FOR BHF USE

LL2

Supportive Living Facility

2014
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2014)

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 (Number) Peoria (City) 61604 (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	[X] PROPRIETARY	[ ] GOVERNMENTAL
[ ] Charitable Corp.	[ ] Individual	[ ] State
[ ] Trust	[ ] Partnership	[ ] County
IRS Exemption Code	[ ] Corporation	[ ] Other
	[X] "Sub-S" Corp.	
	[ ] Limited Liability Co.	
	[ ] Trust	
	[ ] 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 1/1/2014 to 12/31/2014 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 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**

Facility Name Courtyard Estates of Peoria Report Period Beginning: 1/1/2014 Ending: 12/31/2014

III. STATISTICAL DATA

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

Date of change in certified units N/A

	1 Units at Beginning of Report Period	2 Type of Apartment	3 Units at End of Report Period	4 Unit Days During Report Period	
1	100	Single Unit Apartment	100	36,500	1
2		Double Unit Apartment			2
3		Other			3
4	100	TOTALS	100	36,500	4

B. Census-For the entire report period.

	1 Type of Unit	2 Resident Days by Unit and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
5	Single Unit	19,998	12,670		32,668	5
6	Double Unit					6
7	Other					7
8	TOTALS	19,998	12,670		32,668	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 89.50%

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 [X] NO [ ]

F. Does the BALANCE SHEET reflect any non-SLF assets? YES [ ] NO [X]

G. List all services provided by your facility for non-residents. (E.g., day care, "meals on wheels", outpatient therapy)

H. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

I. Is your fiscal year identical to your tax year? [X] YES [ ] NO

Tax Year: 12/31/2014 Fiscal Year: 12/31/2014

* 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.** _____

Facility Name: Courtyard Estates of Peoria **Report Period Beginning: 1/1/2014 Ending: 12/31/2014**

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

	Operating Expenses	Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage	Supplies	Other	Total			
	A. General Services	1	2	3	4	5	6	
1	Dietary and Food Purchase	173,815	347,886		521,701	(5,621)	516,080	1
2	Housekeeping, Laundry and Maintenance	256,703	45,355	70,461	372,519		372,519	2
3	Heat and Other Utilities			214,349	214,349		214,349	3
4	Other (specify):							4
5	**TOTAL General Services**	430,518	393,241	284,810	1,108,569	(5,621)	1,102,948	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	623,517	1,953	6,298	631,768		631,768	6
7	Activities and Social Services	59,472	1,319	5,184	65,975	(14,028)	51,947	7
8	Other (specify):							8
9	**TOTAL Health Care and Programs**	682,989	3,272	11,482	697,743	(14,028)	683,715	9
	C. General Administration							
10	Administrative and Clerical	73,939	8,952	231,957	314,848	(113,856)	200,992	10
11	Marketing Materials, Promotions and Advertising	46,087	3,304	52,595	101,986	(101,986)		11
12	Employee Benefits and Payroll Taxes			151,264	151,264		151,264	12
13	Insurance-Property, Liability and Malpractice			15,167	15,167		15,167	13
14	Other (specify):			24,161	24,161	(24,161)		14
15	**TOTAL General Administration**	120,026	12,256	475,144	607,426	(240,003)	367,423	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	1,233,533	408,769	771,436	2,413,738	(259,652)	2,154,086	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			301,944	301,944		301,944	17
18	Interest			298,236	298,236	(16)	298,220	18
19	Real Estate Taxes			123,585	123,585		123,585	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			9,167	9,167		9,167	21
22	Other (specify):			17,171	17,171		17,171	22
23	**TOTAL Ownership**			750,103	750,103	(16)	750,087	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	1,233,533	408,769	1,521,539	3,163,841	(259,668)	2,904,173	24

Facility Name: Courtyard Estates of Peoria **Report Period Beginning 1/1/2014 Ending: 12/31/2014**

