

		FOR BHF USE			

LL2

Supportive Living Facility
2021
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2021)

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: 1000088

Facility Name: Courtyard Estates of Canton

Address: 160 East Walnut Canton 61520
Number City Zip Code

County: Fulton

Telephone Number: (309) 647-6400 Fax # (309) 647-1419

Federal Employer ID Number:

Date Current Owners were Certified: 12/7/2007

Type of Ownership:

<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		

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 1/1/2021 to 12/31/2021 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

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	51	Single Unit Apartment	51	18,615	1
2		Double Unit Apartment			2
3		Other			3
4	51	TOTALS	51	18,615	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	6,408	10,284		16,692	5
6	Double Unit					6
7	Other					7
8	TOTALS	6,408	10,284		16,692	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 89.67%

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: 12/31/2021 Fiscal Year: 12/31/2021

* 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

Page 3

Facility Name: Courtyard Estates of Canton

Report Period Beginning:

1/1/2021

Ending: 12/31/2021

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	105,815	100,993		206,808	(717)	206,091	1
2	Housekeeping, Laundry and Maintenance	93,771	13,573	34,994	142,338		142,338	2
3	Heat and Other Utilities			66,198	66,198		66,198	3
4	Other (specify):							4
5	TOTAL General Services	199,586	114,566	101,192	415,344	(717)	414,627	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	243,999	1,547		245,546	(3,500)	242,046	6
7	Activities and Social Services	35,277	1,559	514	37,350		37,350	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	279,276	3,106	514	282,896	(3,500)	279,396	9
	C. General Administration							
10	Administrative and Clerical	81,273	1,229	136,246	218,748	(86,260)	132,488	10
11	Marketing Materials, Promotions and Advertising	35,195	2,050		37,245	(37,245)		11
12	Employee Benefits and Payroll Taxes			79,579	79,579		79,579	12
13	Insurance-Property, Liability and Malpractice			36,858	36,858		36,858	13
14	Other (specify):			26,511	26,511	(26,511)		14
15	TOTAL General Administration	116,468	3,279	279,194	398,941	(150,016)	248,925	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	595,330	120,951	380,900	1,097,181	(154,233)	942,948	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			190,457	190,457	(1,346)	189,111	17
18	Interest			316,153	316,153	(174)	315,979	18
19	Real Estate Taxes			125,084	125,084		125,084	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			4,134	4,134		4,134	21
22	Other (specify): Amortization Expense			7,953	7,953		7,953	22
23	TOTAL Ownership			643,781	643,781	(1,520)	642,261	23
24	GRAND TOTAL (Sum of lines 16 and 23)	595,330	120,951	1,024,681	1,740,962	(155,753)	1,585,209	24

Facility Name: Courtyard Estates of Canton

Report Period Beginning 1/1/2021 Ending: 12/31/2021

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 19.57	1
2	Licensed Practical Nurses	1	17.61	2
3	Certified Nurse Assistants	5	14.27	3
4	Activity Director & Assistants	2	11.31	4
5	Social Service Workers			5
6	Head Cook	1	15.06	6
7	Cook Helpers/Assistants	3	11.94	7
8	Dishwashers			8
9	Maintenance Workers	1	13.62	9
10	Housekeepers	3	10.49	10
11	Laundry			11
12	Managers	1	25.03	12
13	Other Administrative			13
14	Clerical	1	14.04	14
15	Marketing	1	16.92	15
16	Other			16
17	Total (lines 1 thru 16)	20	\$	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? \$ 86,200

(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				\$	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 of Canton

Report Period Beginning:

1/1/2021

Ending:

12/31/2021

VIII. OWNERSHIP COSTS

A. Purchase price of land 53,950 Year land was acquired 2005

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	51		1	2007	\$ 6,650,432	\$ 170,197	39	\$ 170,524	\$ 327	\$ 2,472,597	1
2			4	2009	4,409	176	25	176		2,200	2
3											3
4											4
5											5
	Improvement Type										
6	Fully Depreciated Assets			2009	17,434	300	7	300		17,434	6
7	Restoration of Water Damage			2019	39,545	3,381	7	2,636	(745)	6,590	7
8	Sprinkler Repair			2019	9,390	1,342	15	1,342		3,355	8
9	Compressor Repair			2019	3,550	508	7	508		1,270	9
10	Furnace and Air Conditioner Replacement			2019	25,800	1,720	7	1,720		4,300	10
11	Sprinkler Repair			2020	2,957	422	15	422		633	11
12	Damage due to Building Flooding			2020	7,659	1,094	7	1,094		1,641	12
13	HVAC System			2020	40,100	2,674	7	2,674		4,011	13
14	Drywall Repair and Water Damage Restoration			2021	9,668	1,381	7	690	(691)	690	14
15	Water Pipe Repair			2021	4,123	540	7	295	(245)	295	15
16	Furnace			2021	13,400	372	15	893	521	893	16
17	TOTAL (lines 1 thru 16)				\$ 6,828,467	\$ 184,107		\$ 183,274	\$ (833)	\$ 2,515,909	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	\$ 280,478	\$ 2,581	\$ 2,068	(513)	5-7 yrs.	\$ 269,559	18
19	Vehicles	18,843	3,769	3,769		5 yrs.	5,653	19
20	TOTAL (lines 18 and 19)	\$ 299,321	\$ 6,350	\$ 5,837	(513)		\$ 275,212	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 of Canton

