

BURKE MEDICAL CENTER  
BALANCE SHEET

12-22

		PROVIDER CCN: 11-0113	PERIOD: FROM: 06/01/2020 TO: 05/31/2021		WORKSHEET G
Assets (omit cents)		General Fund 1	Specific Purpose Fund 2	Endowment Fund 3	Plant Fund 4
1	Cash on hand and in banks				1
2	Temporary investments				2
3	Notes receivable				3
4	Accounts receivable	7,469,191			4
5	Other receivables	811,074			5
6	Allowances for uncollectible notes and accounts receivable	(5,724,900)			6
7	Inventory	260,814			7
8	Prepaid expenses				8
9	Other current assets				9
10	Due from other funds	(201,244)			10
11	Total current assets (sum of lines 1 through 10)	3,103,798			11
FIXED ASSETS					
12	Land	349,155			12
13	Land improvements				13
14	Accumulated depreciation				14
15	Buildings	12,143,242			15
16	Accumulated depreciation	(17,792,741)			16
17	Leasehold improvements				17
18	Accumulated depreciation				18
19	Fixed equipment	2,334,266			19
20	Accumulated depreciation				20
21	Automobiles and trucks	9,407			21
22	Accumulated depreciation				22
23	Major movable equipment	7,420,351			23
24	Accumulated depreciation				24
25	Minor equipment depreciable				25
26	Accumulated depreciation				26
27	HIT designated Assets				27
28	Accumulated depreciation				28
29	Minor equipment-nondepreciable				29
30	Total fixed assets (sum of lines 12 through 29)	4,463,680			30
OTHER ASSETS					
31	Investments	10,340			31
32	Deposits on leases				32
33	Due from owners/officers				33
34	Other assets				34
35	Total other assets (sum of lines 31 through 34)	10,340			35
36	Total assets (sum of lines 11, 30, and 35)	7,577,818			36

BURKE MEDICAL CENTER  
BALANCE SHEET

12-22

BALANCE SHEET		PROVIDER CCN: 11-0113	PERIOD: FROM: 06/01/2020 TO: 05/31/2021	WORKSHEET G (CONT.)		
Liabilities and Fund Balances (omit cents)	General Fund 1	Specific Purpose Fund 2	Endowment Fund 3	Plant Fund 4		
<b>CURRENT LIABILITIES</b>						
37	Accounts payable	1,188,479				37
38	Salaries, wages, and fees payable					38
39	Payroll taxes payable	344,309				39
40	Notes and loans payable (short term)	294,988				40
41	Deferred income	699,827				41
42	Accelerated payments					42
43	Due to other funds					43
44	Other current liabilities					44
45	Total current liabilities (sum of 45 lines 37 thru 44)	2,677,340				45
<b>LONG TERM LIABILITIES</b>						
46	Mortgage payable					46
47	Notes payable					47
48	Unsecured loans					48
49	Other long term liabilities	176,976				49
50	Total long term liabilities (sum of 50 lines 46 thru 49)	176,976				50
51	Total liabilities (sum of lines 45 and 50)	2,854,316				51
<b>CAPITAL ACCOUNTS</b>						
52	General fund balance	4,723,502				52
53	Specific purpose fund					53
54	Donor created - endowment fund 54 balance - restricted					54
55	Donor created - endowment fund balance - unrestricted					55
56	Governing body created - endowment fund balance					56
57	Plant fund balance - invested in plant					57
58	Plant fund balance - reserve for plant improvement, replacement, and expansion					58
59	Total fund balances (sum of lines 52 thru 58)	4,723,502				59
60	Total liabilities and fund balances (sum of 60 lines 51 and 59)	7,577,818				60

STATEMENT OF CHANGES IN FUND BALANCES

PROVIDER CCN:  
11-0113

PERIOD:  
FROM: 06/01/2020  
TO: 05/31/2021

WORKSHEET G-1

	GENERAL FUND		SPECIFIC PURPOSE FUND		ENDOWMENT FUND		PLANT FUND		
	1	2	3	4	5	6	7	8	
1 Fund balances at beginning of period		2,254,630							1
2 Net income (loss) (from Worksheet G-3, line 29)		2,468,872							2
3 Total (sum of line 1 and line 2)		4,723,502							3
4 Additions (credit adjustments) (specify) 4 5 5									4
5									5
6									6
7									7
8									8
9									9
10 Total additions (sum of lines 4 through 9)									10
11 Subtotal (line 3 plus line 10)		4,723,502							11
12 Deductions (debit adjustments) (specify)									12
13									13
14									14
15									15
16									16
17									17
18 Total deductions (sum of lines 12 through 17)									18
19 Fund balance at end of period per balance sheet (line 11 minus line 18)		4,723,502							19

