

		FOR BHF USE			

LL2

Supportive Living Facility

**2011
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2011)**

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 LLC</u></p> <p>Address: <u>101 N 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 5</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 _____ to _____ 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 LLC

Report Period Beginning: 11-Jan Ending: 11-Dec

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 Resident Days by Unit and Primary Source of Payment			5	
		Medicaid Recipient	Private Pay	Other		
5	Single Unit	5,598	8,302		13,900	5
6	Double Unit	365	1,888		2,253	6
7	Other					7
8	TOTALS	5,963	10,190		16,153	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 96.21%

D. Indicate the number of paid bed-hold days the SLF had during this year 7 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)

NONE

H. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 2011 Fiscal Year: 12-31-11

* 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 LLC

Report Period Beginning:

1/1/2011

Ending: 12/31/2011

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	83,268	125,606	1,701	210,575		210,575	1
2	Housekeeping, Laundry and Maintenance	13,738	10,060	12,485	36,283		36,283	2
3	Heat and Other Utilities			54,219	54,219		54,219	3
4	Other (specify):			10,970	10,970		10,970	4
5	TOTAL General Services	97,006	135,666	79,375	312,047		312,047	5
B. Health Care and Programs								
6	Health Care/ Personal Care	138,624	529	15,175	154,328		154,328	6
7	Activities and Social Services	1,103	4,113		5,216		5,216	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	139,727	4,642	15,175	159,544		159,544	9
C. General Administration								
10	Administrative and Clerical	62,402	3,948	31,733	98,083		98,083	10
11	Marketing Materials, Promotions and Advertising			6,233	6,233		6,233	11
12	Employee Benefits and Payroll Taxes	28,243			28,243		28,243	12
13	Insurance-Property, Liability and Malpractice			16,177	16,177		16,177	13
14	Other (specify):			15,686	15,686		15,686	14
15	TOTAL General Administration	90,645	3,948	69,829	164,422		164,422	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	327,378	144,256	164,379	636,013		636,013	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			296,800	296,800		296,800	20
21	Rent -- Equipment							21
22	Other (specify):							22
23	TOTAL Ownership			302,787	302,787		302,787	23
24	GRAND TOTAL (Sum of lines 16 and 23)	327,378	144,256	467,166	938,800		938,800	24

Facility Name: Hickory Estates of Pana LLC

Report Period Beginning 1/1/2011 Ending: 12/31/2011

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	16.00	2
3	Certified Nurse Assistants	11	9.75	3
4	Activity Director & Assistants	1	8.50	4
5	Social Service Workers			5
6	Head Cook	1	12.50	6
7	Cook Helpers/Assistants	11	8.75	7
8	Dishwashers			8
9	Maintenance Workers			9
10	Housekeepers	3	8.75	10
11	Laundry			11
12	Managers	2	17.50	12
13	Other Administrative			13
14	Clerical			14
15	Marketing			15
16	Other	1	9.75	16
17	Total (lines 1 thru 16)	31	\$	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	CCICS	\$ 31,733	1
2			2
Total		\$ 31,733	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	
CCICS		Pana		501c3 NP	

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 LLC

Report Period Beginning:

1/1/2011

Ending:

12/31/2011

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	\$	\$ 790,481	1
2											2
3											3
4											4
5											5
Improvement Type											
6		Building and Site Improvement		2005	37,391	2,492	15	2,492		16,202	6
7		Building and Site Improvement		2006	5,891	392	15	392		2,157	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	\$	\$ 808,840	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	2,987	19
20	TOTAL (lines 18 and 19)	\$ 5,987	\$ 1,197	\$ 1,197	\$		\$ 2,987	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 LLC

Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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	TOTAL				\$			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	2	3	4	6	7	8	9			
	Name of Lender	Related**		Purpose of Loan	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense	
		YES	NO			Original	Balance				
	A. Directly Facility Related										
	Long-Term										
1					/ /	\$		/ /		\$	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$	\$			\$	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$	\$			\$	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 LLC

