

		FOR BHF USE			

LL2

Supportive Living Facility

**2015
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2015)**

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.

<p>I. Facility ID Number: <u>100053</u></p> <p>Facility Name: <u>Hickory Estates of Pana</u></p> <p>Address: <u>101 North Hickory</u> <u>Pana</u> <u>62557</u> <small>Number City Zip Code</small></p> <p>County: <u>Christian</u></p> <p>Telephone Number: (<u>217</u>) <u>562-2022</u> Fax # <u>217 562-2027</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>12-12-05</u></p> <p>Type of Ownership:</p> <table style="width:100%"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td>IRS Exemption Code _____</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> "Sub-S" Corp.</td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> Limited Liability Co.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>Jeffrey W Copley</u> Telephone Number: (<u>217</u>) <u>562-3121</u> Email Address: _____</p>	<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 _____		<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1-1-15</u> to <u>12-31-15</u> 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.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table style="width:100%"> <tr> <td style="width:20%;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Type or Print Name) <u>Jeffrey W Copley</u></td> <td></td> </tr> <tr> <td></td> <td>(Title) <u>Secretary/Treasurer</u></td> <td></td> </tr> <tr> <td>Paid Preparer</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Print Name and Title) _____</td> <td></td> </tr> <tr> <td></td> <td>(Firm Name & Address) _____</td> <td></td> </tr> <tr> <td></td> <td>(Telephone) () _____</td> <td>Fax # () _____</td> </tr> </table> <p align="right">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</p>	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) () _____	Fax # () _____
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																																												
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	(Firm Name & Address) _____																																													
	(Telephone) () _____	Fax # () _____																																												

Facility Name Hickory Estates of Pana

Report Period Beginning: 1-1-15 Ending: 12-31-15

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	365	1
2	7	Double Unit Apartment	7	365	2
3		Other			3
4	46	TOTALS	46	730	4

B. Census-For the entire report period.

	1 Type of Unit	2 3 4 Resident Days by Unit and Primary Source of Payment			5	
		Medicaid Recipient	Private Pay	Other		
5	Single Unit	3,743	8,729		12,472	5
6	Double Unit	786	3,107		3,893	6
7	Other					7
8	TOTALS	4,529	11,836		16,365	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 2241.78%

D. Indicate the number of paid bed-hold days the SLF had during this year
 Also, indicate the number of unpaid bed-hold days the SLF had during this year. _____ **(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)

H. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 2015 Fiscal Year: 2015

* 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:

1-1-15

Ending:

12-31-15

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	137,245	134,039	1,732	273,016		273,016	1
2	Housekeeping, Laundry and Maintenance	15,630	11,566	6,238	33,434		33,434	2
3	Heat and Other Utilities			72,499	72,499	(8,287)	64,212	3
4	Other (specify):			11,849	11,849		11,849	4
5	TOTAL General Services	152,875	145,605	92,318	390,798	(8,287)	382,511	5
B. Health Care and Programs								
6	Health Care/ Personal Care	143,053	1,442	14,590	159,085		159,085	6
7	Activities and Social Services	11,212	6,364		17,576		17,576	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	154,265	7,806	14,590	176,661		176,661	9
C. General Administration								
10	Administrative and Clerical	37,086	6,351	31,413	74,850		74,850	10
11	Marketing Materials, Promotions and Advertising			7,120	7,120		7,120	11
12	Employee Benefits and Payroll Taxes	35,004			35,004		35,004	12
13	Insurance-Property, Liability and Malpractice			25,502	25,502		25,502	13
14	Other (specify):			11,200	11,200		11,200	14
15	TOTAL General Administration	72,090	6,351	75,235	153,676		153,676	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	379,230	159,762	182,143	721,135	(8,287)	712,848	16
Capital Expenses								
D. Ownership								
17	Depreciation			5,987	5,987		5,987	17
18	Interest							18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds			300,000	300,000		300,000	20
21	Rent -- Equipment							21
22	Other (specify):							22
23	TOTAL Ownership			305,987	305,987		305,987	23
24	GRAND TOTAL (Sum of lines 16 and 23)	379,230	159,762	488,130	1,027,122	(8,287)	1,018,835	24

LINE A.3.5	Cable TV Adjusted for residents	8287.00
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TOTAL		8287.00
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LINE A.4.3	Auto Expense	2972.00
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	Fire Alarm	1778.00
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	Mowing	5688.00
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	Pest Control	1411.00
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TOTAL		11849.00
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LINE C.14.3	Employee Recognition	4184.00
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	Legal/Professional	92.00
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	Auditor/Fee Accountant	4892.00
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	Licensing Fees	860.00
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	Fees	172.00
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	Training	1000.00
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TOTAL		11200.00
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Facility Name: Hickory Estates of Pana

