

		FOR BHF USE			

LL2

**Supportive Living Facility**

**2010  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES  
COST REPORT FOR  
SUPPORTIVE LIVING FACILITIES  
(FISCAL YEAR 2010)**

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:** 1000053

**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:** \_\_\_\_\_

**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 _____	

**In the event there are further questions about this report, please contact:**

**Name:** Jeffrey W Copley **Telephone Number:** ( 217 ) 562-3121  
**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 1-1-10 to 12-31-10 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.

<b>Officer or Administrator of Provider</b>	(Signed) _____	(Date) _____
	(Type or Print Name) <u>Jeffrey W Copley</u>	
	(Title) <u>Secretary Treasurer</u>	
<b>Paid Preparer</b>	(Signed) _____	(Date) _____
	(Print Name and Title) _____	
	(Firm Name & Address) _____	
	(Telephone) ( <u>    </u> ) _____ Fax # ( <u>    </u> ) _____	

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: 1-1-10 Ending: 12-31-10

**III. STATISTICAL DATA**

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

Date of change in certified units     /    /    

	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	4,147	9,525		13,672	5
6	Double Unit	456	1,326		1,782	6
7	Other					7
8	TOTALS	4,603	10,851		15,454	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 92.04%

**D. Indicate the number of paid bed-hold days the SLF had during this year**  
196 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: 2010 Fiscal Year: 12-31-2010

\* 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:

1-1-10

Ending:

12-31-10

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

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments 5	Adjusted Total 6	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
<b>A. General Services</b>								
1	Dietary and Food Purchase	103,999	120,463	2,154	226,616		226,616	1
2	Housekeeping, Laundry and Maintenance	18,671	6,521	12,618	37,810		37,810	2
3	Heat and Other Utilities			51,920	51,920	(5,458)	46,462	3
4	Other (specify):			9,285	9,285		9,285	4
5	<b>TOTAL General Services</b>	122,670	126,984	75,977	325,631	(5,458)	320,173	5
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	112,553	211	6,285	119,049		119,049	6
7	Activities and Social Services	10,421	2,144		12,565		12,565	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	122,974	2,355	6,285	131,614		131,614	9
<b>C. General Administration</b>								
10	Administrative and Clerical	86,097	9,772	30,244	126,113		126,113	10
11	Marketing Materials, Promotions and Advertising		350	11,191	11,541		11,541	11
12	Employee Benefits and Payroll Taxes	27,029			27,029		27,029	12
13	Insurance-Property, Liability and Malpractice			10,680	10,680		10,680	13
14	Other (specify):			4,812	4,812		4,812	14
15	<b>TOTAL General Administration</b>	113,126	10,122	56,927	180,175		180,175	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	358,770	139,461	139,189	637,420	(5,458)	631,962	16
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			5,985	5,985		5,985	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>			296,385	296,385		296,385	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	358,770	139,461	435,574	933,805	(5,458)	928,347	24

Facility Name: Hickory Estates of Pana

Report Period Beginning: 1-1-10

Ending:

12-31-10

**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	10	9.50	3
4	Activity Director & Assistants	2	8.50	4
5	Social Service Workers			5
6	Head Cook	1	12.00	6
7	Cook Helpers/Assistants	18	8.50	7
8	Dishwashers			8
9	Maintenance Workers			9
10	Housekeepers	1	8.50	10
11	Laundry			11
12	Managers	4	24.00	12
13	Other Administrative			13
14	Clerical			14
15	Marketing			15
16	Other	1	9.50	16
17	<b>Total (lines 1 thru 16)</b>	<b>37</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	\$ 25,800	1
2			2
<b>Total</b>		<b>\$ 25,800</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:

1-1-10

Ending:

12-31-10

**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	\$	\$ 668,869	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	Building and Site Improvements		2005	2005	37,391	2,492	15	2,492		13,710	6
7	Building and Site Improvements		2006	2006	5,891	392	15	392		1,765	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	\$	\$ 684,344	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: 1-1-10

Ending: 12-31-10

**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  NO

		1	2	3	4	5	6	
		Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	Total Years Renewal Option*	
3	Original Building			/ /	\$			3
4	Additions			/ /				4
5				/ /				5
6				/ /				6
7	<b>TOTAL</b>				\$			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	Name of Lender	2		3	4	6		7	8	9						
			Related**				Purpose of Loan	Date of Note					Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense
			YES	NO									Original	Balance			
		<b>A. Directly Facility Related</b>															
		<b>Long-Term</b>															
1						/ /	\$	\$	/ /		\$	1					
2						/ /			/ /			2					
3						/ /			/ /			3					
		<b>Working Capital</b>															
4						/ /			/ /			4					
5						/ /			/ /			5					
6						/ /			/ /			6					
7		<b>TOTAL Facility Related</b>						\$	\$			\$	7				
		<b>B. Non-Facility Related</b>															
8						/ /			/ /			8					
9						/ /			/ /			9					
10		<b>TOTALS (lines 7, 8 and 9)</b>						\$	\$			\$	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: Hickory Estates of Pana

Report Period Beginning: 1-1-10

Ending:

12-31-10

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12-31-10

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 40,270	\$ 267,492	1
2	Cash-Patient Deposits	39,130	64,914	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	32,659	32,659	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)		6,421	8
9	Other(specify):		405,626	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 112,059	\$ 777,112	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable	345,000	1,264,000	11
12	Long-Term Investments			12
13	Land		899,010	13
14	Buildings, at Historical Cost		11,238,772	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	5,987	91,358	16
17	Accumulated Depreciation (book methods)	(5,060)	(2,683,306)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		19,700	19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	22,200	22,200	21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <b>Building Improvements</b>	5,891	438,011	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 374,017	\$ 11,289,745	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 486,077	\$ 12,066,857	25

\*(See instructions.)

