FOR BHF USE

LL2

Supportive Living Facility

2016

STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2016)

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 (Number) Savanna (City) 61074 (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:

x	VOLUNTARY, NON-PROFIT		PROPRIETARY		GOVERNMENTAL
x	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code 501©3			Corporation		Other
			"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Robin Jackson **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 7/1/2015 to 6/30/2016 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 Jackson
(Title) CFO

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: 7/1/2015 Ending: 6/30/2016

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days
Date of change in certified units / /

	1 Units at Beginning of Report Period	2 Type of Apartment	3 Units at End of Report Period	4 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 Resident Days by Unit and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
5	Single Unit	2,447	3,810		6,257	5
6	Double Unit	355	374		729	6
7	Other					7
8	TOTALS	2,802	4,184		6,986	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 90.89%

D. Indicate the number of paid bed-hold days the SLF had during this year 12 **Also, indicate the number of unpaid bed-hold days the SLF had during this year.** 0 **(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 [x]

F. Does the BALANCE SHEET reflect any non-SLF assets?
YES [ ] NO [x]

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

H. ACCOUNTING BASIS
ACCRUAL [x] MODIFIED CASH* [ ] CASH* [ ]

I. Is your fiscal year identical to your tax year? [x] YES [ ] NO
Tax Year: 06/30/2016 Fiscal Year: 06/30/2016
* 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: 7/1/2015 Ending: 6/30/2016**

IV. COST CENTER EXPENSES (please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger Salary/Wage 1	Supplies 2	Other 3	Total 4	Reclassifications and Adjustments 5	Adjusted Total 6	
	A. General Services							
1	Dietary and Food Purchase	31,513	48,448	1,738	81,699	(82)	81,617	1
2	Housekeeping, Laundry and Maintenance	22,079	5,998	24,894	52,971		52,971	2
3	Heat and Other Utilities			46,718	46,718	(6,201)	40,517	3
4	Other (specify):							4
5	**TOTAL General Services**	53,592	54,446	73,350	181,388	(6,283)	175,105	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	138,604	503	586	139,693		139,693	6
7	Activities and Social Services							7
8	Other (specify):							8
9	**TOTAL Health Care and Programs**	138,604	503	586	139,693		139,693	9
	C. General Administration							
10	Administrative and Clerical	32,224	500	70,915	103,639	6,820	110,459	10
11	Marketing Materials, Promotions and Advertising			8,233	8,233		8,233	11
12	Employee Benefits and Payroll Taxes			39,241	39,241	944	40,185	12
13	Insurance-Property, Liability and Malpractice			10,111	10,111		10,111	13
14	Other (specify):							14
15	**TOTAL General Administration**	32,224	500	128,500	161,224	7,764	168,988	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	224,420	55,449	202,436	482,305	1,481	483,786	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			68,921	68,921	1,770	70,691	17
18	Interest			20,079	20,079		20,079	18
19	Real Estate Taxes			8,323	8,323		8,323	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):							22
23	**TOTAL Ownership**			97,323	97,323	1,770	99,093	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	224,420	55,449	299,759	579,628	3,251	582,879	24

PINNACLE PLACE
1125 N 5TH ST
SAVANNA IL 61074
FEIN 23-7136038 2016 COST REPORT

SCHEDULE OF RECLASSIFICATION
Page 3, Scheudle IV

Line #		D	C
3	Remove resident room portion of cable TV		$ 6,201
10	Adjustment for related orgs	$ 3,025	
10	Employee for other org	$ 3,795	
12	Organizational costs	$ 944	
17	Adjust to straightline Depr	$ 1,770	
1	Remove portion of guest meals		82
		$ 9,534	$ 6,283

Facility Name: Pinnacle Place **Report Period Beginning 7/1/2015 Ending: 6/30/2016**

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	.20	$ 21.76	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	4.52	13.90	3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook	1.63	11.76	6
7	Cook Helpers/Assistants			7
8	Dishwashers			8
9	Maintenance Workers	0.83	12.44	9
10	Housekeepers			10
11	Laundry			11
12	Managers			12
13	Other Administrative	0.86	18.74	13
14	Clerical			14
15	Marketing			15
16	Other			16
17	**Total (lines 1 thru 16)**	8.04	$ 13.98	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	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

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** [x]

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** [x] **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).

