

		FOR BHF USE			

LL2

Supportive Living Facility

2019

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2019)

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: 6/30/2008

Type of Ownership:

☒	VOLUNTARY, NON-PROFIT	☐	PROPRIETARY	☐	GOVERNMENTAL
☒	Charitable Corp.	☐	Individual	☐	State
☐	Trust	☐	Partnership	☐	County
IRS Exemption Code	501c3	☐	Corporation	☐	Other
		☐	"Sub-S" Corp.	☐	
		☐	Limited Liability Co.	☐	
		☐	Trust	☐	
		☐	Other	☐	

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

Name: Robin Landis 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 07/01/2018 to 06/30/2018 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)	Robin Landis	
Paid Preparer	(Title)	CFO	
	(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: 07/01/2018 Ending: 06/30/2018

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	<u>19</u>	Single Unit Apartment	<u>19</u>	<u>6,935</u>	1
2	<u>2</u>	Double Unit Apartment	<u>2</u>	<u>730</u>	2
3		Other			3
4	21	TOTALS	21	7,665	4

B. Census-For the entire report period.

	1	2	3	4	5	
	Type of Unit	Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	<u>2,036</u>	<u>4,793</u>		<u>6,829</u>	5
6	Double Unit	<u>405</u>			<u>405</u>	6
7	Other					7
8	TOTALS	2,441	4,793		7,234	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 94.38%

D. Indicate the number of paid bed-hold days the SLF had during this year 34 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

ACCURAL ☒ MODIFIED CASH* ☐ CASH* ☐

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

Tax Year: 06/30/2019 Fiscal Year: 06/30/2019

* 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 principal?

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 principal?

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 principal?

If no, explain.

STATE OF ILLINOIS

Page 3

Facility Name: Pinnacle Place

Report Period Beginning:

07/01/2018

Ending:

06/30/2018

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	34,274	50,341	1,724	86,339		86,339	1
2	Housekeeping, Laundry and Maintenance	25,500	4,446	17,608	47,554		47,554	2
3	Heat and Other Utilities			53,839	53,839	(6,342)	47,497	3
4	Other (specify):							4
5	TOTAL General Services	59,774	54,787	73,171	187,732	(6,342)	181,390	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	150,987	88		151,075		151,075	6
7	Activities and Social Services							7
8	Other (specify):							8
9	TOTAL Health Care and Programs	150,987	88		151,075		151,075	9
	C. General Administration							
10	Administrative and Clerical	34,990	1,539	84,031	120,560		120,560	10
11	Marketing Materials, Promotions and Advertising			10,635	10,635		10,635	11
12	Employee Benefits and Payroll Taxes			37,717	37,717		37,717	12
13	Insurance-Property, Liability and Malpractice			3,915	3,915		3,915	13
14	Other (specify):							14
15	TOTAL General Administration	34,990	1,539	136,298	172,827		172,827	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	245,751	56,414	209,469	511,634	(6,342)	505,292	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			73,324	73,324	1,047	74,371	17
18	Interest			21,697	21,697		21,697	18
19	Real Estate Taxes			9,229	9,229		9,229	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):							22
23	TOTAL Ownership			104,250	104,250	1,047	105,297	23
24	GRAND TOTAL (Sum of lines 16 and 23)	245,751	56,414	313,719	615,884	(5,295)	610,589	24

PINNACLE PLACE
1125 N 5TH ST
SAVANNA IL 61074
FEIN 23-7136038

2019 COST REPORT

SCHEDULE OF RECLASSIFICATION
Page 3, Scheudle IV

	<u>D</u>	<u>C</u>
Line #		
3 Remove resident room portion of cable TV		\$ 6,342
10 Adjustment for related orgs	\$ -	
12 Organizational costs	\$ -	

Facility Name: Pinnacle Place

Report Period Beginning 07/01/2018 Ending: 06/30/2018

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	5.59	12.91	3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook	1.44	11.47	6
7	Cook Helpers/Assistants			7
8	Dishwashers			8
9	Maintenance Workers	1.04	11.78	9
10	Housekeepers			10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.00	16.82	13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	9.07	\$ 12.98	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 Enterprise	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				\$	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

2019 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	84,031		-84,031
10	American Health Enterprises 501 6th Ave. W., Lyndon, IL 61261	Manager salary		62,700	62,700
10	American Health Enterprises 501 6th Ave. W., Lyndon, IL 61261	Home office salaries		6,521	6,521
12	American Health Enterprises 501 6th Ave. W., Lyndon, IL 61261	Employee benefits		13,705	13,705
10	American Health Enterprises 501 6th Ave. W., Lyndon, IL 61261	Home office costs		1,105	1,105
	Total Difference: Adjustment for Related Organization Cost				0

