

		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: 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 1/1/2021 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	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	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	6,452	10,359		16,811	5
6	Double Unit					6
7	Other					7
8	TOTALS	6,452	10,359		16,811	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 92.12%

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

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Facility Name: Courtyard Estates Sullivan

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	157,234	104,997		262,231	(2,089)	260,142	1
2	Housekeeping, Laundry and Maintenance	107,170	25,338	35,511	168,019		168,019	2
3	Heat and Other Utilities			63,794	63,794		63,794	3
4	Other (specify):							4
5	TOTAL General Services	264,404	130,335	99,305	494,044	(2,089)	491,955	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	324,184	5,632		329,816	(4,000)	325,816	6
7	Activities and Social Services	20,466	340	18,249	39,055		39,055	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	344,650	5,972	18,249	368,871	(4,000)	364,871	9
	C. General Administration							
10	Administrative and Clerical	93,276	1,397	134,757	229,430	(94,036)	135,394	10
11	Marketing Materials, Promotions and Advertising		2,108		2,108	(2,108)		11
12	Employee Benefits and Payroll Taxes			92,468	92,468		92,468	12
13	Insurance-Property, Liability and Malpractice			30,884	30,884		30,884	13
14	Other (specify):			20,323	20,323	(20,323)		14
15	TOTAL General Administration	93,276	3,505	278,432	375,213	(116,467)	258,746	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	702,330	139,812	395,986	1,238,128	(122,556)	1,115,572	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			5,487	5,487	167,321	172,808	17
18	Interest					451,920	451,920	18
19	Real Estate Taxes			76,321	76,321		76,321	19
20	Rent -- Facility and Grounds			406,766	406,766	(406,766)		20
21	Rent -- Equipment			4,880	4,880		4,880	21
22	Other (specify):					120,872	120,872	22
23	TOTAL Ownership			493,454	493,454	333,347	826,801	23
24	GRAND TOTAL (Sum of lines 16 and 23)	702,330	139,812	889,440	1,731,582	210,791	1,942,373	24

Facility Name: Courtyard Estates Sullivan

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	\$ 25.97	1
2	Licensed Practical Nurses	1	25.42	2
3	Certified Nurse Assistants	7	14.87	3
4	Activity Director & Assistants	1	13.12	4
5	Social Service Workers			5
6	Head Cook	1	17.41	6
7	Cook Helpers/Assistants	5	11.64	7
8	Dishwashers			8
9	Maintenance Workers	2	17.09	9
10	Housekeepers	2	12.94	10
11	Laundry			11
12	Managers	1	27.61	12
13	Other Administrative			13
14	Clerical	1	17.24	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	22	\$	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? \$ 94,000

(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:

1/1/2021

Ending:

12/31/2021

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	\$ 164,567	39	\$ 164,567	\$	2,221,664	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		8,015	6
7	Storm Drain and Backfill on North Side			2021	5,500	61	15	183	122	183	7
8	Flooring For Dining Room			2021	6,647	475	7	950	475	950	8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 6,445,628	\$ 166,126		\$ 166,723	\$ 597	\$ 2,230,812	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	\$ 390,756	\$ 6,633	\$ 6,085	(548)	5-7 yrs.	\$ 354,245	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 390,756	\$ 6,633	\$ 6,085	(548)		\$ 354,245	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: _____

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		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*		<input type="checkbox"/> YES <input type="checkbox"/> NO
3	Original Building			/ /	\$			3	9. Rental amount for movable equipment \$ _____
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	Sector		X	Mortgage	4/1/20	4,827,817	4,790,381	3/31/23	Varies	\$ 451,982	1
2											2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 4,827,817	\$ 4,790,381			\$ 451,982	7
	B. Non-Facility Related										
8					/ /			/ /	Int. Income Offset	-62	8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 4,827,817	\$ 4,790,381			\$ 451,920	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: 1/1/2021

