Source</b>			
32	Medicaid - Net Inpatient Revenue	\$ 683,022	32
33	Private Pay - Net Inpatient Revenue	885,610	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	<b>TOTAL (This total must agree to Line 3)</b>	<b>\$ 1,568,632</b>	<b>37</b>

	Salaries	Supplies	Other	Total	Reclass- ifications	Reclassified Total	Adjusted Adjustmen	Total
1. Dietary	149,960	7,940	0	157,900	0	157,900	0	157,900
2. Food Pt	0	95,282	0	95,282	0	95,282	-2,202	93,080
3. Housek	32,619	8,457	0	41,076	0	41,076	0	41,076
4. Laundry	0	45	10,296	10,341	0	10,341	0	10,341
5. Heat an	0	0	63,600	63,600	0	63,600	0	63,600
6. Mainter	32,877	7,696	22,036	62,609	0	62,609	0	62,609
7. Other (s	0	0	0	0	0	0	0	0
8. Total G	215,456	119,420	95,932	430,808	0	430,808	-2,202	428,606
9. Medical	0	0	0	0	0	0	0	0
10. Nursin	235,225	-133	0	235,092	0	235,092	-2,695	232,397
10a. Therz	0	0	0	0	0	0	0	0
11. Activi	0	431	17,654	18,085	0	18,085	0	18,085
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	235,225	298	17,654	253,177	0	253,177	-2,695	250,482
17. Admir	0	0	152,200	152,200	0	152,200	-86,168	66,032
18. Direct	0	0	0	0	0	0	0	0
19. Profes	0	0	6,357	6,357	0	6,357	0	6,357
20. Fees, f	0	0	2,944	2,944	0	2,944	0	2,944
21. Cleric:	29,597	666	7,831	38,094	0	38,094	-42	38,052
22. Emplo	0	0	69,726	69,726	0	69,726	0	69,726
23. Inserv:	0	0	0	0	0	0	0	0
24. Travel	0	0	0	0	0	0	0	0
25. Other	0	0	3,380	3,380	0	3,380	0	3,380
26. Insura	0	0	16,237	16,237	0	16,237	0	16,237
27. Other	0	1,926	88,134	90,060	0	90,060	-90,060	0
28. Total C	29,597	2,592	346,809	378,998	0	378,998	-176,270	202,728
29. Total C	480,278	122,310	460,395	1,062,983	0	1,062,983	-181,167	881,816
30. Deprec	0	0	166,626	166,626	0	166,626	13,133	179,759
31. Amort	0	0	0	0	0	0	0	0
32. Interes	0	0	160,565	160,565	0	160,565	0	160,565
33. Real E	0	0	139,138	139,138	0	139,138	0	139,138
34. Rent -	0	0	0	0	0	0	0	0
35. Rent -	0	0	5,309	5,309	0	5,309	0	5,309
36. Other	0	0	0	0	0	0	0	0
37. Total C	0	0	471,638	471,638	0	471,638	13,133	484,771
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	480,278	122,310	932,033	1,534,621	0	1,534,621	-168,034	1,366,587

		After
	Operating	Consolidation
General Service Cost Center		
1. Cash on hand and in banks	-2,933,888	-2,933,888
2. Cash - Patient Deposits	0	0
3. Accounts & Notes Recievable	366,765	366,765
4. Supply Inventory	2,414	2,414
5. Short-Term Investments	0	0
6. Prepaid Insurance	11,176	11,176
7. Other Prepaid Expenses	0	0
8. Accounts Receivable-Owner/Related Party	0	0
9. Other (specify):	0	0
10. Total current assets	-2,553,533	-2,553,533
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	0	0
13. Land	315,335	315,335
14. Buildings, at Historical Cost	6,418,133	6,418,133
15. Leasehold Improvements, Historical Cost	15,348	15,348
16. Equipment, at Historical Cost	345,213	345,213
17. Accumulated Depreciation (book methods)	-1,858,459	-1,912,531
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):	0	0
24. Total Long-Term Assets	5,235,570	5,181,498
25. Total Assets	2,682,037	2,627,965
CURRENT LIABILITIES		
26. Accounts Payable	84,208	84,208
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	22,771	22,771
31. Accrued Taxes Payable	11,014	11,014
32. Accrued Real Estate Taxes	267,407	267,407
33. Accrued Interest Payable	14,618	14,618
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	33,082	33,082
37. Other Current Liabilities (specify):	43,373	43,373
38. Total Current Liabilities	476,473	476,473
LONG TERM LIABILITES		
39.Long-Term Notes Payable	0	0
40.Mortgage Payable	3,065,943	3,065,943
41.Bonds Payable	0	0
42.Deferred Compensation	0	0
43.Other Long-Term Liabilities (specify):	14,300	14,300
44.Other Long-Term Liabilities (specify):	0	0
45.Total Long-Term Liabilities	3,080,243	3,080,243
46.Total Liabilities	3,556,716	3,556,716
47.Total Equity	-874,679	-928,751
48.Total Liabilities and Equity	2,682,037	2,627,965

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	1,568,632
2. Discounts and Allowances for all Level	0
Subtotal - Inpatient Care	1,568,632
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	2,202
15. Telephone, Television, and Radio	7,496
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	9,698
24. Contributions	0
25. Interest and Other Investments Income	0
Subtotal - Non-Operating Revenue	-
27. Other Revenue (specify):	0
28. Other Revenue (specify):	-106,981
Subtotal - Other Revenue	-106,981
30. Total Revenue	1,471,349
31. General Services	398,453
32. Health Care	247,880
33. General Administration	339,718
34. Ownership	458,717
35. Special Cost Centers	0
35. Provider Participation Fee	0
37. Other	0
40. Total Expenses	1,444,768
41. Income Before Income Taxes	26,581
42. Income Taxes	0
43. Net Income or Loss for the Year	26,581