

		FOR BHF USE			

LL2

Supportive Living Facility

2016

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2016)

IMPORTANT NOTICE

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

I. Facility ID Number: 1000103

Facility Name: Courtyard Estates of Sullivn

Address: 20 Courtyard Blvd Sullivan 61951

County: Moultrie

Telephone Number: (217) 728-4300 Fax # 217 728-2165

Federal Employer ID Number:

Date Current Owners were Certified: 9/30/08

Type of Ownership:

VOLUNTARY, NON-PROFIT

Charitable Corp.

Trust

IRS Exemption Code

X PROPRIETARY

Individual

Partnership

Corporation

X "Sub-S" Corp.

Limited Liability Co.

Trust

Other

GOVERNMENTAL

State

County

Other

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2016 to 12/31/2016 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)

(Type or Print Name) Mark B. Petersen

(Title) Chief Executive Officer

Paid Preparer

(Signed)

(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

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

Name: Mike Kocher

Telephone Number: (309)691-8113

Email Address:

HFS 3745C (N-4-05)

IL478-2471

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		Single Unit Apartment			1
2		Double Unit Apartment			2
3		Other			3
4		TOTALS			4

B. Census-For the entire report period.

	1	2	3	4	5	
	Type of Unit	Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	7,572	9,323		16,895	5
6	Double Unit					6
7	Other					7
8	TOTALS	7,572	9,323		16,895	8

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

D. Indicate the number of paid bed-hold days the SLF had during this year

None Also, indicate the number of unpaid bed-hold days the SLF had during this year. None (Do not include bed-hold days in Section B.)

E. Does page 3 include expenses for services or investments not directly related to SLF services?

YES ☒ NO ☐

F. Does the BALANCE SHEET reflect any non-SLF assets?

YES ☐ NO ☒

G. List all services provided by your facility for non-residents.

(E.g., day care, "meals on wheels", outpatient therapy)

N/A

H. ACCOUNTING BASIS

ACCRUAL ☒ MODIFIED CASH* ☐ CASH* ☐

I. Is your fiscal year identical to your tax year? ☒ YES ☐ NO

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

* All facilities other than governmental must report on the accrual basis.

J. Does the facility have any Illinois Housing Development Authority Loans outstanding? No If yes, did the facility make all of the

required payments of interest and principle? _____
If no, explain. _____

K. Does the facility have any loans from the Federal Home Loan Bank outstanding? No If yes, did the facility make all of the

required payments of interest and principle? _____
If no, explain. _____

L. Does the facility have any loans from the IL Dept of Commerce and Economic Opportunity outstanding? No If yes, did the facility

make all of the required payments of interest and principle? _____
If no, explain. _____

STATE OF ILLINOIS

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Facility Name: Courtyard Estates of Sullivn

Report Period Beginning:

1/1/2016

Ending: 12/31/2016

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

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
	A. General Services							
1	Dietary and Food Purchase	141,814	98,384		240,198	(2,253)	237,945	1
2	Housekeeping, Laundry and Maintenance	51,448	15,377	26,671	93,496		93,496	2
3	Heat and Other Utilities			64,759	64,759		64,759	3
4	Other (specify):							4
5	TOTAL General Services	193,262	113,761	91,430	398,453	(2,253)	396,200	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	228,008	1,195		229,203	(1,295)	227,908	6
7	Activities and Social Services		415	18,262	18,677		18,677	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	228,008	1,610	18,262	247,880	(1,295)	246,585	9
	C. General Administration							
10	Administrative and Clerical	24,088	664	180,356	205,108	(87,514)	117,594	10
11	Marketing Materials, Promotions and Advertising		2,533		2,533	(2,533)		11
12	Employee Benefits and Payroll Taxes			69,563	69,563		69,563	12
13	Insurance-Property, Liability and Malpractice			15,514	15,514		15,514	13
14	Other (specify):			47,000	47,000	(47,000)		14
15	TOTAL General Administration	24,088	3,197	312,433	339,718	(137,047)	202,671	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	445,358	118,568	422,125	986,051	(140,595)	845,456	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			166,653	166,653	47,932	214,585	17
18	Interest							18
19	Real Estate Taxes			146,797	146,797		146,797	19
20	Rent -- Facility and Grounds			137,673	137,673		137,673	20
21	Rent -- Equipment							21
22	Other (specify):			7,594	7,594		7,594	22
23	TOTAL Ownership			458,717	458,717	47,932	506,649	23
24	GRAND TOTAL (Sum of lines 16 and 23)	445,358	118,568	880,842	1,444,768	(92,663)	1,352,105	24

