

		FOR BHF USE			

LL2

**Supportive Living Facility**  
**2009**  
**STATE OF ILLINOIS**  
**DEPARTMENT OF HEALTHCARE & FAMILY SERVICES**  
**COST REPORT FOR**  
**SUPPORTIVE LIVING FACILITIES**  
**(FISCAL YEAR 2009)**

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 Name: Hickory Estates of Pana

Address: 101 North Hickory Pana 62557  
Number City Zip Code

County: Christian

Telephone Number: ( 217 ) 562-2022 Fax # 217 562-2027

Federal Employer ID Number: 30-0280507

Date Current Owners were Certified: 12-12-05

Type of Ownership:

<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input 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 type="checkbox"/> "Sub-S" Corp.	
	<input checked="" type="checkbox"/> Limited Liability Co.	
	<input type="checkbox"/> Trust	
	<input type="checkbox"/> Other _____	

**II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER**

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1-1-09 to 12-31-09 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) <u>Jeffrey W Copley</u>	
	(Title) <u>Secretary/Treasurer</u>	
Paid Preparer	(Signed) _____	(Date) _____
	(Print Name and Title) _____	
	(Firm Name & Address) _____	
	(Telephone) ( <u>    </u> ) _____ Fax # ( <u>    </u> ) _____	

In the event there are further questions about this report, please contact:  
Name: Jeffrey W Copley Telephone Number: ( 217 ) 562-3121  
Email Address: Christianics@consolidated.net

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 Hickory Estates of Pana

Report Period Beginning: 1-1-09 Ending: 12-31-09

**III. STATISTICAL DATA**

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

Date of change in certified units 12-12-05

	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	39	Single Unit Apartment	39	14,235	1
2	7	Double Unit Apartment	7	2,555	2
3		Other			3
4	46	TOTALS	46	16,790	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	3,000	10,459		13,459	5
6	Double Unit	457	1,658		2,115	6
7	Other					7
8	TOTALS	3,457	12,117		15,574	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 92.76%

**D. Indicate the number of paid bed-hold days the SLF had during this year**

113 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)

None

**H. ACCOUNTING BASIS**

ACCRUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 2009 Fiscal Year: 12-31-2009

\* 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: Hickory Estates of Pana

Report Period Beginning:

1-1-09

Ending:

12-31-09

## 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			
<b>A. General Services</b>								
1	Dietary and Food Purchase	99,723	117,382	2,375	219,480		219,480	1
2	Housekeeping, Laundry and Maintenance	17,651	4,594	11,318	33,563		33,563	2
3	Heat and Other Utilities			48,839	48,839	(5,921)	42,918	3
4	Other (specify):			8,871	8,871		8,871	4
5	<b>TOTAL General Services</b>	117,374	121,976	71,403	310,753	(5,921)	304,832	5
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	111,119	135	3,850	115,104		115,104	6
7	Activities and Social Services		2,340		2,340		2,340	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	111,119	2,475	3,850	117,444		117,444	9
<b>C. General Administration</b>								
10	Administrative and Clerical	68,827	3,634	30,401	102,862		102,862	10
11	Marketing Materials, Promotions and Advertising		325	21,706	22,031		22,031	11
12	Employee Benefits and Payroll Taxes	24,063			24,063		24,063	12
13	Insurance-Property, Liability and Malpractice			26,089	26,089		26,089	13
14	Other (specify):			5,491	5,491		5,491	14
15	<b>TOTAL General Administration</b>	92,890	3,959	83,687	180,536		180,536	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	321,383	128,410	158,940	608,733	(5,921)	602,812	16
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			5,987	5,987		5,987	17
18	Interest							18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds			290,400	290,400		290,400	20
21	Rent -- Equipment							21
22	Other (specify):							22
23	<b>TOTAL Ownership</b>			296,387	296,387		296,387	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	321,383	128,410	455,327	905,120	(5,921)	899,199	24

Facility Name: Hickory Estates of Pana

Report Period Beginning: 1-1-09

Ending: 12-31-09

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses		\$	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	11	9.05	3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook	1	11.50	6
7	Cook Helpers/Assistants	13	8.15	7
8	Dishwashers			8
9	Maintenance Workers			9
10	Housekeepers	1	8.75	10
11	Laundry			11
12	Managers	2	18.05	12
13	Other Administrative			13
14	Clerical			14
15	Marketing			15
16	Other	1	9.00	16
17	<b>Total (lines 1 thru 16)</b>	<b>29</b>	<b>\$</b>	<b>17</b>

