

		FOR BHF USE			

LL2

Supportive Living Facility

2019

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2019)

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 Sullivan

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

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 1/1/2019 to 12/31/2019 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

HFS 3745C (N-4-05)

IL478-2471

Facility Name Courtyard Estates Sullivan

Report Period Beginning: 1/1/2019 Ending: 12/31/2019

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days

Date of change in certified units

1 / 1

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	6,381	10,117		16,498	5
6	Double Unit					6
7	Other					7
8	TOTALS	6,381	10,117		16,498	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 90.40%

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

ACCUAL		MODIFIED	
		CASH*	CASH*
	X		

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

Tax Year: 12/31/2019 **Fiscal Year:** 12/31/2019

* 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 principal?

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 principal?

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 principal?

If no, explain.

STATE OF ILLINOIS

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Facility Name: Courtyard Estates Sullivan

Report Period Beginning:

1/1/2019

Ending:

12/31/2019

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	151,489	101,815		253,304	(3,400)	249,904	1
2	Housekeeping, Laundry and Maintenance	69,164	15,169	31,522	115,855		115,855	2
3	Heat and Other Utilities			61,079	61,079		61,079	3
4	Other (specify):							4
5	TOTAL General Services	220,653	116,984	92,601	430,238	(3,400)	426,838	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	259,380	(627)		258,753		258,753	6
7	Activities and Social Services		1,150	17,747	18,897		18,897	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	259,380	523	17,747	277,650		277,650	9
	C. General Administration							
10	Administrative and Clerical	95,347	761	89,790	185,898	(75,442)	110,456	10
11	Marketing Materials, Promotions and Advertising		2,486		2,486	(2,486)		11
12	Employee Benefits and Payroll Taxes			75,053	75,053		75,053	12
13	Insurance-Property, Liability and Malpractice			21,396	21,396		21,396	13
14	Other (specify): Non-Medicaid Expenses			50,294	50,294	(50,294)		14
15	TOTAL General Administration	95,347	3,247	236,533	335,127	(128,222)	206,905	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	575,380	120,754	346,881	1,043,015	(131,622)	911,393	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			167,272	167,272	(1,533)	165,739	17
18	Interest			168,938	168,938	(1,616)	167,322	18
19	Real Estate Taxes			(88,369)	(88,369)		(88,369)	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			2,987	2,987		2,987	21
22	Other (specify):							22
23	TOTAL Ownership			250,828	250,828	(3,149)	247,679	23
24	GRAND TOTAL (Sum of lines 16 and 23)	575,380	120,754	597,709	1,293,843	(134,771)	1,159,072	24

Facility Name: Courtyard Estates Sullivan

Report Period Beginning 1/1/2019 Ending: 12/31/2019

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 22.91	1
2	Licensed Practical Nurses	1	16.37	2
3	Certified Nurse Assistants	7	12.20	3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook	1	26.67	6
7	Cook Helpers/Assistants	4	11.54	7
8	Dishwashers			8
9	Maintenance Workers	1	17.04	9
10	Housekeepers	1	16.21	10
11	Laundry			11
12	Managers	1	31.60	12
13	Other Administrative			13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	17	\$	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, LLC If yes, what is the value of those services? \$ 75,400 (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				\$	1
2					2
3					3
4					4
5					5
Total				\$	6

VI. (B) Management fees paid to unrelated parties

Amount of Fee

1		\$	1
2			2
Total		\$	3

Facility Name: Courtyard Estates Sullivan

Report Period Beginning:

1/1/2019

Ending:

12/31/2019

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		1	2008	\$ 6,418,133	\$ 164,568	39	\$ 164,567	\$ (1)	\$ 1,892,530	1
2			4								2
3											3
4											4
5											5
	Improvement Type										
6	Painting & Remodeling in Water Damaged Areas			2014	15,348	1,023	15	1,023		5,969	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		\$ 165,590	\$ (1)	\$ 1,898,499	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	\$ 348,604	\$ 1,681	\$ 149	(1,532)	7 yrs.	\$ 345,604	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 348,604	\$ 1,681	\$ 149	(1,532)		\$ 345,604	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

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	Bank Leumi		X	Mortgage	5/1/16	\$ 3,200,000	\$ 2,624,321	4/30/41	Varies	\$ 168,938	1
2											2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 3,200,000	\$ 2,624,321			\$ 168,938	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 3,200,000	\$ 2,624,321			\$ 168,938	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 Sullivan

Report Period Beginning: 1/1/2019

Ending: 12/31/2019

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2019

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 550	\$ 550	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 6,543)	260,752	260,752	3
4	Supply Inventory (priced Cost)	2,414	2,414	4
5	Short-Term Investments			5
6	Prepaid Insurance	12,667	12,667	6
7	Other Prepaid Expenses	109,221	109,221	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Employee Education Loans</u>	361	361	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 385,965	\$ 385,965	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	348,604	348,604	16
17	Accumulated Depreciation (book methods)	(2,192,720)	(2,244,103)	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	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 4,904,700	\$ 4,853,317	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,290,665	\$ 5,239,282	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 35,204	\$ 35,204	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	26,049	26,049	30
31	Accrued Taxes Payable	80,816	80,816	31
32	Accrued Interest Payable	12,457	12,457	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	<u>Payroll Withholdings</u>	7,348	7,348	35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 161,874	\$ 161,874	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	2,624,321	2,624,321	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)	\$ 2,624,321	\$ 2,624,321	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 2,786,195	\$ 2,786,195	45
46	TOTAL EQUITY	\$ 2,504,470	\$ 2,453,087	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 5,290,665	\$ 5,239,282	47

*(See instructions.)