Facility Name: Pinnacle Place

Report Period Beginning: 07/01/2018

Ending: 06/30/2018

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	21		1997		\$ 1,155,267	\$ 42,010	28	\$ 42,010	\$ 0	\$ 932,965	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	BUILDING ADDITION			1997	107,843		40				6
7	BUILDING ADDITION			1998	16,500	600	28	589	(11)	13,175	7
8	WATER HEATER			2002	3,357	78	39	86	8	1,690	8
9	SEAL PARKING LOT			2002	6,240		15			6,240	9
10	CHIMNEY CAPS			2003	984	36	28	35	(1)	590	10
11	TUCK POINTING			2003	128,000	4,655	28	4,571	(84)	76,994	11
12	REMODEL BATH			2003	24,893	905	28	889	(16)	14,898	12
13	ROOF			2003	92,377	3,359	28	3,299	(60)	54,726	13
14	CARPET			2006	8,269		7			8,269	14
15	ENTRANCE SIGN			2006	1,621	96	5	324	228	1,477	15
16	CONTINUE ON PAGE 5				288,322	13,099		14,080	981	179,665	16
17	TOTAL (lines 1 thru 16)				\$ 1,833,673	\$ 64,837		\$ 65,884	\$ 1,047	\$ 1,290,689	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	\$ 143,272	\$ 8,487	\$ 8,487	\$	9	\$ 120,277	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 143,272	\$ 8,487	\$ 8,487	\$		\$ 120,277	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: 7/1/2018

Ending: 6/30/2019

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	818	1
2	LOCKS			2008	4,386	259	15	292	33	3,480	2
3	SMOKE DETECTORS			2008	19,522	1,153	15	1,301	148	15,487	3
4	FIRE DOORS			2008	7,843	463	15	523	60	6,222	4
5	FLOORING			2009	700		7		0	700	5
6	WASHERS AND DRYERS			2007	3,685		7		0	3,685	6
7	PLASMA TV			2009	1,050		3		0	1,050	7
8	A/C CONDENSOR			2009	1,020		7		0	1,020	8
9	ICE MACHINE			2009	2,295		7		0	2,295	9
10	WATER HEATER			2009	4,628		7		0	4,628	10
11	PARKING LOT			1997	31,223		15		0	31,223	11
12	REFRIGERATOR			2004	2,799		7		0	2,799	12
13	WATER HEATER			2004	4,214		7		0	4,214	13
14	NURSE CALL SYSTEM			2005	24,971	0	10	0	0	24,971	14
15	ZENITH TV			2005	2,845		7	0	0	2,845	15
16	SLF ASSESSMENT			2008	9,879	583	15	583	0	7,837	16
17	DELL COMPUTER			2008	728		5	0	0	728	17
18	FLOORING			2010	940	0	5	0	0	940	18
19	WHIRLPOOL			2010	8,841	0	7	0	0	8,841	19
20	FLOORING			2010	853	0	5	0	0	853	20
21	AWNING			2010	2,030	120	15	120	0	1,251	21
22	EROSION CONTROL			2010	7,195	425	15	425	0	4,858	22
23	FLOORING			2010	1,467	0	5	0	0	1,467	23
24	FLOORING-DINING ROOM AND FRONT ACTIVITY			2013	5,801	829	7	829	0	4,558	24
25	ROOF REPAIRS AROUND ELEVATOR			2013	12,980	865	15	865	0	5,264	25
26	ELEVATOR REPAIRS			2014	2,293	328	7	328	(0)	1,856	26
27	LOCKS AND KEYS			2014	2,633	376	7	376	0	2,069	27
28	APARTMENT FLOORING			2014	1,622	232	7	232	(0)	1,274	28
29	APARTMENT FURNACE			2014	1,422	203	7	203	0	110	29
30	APARTMENT FLOORING			2014	1,379	197	7	197	0	1,018	30
31	AIR CONDITIONER			2014	1,327	174	7	174	0	932	31
32	ELEVATOR REPAIRS			2014	9,171	655	7	655	0	5,896	32
33	APARTMENT FLOORING			2015	2,019	144	7	144	0	1,298	33
34	APARTMENT FLOORING			2015	1,739	104	7	104	0	1,098	34
35	REPLACED COMPRESSOR			2015	1,584	104	7	226	122	792	35
36	SNOWBLOWER			2015	917	113	7	131	18	448	36
37	PLOW TRUCK ACCESSORIES			2015	2,063	74	7	294	220	958	37
38	WIRELESS CALL SYSTEM			2015	28,033	3,671	7	4,005	334	15,685	38
39	WATER HEATER			2016	5,000	1,000	5	1,000	0	3,000	39
40	CARPET UNIT 205			2017	1,590	189	7	227	38	416	40
41	REPLACED ELEVATOR			2019	58,205	728	20	728	0	728	41
42	REPLACED AC UNIT			2019	4,470	53	7	53	0	53	42
43											43
44									0		44
	TOTAL FOR LINE 16 ON PAGE 5				\$ 288,322	\$ 13,099		\$ 14,080	\$ 981	\$ 179,665	

Facility Name: Pinnacle Place

Report Period Beginning: 07/01/2018 Ending: 6/30/2018

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	MORTGAGE	7/27/204	744,497	\$ 399,391	2/27/28	3.7700	\$ 21,697	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 744,497	\$ 399,391			\$ 21,697	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 744,497	\$ 399,391			\$ 21,697	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

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Facility Name: Pinnacle Place

Report Period Beginning: 07/01/2018

Ending: 06/30/2018

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 06/30/2018

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 2,586	\$	1
2	Cash-Patient Deposits	3,785		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	43,308		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	12,370		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	(13,742)		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 48,307	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost	1,833,673		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	143,272		16
17	Accumulated Depreciation (book methods)	(1,410,966)		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)	\$ 565,979	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 614,286	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 360,659	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	2,359		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	13,450		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				35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 376,468	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	399,391		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)	\$ 399,391	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 775,859	\$	45
46	TOTAL EQUITY	\$ (161,573)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 614,286	\$	47

*(See instructions.)