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

2016 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	63,166		-63,166
10	American Health Enterprises 501 6th Ave. W., Lyndon, IL 61261	Manager salary		58,082	58,082
10	American Health Enterprises 501 6th Ave. W., Lyndon, IL 61261	Home office salaries		7,659	7,659
12	American Health Enterprises 501 6th Ave. W., Lyndon, IL 61261	Employee benefits		944	944
10	American Health Enterprises 501 6th Ave. W., Lyndon, IL 61261	Home office costs		450	450
	Total Difference: Adjustment for Related Organization Cost				**3,969**

Facility Name: Pinnacle Place Report Period Beginning: 7/1/2015 Ending: 6/30/2016

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	$	$ 806,307	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	BUILDING ADDITION				107,843	2,696	40	2,696		48,754	6
7	BUILDING ADDITION				16,500	600	28	600		11,375	7
8	WATER HEATER				3,357	77	39	77		1,457	8
9	SEAL PARKING LOT				6,240	184	15	184		6,056	9
10	CHIMNEY CAPS				984	36	28	36		490	10
11	TUCK POINTING				128,000	4,655	28	4,655		63,030	11
12	REMODEL BATH				24,893	905	28	905		12,183	12
13	ROOF				92,377	3,359	28	3,359		44,649	13
14	CARPET				8,269		7			8,269	14
15	ENTRANCE SIGN				1,621	96	15	96		1,190	15
16	SEE PAGE 5 CONTINUED				228,228	12,470		14,240	1,770	139,926	16
17	TOTAL (lines 1 thru 16)				$ 1,773,579	$ 67,088		$ 68,858	$ 1,770	$ 1,143,686	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	$ 1,833	$ 2,141	308	9	$ 122,022	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	$ 130,695	$ 1,833	$ 2,141	308		$ 122,022	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: 1/1/2015** **Ending: 6/30/2015**

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	648	1
2	LOCKS	2008	4,386	259	15	292	33	2,703	2
3	SMOKE DETECTORS	2008	19,522	1,153	15	1,302	149	12,029	3
4	FIRE DOORS	2008	7,843	463	15	523	60	4,833	4
5	FLOORING	2009	700	0	7	0	0	700	5
6	WASHERS AND DRYERS	2007	3,685	0	7	0	0	3,685	6
7	PLASMA TV	2009	1,050	0	3	0	0	1,050	7
8	A/C CONDENSOR	2009	1,020	0	7	0	0	1,020	8
9	ICE MACHINE	2009	2,295	0	7	0	0	2,295	9
10	WATER HEATER	2009	4,628	0	7	0	0	4,628	10
11	PARKING LOT	1997	31,223	0	15	0	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	2,845	15
16	SLF ASSESSMENT	2008	9,879	583	15	583	0	6,088	16
17	DELL COMPUTER	2008	728		5		0	728	17
18	FLOORING	2010	940	0	5	0	0	940	18
19	WHIRLPOOL	2010	8,841	789	7	789	0	8,446	19
20	FLOORING	2010	853	0	5	0	0	853	20
21	AWNING	2010	2,030	127	15	135	8	1,011	21
22	EROSION CONTROL	2010	7,195	480	15	480	0	3,584	22
23	FLOORING	2010	1,467	0	5	0	0	1,467	23
24	FLOORING-DINING ROOM AND FRONT ACTIVITY	2013	5,801	828	7	828	0	2,072	24
25	ROOF REPAIRS AROUND ELEVATOR	2013	12,980	865	15	865	0	2,668	25
26	ELEVATOR REPAIRS	2014	11,464	819	7	1,638	819	3,276	26
27	LOCKS AND KEYS	2014	2,633	376	7	376	0	940	27
28	APARTMENT FLOORING	2014	1,622	232	7	232	0	579	28
29	APARTMENT FURNACE	2014	1,422	203	7	203	0	491	29
30	APARTMENT FLOORING	2014	1,379	197	7	197	0	427	30
31	AIR CONDITIONER	2014	1,327	174	7	174	0	348	31
32	ELEVATOR REPAIRS	2014	9,171	655	7	655	0	1,310	32
33	APARTMENT FLOORING	2015	2,019	144	7	144	0	433	33
34	APARTMENT FLOORING	2015	1,739	104	7	104	0	352	34
35	REPLACED COMPRESSOR	2015	1,584	104	7	226	122	339	35
36	SNOWBLOWER	2015	917	113	7	131	18	186	36
37	PLOW TRUCK ACCESSORIES	2015	2,063	74	7	294	220	74	37
38	WIRELESS CALL SYSTEM	2015	28,033	3,671	7	4,005	334	3,671	38
	TOTAL FOR LINE 16 ON PAGE 5		$ 228,228	$ 12,470		$ 14,240	$ 1,770	$ 139,926	