Facility Name: Courtyard Estates Sullivan

Report Period Beginning: 1/1/2019

Ending:

12/31/2019

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	\$ 1,556,232	1
2	Discounts and Allowances	(69,125)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,487,107	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	3,400	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 3,400	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	1,616	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 1,616	14
	D. Other Revenue (specify):		
15	Transportation Revenue		15
16	Miscellaneous and Cable TV Income	33,988	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 33,988	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,526,111	18

2			
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	430,238	19
20	Health Care/ Personal Care	277,650	20
21	General Administration	335,127	21
	B. Capital Expense		
22	Ownership	250,828	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)	\$ 1,293,843	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 232,268	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 232,268	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 684,401	32
33	Private Pay - Net Inpatient Revenue	802,706	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 1,487,107	37

	Salaries	Supplies	Other	Total	Reclass- ifications	Reclassified Total	Adjusted Adjustmen	Adjusted Total
1. Dietary	151,489	9,264	0	160,753	0	160,753	0	160,753
2. Food Pt	0	92,551	0	92,551	0	92,551	-3,400	89,151
3. Housek	33,724	5,902	0	39,626	0	39,626	0	39,626
4. Laundry	0	0	10,296	10,296	0	10,296	0	10,296
5. Heat an	0	0	61,079	61,079	0	61,079	0	61,079
6. Mainte	35,440	9,267	21,226	65,933	0	65,933	-14,661	51,272
7. Other (s	0	0	0	0	0	0	0	0
8. Total G	220,653	116,984	92,601	430,238	0	430,238	-18,061	412,177
9. Medical	0	0	0	0	0	0	0	0
10. Nursin	259,380	-627	0	258,753	0	258,753	-12,280	246,473
10a. Thera	0	0	0	0	0	0	0	0
11. Activi	0	1,150	17,747	18,897	0	18,897	0	18,897
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	259,380	523	17,747	277,650	0	277,650	-12,280	265,370
17. Admin	65,724	0	75,400	141,124	0	141,124	-75,400	65,724
18. Direct	0	0	0	0	0	0	0	0
19. Profes	0	0	-100	-100	0	-100	0	-100
20. Fees, S	0	0	1,649	1,649	0	1,649	0	1,649
21. Cleric	29,623	761	9,061	39,445	0	39,445	-42	39,403
22. Emplo	0	0	75,053	75,053	0	75,053	0	75,053
23. Inservi	0	0	0	0	0	0	0	0
24. Travel	0	0	0	0	0	0	0	0
25. Other .	0	0	3,780	3,780	0	3,780	0	3,780
26. Insura	0	0	21,396	21,396	0	21,396	0	21,396
27. Other (	0	2,486	50,294	52,780	0	52,780	-52,780	0
28. Total C	95,347	3,247	236,533	335,127	0	335,127	-128,222	206,905
29. Total C	575,380	120,754	346,881	1,043,015	0	1,043,015	-158,563	884,452
30. Deprec	0	0	167,272	167,272	0	167,272	-1,533	165,739
31. Amort	0	0	0	0	0	0	0	0
32. Interes	0	0	168,938	168,938	0	168,938	-1,616	167,322
33. Real E	0	0	-88,369	-88,369	0	-88,369	0	-88,369
34. Rent -	0	0	0	0	0	0	0	0
35. Rent -	0	0	2,987	2,987	0	2,987	0	2,987
36. Other (	0	0	0	0	0	0	0	0
37. Total C	0	0	250,828	250,828	0	250,828	-3,149	247,679
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	575,380	120,754	597,709	1,293,843	0	1,293,843	-161,712	1,132,131

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	550	550
2. Cash - Patient Deposits	0	0
3. Accounts & Notes Recievable	260,752	260,752
4. Supply Inventory	2,414	2,414
5. Short-Term Investments	0	0
6. Prepaid Insurance	12,667	12,667
7. Other Prepaid Expenses	109,221	109,221
8. Accounts Receivable-Owner/Related Party	0	0
9. Other (specify):	361	361
10. Total current assets	385,965	385,965
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	348,604	348,604
17. Accumulated Depreciation (book methods)	-2,192,720	-2,244,103
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	4,904,700	4,853,317
25. Total Assets	5,290,665	5,239,282
CURRENT LIABILITIES		
26. Accounts Payable	35,204	35,204
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	26,049	26,049
31. Accrued Taxes Payable	769	769
32. Accrued Real Estate Taxes	80,047	80,047
33. Accrued Interest Payable	12,457	12,457
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	7,348	7,348
37. Other Current Liabilities (specify):	0	0
38. Total Current Liabilities	161,874	161,874
LONG TERM LIABILITES		
39.Long-Term Notes Payable	0	0
40.Mortgage Payable	2,624,321	2,624,321
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	2,624,321	2,624,321
46.Total Liabilities	2,786,195	2,786,195
47.Total Equity	2,504,470	2,453,087
48.Total Liabilities and Equity	5,290,665	5,239,282

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	1,556,232
2. Discounts and Allowances for all Level	-69,125
Subtotal - Inpatient Care	1,487,107
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	3,400
15. Telephone, Television, and Radio	7,005
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	10,405
24. Contributions	0
25. Interest and Other Investments Income	1,616
Subtotal - Non-Operating Revenue	1,616
27. Other Revenue (specify):	0
28. Other Revenue (specify):	26,983
Subtotal - Other Revenue	26,983
30. Total Revenue	1,526,111
31. General Services	434,878
32. Health Care	266,363
33. General Administration	328,222
34. Ownership	465,496
35. Special Cost Centers	50
35. Provider Participation Fee	0
37. Other	0
40. Total Expenses	1,495,009
41. Income Before Income Taxes	31,102
42. Income Taxes	0
43. Net Income or Loss for the Year	31,102