

		FOR BHF USE			

LL2

Supportive Living Facility

2014

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2014)

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 North 5th St 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:

<input checked="" type="checkbox"/>	VOLUNTARY, NON-PROFIT	<input type="checkbox"/>	PROPRIETARY	<input type="checkbox"/>	GOVERNMENTAL
<input checked="" 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 501 (C)3	<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Other
		<input type="checkbox"/>	"Sub-S" Corp.	<input type="checkbox"/>	
		<input type="checkbox"/>	Limited Liability Co.	<input type="checkbox"/>	
		<input type="checkbox"/>	Trust	<input type="checkbox"/>	
		<input type="checkbox"/>	Other	<input type="checkbox"/>	

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

Name: Sam Card Telephone Number: (815 778-3683

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 01/01/2014 to 12/31/2014 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) Sam Card

(Title) Chief Financial Officer

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 **Pinnacle Place**

Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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		Single Unit Apartment	19	6,935	1		
2		Double Unit Apartment	2	730	2		
3		Other			3		
4		TOTALS	21	7,665	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	1,280	4,834		6,114	5
6	Double Unit	360	724		1,084	6
7	Other					7
8	TOTALS	1,640	5,558		7,198	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 93.91%

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

16 Also, indicate the number of unpaid bed-hold days the SLF had during this year. **6 (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

ACCUAL		MODIFIED	
	<input checked="" type="checkbox"/>	CASH*	<input type="checkbox"/>
		CASH*	<input type="checkbox"/>

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

Tax Year: 12/31/14 **Fiscal Year:** 12/31/14

* 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:

01/01/2014

Ending:

12/31/2014

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	38,959	54,142	2,163	95,263		95,263	1
2	Housekeeping, Laundry and Maintenance	22,350	10,479	17,603	50,433		50,433	2
3	Heat and Other Utilities			54,251	54,251	(5,644)	48,607	3
4	Other (specify):							4
5	TOTAL General Services	61,309	64,621	74,017	199,947	(5,644)	194,303	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	136,599	421		137,020		137,020	6
7	Activities and Social Services		634		634		634	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	136,599	1,055		137,654		137,654	9
	C. General Administration							
10	Administrative and Clerical	33,645	816	68,523	102,984	5,415	108,399	10
11	Marketing Materials, Promotions and Advertising			7,684	7,684		7,684	11
12	Employee Benefits and Payroll Taxes			31,585	31,585	6,865	38,450	12
13	Insurance-Property, Liability and Malpractice			9,719	9,719		9,719	13
14	Other (specify):							14
15	TOTAL General Administration	33,645	816	117,511	151,972	12,280	164,252	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	231,553	66,492	191,528	489,573	6,636	496,209	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			97,089	97,089		97,089	17
18	Interest			21,902	21,902		21,902	18
19	Real Estate Taxes			13,970	13,970		13,970	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):							22
23	TOTAL Ownership			132,961	132,961		132,961	23
24	GRAND TOTAL (Sum of lines 16 and 23)	231,553	66,492	324,489	622,534	6,636	629,170	24

18747

1125 N. 5TH ST.
SAVANNA, IL 61074
FEIN 23-7136038

2014 Cost Report

SCHEDULE OF RECLASSIFICATION

Page3, Schedule IV

Line #	D	C
		\$5,644
3 REMOVE RESIDENT ROOM PORTION OF CABVLE TV		
10 ADJUSTMENT FOR RELATEI	\$5,415	
12 ORGANIZATION COSTS	\$6,865	

Facility Name: Pinnacle Place

Report Period Beginning 01/01/2014 Ending: 12/31/2014

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.24	\$ 21.26	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	4.86	12.44	3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook	1.89	9.91	6
7	Cook Helpers/Assistants			7
8	Dishwashers			8
9	Maintenance Workers	0.99	10.82	9
10	Housekeepers			10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.06	15.27	13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	9.04	\$ 12.30	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	
Frontier Hollow		Prophetstown	

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
American Health Enterprises		Lyndon		Mgt. Company	

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	Winning Wheels	100		\$	1
2					2
3					3
4					4
5					5
Total				\$	6

VI. (B) Management fees paid to unrelated parties Amount of Fee

1		\$	1
2			2
Total		\$	3

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

2014 Cost Report

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	60,167		-60,167
10	American Health Enterprises 501 6th Ave. W., Lyndon, IL 61261	Manager salary		57,220	57,220
10	American Health Enterprises 501 6th Ave. W., Lyndon, IL 61261	Home office salaries		7,404	7,404
12	American Health Enterprises 501 6th Ave. W., Lyndon, IL 61261	Employee benefits		6,865	6,865
10	American Health Enterprises 501 6th Ave. W., Lyndon, IL 61261	Home office costs		958	958
	Total Difference: Adjustment for Related Organization Cost				12,280

