

		FOR BHF USE			

LL2

Supportive Living Facility

2012

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2012)

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: 1000100

Facility Name: PINNACLE PLACE

Address: 1125 N. 5TH STREET SAVANNA 61074

Number City Zip Code

County: CARROLL

Telephone Number: (815) 273-2105 Fax # 815 778-4503

Federal Employer ID Number:

Date Current Owners were Certified: 06/30/2008

Type of Ownership:

☒ VOLUNTARY, NON-PROFIT

☒ Charitable Corp.

☐ Trust

IRS Exemption Code 501(C)3

☐ PROPRIETARY

☐ Individual

☐ Partnership

☐ Corporation

☐ "Sub-S" Corp.

☐ Limited Liability Co.

☐ Trust

☐ Other

☐ GOVERNMENTAL

☐ State

☐ County

☐ 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 01/01/2012 to 12/31/2012 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) 7/15/2013
(Date)

(Type or Print Name) MILT RUE

(Title) CHIEF FINANCIAL OFFICER

Paid
Preparer

(Signed)
(Date)

(Print Name
and Title)

(Firm Name
& Address)

(Telephone) () Fax # ()

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

Name: MILT RUE Telephone Number: (815) 778-3683

Email Address:

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 PINNACLE PLACE

Report Period Beginning: 01/01/2012 Ending: 12/31/2012

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	19	Single Unit Apartment	19	6,954	1
2	2	Double Unit Apartment	2	732	2
3		Other			3
4	21	TOTALS	21	7,686	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	1,316	4,018		5,334	5
6	Double Unit	134	231		365	6
7	Other					7
8	TOTALS	1,450	4,249		5,699	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 74.15%

D. Indicate the number of paid bed-hold days the SLF had during this year 98 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 XX

F. Does the BALANCE SHEET reflect any non-SLF assets?

YES NO XX

G. List all services provided by your facility for non-residents. (E.g., day care, "meals on wheels", outpatient therapy)

H. ACCOUNTING BASIS

ACCRUAL XX MODIFIED CASH* CASH*

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

Tax Year: 12/31/2012 Fiscal Year: 12/31/2012

* 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: PINNACLE PLACE

Report Period Beginning:

01/01/2012

Ending:

12/31/2012

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	42,217	41,953	1,725	85,895		85,895	1
2	Housekeeping, Laundry and Maintenance	24,795	10,302	38,083	73,180		73,180	2
3	Heat and Other Utilities			46,505	46,505	(5,478)	41,027	3
4	Other (specify): WASTE REMOVAL					1,120	1,120	4
5	TOTAL General Services	67,012	52,255	86,313	205,580	(4,358)	201,222	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	132,866	1,259		134,125		134,125	6
7	Activities and Social Services		294		294		294	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	132,866	1,553		134,419		134,419	9
	C. General Administration							
10	Administrative and Clerical	28,999	1,226	61,541	91,766	30,190	121,956	10
11	Marketing Materials, Promotions and Advertising			14,419	14,419		14,419	11
12	Employee Benefits and Payroll Taxes			37,876	37,876	7,812	45,688	12
13	Insurance-Property, Liability and Malpractice			10,910	10,910		10,910	13
14	Other (specify):			3,336	3,336		3,336	14
15	TOTAL General Administration	28,999	1,226	128,082	158,307	38,002	196,309	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	228,877	55,034	214,395	498,306	33,644	531,950	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			68,641	68,641	675	69,316	17
18	Interest			37,102	37,102		37,102	18
19	Real Estate Taxes			9,730	9,730		9,730	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):							22
23	TOTAL Ownership			115,473	115,473	675	116,148	23
24	GRAND TOTAL (Sum of lines 16 and 23)	228,877	55,034	329,868	613,779	34,319	648,098	24

PINNACLE PLACE
1125 N. 5th St.
Savanna, IL 61074
FIN: 23-7136038

2012 Cost Report

SCHEDULE OF PAGE 3, LINE 14 - OTHER

Column 3	Dues and Subscriptions	\$	1,433
	Seminars	<u>\$</u>	<u>1,903</u>
		\$	3,336