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	$ 20.32	1
2	Licensed Practical Nurses	6	15.81	2
3	Certified Nurse Assistants	10	9.11	3
4	Activity Director & Assistants	1	9.98	4
5	Social Service Workers			5
6	Head Cook	1	10.27	6
7	Cook Helpers/Assistants	3	8.68	7
8	Dishwashers			8
9	Maintenance Workers	1	14.88	9
10	Housekeepers	1	8.61	10
11	Laundry	1	9.11	11
12	Managers	1	35.99	12
13	Other Administrative			13
14	Clerical	1	10.50	14
15	Marketing	1	22.16	15
16	Other			16
17	**Total (lines 1 thru 16)**	28	$	17

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

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 [X] NO [ ]

Name of related entity: Petersen Health Care, Inc. & Petersen Health Care M **If yes, what is the value of those services? $** 188,400

(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 [X]

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 Peoria Report Period Beginning: 1/1/2014 Ending: 12/31/2014

VIII. OWNERSHIP COSTS

A. Purchase price of land 470,000 Year land was acquired 2011

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	$	$ 775,187	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Sewer Line Repair			2012	4,487	641	7	641		1,604	6
7	Condenser Unit			2012	9,580	639	15	639	0	1,596	7
8	Heat Pump			2012	11,411	1,630	7	1,630	(0)	4,075	8
9	Electrical Work			2012	10,125	675	15	675		1,689	9
10	Fire Alarm System			2012	2,525	361	7	361	0	901	10
11	Wall Air Conditioners (20)			2013	26,079	3,726	7	3,726	0	5,589	11
12	Repairs of Lamps and Furnace due to power surge			2014	7,952	1,136	7	1,136		1,136	12
13	Dry System Repair			2014	9,860	936	7	936		936	13
14	Water Softener			2014	6,449	768	7	768		768	14
15	Boiler Repair			2014	2,661	222	7	222		222	15
16	Sprinkler Repair			2014	2,680	191	7	191		191	16
17	TOTAL (lines 1 thru 16)				$ 5,630,862	$ 232,407		$ 232,406	$ 1	$ 793,893	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	$ 444,380	$ 62,181	$ 62,181	-	7 yrs.	$ 103,237	18
19	Vehicles	36,788	7,358	7,358		5 yrs.	14,716	19
20	TOTAL (lines 18 and 19)	$ 481,168	$ 69,539	$ 69,539	$		$ 117,953	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:** 1/1/2014 **Ending:** 2/31/2014

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 [X] 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 [X] 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 Name of Lender	2 Related** YES	2 Related** NO	3 Purpose of Loan	4 Date of Note	6 Amount of Note Original	6 Amount of Note Balance	7 Maturity Date	8 Interest Rate (4 Digits)	9 Reporting Period Int. Expense	
	A. Directly Facility Related										
	Long-Term										
1	1st Mid-Illinois Bank & Trust		X	Mortgage	1/1/11	$ 5,249,269	$ 4,841,370	3/4/16	5.0000	$ 290,223	1
2	Ford Credit		X	Van	7/14/11	36,505	4,977	6/30/16	6.2900	648	2
3					/ /			/ /			3
	Working Capital										
4	1st Mid-Illinois Bank & Trust		X	Line of Credit	/ /	233,214	244,274	/ /		7,365	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					$ 5,518,988	$ 5,090,621			$ 298,236	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$ 5,518,988	$ 5,090,621			$ 298,236	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 Peoria **Report Period Beginning:** 1/1/2014 **Ending:** 12/31/2014

