

		FOR BHF USE			

LL2

Supportive Living Facility

**2008
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2008)**

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 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: 23-7136038

Date Current Owners were Certified: June, 30 2008

Type of Ownership:

<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL
<input 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 _____	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Other _____
	<input type="checkbox"/> "Sub-S" Corp.	_____
	<input type="checkbox"/> Limited Liability Co.	_____
	<input type="checkbox"/> Trust	
	<input type="checkbox"/> 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 06/30/2008 to 12/31/2008 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) Milton Rue

(Title) CFO

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: Milton Rue Telephone Number: (815) 778-3610
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: 06/30/2008 Ending: 12/31/2008

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	3,515	1
2	2	Double Unit Apartment	2	370	2
3		Other			3
4	21	TOTALS	21	3,885	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	647	2,438		3,085	5
6	Double Unit		248		248	6
7	Other					7
8	TOTALS	647	2,686		3,333	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 85.79%

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

0 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

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)

N/A

H. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/08 Fiscal Year: 12/31/08

* 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:

06/30/2008

Ending: 12/31/2008

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		23,471	900	24,371		24,371	1
2	Housekeeping, Laundry and Maintenance	39,339	15,005	40,500	94,844		94,844	2
3	Heat and Other Utilities			17,520	17,520		17,520	3
4	Other (specify):							4
5	TOTAL General Services	39,339	38,475	58,920	136,735		136,735	5
B. Health Care and Programs								
6	Health Care/ Personal Care		354	54,846	55,200		55,200	6
7	Activities and Social Services		203		203		203	7
8	Other (specify):							8
9	TOTAL Health Care and Programs		557	54,846	55,403		55,403	9
C. General Administration								
10	Administrative and Clerical		1,099	3,672	4,771	(1,945)	2,826	10
11	Marketing Materials, Promotions and Advertising		3,352		3,352		3,352	11
12	Employee Benefits and Payroll Taxes	4,451			4,451		4,451	12
13	Insurance-Property, Liability and Malpractice			5,364	5,364		5,364	13
14	Other (specify): Dues & Subscriptions/Seminar			2,000	2,000		2,000	14
15	TOTAL General Administration	4,451	4,451	11,036	19,938	(1,945)	17,993	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	43,790	43,483	124,803	212,076	(1,945)	210,131	16
Capital Expenses								
D. Ownership								
17	Depreciation			32,170	32,170	(243)	31,927	17
18	Interest			18,194	18,194		18,194	18
19	Real Estate Taxes			9,178	9,178		9,178	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):							22
23	TOTAL Ownership			59,542	59,542	(243)	59,299	23
24	GRAND TOTAL (Sum of lines 16 and 23)	43,790	43,483	184,345	271,618	(2,188)	269,430	24

Facility Name: Pinnacle Place

Report Period Beginning 06/30/2008

Ending:

12/31/2008

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 18.72	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants			3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants			7
8	Dishwashers			8
9	Maintenance Workers	1	10.98	9
10	Housekeepers	1	8.95	10
11	Laundry			11
12	Managers	1	20.00	12
13	Other Administrative			13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	4	\$	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	Amcore Bank	99%	0	\$ -27,721	1	
2	Winning Wheels, Inc	1%	0	-2,365	2	
3					3	
4					4	
5					5	
				Total	\$ -30086	6

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, Inc		Prophetstown	
Big Meadows, Inc.		Savanna	
American Health Ent.		Lyndon	
Winning Wheels Day Treatment		Lyndon	

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5

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. (B) Management fees paid to unrelated parties

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

Facility Name: Pinnacle Place

Report Period Beginning:

06/30/2008

Ending:

