

		FOR BHF USE			

LL2

Supportive Living Facility

2015

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2015)

IMPORTANT NOTICE

THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN SECTION 146.265 OF THE 89 IL ADMIN CODE. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS.

I. Facility ID Number: 1000133

Facility Name: Courtyard Estates of Peoria

Address: 117 N Western Avenue Peoria 61604

Number City Zip Code

County: Peoria

Telephone Number: (309) 674-2400 Fax # (309) 621-4860

Federal Employer ID Number:

Date Current Owners were Certified: 8/24/11

Type of Ownership:

☐ VOLUNTARY, NON-PROFIT

☐ Charitable Corp.

☐ Trust

IRS Exemption Code

☒ PROPRIETARY

☐ Individual

☐ Partnership

☐ Corporation

☒ "Sub-S" Corp.

☐ Limited Liability Co.

☐ Trust

☐ Other

☐ GOVERNMENTAL

☐ State

☐ County

☐ Other

In the event there are further questions about this report, please contact:

Name: Mike Kocher Telephone Number: (309) 691-8113

Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2015 to 12/31/2015 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.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or
Administrator
of Provider

(Signed) (Date)

(Type or Print Name) Mark B. Petersen

(Title) Chief Executive Officer

Paid
Preparer

(Signed) (Date)

(Print Name
and Title)

(Firm Name
& Address)

(Telephone) () Fax # ()

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

Report Period Beginning: 1/1/2015 Ending: 12/31/2015

Date of change in certified units

N/A

N/A

If no, explain.

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.)

STATE OF ILLINOIS

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Facility Name: Courtyard Estates of Peoria

Report Period Beginning:

1/1/2015

Ending:

12/31/2015

IV. COST CENTER EXPENSES (please round to the nearest dollar)

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
	A. General Services							
1	Dietary and Food Purchase	237,636	203,111		440,747	(2,631)	438,116	1
2	Housekeeping, Laundry and Maintenance	279,930	52,677	46,653	379,260		379,260	2
3	Heat and Other Utilities			181,038	181,038		181,038	3
4	Other (specify):							4
5	TOTAL General Services	517,566	255,788	227,691	1,001,045	(2,631)	998,414	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	694,674	(1,014)	17,032	710,692	(6,133)	704,559	6
7	Activities and Social Services	61,807	767	4,652	67,226	(6,184)	61,042	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	756,481	(247)	21,684	777,918	(12,317)	765,601	9
	C. General Administration							
10	Administrative and Clerical	76,411	4,027	256,015	336,453	(130,557)	205,896	10
11	Marketing Materials, Promotions and Advertising	43,000	2,107		45,107	(45,107)		11
12	Employee Benefits and Payroll Taxes			167,815	167,815		167,815	12
13	Insurance-Property, Liability and Malpractice			30,581	30,581		30,581	13
14	Other (specify):			51,025	51,025	(51,025)		14
15	TOTAL General Administration	119,411	6,134	505,436	630,981	(226,689)	404,292	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,393,458	261,675	754,811	2,409,944	(241,637)	2,168,307	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			305,428	305,428	(296)	305,132	17
18	Interest			289,389	289,389	(459)	288,930	18
19	Real Estate Taxes			126,544	126,544		126,544	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			8,767	8,767		8,767	21
22	Other (specify):			16,154	16,154		16,154	22
23	TOTAL Ownership			746,282	746,282	(755)	745,527	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,393,458	261,675	1,501,093	3,156,226	(242,392)	2,913,834	24

Facility Name: Courtyard Estates of Peoria

Report Period Beginning 1/1/2015 Ending: 12/31/2015

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	2	\$ 23.23	1
2	Licensed Practical Nurses	9	17.73	2
3	Certified Nurse Assistants	11	10.02	3
4	Activity Director & Assistants	2	14.86	4
5	Social Service Workers			5
6	Head Cook	2	12.33	6
7	Cook Helpers/Assistants	9	9.95	7
8	Dishwashers			8
9	Maintenance Workers	2	13.67	9
10	Housekeepers	8	12.38	10
11	Laundry			11
12	Managers	1	33.15	12
13	Other Administrative			13
14	Clerical	3	12.09	14
15	Marketing	1	20.67	15
16	Other			16
17	Total (lines 1 thru 16)	50	\$	17

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? \$ 198,200
(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).