XI. BALANCE SHEET - Unrestricted Operating Fund. **As of** 12/31/2014 **(last day of reporting year)**

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ (503,860)	$ (503,860)	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 37,044)	543,894	543,894	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	37,035	37,035	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)**	$ 77,069	$ 77,069	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	91,810	93,809	15
16	Equipment, at Historical Cost	481,168	481,168	16
17	Accumulated Depreciation (book methods)	(976,762)	(911,846)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	78,353	78,353	19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(59,156)	(59,156)	20
21	Restricted Funds			21
22	Other Long-Term Assets (**Loan Costs**			22
23	Other(specify): **Non-Care House**	61,800	61,800	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 5,684,266	$ 5,751,181	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 5,761,335	$ 5,828,250	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 277,949	$ 277,949	26
27	Officer's Accounts Payable	33,000		27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	244,274	244,274	29
30	Accrued Salaries Payable	43,446	43,446	30
31	Accrued Taxes Payable	144,306	144,306	31
32	Accrued Interest Payable	25,371	25,371	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	**Payroll Withholdings**	121,819	121,819	35
36	**Accrued Management Fees**	509,111	509,111	36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 1,399,276	$ 1,366,276	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	4,977	4,977	38
39	Mortgage Payable	4,841,370	4,841,370	39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	**Security Deposits**	42,125	42,125	42
43				43
44	**TOTAL Long-Term Liabilities (sum of lines 38 thru 43)**	$ 4,888,472	$ 4,888,472	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 6,287,748	$ 6,254,748	45
46	**TOTAL EQUITY**	$ (526,413)	$ (426,498)	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 5,761,335	$ 5,828,250	47

***(See instructions.)**

Facility Name: Courtyard Estates of Peoria **Report Period Beginning: 1/1/2014 Ending: 12/31/2014**

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

		1	
	Revenue	**Amount**	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	$ 3,132,435	1
2	Discounts and Allowances		2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 3,132,435	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	5,621	9
10	Laundry		10
11	**SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)**	$ 5,621	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	16	13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$ 16	14
	D. Other Revenue (specify):		
15			15
16		14,330	16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$ 14,330	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 3,152,402	18

		2	
	Expenses	**Amount**	
	A. Operating Expenses		
19	General Services	1,108,569	19
20	Health Care/ Personal Care	697,743	20
21	General Administration	607,426	21
	B. Capital Expense		
22	Ownership	750,103	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)**	$ 3,163,841	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ (11,439)	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ (11,439)	31

	Salaries	Supplies	Other	Total	Reclass-ifications	Reclassified Total	Adjustmen	Adjusted Total
1. Dietary	173,815	13,085	0	186,900	0	186,900	0	186,900
2. Food Purchase	0	334,801	0	334,801	0	334,801	-5,621	329,180
3. Housekeeping	178,273	26,977	0	205,250	0	205,250	0	205,250
4. Laundry	8,727	2,613	0	11,340	0	11,340	0	11,340
5. Heat and Other Utilities	0	0	214,349	214,349	0	214,349	0	214,349
6. Maintenance	69,703	15,765	70,461	155,929	0	155,929	0	155,929
7. Other (specify)*	0	0	0	0	0	0	0	0
8. Total General Services	430,518	393,241	284,810	1,108,569	0	1,108,569	-5,621	1,102,948
9. Medical Director	0	0	0	0	0	0	0	0
10. Nursing & Medical Records	623,517	1,953	6,298	631,768	0	631,768	0	631,768
10a. Therapy	0	0	0	0	0	0	0	0
11. Activities	59,472	1,319	5,184	65,975	0	65,975	-14,028	51,947
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	682,989	3,272	11,482	697,743	0	697,743	-14,028	683,715
17. Administrative	0	0	188,400	188,400	0	188,400	-113,554	74,846
18. Directors Fees	0	0	0	0	0	0	0	0
19. Professional Services	0	0	3,221	3,221	0	3,221	0	3,221
20. Fees, Subscriptions & Promotion	0	0	4,809	4,809	0	4,809	0	4,809
21. Clerical & General Office	73,939	8,952	21,789	104,680	0	104,680	-302	104,378
22. Employee Benefits & Payroll	0	0	151,264	151,264	0	151,264	0	151,264
23. Inservice Training & Education	0	0	185	185	0	185	0	185
24. Travel and Seminar	0	0	125	125	0	125	0	125
25. Other Admin. Staff Trans	0	0	13,428	13,428	0	13,428	0	13,428
26. Insurance-Prop.Liab.Malpractice	0	0	15,167	15,167	0	15,167	0	15,167
27. Other (specify)*	46,087	3,304	76,756	126,147	0	126,147	-126,147	0
28. Total General Adminis	120,026	12,256	475,144	607,426	0	607,426	-240,003	367,423
29. Total General Administrative	1,233,533	408,769	771,436	2,413,738	0	2,413,738	-259,652	2,154,086