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 10,457	\$ 1,270,284	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		(1,389)	31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes	512	512	34
	<b>Other Current Liabilities(specify):</b>			
35	<b>SEE ATTACHED</b>	3,659	45,569	35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 14,627	\$ 1,314,976	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable	36,400	36,400	38
39	Mortgage Payable		7,396,968	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>	\$ 36,400	\$ 7,433,368	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 51,027	\$ 8,748,344	45
46	<b>TOTAL EQUITY</b>	\$ 435,049	\$ 3,318,513	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 486,077	\$ 12,066,857	47

Facility Name: Hickory Estates of Pana

Report Period Beginning: 1-1-10

Ending:

12-31-10

## 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	\$ 1,239,918	1
2	Discounts and Allowances		2
<b>SUBTOTAL Resident Care</b>			
3	(line 1 minus line 2)	\$ 1,239,918	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	1,571	9
10	Laundry		10
<b>SUBTOTAL OTHER OPERATING REVENUE</b>			
11	(sum of lines 4 thru 10)	\$ 1,571	11
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income		13
<b>SUBTOTAL Non-Operating Revenue</b>			
14	(sum of lines 12 and 13)	\$	14
<b>D. Other Revenue (specify):</b>			
15			15
16			16
<b>SUBTOTAL Other Revenue</b>			
17	(sum of lines 15 and 16)	\$	17
<b>TOTAL REVENUE</b>			
18	(sum of lines 3, 11, 14 and 17)	\$ 1,241,489	18

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	320,173	19
20	Health Care/ Personal Care	131,614	20
21	General Administration	180,175	21
<b>B. Capital Expense</b>			
22	Ownership	296,385	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
<b>TOTAL EXPENSES</b>			
28	(sum of lines 19 thru 27)	\$ 928,347	28
<b>Income Before Income Taxes</b>			
29	(line 18 minus line 28)	\$ 313,142	29
<b>Income Taxes</b>			
30		\$	30
<b>NET INCOME OR LOSS FOR THE YEAR</b>			
31	(line 29 minus line 30)	\$ 313,142	31

**LINE 3** Cable TV adjusted for residents 5458.00

**TOTAL 5458.00**

**LINE 4** Trash Pickup 600.00

Auto Expense 1444.00

Fire Alarm 2069.00

Mowing 3973.00

Pest Control 1199.00

**TOTAL 9285.00**

**LINE 14** Travel 100.00

Training 251.00

Background Checks 814.00

Employee Recognition 1400.00

Mileage 102.00

Legal/Professional Fees 1546.00

Licensing Fee 349.00

Penalties 250.00

**TOTAL 4812.00**

Hickory Estates of Pana

Attachment

**LINE 35**

Payroll Deduction AFLAC -528.00

Accrued Absences -3,131.00

TOTAL -3,659.00

Facility Name: **The Parkway**Report Period Beginning: **1-1-10**

Ending:

**12-31-10****XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **12-31-10**

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 36,487	\$	1
2	Cash-Patient Deposits	14,312		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			6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	(984)		8
9	Other(specify): <b>HUD</b>	11,406		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 61,221	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable	919,000		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 (sum of lines 11 thru 23)</b>	\$ 919,000	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 980,221	\$	25

\*(See instructions.)

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 555	\$	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	<b>SEE ATTACHED</b>	(78,685)		35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ (78,130)	\$	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>	\$ (78,130)	\$	45
46	<b>TOTAL EQUITY</b>	\$ 1,058,351	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 980,221	\$	47

The Parkway

Attachment

Other Current Liabilities

Tenant Security Deposits	-14,797.00
A/P Public Housing	135,114.00
Accrued Utilities	-3,091.00
PILOT	-38,541.00
Total	78,685.00

Facility Name: CCICS

Report Period Beginning: 1-1-10

Ending:

12-31-10

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12-31-10

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 190,735	\$	1
2	Cash-Patient Deposits	11,472		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			6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	7,405		8
9	Other(specify): <b>AR Hickory/Voucher</b>	394,220		9
10	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 603,832	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	899,010		13
14	Buildings, at Historical Cost	11,238,772		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	85,371		16
17	Accumulated Depreciation (book methods)	(2,678,246)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	19,700		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</b> (sum of lines 11 thru 23)	\$ 9,996,727	\$	24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 10,600,559	\$	25

\*(See instructions.)

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 1,259,272	\$	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	(1,389)		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>	120,595		35
36				36
37	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 36)	\$ 1,378,478	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	7,396,968		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)	\$ 7,396,968	\$	44
45	<b>TOTAL LIABILITIES</b> (sum of lines 37 and 44)	\$ 8,775,446	\$	45
46	<b>TOTAL EQUITY</b>	\$ 1,825,113	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 45 and 46)	\$ 10,600,559	\$	47

**C.C.I.C.S.**

Attachment

Other Current Liabilities

Tenant Security Deposits

The Centennial	-3,805.00
Tacusah Terrace	-2,249.00
CW Thomas	-2,020.00
C Everett Kuntzman	-3,125.00
Accrued Absences	-64,844.00
Accrued Liabilities	-2,879.00
PILOT Current Year.	-18,173.00
Donations	-23,500.00

**TOTAL** -120,595.00