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

Facility Name: Courtyard Estates of Peoria

Report Period Beginning:

1/1/2015

Ending:

12/31/2015

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	100		2011	2011	\$ 5,537,053	\$ 221,482	25	\$ 221,482	\$ -	\$ 996,669	1
2			4								2
3											3
4											4
5											5
	Improvement Type										
6	2012 Repairs			2014	38,128	3,946	7 & 15	3,946	-	13,811	6
7	Wall Air Conditioners (20)			2013	26,079	3,726	7	3,726	(0)	9,315	7
8	Repairs of Lamps and Furnace due to power surge			2014	7,952	1,136	7	1,136	-	2,272	8
9	Dry System Repair			2014	7,860	1,123	7	1,123	-	2,059	9
10	Water Softener			2014	6,449	921	7	921	-	1,689	10
11	Boiler Repair			2014	2,661	380	7	380	-	602	11
12	Sprinkler Repair			2014	2,680	383	7	383	-	574	12
13	Dry Pipe Valve Repair			2015	6,708	957	7	479	(478)	479	13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 5,635,570	\$ 234,054		\$ 233,576	\$ (478)	\$ 1,027,470	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	\$ 449,383	\$ 64,016	\$ 64,198	182	7 yr.	\$ 167,435	18
19	Vehicles	36,788	7,358	7,358		5 yrs.	22,074	19
20	TOTAL (lines 18 and 19)	\$ 486,171	\$ 71,374	\$ 71,556	182		\$ 189,509	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: 1/1/2015

Ending: 2/31/2015

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 \$ 8,767

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	\$ 4,677,348	3/4/16	5.0000	\$ 280,018	1
2	Ford Credit		X	Van	7/14/11	36,505		Retired		706	2
3					/ /			/ /			3
	Working Capital										
4	1st Mid-Illinois Bank & Trust		X	Line of Credit	/ /	244,274	129,032	/ /		8,665	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 5,530,048	\$ 4,806,380			\$ 289,389	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 5,530,048	\$ 4,806,380			\$ 289,389	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.

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Facility Name: Courtyard Estates of Peoria

Report Period Beginning: 1/1/2015

Ending: 12/31/2015

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2015

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ (262,084)	\$ (262,084)	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 33,772)	641,277	641,277	3
4	Supply Inventory (priced : Cost)			4
5	Short-Term Investments			5
6	Prepaid Insurance	34,490	34,490	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)	\$ 413,683	\$ 413,683	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	98,518	98,518	15
16	Equipment, at Historical Cost	486,171	486,171	16
17	Accumulated Depreciation (book methods)	(1,281,969)	(1,216,979)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	80,853	80,853	19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(75,310)	(75,310)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): Non-Care Asset	61,800	61,800	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 5,377,116	\$ 5,442,106	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,790,799	\$ 5,855,789	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 263,312	\$ 263,312	26
27	Officer's Accounts Payable	33,000	33,000	27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	129,032	129,032	29
30	Accrued Salaries Payable	47,380	47,380	30
31	Accrued Taxes Payable	174,023	174,023	31
32	Accrued Interest Payable	22,825	22,825	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Payroll Withholdings	140,438	140,438	35
36	Accrued Management Fees	716,535	716,535	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,526,545	\$ 1,526,545	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	4,677,348	4,677,348	39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	Security Deposit	51,224	51,224	42
43	Intercompany Loans	57,932	57,932	43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 4,786,504	\$ 4,786,504	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 6,313,049	\$ 6,313,049	45
46	TOTAL EQUITY	\$ (522,250)	\$ (457,260)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 5,790,799	\$ 5,855,789	47

*(See instructions.)

Facility Name: Courtyard Estates of Peoria

Report Period Beginning: 1/1/2015

Ending:

12/31/2015

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

	Revenue	Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 3,146,893	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,146,893	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	2,631	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 2,631	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	459	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 459	14
	D. Other Revenue (specify):		
15	Transportation Revenue	6,184	15
16	Misc. Income and Gain on Sale	6,711	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 12,895	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,162,878	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,001,045	19
20	Health Care/ Personal Care	777,918	20
21	General Administration	630,981	21
	B. Capital Expense		
22	Ownership	746,282	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)	\$ 3,156,226	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 6,652	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 6,652	31

	Salaries	Supplies	Other	Total	Reclass- ifications	Reclassified Total	Adjusted Adjustmen	Adjusted Total
1. Dietary	237,636	16,628	0	254,264	0	254,264	0	254,264
2. Food Pt	0	186,483	0	186,483	0	186,483	-2,631	183,852
3. Housek	205,978	34,666	0	240,644	0	240,644	0	240,644
4. Laundry	17,069	2,675	0	19,744	0	19,744	0	19,744
5. Heat an	0	0	181,038	181,038	0	181,038	0	181,038
6. Mainte	56,883	15,336	46,653	118,872	0	118,872	0	118,872
7. Other (s	0	0	0	0	0	0	0	0
8. Total G	517,566	255,788	227,691	1,001,045	0	1,001,045	-2,631	998,414
9. Medical	0	0	0	0	0	0	0	0
10. Nursin	694,674	-1,014	17,032	710,692	0	710,692	-6,133	704,559
10a. Ther	0	0	0	0	0	0	0	0
11. Activi	61,807	767	4,652	67,226	0	67,226	-6,184	61,042
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	756,481	-247	21,684	777,918	0	777,918	-12,317	765,601
17. Admir	943	0	198,200	199,143	0	199,143	-130,200	68,943
18. Direct	0	0	0	0	0	0	0	0
19. Profes	0	0	10,686	10,686	0	10,686	0	10,686
20. Fees, s	0	0	7,633	7,633	0	7,633	0	7,633
21. Cleric:	75,468	4,027	16,736	96,231	0	96,231	-357	95,874
22. Emplo	0	0	167,815	167,815	0	167,815	0	167,815
23. Inserv:	0	0	10,965	10,965	0	10,965	0	10,965
24. Travel	0	0	15	15	0	15	0	15
25. Other	0	0	11,780	11,780	0	11,780	0	11,780
26. Insura	0	0	30,581	30,581	0	30,581	0	30,581
27. Other	43,000	2,107	51,025	96,132	0	96,132	-96,132	0
28. Total C	119,411	6,134	505,436	630,981	0	630,981	-226,689	404,292
29. Total C	1,393,458	261,675	754,811	2,409,944	0	2,409,944	-241,637	2,168,307