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
<b>Total</b>				<b>\$</b>	<b>6</b>

VI. (B) Management fees paid to unrelated parties

		Amount of Fee	
1	Christian County Integrated Community Services	\$ 30,401	1
2			2
<b>Total</b>		<b>\$ 30,401</b>	<b>3</b>

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
The Parkway	_____	Pana	_____	New Construction	_____
C.C.I.C.S.	_____	Pana	_____	501c3 Non Profit	_____
_____	_____	_____	_____	_____	_____

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: \_\_\_\_\_ If yes, what is the value of those services? \$ \_\_\_\_\_  
 (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).

Facility Name: Hickory Estates of Pana

Report Period Beginning:

1-1-09

Ending:

12-31-09

VIII. OWNERSHIP COSTS

A. Purchase price of land \_\_\_\_\_ Year land was acquired \_\_\_\_\_

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	46		2005	2004	\$ 3,345,189	\$ 121,611	28	\$ 121,611	\$	\$ 547,258	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	Building and Site Improvements			2005	37,391	2,492	15	2,492		11,217	6
7	Building and Site Improvements			2006	5,891	392	15	392		1,374	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)				\$ 3,388,471	\$ 124,495		\$ 124,495	\$	\$ 559,849	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	\$	\$	\$	\$		\$	18
19	Vehicles	5,987	1,197	1,197		5	5,987	19
20	TOTAL (lines 18 and 19)	\$ 5,987	\$ 1,197	\$ 1,197	\$		\$ 5,987	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: **Hickory Estates of Pana**

Report Period Beginning: **1-1-09**

Ending:

**12-31-09**

**XI. BALANCE SHEET - Unrestricted Operating Fund.**

As of **12-31-09**

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$ 19,642	\$ 210,130	1
2	Cash-Patient Deposits	43,224	67,708	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	49,822	49,822	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	8,811	19,200	6
7	Other Prepaid Expenses		(65)	7
8	Accounts Receivable (owners or related parties)		10,563	8
9	Other(specify): <b>Deferred Credit</b>	5,981	400,201	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 127,480	\$ 757,559	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable	190,000	1,037,217	11
12	Long-Term Investments			12
13	Land		899,009	13
14	Buildings, at Historical Cost		11,221,291	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	5,987	91,358	16
17	Accumulated Depreciation (book methods)	(4,068)	(2,271,217)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		19,701	19
20	Accumulated Amortization - Organization & Pre-Operating Costs		71,759	20
21	Restricted Funds	71,759	9,351	21
22	Other Long-Term Assets (specify):	9,351	438,011	22
23	Other(specify):	5,891		23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 278,920	\$ 11,516,480	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 406,400	\$ 12,274,039	25

\*(See instructions.)

		1	2	
		Operating	After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$	\$ 646	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	42,428		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable			31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
<b>Other Current Liabilities(specify):</b>				
35			(93,315)	35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 42,428	\$ (92,669)	37
<b>D. Long-Term Liabilities</b>				
38	Long-Term Notes Payable			38
39	Mortgage Payable			39
40	Bonds Payable			40
41	Deferred Compensation			41
<b>Other Long-Term Liabilities(specify):</b>				
42				42
43				43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 42,428	\$ (92,669)	45
46	<b>TOTAL EQUITY</b>	\$ 363,972	\$ 1,009,339	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 406,400	\$ 916,670	47

Facility Name: Hickory Estates of Pana

Report Period Beginning: 1-1-09

Ending:

12-31-09

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

		1	
Revenue		Amount	
<b>A. SLF Resident Care</b>			
1	Gross SLF Resident Revenue	\$ 1,119,198	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care</b> (line 1 minus line 2)	\$ 1,119,198	3
<b>B. Other Operating Revenue</b>			
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	2,331	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE</b> (sum of lines 4 thru 10)	\$ 2,331	11
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income		13
14	<b>SUBTOTAL Non-Operating Revenue</b> (sum of lines 12 and 13)	\$	14
<b>D. Other Revenue (specify):</b>			
15			15
16			16
17	<b>SUBTOTAL Other Revenue</b> (sum of lines 15 and 16)	\$	17
18	<b>TOTAL REVENUE</b> (sum of lines 3, 11, 14 and 17)	\$ 1,121,529	18