Report Period Beginning 1-1-15 Ending: 12-31-15

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	1	20.00	2
3	Certified Nurse Assistants	11	12.50	3
4	Activity Director & Assistants	1	10.00	4
5	Social Service Workers			5
6	Head Cook	2	13.50	6
7	Cook Helpers/Assistants	19	15.25	7
8	Dishwashers			8
9	Maintenance Workers			9
10	Housekeepers	1	9.50	10
11	Laundry			11
12	Managers	1	18.83	12
13	Other Administrative			13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	36	\$	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				\$	1
2					2
3					3
4					4
5					5
Total				\$	6

VI. (B) Management fees paid to unrelated parties

		Amount of Fee	
1	C.C.I.C.S.	\$ 26,300	1
2			2
Total		\$ 26,300	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

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
The Parkway		Pana		N/C	
C.C.I.C.S.		Pana		501c3	

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:

1-1-15

Ending:

12-31-15

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	\$	\$ 1,276,296	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Building and Site Improvement			2005	37,391	2,492	15	2,492		26,173	6
7	Building and Site Improvement			2006	5,891	392	15	392		3,725	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	\$	\$ 1,306,194	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: **1-1-15**

Ending:

12-31-15**XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **12-31-15**

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 32,360	\$ 338,857	1
2	Cash-Patient Deposits	38,941	74,977	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	137,858	137,858	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)		82,327	8
9	Other(specify):		11,406	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 209,159	\$ 645,425	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		1,076,530	13
14	Buildings, at Historical Cost		11,381,301	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	13,487	124,358	16
17	Accumulated Depreciation (book methods)	(11,222)	(4,740,601)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		19,700	19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	113,599	113,599	21
22	Other Long-Term Assets (specify):			22
23	Other(specify): Building Improvement	17,284	449,403	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 133,148	\$ 8,424,290	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 342,307	\$ 9,069,715	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 9,767	\$ 43,991	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	37,700	37,700	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable		2,509	31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Attached	18,071	479,040	35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 65,538	\$ 563,240	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable		6,213,289	39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	Current Year Net Activity	(14,227)	(180,803)	42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ (14,227)	\$ 6,032,486	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 51,311	\$ 6,595,726	45
46	TOTAL EQUITY	\$ 290,996	\$ 2,473,989	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 342,307	\$ 9,069,715	47

*(See instructions.)

Hickory Estates of Pana

Attachment

LINE 35

Payroll Deduction - AFLAC	552.00
Accrued Utilities	291.00
Accrued Payroll	11660.00
Accrued Absences	5568.00
TOTAL	18071.00

Facility Name: Hickory Estates of Pana

Report Period Beginning: 1-1-15

Ending:

12-31-15

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	\$ 1,344,961	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,344,961	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	3,069	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 3,069	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income		13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$	14
D. Other Revenue (specify):			
15			15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,348,030	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	382,511	19
20	Health Care/ Personal Care	176,661	20
21	General Administration	153,676	21
B. Capital Expense			
22	Ownership	305,987	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)	\$ 1,018,835	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 329,195	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 329,195	31

Facility Name: **The Parkway**Report Period Beginning: **1-1-15**

Ending:

12-31-15**XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **12-31-15**

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 59,079	\$	1
2	Cash-Patient Deposits	18,717		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)	17,334		8
9	Other(specify): HUD	11,406		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 106,536	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			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	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 106,536	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 2,272	\$	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			31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Attached	139,936		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 142,208	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable			39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	Current Year Net Activity	(95,172)		42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ (95,172)	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 47,036	\$	45
46	TOTAL EQUITY	\$ 59,500	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 106,536	\$	47

*(See instructions.)

The Parkway

Attachment

LINE 35

Tenant Security Deposits	17953.00
Accrued Utilities	7916.00
Payment in Lieu of Taxes	90395.00
PILOT Current Year	12068.00
Tenants Prepaid Rent	11604.00
TOTAL	139936.00

Facility Name: C.C.I.C.S.

Report Period Beginning: 1-1-15

Ending:

12-31-15

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12-31-15

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 247,418	\$	1
2	Cash-Patient Deposits	17,319		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)	64,993		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 329,730	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	1,076,530		13
14	Buildings, at Historical Cost	11,381,301		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	110,871		16
17	Accumulated Depreciation (book methods)	(4,729,379)		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): Site Improvement	432,119		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 8,291,142	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 8,620,872	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 31,952	\$	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	2,509		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Attached	321,033		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 355,494	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	6,213,289		39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	Current Year Net Activity	(71,404)		42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 6,141,885	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 6,497,379	\$	45
46	TOTAL EQUITY	\$ 2,123,493	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 8,620,872	\$	47

*(See instructions.)

C.C.I.C.S.

Attachment

LINE 35

Tenants Security Deposits

The Centennial	4010.00
Tacusah Terrace	2850.00
C W Thomas	3540.00
C Everett Kuntzman	2945.00

Accrued Utilities	6344.00
Accrued Payroll	18811.00
Accrued Absences	180762.00
Payment in Lieu of Taxes	61444.00
PILOT Current Year	11642.00
Prepaid Rent	5185.00
Donations	23500.00

TOTAL 321033.00