30. Deprec	0	0	305,428	305,428	0	305,428	-296	305,132
31. Amort	0	0	16,154	16,154	0	16,154	0	16,154
32. Interes	0	0	289,389	289,389	0	289,389	-459	288,930
33. Real E	0	0	126,544	126,544	0	126,544	0	126,544
34. Rent -	0	0	0	0	0	0	0	0
35. Rent -	0	0	8,767	8,767	0	8,767	0	8,767
36. Other	0	0	0	0	0	0	0	0
37. Total	0	0	746,282	746,282	0	746,282	-755	745,527
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	0	0	0	0	0	0	0	0
45. Grand	1,393,458	261,675	1,501,093	3,156,226	0	3,156,226	-242,392	2,913,834

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	-262,084	-262,084
2. Cash - Patient Deposits	0	0
3. Accounts & Notes Recievable	641,277	641,277
4. Supply Inventory	0	0
5. Short-Term Investments	0	0
6. Prepaid Insurance	34,490	34,490
7. Other Prepaid Expenses	0	0
8. Accounts Receivable-Owner/Related Party	0	0
9. Other (specify):	0	0
10. Total current assets	413,683	413,683
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	98,518	98,518
16. Equipment, at Historical Cost	486,171	486,171
17. Accumulated Depreciation (book methods)	-1,281,969	-1,216,979
18. Deferred Charges	0	0
19. Organization & Pre-Operating Costs	80,853	80,853
20. Accum Amort - Org/Pre-Op Costs	-75,310	-75,310
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	5,377,116	5,442,106
25. Total Assets	5,790,799	5,855,789
CURRENT LIABILITIES		
26. Accounts Payable	263,312	263,312
27. Officer's Accounts Payable	33,000	33,000
28. Accounts Payable-Patients Deposits	0	0
29. Short-Term Notes Payable	129,032	129,032
30. Accrued Salaries Payable	47,380	47,380
31. Accrued Taxes Payable	45,215	45,215

32. Accrued Real Estate Taxes	128,808	128,808
33. Accrued Interest Payable	22,825	22,825
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	140,438	140,438
37. Other Current Liabilities (specify):	716,535	716,535
38. Total Current Liabilities	1,526,545	1,526,545
LONG TERM LIABILITES		
39.Long-Term Notes Payable	0	0
40.Mortgage Payable	4,677,348	4,677,348
41.Bonds Payable	0	0
42.Deferred Compensation	0	0
43.Other Long-Term Liabilities (specify):	51,224	51,224
44.Other Long-Term Liabilities (specify):	57,932	57,932
45.Total Long-Term Liabilities	4,786,504	4,786,504
46.Total Liabilities	6,313,049	6,313,049
47.Total Equity	-522,250	-457,260
48.Total Liabilities and Equity	5,790,799	5,855,789

	Balance per Medicaid Trial Balance
1. Gross R	3,146,893
2. Discour	0
Subtota	3,146,893
4. Day Ca	0
5. Other C	0
6. Therapy	0
7. Oxygen	0
Subtota -	
9. Paymen	0
10. Other	0
11. Nurses	0
12. Gift ar	0
13. Barber	0
14. Non-P	2,631
15. Teleph	0
16. Rental	0
17. Sale oi	0
18. Sale oi	0
19. Labor:	0
20. Radiol	0
21. Other	0
22. Laund	0
Subtot	2,631
24. Contri	0
25. Interes	459
Subtot	459
27. Other	6,184
28. Other	6,711
Subtot	12,895

30. Total I	3,162,878
31. Gener:	1,108,569
32. Health	697,743
33. Gener:	607,426
34. Owner	750,103
35. Specia	0
35. Provid	0
37. Other	0
40. Total I	3,163,841
41. Incom	-963
42. Incom	0
43. Net In	-963