

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:

☐	VOLUNTARY, NON-PROFIT	☐	PROPRIETARY	☐	GOVERNMENTAL
☐	Charitable Corp.	☐	Individual	☐	State
☐	Trust	☐	Partnership	☐	County
IRS Exemption Code		☐	Corporation	☐	Other
		☒	"Sub-S" Corp.		
		☐	Limited Liability Co.		
		☐	Trust		
		☐	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.

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

ACCUAL		MODIFIED		CASH*	
	X				

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
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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	Adjusted Total	
		Salary/Wage	Supplies	Other	Total			
	A. General Services	1	2	3	4	5	6	
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	TOTAL General Services	122,670	126,984	75,977	325,631	(5,458)	320,173	5
	B. Health Care and Programs							
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	TOTAL Health Care and Programs	122,974	2,355	6,285	131,614		131,614	9
	C. General Administration							
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	TOTAL General Administration	113,126	10,122	56,927	180,175		180,175	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	358,770	139,461	139,189	637,420	(5,458)	631,962	16
	Capital Expenses							
	D. Ownership							
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	TOTAL Ownership			296,385	296,385		296,385	23
24	GRAND TOTAL (Sum of lines 16 and 23)	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	Total (lines 1 thru 16)	37	\$	17

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					
<u>Name</u>	<u>3</u>	<u>City</u>	<u>4</u>	<u>Type of Business</u>	<u>5</u>
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).

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	Christian County Integrated Community Services	\$	25,800	1
2				2
Total		\$	25,800	3

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
6	Improvement Type										
6	Building and Site Improvements			2005	37,391	2,492	15	2,492		13,710	6
7	Building and Site Improvements			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

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

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*	
	A. Current Assets			
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	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 112,059	\$ 777,112	10
	B. Long-Term Assets			
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): <u>Building Improvements</u>	5,891	438,011	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 374,017	\$ 11,289,745	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 486,077	\$ 12,066,857	25

*(See instructions.)

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
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
	Other Current Liabilities(specify):			
35	<u>SEE ATTACHED</u>	3,659	45,569	35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 14,627	\$ 1,314,976	37
	D. Long-Term Liabilities			
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
	Other Long-Term Liabilities(specify):			
42				42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 36,400	\$ 7,433,368	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 51,027	\$ 8,748,344	45
46	TOTAL EQUITY	\$ 435,049	\$ 3,318,513	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 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	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 1,239,918	1
2	Discounts and Allowances		2
	SUBTOTAL Resident Care		
3	(line 1 minus line 2)	\$ 1,239,918	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	1,571	9
10	Laundry		10
	SUBTOTAL OTHER OPERATING REVENUE		
11	(sum of lines 4 thru 10)	\$ 1,571	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income		13
	SUBTOTAL Non-Operating Revenue		
14	(sum of lines 12 and 13)	\$	14
	D. Other Revenue (specify):		
15			15
16			16
	SUBTOTAL Other Revenue		
17	(sum of lines 15 and 16)	\$	17
	TOTAL REVENUE		
18	(sum of lines 3, 11, 14 and 17)	\$ 1,241,489	18

		2	
	Expenses	Amount	
	A. Operating Expenses		
19	General Services	320,173	19
20	Health Care/ Personal Care	131,614	20
21	General Administration	180,175	21
	B. Capital Expense		
22	Ownership	296,385	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
	TOTAL EXPENSES		
28	(sum of lines 19 thru 27)	\$ 928,347	28
	Income Before Income Taxes		
29	(line 18 minus line 28)	\$ 313,142	29
	Income Taxes		
30		\$	30
	NET INCOME OR LOSS FOR THE YEAR		
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
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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 Operating	2 After Consolidation*	
	A. Current Assets			
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): HUD	11,406		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 61,221	\$	10
	B. Long-Term Assets			
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	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 919,000	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 980,221	\$	25

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

*(See instructions.)

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
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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	2	
		Operating	After Consolidation*	
	A. Current Assets			
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): <u>AR Hickory/Voucher</u>	394,220		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 603,832	\$	10
	B. Long-Term Assets			
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): <u>Building/Site Improvements</u>	432,120		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 9,996,727	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 10,600,559	\$	25

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

*(See instructions.)

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
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