Facility Name: Pinnacle Place

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

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		\$ 722,917	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	BUILDING ADDITION				107,843	2,696	40	2,696		46,058	6
7	BUILDING ADDITION				16,500	600	28	600		10,175	7
8	WATER HEATER				3,357	86	39	86		1,304	8
9	SEAL PARKING LOT				6,240	368	15	416	48	5,318	9
10	CHIMNEY CAPS				984	36	28	36		419	10
11	TUCK POINTING				128,000	4,655	28	4,655		53,722	11
12	REMODEL BATH				24,893	905	28	905		10,372	12
13	ROOF				92,377	3,359	28	3,359		37,930	13
14	CARPET				8,269		7			8,269	14
15	ENTRANCE SIGN				1,621	96	15	108	12	999	15
16	SEE PAGE 5 SUPPORT				182,702	11,444		13,794	2,350	116,977	16
17	TOTAL (lines 1 thru 16)				\$ 1,728,053	\$ 66,255		\$ 68,665	\$ 2,410	\$ 1,014,460	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	\$ 130,695	\$ 1,969	\$ 2,141	172	9	\$ 119,267	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 130,695	\$ 1,969	\$ 2,141	172		\$ 119,267	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: Pinnacle Place

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

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	57	15	64	7	535
2	LOCKS		2008	4,386	259	15	292	33	2,184
3	SMOKE DETECTORS		2008	19,522	1,153	15	1,301	148	9,724
4	FIRE DOORS		2008	7,843	463	15	523	60	3,906
5	FLOORING		2009	700	62	7	100	38	606
6	WASHERS AND DRYERS		2007	3,685	164	7	164		3,685
7	PLASMA TV		2009	1,050		3			1,050
8	A/C CONDENSOR		2009	1,020	91	7	146	55	884
9	ICE MACHINE		2009	2,295	205	7	328	123	1,988
10	WATER HEATER		2009	4,628	413	7	661	248	4,008
11	PARKING LOT		1997	31,223		15			31,223
12	REFRIGERATOR		2004	2,799		7			2,799
13	WATER HEATER		2004	4,214		7			4,214
14	NURSE CALL SYSTEM		2005	24,971	2,497	10	2,497		23,723
15	ZENITH TV		2005	2,845		7			2,845
16	SLF ASSESSMENT		2008	9,879	583	15	659	76	4,920
17	DELL COMPUTER		2008	728		5			728
18	FLOORING		2010	940	108	5	188	80	886
19	WHIRLPOOL		2010	8,841	789	7	1,263	474	6,868
20	FLOORING		2010	853	98	5	171	73	803
21	AWNING		2010	2,030	141	15	135	(6)	765
22	EROSION CONTROL		2010	7,195	498	15	480	(18)	2,710
23	FLOORING		2010	1,467	169	5	293	124	1,382
24	FLOORING-DINING ROOM AND FRONT ACTIVITY		2013	5,801	828	7	828		1,242
25	ROOF REPAIRS AROUND ELEVATOR		2013	12,980	865	15	865		1,298
26	ELEVATOR REPAIRS		2014	11,464	819	7	1,638	819	819
27	LOCKS AND KEYS		2014	2,633	376	7	376		376
28	APARTMENT FLOORING		2014	1,622	232	7	232		232
29	APARTMENT FURNACE		2014	1,422	203	7	203		203
30	APARTMENT FLOORING		2014	1,379	197	7	197		197
31	AIR CONDITIONER		2014	1,327	174	7	190	16	174
32									
	TOTAL FOR LINE 16 ON PAGE 5			\$ 182,702	\$ 11,444		\$ 13,794	\$ 2,350	\$ 116,977

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Facility Name: Pinnacle Place

Report Period Beginning: 01/01/2014 Ending: 2/31/2014

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 Year Constructed	2 Number of Units	3 Date of Lease	4 Rental Amount	5 Total Yrs. of Lease	6 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		X	Building Mortgage	7/27/07	\$ 744,497	\$ 555,640	2/27/28	3.7700	\$ 21,902	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 744,497	\$ 555,640			\$ 21,902	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 744,497	\$ 555,640			\$ 21,902	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.

STATE OF ILLINOIS

Page 7

Facility Name: Pinnacle Place

Report Period Beginning: 01/01/2014

Ending:

12/31/2014

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2014

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 4,441	\$ 4,441	1
2	Cash-Patient Deposits	4,291	4,291	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	117,094	117,094	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	62	62	6
7	Other Prepaid Expenses	945	945	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 126,832	\$ 126,832	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	1,565,621	1,565,621	14
15	Leasehold Improvements, at Historical Cost	164,725	164,725	15
16	Equipment, at Historical Cost	130,695	130,695	16
17	Accumulated Depreciation (book methods)	(1,133,727)	(1,133,727)	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)	\$ 767,314	\$ 767,314	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 894,146	\$ 894,146	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 19,266	\$ 19,266	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	3,909	3,909	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable	9,500	9,500	31
32	Accrued Interest Payable	180	180	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)	\$ 32,855	\$ 32,855	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	555,640	555,640	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)	\$ 555,640	\$ 555,640	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 588,495	\$ 588,495	45
46	TOTAL EQUITY	\$ 305,651	\$ 305,651	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 894,146	\$ 894,146	47

*(See instructions.)

Facility Name: Pinnacle Place

Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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	\$ 570,973	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 570,973	3
	B. Other Operating Revenue		
4	Special Services		4
5	Other Health Care Services	9,589	5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	1,128	8
9	Non-Resident Meals	1,972	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 12,689	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)	\$ 583,662	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	199,947	19
20	Health Care/ Personal Care	137,654	20
21	General Administration	151,972	21
	B. Capital Expense		
22	Ownership	132,961	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)	\$ 622,534	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (38,872)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (38,872)	31