Report Period Beginning: 1/1/2011

Ending: 12/31/2011

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/11

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 166,094	\$ 542,330	1
2	Cash-Patient Deposits	40,626	66,733	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	142,021	142,021	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)		13,642	8
9	Other(specify):		(19,374)	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 348,741	\$ 745,352	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		899,009	13
14	Buildings, at Historical Cost		11,242,632	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	5,986	91,356	16
17	Accumulated Depreciation (book methods)	(6,051)	(3,093,578)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		19,701	19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	45,559	45,559	21
22	Other Long-Term Assets (specify):			22
23	Other(specify): Building Improvement	5,890	438,010	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 51,384	\$ 9,642,689	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 400,125	\$ 10,388,041	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 2,810	\$ 657	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	39,100	39,100	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable		1,200	31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes	1,299	1,299	34
	Other Current Liabilities(specify):			
35	See Attached	14,349	274,290	35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 57,558	\$ 316,546	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable		7,211,417	39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$	\$ 7,211,417	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 57,558	\$ 7,527,963	45
46	TOTAL EQUITY	\$ 342,567	\$ 2,860,078	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 400,125	\$ 10,388,041	47

*(See instructions.)

Facility Name: Hickory Estates of Pana LLC

Report Period Beginning: 1/1/2011

Ending:

12/31/2011

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	\$ 1,199,141	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,199,141	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	3,146	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 3,146	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)	\$ 1,202,287	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	312,047	19
20	Health Care/ Personal Care	159,544	20
21	General Administration	164,422	21
B. Capital Expense			
22	Ownership	302,787	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)	\$ 938,800	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 263,487	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 263,487	31

3.5	Cable TV adjusted for residents	5458.00
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TOTAL		5458.00
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3	Auto Expense	1642.00
	Fire Alarm	3751.00
	Mowing	4000.00
	Pest Control	1077.00
	Trash Pickup	500.00

TOTAL		10970.00
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1.3	Dues	4922.00
	Employee Recognition	1400.00
	Mileage	551.00
	Licensing Fee	449.00
	Training	654.00
	Travel	150.00
	Legal/Professional Fees	7560.00

TOTAL		15686.00
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Reduction AFLAC	-747.00
Utilities	-4487.00
Payroll	-6964.00
Absences	-2151.00

-14349.00

Facility Name: The Parkway

Report Period Beginning: 1/1/2011

Ending: 12/31/2011

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/11

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 227,989	\$	1
2	Cash-Patient Deposits	14,846		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)	(1,541)		8
9	Other(specify): HUD	11,406		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 252,700	\$	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)	\$ 252,700	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 562	\$	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	73,156		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 73,718	\$	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				42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 73,718	\$	45
46	TOTAL EQUITY	\$ 178,982	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 252,700	\$	47

*(See instructions.)

The Parkway

Attachment

LINE 35

Tenant Security Deposits -15812.00

Accrued Utilities -6323.00

PILOT -51021.00

TOTAL -73156.00

Facility Name: CCICS

Report Period Beginning: 1/1/2011

Ending: 12/31/2011

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/11

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 148,247	\$	1
2	Cash-Patient Deposits	11,261		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)	15,183		8
9	Other(specify): <u>Voucher</u>	(30,780)		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 143,911	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	899,009		13
14	Buildings, at Historical Cost	11,242,632		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	85,370		16
17	Accumulated Depreciation (book methods)	(3,087,527)		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): <u>Building & Site Improvement</u>	432,120		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 9,591,305	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 9,735,216	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ (2,715)	\$	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	1,200		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	<u>See Attached</u>	186,785		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 185,270	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	7,211,417		39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 7,211,417	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 7,396,687	\$	45
46	TOTAL EQUITY	\$ 2,338,529	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 9,735,216	\$	47

*(See instructions.)