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
<b>GENERAL INPATIENT ROUTINE CARE SERVICES</b>				
1 Hospital	572,462		572,462	1
2 Subprovider IPF				2
3 Subprovider IRF				3
4 Subprovider (Other)				4
5 Swing bed - SNF	72,675		72,675	5
6 Swing bed - NF				6
7 Skilled nursing facility				7
8 Nursing facility				8
9 Other long term care				9
10 Total general inpatient care services (sum of lines 1 through 9)	645,137		645,137	10
<b>INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES</b>				
11 Intensive care unit				11
12 Coronary care unit				12
13 Burn intensive care unit				13
14 Surgical intensive care unit				14
15 Other special care (specify)				15
16 Total intensive care type inpatient hospital services (sum of 16 of lines 11-15)				16
17 Total inpatient routine care services (sum of lines 10 and 16)	645,137		645,137	17
18 Ancillary services	2,487,200	17,257,459	19,744,659	18
19 Outpatient services	414,807	14,706,741	15,121,548	19
20 Rural Health Clinic (RHC)				20
21 Federally Qualified Health Center (FQHC)				21
22 Home health agency				22
23 Ambulance				23
24 Outpatient rehabilitation providers				24
25 ASC				25
26 Hospice				26
27 Other (specify)				27
28 Total patient revenues (sum of lines 17 through 27) (transfer column 3 to 28 Worksheet G-3, line 1)	3,547,144	31,964,200	35,511,344	28

PART II - OPERATING EXPENSES

REVENUE CENTER	1	2	
29 Operating expenses (per Wkst. A, column 3, line 200)		14,105,567	29
30 Add (specify)			30
31			31
32			32
33			33
34			34
35			35
36 Total additions (sum of lines 30 through 35)			36
37 ROUNDING	1		37
38			38
39			39
40			40
41			41
43 Total deductions (sum of lines 37 through 41)		14,105,566	43
43 Total operating expenses (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		14,105,566	43

BURKE MEDICAL CENTER  
STATEMENT OF REVENUES  
AND EXPENSES

12-22

PROVIDER CCN:  
11-0113

PERIOD:  
FROM: 06/01/2020  
TO: 05/31/2021

WORKSHEET G-3

Description		1	
1 Total patient revenues (from Worksheet G-2, Part I, column 3, line 28)		35,511,344	1
2 Less contractual allowances and discounts on patients' accounts		27,549,763	2
3 Net patient revenues (line 1 minus line 2)		7,961,581	3
4 Less total operating expenses (from Worksheet G-2, Part II, line 43)		14,105,566	4
5 Net income from service to patients (line 3 minus line 4)		(6,143,985)	5
OTHER INCOME			
6 Contributions, donations, bequests, etc		7,545,191	6
7 Income from investments		689	7
8 Revenues from telephone and other miscellaneous communication services			8
9 Revenue from television and radio service			9
10 Purchase discounts			10
11 Rebates and refunds of expenses		508	11
12 Parking lot receipts			12
13 Revenue from laundry and linen service			13
14 Revenue from meals sold to employees and guests		47,813	14
15 Revenue from rental of living quarters			15
16 Revenue from sale of medical and surgical supplies to other than patients			16
17 Revenue from sale of drugs to other than patients			17
18 Revenue from sale of medical records and abstracts		633	18
19 Tuition (fees, sale of textbooks, uniforms, etc.)			19
20 Revenue from gifts, flowers, coffee shops, and canteen			20
21 Rental of vending machines			21
22 Rental of hospital space		36,680	22
23 Governmental appropriations			23
24 GAIN ON DISPOSAL OF ASSETS		642,405	24
24.01 MISCELLANEOUS INCOME		339,023	24.01
24.02 PPO REVENUE		(85)	24.02
24.5 COVID-19 PHE Funding			24.5
25 Total other income (sum of lines 6-24)		8,612,857	25
26 Total (line 5 plus line 25)		2,468,872	26
27 Other expenses (specify)			27
28 Total other expenses (sum of line 27 and subscripts)			28
29 Net income (or loss) for the period (line 26 minus line 28)		2,468,872	29