Facility Name: Pinnacle Place **Report Period Beginning:** 7/1/2015 **Ending:** 5/30/2016

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 Name of Lender	2 Related** YES	2 Related** NO	3 Purpose of Loan	4 Date of Note	6 Amount of Note Original	6 Amount of Note Balance	7 Maturity Date	8 Interest Rate (4 Digits)	9 Reporting Period Int. Expense	
	A. Directly Facility Related										
	Long-Term										
1	MIDLAND STATES BANK		X	MORTGAGE	7/27/07	$ 744,497	$ 494,651	2/27/28	3.7700	$ 20,079	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					$ 744,497	$ 494,651			$ 20,079	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$ 744,497	$ 494,651			$ 20,079	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:** 7/1/2015 **Ending:** 6/30/2016

XI. BALANCE SHEET - Unrestricted Operating Fund. **As of** 6/30/2016 **(last day of reporting year)**

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 2,286	$ 2,286	1
2	Cash-Patient Deposits	2,582	2,582	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	43,047	43,047	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	13,334	13,334	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	(9,211)	(9,211)	8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 52,038	$ 52,038	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	1,773,579	1,773,579	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	130,695	130,695	16
17	Accumulated Depreciation (book methods)	(1,265,708)	(1,265,708)	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)**	$ 678,566	$ 678,566	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 730,604	$ 730,604	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 21,000	$ 21,000	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	2,100	2,100	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			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)**	$ 32,600	$ 32,600	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	494,651	494,651	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)**	$ 494,651	$ 494,651	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 527,251	$ 527,251	45
46	**TOTAL EQUITY**	$ 203,353	$ 203,353	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 730,604	$ 730,604	47

***(See instructions.)**

Facility Name: Pinnacle Place **Report Period Beginning: 7/1/2015 Ending: 6/30/2016**

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

	I. Revenue	1 Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	$ 551,047	1
2	Discounts and Allowances		2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 551,047	3
	B. Other Operating Revenue		
4	Special Services		4
5	Other Health Care Services	3,795	5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals	82	9
10	Laundry		10
11	**SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)**	$ 3,877	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)**	$ 554,924	18

	II. Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	181,388	19
20	Health Care/ Personal Care	139,693	20
21	General Administration	161,224	21
	B. Capital Expense		
22	Ownership	97,323	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)**	$ 579,628	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ (24,704)	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ (24,704)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	$ 272,934	32
33	Private Pay - Net Inpatient Revenue	269,261	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) **Food Stamps**	8,852	35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	$ 551,047	37