SCHEDULE OF RECLASSIFICATIONS

Page 3, Schedule IV

Line #		DR.	CR.
3	REMOVE RESIDENT ROOM PORTION OF CABLE TV		\$ 4,358
3	TRANSFER WASTE REMOVAL		\$ 1,120
4	FROM UTILITIES TO OTHER	\$ 1,120	
10	ADJUSTMENT FOR RELATED	\$ 30,190	
12	ORGANIZATION COSTS	\$ 7,812	
17	ADJUST TO STRAIGHT LINE DEPRECIATION	\$ 675	

Facility Name: PINNACLE PLACE

Report Period Beginning 01/01/2012 Ending: 12/31/2012

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.23	20.15	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	5.12	11.57	3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook	2.05	9.91	6
7	Cook Helpers/Assistants			7
8	Dishwashers			8
9	Maintenance Workers	0.79	12.03	9
10	Housekeepers	0.26	9.17	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.01	13.83	13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	9.46	\$	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
WINNING WHEELS	PROPHETSTOWN
STRIVE	PROPHETSTOWN

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	FDIC	99%		\$ -36,063	1
2	WINNING WHEELS INC	1%		-100,652	2
3					3
4					4
5					5
Total				\$ -136715	6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	\$	1
2		2
Total		\$ 3

OTHER RELATED BUSINESS ENTITIES

Name 3	City 4	Type of Business 5
FRONTIER HOLLOW	PROPHETSTOWN	INDEPENDENT
		LIVING FACILITY
AL'S PLACE LIMITED PARTNERSHIP	PROPHETSTOWN	REAL ESTATE

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).

SCHEDULE OF RELATED ORGANIZATION COSTS

Page 4, Schedule VII, Question C

Page 3 Line #	Related Organization	Nature of Expense	Cost per General Ledger	Cost to Related Organization	Difference: Adjustment for Related Organization Cost
10	American Health Enterprises 501 6th Ave. W., Lyndon, IL 61261	Administrative contract service	35,212		-35,212
10	American Health Enterprises 501 6th Ave. W., Lyndon, IL 61261	Manager salary		55,327	55,327
10	American Health Enterprises 501 6th Ave. W., Lyndon, IL 61261	Home office salaries		9,480	9,480
12	American Health Enterprises 501 6th Ave. W., Lyndon, IL 61261	Employee benefits		7,812	7,812
10	American Health Enterprises 501 6th Ave. W., Lyndon, IL 61261	Home office costs		595	595
	Total Difference: Adjustment for Related Organization Cost				38,002

Facility Name: PINNACLE PLACE

Report Period Beginning:

01/01/2012

Ending:

12/31/2012

VIII. OWNERSHIP COSTS

A. Purchase price of land 40,000 Year land was acquired 1997

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	21		1997		\$ 1,155,267	\$ 42,010	28	\$ 42,010	\$	\$ 638,898	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	BUILDING ADDITION			1997	107,843	2,696	40	2,696		40,666	6
7	BUILDING ADDITION			1998	16,500	600	28	600		8,975	7
8	WATER HEATER			2002	3,357	89	39	86	(3)	1,133	8
9	SEAL PARKING LOT			2002	6,240	368	15	416	48	4,582	9
10	CHIMNEY CAPS			2003	984	36	28	36		347	10
11	TUCK POINT			2003	128,000	4,655	28	4,655		44,412	11
12	REMODEL BATH			2003	24,893	905	28	905		8,562	12
13	ROOF			2003	92,377	3,359	28	3,359		31,212	13
14	CARPET			2006	8,269	738	7	1,181	443	7,900	14
15	ENTRANCE SIGN			2006	1,621	96	15	108	12	807	15
16	SEE PAGE 5 SUPPORT				144,074	11,097		11,192	95	96,207	16
17	TOTAL (lines 1 thru 16)				\$ 1,689,425	\$ 66,649		\$ 67,244	\$ 595	\$ 883,701	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	\$ 125,696	\$ 1,992	\$ 2,072	80	9	\$ 115,329	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 125,696	\$ 1,992	\$ 2,072	80		\$ 115,329	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

STATE OF ILLINOIS

Page 5 Support

Facility Name: PINNACLE PLACE

Report Period Beginning:

01/01/2012

Ending:

12/31/2012

SCHEDULE OF PAGE 5, SCHEDULE VIII, SECTION B, LINE 16

		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	ASBESTOS REMOVAL	2007	960	60	15	64	4	422	1
2	LOCKS	2008	4,386	304	15	292	(12)	1,652	2
3	SMOKE DETECTORS	2008	19,522	1,352	15	1,301	(51)	7,354	3
4	FIRE DOORS	2008	7,843	543	15	523	(20)	2,955	4
5	FLOORING	2009	700	87	7	100	13	481	5
6	WASHERS AND DRYERS	2007	3,685	329	7	526	197	3,192	6
7	PLASMA TV	2009	1,050	78	3	175	97	1,050	7
8	A/C CONDENSOR	2009	1,020	127	7	146	19	702	8
9	ICE MACHINE	2009	2,295	287	7	328	41	1,578	9
10	WATER HEATER	2009	4,628	578	7	661	83	3,182	10
11	PARKING LOT	1997	31,223	922	15	1,041	119	31,223	11
12	REFRIGERATOR	2004	2,799		7			2,799	12
13	WATER HEATER	2004	4,214		7			4,214	13
14	NURSE CALL SYSTEM	2005	24,971	2,497	10	2,497		18,729	14
15	ZENITH TV	2005	2,845	203	7	203		2,845	15
16	SLF ASSESSMENT	2008	9,879	684	15	659	(25)	3,722	16
17	DELL COMPUTER	2008	728	84	5	146	62	686	17
18	FLOORING	2010	940	180	5	188	8	669	18
19	WHIRLPOOL	2010	8,841	1,547	7	1,263	(284)	4,975	19
20	FLOORING	2010	853	164	5	171	7	607	20
21	AWNING	2010	2,030	174	15	135	(39)	468	21
22	EROSION CONTROL	2010	7,195	615	15	480	(135)	1,658	22
23	FLOORING	2010	1,467	282	5	293	11	1,044	23
24									24
25									25
	TOTAL FOR LINE 16 ON PAGE 5		\$ 144,074	\$ 11,097		\$ 11,192	\$ 95	\$ 96,207	

Facility Name: PINNACLE PLACE

Report Period Beginning: 01/01/2012 Ending: 2/31/2012

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease:

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	MIDLAND STATES BANK		XX	BUILDING MORTGAGE	7/27/07	\$ 744,498	\$ 618,069	11/27/27	5.7200	\$ 37,102	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 744,498	\$ 618,069			\$ 37,102	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 744,498	\$ 618,069			\$ 37,102	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: PINNACLE PLACE

Report Period Beginning: 01/01/2012

Ending: 12/31/2012

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2012

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 54,018	\$ 54,018	1
2	Cash-Patient Deposits	4,342	4,342	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>NONE</u>)	69,439	69,439	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	3,888	3,888	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 131,687	\$ 131,687	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	40,000	40,000	13
14	Buildings, at Historical Cost	1,658,203	1,658,203	14
15	Leasehold Improvements, at Historical Cost	31,223	31,223	15
16	Equipment, at Historical Cost	125,695	125,695	16
17	Accumulated Depreciation (book methods)	(999,030)	(999,030)	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): <u>NON-DEPRECIABLE ASSET</u>	9,061	9,061	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 865,152	\$ 865,152	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 996,839	\$ 996,839	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 204,041	\$ 204,041	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	4,342	4,342	28
29	Short-Term Notes Payable	370,859	370,859	29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable	9,500	9,500	31
32	Accrued Interest Payable	1,964	1,964	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 590,706	\$ 590,706	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	618,069	618,069	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)	\$ 618,069	\$ 618,069	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 1,208,775	\$ 1,208,775	45
46	TOTAL EQUITY	\$ (211,936)	\$ (211,936)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 996,839	\$ 996,839	47

*(See instructions.)

Facility Name: PINNACLE PLACE

Report Period Beginning: 01/01/2012 Ending: 12/31/2012

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

	Revenue	Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 459,191	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 459,191	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	12,265	8
9	Non-Resident Meals	129	9
10	Laundry	5,479	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 17,873	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)	\$ 477,064	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	205,580	19
20	Health Care/ Personal Care	134,419	20
21	General Administration	158,307	21
	B. Capital Expense		
22	Ownership	115,473	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)	\$ 613,779	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (136,715)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (136,715)	31