Facility Name: Pinnacle Place

Report Period Beginning: 07/01/2018 Ending: 06/30/2018

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

		1	
	I. Revenue	Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 623,403	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 623,403	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		9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$	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	TRANSPORTATION	1,511	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 1,511	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 624,914	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	181,390	19
20	Health Care/ Personal Care	151,075	20
21	General Administration	172,827	21
	B. Capital Expense		
22	Ownership	105,297	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)	\$ 610,589	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 14,324	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 14,324	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 237,510	32
33	Private Pay - Net Inpatient Revenue	379,008	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>FOOD STAMPS</u>	6,885	35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 623,403	37

PROFESSOR YOUNG, NURSE #4 (PIN)
03-07-04-200-012

[illegible]

Time for my children to get their yearbooks and to be prepared for the surprise of a presentation on the 100th anniversary of your birth. When it's time to study your 100 years, I'll choose someone, going back as far as your birth.

41 O- RIK 45 DAVIDSON & BELLOW'S PT FRACT
IONAL SEC. 4 & PT SW 1/4 SEC 5 T24 R3 S1
IT 1293

NAME: ALB PLACE LIMITED PARTNERSHIP
501 6TH AVE W
LYNDCON, IL 61201-7602

AC CODE 08003	CARROLL COUNTY ITEMIZED STATEMENT	DEPT/SECT Savanna Township
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Taxing Body	Prior Year Rate	Prior Year Amount	Current Rate	Current Amount	% of Total
TRF-TWP MUNICIPAL ALDORFI	0.07172	\$56.24	0.0753	\$56.33	0.60
CARROLL COUNTY	0.07104	\$523.20	0.06888	\$524.59	5.53
CA REG. COUNTY	0.18893	\$156.28	0.19395	\$159.69	1.63
HIGHLAND JC 510	0.54823	\$436.37	0.54722	\$429.81	4.51
HIGHLAND JC 519	PENSION 0.00751	\$6.15	0.00733	\$5.98	0.06
SAVANNA LIBRARY DIST	0.21175	\$163.04	0.19728	\$154.72	1.66
SAVANNA LIBRARY DIST	PENSION 0.02892	\$23.35	0.02945	\$24.42	0.26
SAVANNA PARK DIST	0.43177	\$343.04	0.43866	\$344.34	3.64
SAVANNA PARK DIST	PENSION 0.07363	\$57.14	0.07255	\$56.82	0.61
SAVANNA TWP	0.18819	\$147.00	0.18028	\$141.35	1.52
SAVANNA R&B	0.20516	\$160.88	0.18252	\$139.25	1.46
WEST CARROLL UH14	0.34075	\$270.71	0.32678	\$257.65	2.72
WEST CARROLL U314	PENSION 0.34076	\$274.20	0.41321	\$324.02	3.42
SAVANNA CORP	2.06438	\$1,619.71	1.98812	\$1,558.00	16.79
SAVANNA CORP	PENSION 1.20027	\$905.31	1.30020	\$1,019.57	10.94
Totals	11.78978	\$9,223.40	11.53686	\$9,324.25	

LOCATION: 1325 N 5TH ST
SAVANNAH, IL 61074

Owner Name: ALE PLACE LIMITED PARTNERSHIP

PLEASE SEE REVERSE SIDE FOR PAYMENT INFORMATION

RETURN THIS PORTION WITH PAYMENT

PERIOD YEAR	2018	PERIOD END DATE	
PROGRAM INSTRUCTIONS	39-07-04-200-012	PROGRAM INSTALLMENT	\$4,692.62
PAID BY		PAID DATE	07/03/2018
PAID BY		PAYEE	GC&S
PAID BY	50,392.20	PAID BY	



Name: W.S. HUGHES LIMITED PAR NETHERHAMPTON
Address: 99-6TH AVE SW
LYNDON IL 61254-0000

RETURN HIS POSITION WITH PAYMENT

DATE RECEIVED	2018	PROPERTY TAX PAYMENT	PROPERTY TAX YEAR
FRANCO MULLA (3888-16)	SECOND WATER	\$4,690.64	
06-07-06-2018-172	AMOUNT	09/03/2018	
PAID BY	FEASITY		
TOTAL TAX DUE	\$9,321.28	AMOUNT PAID	



Name: A/S PLACE LIMITED PARTNERSHIP
Address: 501-5TH AVE 2F
LONDON L 61 231 0X00