30. Depreciation	0	0	301,944	301,944	0	301,944	0	301,944
31. Amortization of Pre-Op. & Org.	0	0	17,171	17,171	0	17,171	0	17,171
32. Interest	0	0	298,236	298,236	0	298,236	-16	298,220
33. Real Estate	0	0	123,585	123,585	0	123,585	0	123,585
34. Rent - Facility & Grounds	0	0	0	0	0	0	0	0
35. Rent - Equipment & Vehicles	0	0	9,167	9,167	0	9,167	0	9,167
36. Other (specify):*	0	0	0	0	0	0	0	0
37. Total Ownership	0	0	750,103	750,103	0	750,103	-16	750,087
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	1,233,533	408,769	1,521,539	3,163,841	0	3,163,841	-259,668	2,904,173

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	-503,860	-503,860
2. Cash - Patient Deposits	0	0
3. Accounts & Notes Recievable	543,894	543,894
4. Supply Inventory	0	0
5. Short-Term Investments	0	0
6. Prepaid Insurance	37,035	37,035
7. Other Prepaid Expenses	0	0
8. Accounts Receivable-Owner/Related Party	0	0
9. Other (specify):	0	0
10. Total current assets	77,069	77,069
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	91,810	93,809
16. Equipment, at Historical Cost	481,168	481,168
17. Accumulated Depreciation (book methods)	-976,762	-911,846
18. Deferred Charges	0	0
19. Organization & Pre-Operating Costs	78,353	78,353
20. Accum Amort - Org/Pre-Op Costs	-59,156	-59,156
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	5,684,266	5,751,181
25. Total Assets	5,761,335	5,828,250
CURRENT LIABILITIES		
26. Accounts Payable	277,949	277,949
27. Officer's Accounts Payable	33,000	33,000
28. Accounts Payable-Patients Deposits	0	0
29. Short-Term Notes Payable	244,274	244,274
30. Accrued Salaries Payable	43,446	43,446
31. Accrued Taxes Payable	16,986	16,986

32. Accrued Real Estate Taxes	127,320	127,320
33. Accrued Interest Payable	25,371	25,371
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	121,819	121,819
37. Other Current Liabilities (specify):	509,111	509,111
38. Total Current Liabilities	1,399,276	1,399,276
LONG TERM LIABILITES		
39.Long-Term Notes Payable	4,977	4,977
40.Mortgage Payable	4,841,370	4,841,370
41.Bonds Payable	0	0
42.Deferred Compensation	0	0
43.Other Long-Term Liabilities (specify):	42,125	42,125
44.Other Long-Term Liabilities (specify):	0	0
45.Total Long-Term Liabilities	4,888,472	4,888,472
46.Total Liabilities	6,287,748	6,287,748
47.Total Equity	-526,413	-459,498
48.Total Liabilities and Equity	5,761,335	5,828,250

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	3,132,435
2. Discounts and Allowances for all Level	0
Subtotal - Inpatient Care	3,132,435
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 Reimbursements	0
12. Gift and Coffee Shop	0
13. Barber and Beauty Care	0
14. Non-Patient Meals	5,621
15. Telephone, Television, and Radio	0
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	5,621
24. Contributions	0
25. Interest and Other Investments Income	16
Subtotal - Non-Operating Revenue	16
27. Other Revenue (specify):	0
28. Other Revenue (specify):	14,330
Subtotal - Other Revenue	14,330

30.	Total Revenue	3,152,402
31.	General Services	1,108,569
32.	Health Care	697,743
33.	General Administration	607,426
34.	Ownership	750,103
35.	Special Cost Centers	0
35.	Provider Participation Fee	0
37.	Other	0
40.	Total Expenses	3,163,841
41.	Income Before Income Taxes	-11,439
42.	Income Taxes	0
43.	Net Income or Loss for the Year	-11,439