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	\$ 11,161	\$ 11,161	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 23,663)	157,303	157,303	3
4	Supply Inventory (priced Cost)			4
5	Short-Term Investments			5
6	Prepaid Insurance	13,171	13,171	6
7	Other Prepaid Expenses	495,736	495,736	7
8	Accounts Receivable (owners or related parties)		8,618	8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 677,371	\$ 685,989	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	5,500	315,335	13
14	Buildings, at Historical Cost		6,418,133	14
15	Leasehold Improvements, at Historical Cost	6,647	27,495	15
16	Equipment, at Historical Cost	46,683	390,756	16
17	Accumulated Depreciation (book methods)	(6,407)	(2,582,595)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	88,667	458,651	21
22	Other Long-Term Assets (specify):		30,218	22
23	Other(specify): <u>Intercompany Loans</u>	915,304	915,304	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,056,394	\$ 5,973,297	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,733,765	\$ 6,659,286	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 122,868	\$ 122,868	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	41,743	41,743	30
31	Accrued Taxes Payable	53,488	53,488	31
32	Accrued Interest Payable		87,104	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	<u>Payroll Withholdings</u>	38,091	38,091	35
36	<u>Accrued Management Fees</u>	616	616	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 256,806	\$ 343,910	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable		4,790,381	39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	<u>Intercompany Loans</u>	160,708	198,574	42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 160,708	\$ 4,988,955	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 417,514	\$ 5,332,865	45
46	TOTAL EQUITY	\$ 1,316,251	\$ 1,326,421	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 1,733,765	\$ 6,659,286	47

*(See instructions.)

Facility Name: Courtyard Estates Sullivan

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	\$ 1,943,032	1
2	Discounts and Allowances	(77,161)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,865,871	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	2,089	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 2,089	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	62	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 62	14
	D. Other Revenue (specify):		
15	Miscellaneous and Cable TV Income	11,056	15
16	Illinois Cares Act and PPP Loan Revenue	165,423	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 176,479	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,044,501	18

2			
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	494,044	19
20	Health Care/ Personal Care	368,871	20
21	General Administration	375,213	21
	B. Capital Expense		
22	Ownership	493,454	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)	\$ 1,731,582	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 312,919	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 312,919	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 760,377	32
33	Private Pay - Net Inpatient Revenue	1,105,494	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 1,865,871	37

	Salaries	Supplies	Other	Total	Reclass- ifications	Reclassified Total	Adjusted Adjustmen	Total
1. Dietary	157,234	9,333	0	166,567	0	166,567	0	166,567
2. Food Purchase	0	95,664	0	95,664	0	95,664	-2,089	93,575
3. Housekeeping	53,850	7,667	0	61,517	0	61,517	0	61,517
4. Laundry	0	3,228	10,296	13,524	0	13,524	0	13,524
5. Heat and Other Utilities	0	0	63,794	63,794	0	63,794	0	63,794
6. Maintenance	53,320	14,443	25,215	92,978	0	92,978	0	92,978
7. Other (specify)*	0	0	0	0	0	0	0	0
8. Total General Services	264,404	130,335	99,305	494,044	0	494,044	-2,089	491,955
9. Medical Director	0	0	0	0	0	0	0	0
10. Nursing & Medical Records	324,184	5,632	0	329,816	0	329,816	-4,000	325,816
10a. Therapy	0	0	0	0	0	0	0	0
11. Activities	20,466	330	18,249	39,045	0	39,045	0	39,045
12. Social Services	0	10	0	10	0	10	0	10
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	344,650	5,972	18,249	368,871	0	368,871	-4,000	364,871
17. Administrative	57,420	0	94,000	151,420	0	151,420	-94,000	57,420
18. Directors Fees	0	0	0	0	0	0	0	0
19. Professional Services	0	0	20,243	20,243	0	20,243	0	20,243
20. Fees, Subscriptions & Promotion	0	0	4,433	4,433	0	4,433	0	4,433
21. Clerical & General Office	35,856	1,397	13,771	51,024	0	51,024	-36	50,988
22. Employee Benefits & Payroll	0	0	92,468	92,468	0	92,468	0	92,468
23. Inservice Training & Education	0	0	36	36	0	36	0	36
24. Travel and Seminar	0	0	0	0	0	0	0	0
25. Other Admin. Staff Trans	0	0	2,274	2,274	0	2,274	0	2,274
26. Insurance-Prop.Liab.Malpractice	0	0	30,884	30,884	0	30,884	0	30,884
27. Other (specify)*	0	2,108	20,323	22,431	0	22,431	-22,431	0
28. Total General Adminis	93,276	3,505	278,432	375,213	0	375,213	-116,467	258,746
29. Total General Administrative	702,330	139,812	395,986	1,238,128	0	1,238,128	-122,556	1,115,572
30. Depreciation	0	0	5,487	5,487	0	5,487	167,321	172,808
31. Amortization of Pre-Op. & Org.	0	0	0	0	0	0	120,872	120,872
32. Interest	0	0	0	0	0	0	451,920	451,920
33. Real Estate	0	0	76,321	76,321	0	76,321	0	76,321
34. Rent - Facility & Grounds	0	0	406,766	406,766	0	406,766	-406,766	0
35. Rent - Equipment & Vehicles	0	0	4,880	4,880	0	4,880	0	4,880
36. Other (specify):*	0	0	0	0	0	0	0	0
37. Total Ownership	0	0	493,454	493,454	0	493,454	333,347	826,801
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	702,330	139,812	889,440	1,731,582	0	1,731,582	210,791	1,942,373