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	304,832	19
20	Health Care/ Personal Care	117,444	20
21	General Administration	180,536	21
<b>B. Capital Expense</b>			
22	Ownership	296,387	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	<b>TOTAL EXPENSES</b> (sum of lines 19 thru 27)	\$ 899,199	28
29	<b>Income Before Income Taxes</b> (line 18 minus line 28)	\$ 222,330	29
30	<b>Income Taxes</b>	\$	30
31	<b>NET INCOME OR LOSS FOR THE YEAR</b> (line 29 minus line 30)	\$ 222,330	31

**LINE 3** Cable TV adjusted for residents 5921.00

**TOTAL** **5921.00**

**LINE 4** Trash Pickup 600.00

Auto Expense 1323.00

Fire Alarm 1129.00

Mowing 4751.00

Pest Control 1068.00

**TOTAL** **8871.00**

**LINE 14** Travel 87.00

Training 2443.00

Background Checks 692.00

Employee Recognition 550.00

Mileage 428.00

Legal/Professional Fees 4035.00

Licensing Fee 228.00

Penalties 250.00

**TOTAL** **5491.00**

Facility Name: The Parkway

Report Period Beginning: 1-1-09

Ending:

12-31-09

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12-31-09

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 34,373	\$	1
2	Cash-Patient Deposits	13,930		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )			3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	9,809		6
7	Other Prepaid Expenses	(65)		7
8	Accounts Receivable (owners or related parties)	11,406		8
9	Other(specify): HUD			9
10	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 69,453	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable	847,217		11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost			16
17	Accumulated Depreciation (book methods)			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	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 847,217	\$	24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 916,670	\$	25

\*(See instructions.)

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 646	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable			31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35	SEE ATTACHED	(93,315)		35
36				36
37	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 36)	\$ (92,669)	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable			39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43				43
44	<b>TOTAL Long-Term Liabilities</b> (sum of lines 38 thru 43)	\$	\$	44
45	<b>TOTAL LIABILITIES</b> (sum of lines 37 and 44)	\$ (92,669)	\$	45
46	<b>TOTAL EQUITY</b>	\$ 1,009,339	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 45 and 46)	\$ 916,670	\$	47

The Parkway

Attachment

Other Current Liabilities

Tenant Security Deposits	-14,705.00
A/P Public Housing	135,114.00
Accrued Utilities	-1,587.00
PILOT	-12,889.00
PILOT Current Year	-12,618.00

<b>Total</b>	<b>93,315.00</b>
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Facility Name: **Christian County Integrated Community Services**

Report Period Beginning: **1-1-09**

Ending:

**12-31-09**

**XI. BALANCE SHEET - Unrestricted Operating Fund.**

As of **12-31-09**

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$ 156,115	\$	1
2	Cash-Patient Deposits	10,554		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )			3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	580		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	(843)		8
9	Other(specify): <b>A/R Hickory/Voucher</b>	394,220		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 560,626	\$	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	899,009		13
14	Buildings, at Historical Cost	11,221,291		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	85,371		16
17	Accumulated Depreciation (book methods)	(2,267,149)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	19,701		19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <b>Building/Site Improvements</b>	432,120		23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 10,390,343	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 10,950,969	\$	25

\*(See instructions.)

		1	2	
		Operating	After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 883,466	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable	8,795		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
<b>Other Current Liabilities(specify):</b>				
35	<b>SEE ATTACHED</b>	102,038		35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 994,299	\$	37
<b>D. Long-Term Liabilities</b>				
38	Long-Term Notes Payable	80,000		38
39	Mortgage Payable	7,517,230		39
40	Bonds Payable			40
41	Deferred Compensation			41
<b>Other Long-Term Liabilities(specify):</b>				
42				42
43				43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$ 7,597,230	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 8,591,529	\$	45
46	<b>TOTAL EQUITY</b>	\$ 2,359,440	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 10,950,969	\$	47

C.C.I.C.S.

Attachment

Other Current Liabilities

Tenant Security Deposits

The Centennial -3,679.00

Tacusah Terrace -2,124.00

CW Thomas -1,470.00

C Everett Kuntzman -3,325.00

Accrued Absences -61,221.00

Accrued Utilities -633.00

Donations -23,500.00

PILOT Current Year -6,086.00

**Total** -102,038.00