Facility Name: Courtyard Estates of Sullivn

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

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	20.81	1
2	Licensed Practical Nurses	1	15.45	2
3	Certified Nurse Assistants	7	11.03	3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook	1	13.22	6
7	Cook Helpers/Assistants	5	10.99	7
8	Dishwashers			8
9	Maintenance Workers	1	15.21	9
10	Housekeepers	1	9.52	10
11	Laundry			11
12	Managers	1	29.36	12
13	Other Administrative			13
14	Clerical	1	11.58	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	19	\$	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			

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

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? \$ 146,800 (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 Sullivn Report Period Beginning: 1/1/2016 Ending: 12/31/2016

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	\$ 164,568	39	164,568	\$	\$ 1,398,828	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Painting & Remodeling in Water Damaged Areas			2014	15,348	1,023	15	1,023		2,899	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	\$ 165,591		\$ 165,591	\$	\$ 1,401,727	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	342,961	\$ 1,062	\$ 48,994	47,932	7 yrs.	\$ 331,045	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 342,961	\$ 1,062	\$ 48,994	47,932		\$ 331,045	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	N/A		\$	\$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$	\$	\$	24

Facility Name: Courtyard Estates of Sullivn Report Period Beginning: 1/1/2016 Ending: 2/31/2016

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? [X] YES [] NO

		1	2	3	4	5	6		8. Is movable equipment rental included in building rental?
		Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	Total Years Renewal Option*		[] YES [X] NO
3	Original Building			/ /	\$			3	9. Rental amount for movable equipment \$ 7,594
4	Additions			/ /				4	
5				/ /				5	
6				/ /				6	
7	TOTAL				\$			7	

8. Is movable equipment rental included in building rental?

[] YES [X] NO

9. Rental amount for movable equipment \$ 7,594

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	Bank Leumi		X	Mortgage	5/1/16	3,200,000	3,178,872	4/30/41	Varies	146,797	1
2											2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 3,200,000	\$ 3,178,872			\$ 146,797	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 3,200,000	\$ 3,178,872			\$ 146,797	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 Sullivn

Report Period Beginning: 1/1/2016

Ending: 12/31/2016

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2016

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ (3,132,950)	\$ (3,132,950)	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	260,359	260,359	3
4	Supply Inventory (priced <u>Cost</u>)	2,414	2,414	4
5	Short-Term Investments			5
6	Prepaid Insurance	14,661	14,661	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Prepaid Mgmt. Fees</u>	791	791	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ (2,854,725)	\$ (2,854,725)	10
	B. Long-Term Assets			
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	342,961	342,961	16
17	Accumulated Depreciation (book methods)	(1,691,833)	(1,732,772)	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 <u>Condos/Duplexes</u>	184,927	184,927	22
23	Other(specify): _____			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 5,584,871	\$ 5,543,932	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,730,146	\$ 2,689,207	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 45,808	\$ 45,808	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	22,683	22,683	30
31	Accrued Taxes Payable	264,773	264,773	31
32	Accrued Interest Payable	13,453	13,453	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	<u>Payroll Withholdings</u>	6,166	6,166	35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 352,883	\$ 352,883	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	3,178,872	3,178,872	39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	<u>Intercompany Loans</u>	9,800	9,800	42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 3,188,672	\$ 3,188,672	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 3,541,555	\$ 3,541,555	45
46	TOTAL EQUITY	\$ (811,409)	\$ (852,348)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 2,730,146	\$ 2,689,207	47

*(See instructions.)

Facility Name: Courtyard Estates of Sullivn

Report Period Beginning: 1/1/2016

Ending:

12/31/2016

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

		1	
	I. Revenue	Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 1,456,579	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,456,579	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	2,253	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 2,253	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		15
16	Miscellaneous and Cable TV Income	9,134	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 9,134	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,467,966	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	398,453	19
20	Health Care/ Personal Care	247,880	20
21	General Administration	339,718	21
	B. Capital Expense		
22	Ownership	458,717	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)	\$ 1,444,768	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 23,198	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 23,198	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 723,561	32
33	Private Pay - Net Inpatient Revenue	733,018	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 1,456,579	37