Report Period Beginning: 1/1/2021

Ending: 2/31/2021

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease:

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

YES

NO

		1 Year Constructed	2 Number of Units	3 Date of Lease	4 Rental Amount	5 Total Yrs. of Lease	6 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	Country Bank		X	Facility	5/5/13	\$ 4,680,000	\$ 3,791,045	5/4/37	0.0600	\$ 297,519	1
2	Colson Services		X	Facility	2/1/10	1,172,000	646,523	2/1/30	0.0420	17,705	2
3	Dodge		X	Facility	11/1/20	18,843	15,142	10/31/25	0.0500	929	3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 5,870,843	\$ 4,452,710			\$ 316,153	7
	B. Non-Facility Related										
8					/ /			/ /	Int. Income Offset		8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 5,870,843	\$ 4,452,710			\$ 316,153	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 Canton

Report Period Beginning: 1/1/2021

Ending: 12/31/2021

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2021

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 466,127	\$ 466,127	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 10,911)	48,231	48,231	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	20,371	20,371	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Security Deposit	4,034	4,034	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 538,763	\$ 538,763	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	53,950	53,950	13
14	Buildings, at Historical Cost	6,654,841	6,654,841	14
15	Leasehold Improvements, at Historical Cost	173,626	173,626	15
16	Equipment, at Historical Cost	305,645	299,321	16
17	Accumulated Depreciation (book methods)	(2,719,945)	(2,791,121)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	82,898	82,898	19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(56,689)	(56,689)	20
21	Restricted Funds	34,102	34,102	21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 4,528,428	\$ 4,450,928	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,067,191	\$ 4,989,691	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 130,307	\$ 130,307	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	31,596	31,596	30
31	Accrued Taxes Payable	123,888	123,888	31
32	Accrued Interest Payable	18,728	18,728	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Payroll Withholdings	29,891	29,891	35
36	Accrued Management Fees	8,950	8,950	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 343,360	\$ 343,360	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	15,142	15,142	38
39	Mortgage Payable	4,437,568	4,437,568	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)	\$ 4,452,710	\$ 4,452,710	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 4,796,070	\$ 4,796,070	45
46	TOTAL EQUITY	\$ 271,121	\$ 193,621	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 5,067,191	\$ 4,989,691	47

*(See instructions.)

Facility Name: Courtyard Estates of Canton

Report Period Beginning: 1/1/2021

Ending:

12/31/2021

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	\$ 1,791,193	1
2	Discounts and Allowances	(81,190)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,710,003	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	717	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 717	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	174	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 174	14
	D. Other Revenue (specify):		
15	Miscellaneous and Cable TV Income	12,549	15
16	Illinois Cares Act Stimulus Revenue	81,390	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 93,939	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,804,833	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	415,344	19
20	Health Care/ Personal Care	282,896	20
21	General Administration	398,941	21
	B. Capital Expense		
22	Ownership	643,781	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)	\$ 1,740,962	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 63,871	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 63,871	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 679,916	32
33	Private Pay - Net Inpatient Revenue	1,030,087	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 1,710,003	37