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	11,161	11,161
2. Cash - Patient Deposits	0	0
3. Accounts & Notes Recievable	157,303	157,303
4. Supply Inventory	0	0
5. Short-Term Investments	0	0
6. Prepaid Insurance	13,171	13,171
7. Other Prepaid Expenses	495,736	495,736
8. Accounts Receivable-Owner/Related Party	0	8,618
9. Other (specify):	0	0
10. Total current assets	677,371	685,989
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	0	0
13. Land	5,500	315,335
14. Buildings, at Historical Cost	0	6,418,133
15. Leasehold Improvements, Historical Cost	6,647	27,495
16. Equipment, at Historical Cost	46,683	390,756
17. Accumulated Depreciation (book methods)	-6,407	-2,582,595
18. Deferred Charges	0	0
19. Organization & Pre-Operating Costs	0	0
20. Accum Amort - Org/Pre-Op Costs	0	0
21. Restricted Funds	88,667	458,651
22. Other Long-Term Assets (specify):	0	30,218
23. other (specify):	915,304	915,304
24. Total Long-Term Assets	1,056,394	5,973,297
25. Total Assets	1,733,765	6,659,286
CURRENT LIABILITIES		
26. Accounts Payable	122,868	122,868
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	41,743	41,743
31. Accrued Taxes Payable	0	0
32. Accrued Real Estate Taxes	53,488	53,488
33. Accrued Interest Payable	0	87,104
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	38,091	38,091
37. Other Current Liabilities (specify):	616	616
38. Total Current Liabilities	256,806	343,910
LONG TERM LIABILITES		
39.Long-Term Notes Payable	0	0
40.Mortgage Payable	0	4,790,381
41.Bonds Payable	0	0
42.Deferred Compensation	0	0
43.Other Long-Term Liabilities (specify):	160,708	198,574
44.Other Long-Term Liabilities (specify):	0	0
45.Total Long-Term Liabilities	160,708	4,988,955
46.Total Liabilities	417,514	5,332,865
47.Total Equity	1,316,251	1,326,421
48.Total Liabilities and Equity	1,733,765	6,659,286

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	1,943,032
2. Discounts and Allowances for all Level	-77,161
Subtotal - Inpatient Care	1,865,871
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	2,089
15. Telephone, Television, and Radio	7,020
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	9,109
24. Contributions	0
25. Interest and Other Investments Income	62
Subtotal - Non-Operating Revenue	62
27. Other Revenue (specify):	0
28. Other Revenue (specify):	169,459
Subtotal - Other Revenue	169,459
30. Total Revenue	2,044,501
31. General Services	494,044
32. Health Care	368,871
33. General Administration	375,213
34. Ownership	493,454
35. Special Cost Centers	0
35. Provider Participation Fee	0
37. Other	0
40. Total Expenses	1,731,582
41. Income Before Income Taxes	312,919
42. Income Taxes	0
43. Net Income or Loss for the Year	312,919