	Salaries	Supplies	Other	Total	Reclass- ifications	Reclassified Total	Adjusted Adjustmen	Total
1. Dietary	141,814	6,802	0	148,616	0	148,616	0	148,616
2. Food Pt	0	91,582	0	91,582	0	91,582	-2,253	89,329
3. Housek	19,805	7,852	0	27,657	0	27,657	0	27,657
4. Laundry	0	0	10,296	10,296	0	10,296	0	10,296
5. Heat an	0	0	64,759	64,759	0	64,759	0	64,759
6. Mainter	31,643	7,525	16,375	55,543	0	55,543	0	55,543
7. Other (s	0	0	0	0	0	0	0	0
8. Total G	193,262	113,761	91,430	398,453	0	398,453	-2,253	396,200
9. Medical	0	0	0	0	0	0	0	0
10. Nursin	228,008	1,195	0	229,203	0	229,203	-1,295	227,908
10a. Therz	0	0	0	0	0	0	0	0
11. Activi	0	397	18,262	18,659	0	18,659	0	18,659
12. Social	0	18	0	18	0	18	0	18
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	228,008	1,610	18,262	247,880	0	247,880	-1,295	246,585
17. Admir	0	0	146,800	146,800	0	146,800	-85,735	61,065
18. Direct	0	0	0	0	0	0	0	0
19. Profes	0	0	18,539	18,539	0	18,539	0	18,539
20. Fees, f	0	0	5,966	5,966	0	5,966	0	5,966
21. Cleric	24,088	664	5,663	30,415	0	30,415	-1,779	28,636
22. Emplo	0	0	69,563	69,563	0	69,563	0	69,563
23. Inserv	0	0	0	0	0	0	0	0
24. Travel	0	0	0	0	0	0	0	0
25. Other	0	0	3,388	3,388	0	3,388	0	3,388
26. Insura	0	0	15,514	15,514	0	15,514	0	15,514
27. Other	0	2,533	47,000	49,533	0	49,533	-49,533	0
28. Total C	24,088	3,197	312,433	339,718	0	339,718	-137,047	202,671
29. Total C	445,358	118,568	422,125	986,051	0	986,051	-140,595	845,456
30. Deprec	0	0	166,653	166,653	0	166,653	47,932	214,585
31. Amort	0	0	0	0	0	0	0	0
32. Interes	0	0	146,797	146,797	0	146,797	0	146,797
33. Real E	0	0	137,673	137,673	0	137,673	0	137,673
34. Rent -	0	0	0	0	0	0	0	0
35. Rent -	0	0	7,594	7,594	0	7,594	0	7,594
36. Other	0	0	0	0	0	0	0	0
37. Total C	0	0	458,717	458,717	0	458,717	47,932	506,649
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 f	0	0	0	0	0	0	0	0
45. Grand	445,358	118,568	880,842	1,444,768	0	1,444,768	-92,663	1,352,105

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	-3,132,950	-3,132,950
2. Cash - Patient Deposits	0	0
3. Accounts & Notes Recievable	260,359	260,359
4. Supply Inventory	2,414	2,414
5. Short-Term Investments	0	0
6. Prepaid Insurance	14,661	14,661
7. Other Prepaid Expenses	0	0
8. Accounts Receivable-Owner/Related Party	0	0
9. Other (specify):	791	791
10. Total current assets	-2,854,725	-2,854,725
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	342,961	342,961
17. Accumulated Depreciation (book methods)	-1,691,833	-1,732,772
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):	184,927	184,927
23. other (specify):	0	0
24. Total Long-Term Assets	5,584,871	5,543,932
25. Total Assets	2,730,146	2,689,207
CURRENT LIABILITIES		
26. Accounts Payable	45,808	45,808
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	22,683	22,683
31. Accrued Taxes Payable	0	0
32. Accrued Real Estate Taxes	264,773	264,773
33. Accrued Interest Payable	13,453	13,453
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	6,166	6,166
37. Other Current Liabilities (specify):	0	0
38. Total Current Liabilities	352,883	352,883
LONG TERM LIABILITES		
39.Long-Term Notes Payable	0	0
40.Mortgage Payable	3,178,872	3,178,872
41.Bonds Payable	0	0
42.Deferred Compensation	0	0
43.Other Long-Term Liabilities (specify):	9,800	9,800
44.Other Long-Term Liabilities (specify):	0	0
45.Total Long-Term Liabilities	3,188,672	3,188,672
46.Total Liabilities	3,541,555	3,541,555
47.Total Equity	-811,409	-852,348
48.Total Liabilities and Equity	2,730,146	2,689,207

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	1,456,579
2. Discounts and Allowances for all Level	0
Subtotal - Inpatient Care	1,456,579
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	2,253
15. Telephone, Television, and Radio	6,060
16. Rental of Facility Space	0
17. Sale of Drugs	0
18. Sale of Supplies to Non-Patients	0
19. Laboratory	0
20. Radiologyand X-Ray	0
21. Other Medical Services	0
22. Laundry	0
Subtotal - Other Operating Revenue	8,313
24. Contributions	0
25. Interest and Other Investments Income	0
Subtotal - Non-Operating Revenue	-
27. Other Revenue (specify):	0
28. Other Revenue (specify):	3,074
Subtotal - Other Revenue	3,074
30. Total Revenue	1,467,966
31. General Services	400,346
32. Health Care	244,312
33. General Administration	320,252
34. Ownership	488,433
35. Special Cost Centers	0
35. Provider Participation Fee	0
37. Other	0
40. Total Expenses	1,453,343
41. Income Before Income Taxes	14,623
42. Income Taxes	0
43. Net Income or Loss for the Year	14,623