	Salaries	Supplies	Other	Total	Reclass- ifications	Reclassified Total	Adjusted Adjustmen	Total
1. Dietary	105,815	15,306	0	121,121	0	121,121	0	121,121
2. Food Purchase	0	85,687	0	85,687	0	85,687	-717	84,970
3. Housekeeping	65,444	6,684	0	72,128	0	72,128	0	72,128
4. Laundry	0	1,865	0	1,865	0	1,865	0	1,865
5. Heat and Other Utilities	0	0	66,198	66,198	0	66,198	0	66,198
6. Maintenance	28,327	5,024	34,994	68,345	0	68,345	0	68,345
7. Other (specify)*	0	0	0	0	0	0	0	0
8. Total General Services	199,586	114,566	101,192	415,344	0	415,344	-717	414,627
9. Medical Director	0	0	0	0	0	0	0	0
10. Nursing & Medical Records	243,999	1,547	0	245,546	0	245,546	-3,500	242,046
10a. Therapy	0	0	0	0	0	0	0	0
11. Activities	35,277	1,559	514	37,350	0	37,350	0	37,350
12. Social Services	0	0	0	0	0	0	0	0
13. Nurse Aide Training	0	0	0	0	0	0	0	0
14. Program Transportation	0	0	0	0	0	0	0	0
15. Other (specify)*	0	0	0	0	0	0	0	0
16. Total Health Care & Programs	279,276	3,106	514	282,896	0	282,896	-3,500	279,396
17. Administrative	81,273	0	86,200	167,473	0	167,473	-86,200	81,273
18. Directors Fees	0	0	0	0	0	0	0	0
19. Professional Services	0	0	22,637	22,637	0	22,637	0	22,637
20. Fees, Subscriptions & Promotion	0	0	8,440	8,440	0	8,440	0	8,440
21. Clerical & General Office	0	1,229	13,657	14,886	0	14,886	-60	14,826
22. Employee Benefits & Payroll	0	0	79,579	79,579	0	79,579	0	79,579
23. Inservice Training & Education	0	0	76	76	0	76	0	76
24. Travel and Seminar	0	0	423	423	0	423	0	423
25. Other Admin. Staff Trans	0	0	4,813	4,813	0	4,813	0	4,813
26. Insurance-Prop.Liab.Malpractice	0	0	36,858	36,858	0	36,858	0	36,858
27. Other (specify)*	35,195	2,050	26,511	63,756	0	63,756	-63,756	0
28. Total General Adminis	116,468	3,279	279,194	398,941	0	398,941	-150,016	248,925
29. Total General Administrative	595,330	120,951	380,900	1,097,181	0	1,097,181	-154,233	942,948
30. Depreciation	0	0	190,457	190,457	0	190,457	-1,346	189,111
31. Amortization of Pre-Op. & Org.	0	0	7,953	7,953	0	7,953	0	7,953
32. Interest	0	0	316,153	316,153	0	316,153	-174	315,979
33. Real Estate	0	0	125,084	125,084	0	125,084	0	125,084
34. Rent - Facility & Grounds	0	0	0	0	0	0	0	0
35. Rent - Equipment & Vehicles	0	0	4,134	4,134	0	4,134	0	4,134
36. Other (specify):*	0	0	0	0	0	0	0	0
37. Total Ownership	0	0	643,781	643,781	0	643,781	-1,520	642,261
38. Medically Necessary T	0	0	0	0	0	0	0	0
39. Ancillary Service Cent	0	0	0	0	0	0	0	0
40. Barber and Beauty Shop	0	0	0	0	0	0	0	0
41. Coffee and Gift Shops	0	0	0	0	0	0	0	0
42	0	0	0	0	0	0	0	0
43. Other (specify):*	0	0	0	0	0	0	0	0
44. Total Special Cost Ce	0	0	0	0	0	0	0	0
45. Grand Total	595,330	120,951	1,024,681	1,740,962	0	1,740,962	-155,753	1,585,209

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	466,127	466,127
2. Cash - Patient Deposits	0	0
3. Accounts & Notes Recievable	48,231	48,231
4. Supply Inventory	0	0
5. Short-Term Investments	0	0
6. Prepaid Insurance	20,371	20,371
7. Other Prepaid Expenses	0	0
8. Accounts Receivable-Owner/Related Party	0	0
9. Other (specify):	4,034	4,034
10. Total current assets	538,763	538,763
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	0	0
13. Land	53,950	53,950
14. Buildings, at Historical Cost	6,654,841	6,654,841
15. Leasehold Improvements, Historical Cost	173,626	173,626
16. Equipment, at Historical Cost	305,645	299,321
17. Accumulated Depreciation (book methods)	-2,719,945	-2,791,121
18. Deferred Charges	0	0
19. Organization & Pre-Operating Costs	82,898	82,898
20. Accum Amort - Org/Pre-Op Costs	-56,689	-56,689
21. Restricted Funds	34,102	34,102
22. Other Long-Term Assets (specify):	0	0
23. other (specify):	0	0
24. Total Long-Term Assets	4,528,428	4,450,928
25. Total Assets	5,067,191	4,989,691
CURRENT LIABILITIES		
26. Accounts Payable	130,307	130,307
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	31,596	31,596
31. Accrued Taxes Payable	0	0
32. Accrued Real Estate Taxes	123,888	123,888
33. Accrued Interest Payable	18,728	18,728
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	29,891	29,891
37. Other Current Liabilities (specify):	8,950	8,950
38. Total Current Liabilities	343,360	343,360
LONG TERM LIABILITES		
39.Long-Term Notes Payable	15,142	15,142
40.Mortgage Payable	4,437,568	4,437,568
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	4,452,710	4,452,710
46.Total Liabilities	4,796,070	4,796,070
47.Total Equity	271,121	193,621
48.Total Liabilities and Equity	5,067,191	4,989,691

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	1,791,193
2. Discounts and Allowances for all Level	-81,190
Subtotal - Inpatient Care	1,710,003
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	717
15. Telephone, Television, and Radio	8,989
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	9,706
24. Contributions	0
25. Interest and Other Investments Income	174
Subtotal - Non-Operating Revenue	174
27. Other Revenue (specify):	0
28. Other Revenue (specify):	84,950
Subtotal - Other Revenue	84,950
30. Total Revenue	1,804,833
31. General Services	415,344
32. Health Care	282,896
33. General Administration	398,941
34. Ownership	643,781
35. Special Cost Centers	0
35. Provider Participation Fee	0
37. Other	0
40. Total Expenses	1,740,962
41. Income Before Income Taxes	63,871
42. Income Taxes	0
43. Net Income or Loss for the Year	63,871