12/31/2008

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		Jul-97		\$ 1,155,267	\$ 20,871	27	\$ 21,005	\$ 134	\$ 470,859	1
2											2
3											3
4											4
5											5
Improvement Type											
6		BUILDING ADDITION		1998	16,500	300	27	300		6,575	6
7		WATER HEATER		2002	3,357	52	39	43	(9)	755	7
8		SEAL PARKING LOT		2002	6,240	184	15	208	24	3,108	8
9		CHIMNEY CAPS		2003	984	18	27	18		204	9
10		TUCK POINT		2003	128,000	2,327	27	2,327		25,794	10
11		REMODEL BATH		2003	24,893	453	27	453		4,941	11
12		ROOF		2003	92,377	1,680	27	1,680		17,776	12
13		CARPET		2006	8,269	723	7	591	(132)	4,653	13
14		ENTRANCE SIGN		2006	1,621	69	15	54	(15)	374	14
15		ASBESTOS REMOVAL		2007	960	46	15	32	(14)	139	15
16		SEE SCHEDULE I			112,096	5,045		4,717	(328)	44,036	16
17		TOTAL (lines 1 thru 16)			\$ 1,550,564	\$ 31,768		\$ 31,428	\$ (340)	\$ 579,214	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	\$ 71,704	\$ 402	\$ 499	97	7	\$ 70,189	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 71,704	\$ 402	\$ 499	97		\$ 70,189	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	Furniture and Fixtures	\$ -	\$ -	\$ -	21
22	Sitework	-	-	-	22
23	Wheels Assets	-	-	-	23
24	TOTALS (lines 21, 22 and 23)	\$ -	\$ -	\$ -	24

Facility Name: Pinnacle Place

Report Period Beginning: 06/30/2008

Ending: 2/31/2008

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

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	AMCORE			MORTGAGE	/ /	\$ 744,498	\$ 717,816	/ /	0.0592	\$ 18,194
2					/ /			/ /		
3					/ /			/ /		
	Working Capital									
4					/ /			/ /		
5					/ /			/ /		
6					/ /			/ /		
7	TOTAL Facility Related					\$ 744,498	\$ 717,816			\$ 18,194
	B. Non-Facility Related									
8					/ /			/ /		
9					/ /			/ /		
10	TOTALS (lines 7, 8 and 9)					\$ 744,498	\$ 717,816			\$ 18,194

* 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: 06/30/2008

Ending:

12/31/2008

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2008

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 21,390	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	34,823		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)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 56,213	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	40,000		13
14	Buildings, at Historical Cost	1,470,218		14
15	Leasehold Improvements, at Historical Cost	80,345		15
16	Equipment, at Historical Cost	71,703		16
17	Accumulated Depreciation (book methods)	(649,403)		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):	10,367		22
23	Other(specify):	(315,805)		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 707,425	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 763,638	\$	25

*(See instructions.)

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 142,211	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	5,698		28
29	Short-Term Notes Payable	23,019		29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable	9,257		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)	\$ 180,185	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	694,797		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)	\$ 694,797	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 874,982	\$	45
46	TOTAL EQUITY	\$ (111,344)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 763,638	\$	47

Facility Name: Pinnacle Place

Report Period Beginning: 06/30/2008

Ending:

12/31/2008

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	\$ 154,643	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 154,643	3
	B. Other Operating Revenue		
4	Special Services	2,701	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	80	8
9	Non-Resident Meals	18	9
10	Laundry	62	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 2,861	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	Rent	63,071	15
16	Misc. Income adjustment	20,958	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 84,029	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 241,532	18

		2	
	Expenses	Amount	
	A. Operating Expenses		
19	General Services	136,735	19
20	Health Care/ Personal Care	55,403	20
21	General Administration	19,938	21
	B. Capital Expense		
22	Ownership	27,372	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify): resident cable		25
26	Depreciation	32,170	26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 271,618	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (30,086)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (30,086)	31

Page 3 IV. Cost Center Expenses			
C.			
#14 Column 3	1491	Dues and subscriptions	
	509	Seminar	
	2000	Total	
Page 3 IV. Cost Center Expenses			
C.			
#10 Column 5	-1945	Cable TV	
#17 Column 5	-243	Adjust to straight line depreciation	
	-2188	Total	

Page 4 VII. Related Organizations						
C.	43,790	Winning Wheels Day Treatment				
	54,846	Big Meadows				
	98,636	Resident Care - Contracted employees to cover services provided to residents				

Page 5 VIII. OWNERSHIP COSTS																
B.																
SCHEDULE I	1	Improvement Type	2	Year	3	Year	4	Current Book	5	Life	6	Straight Line	7	8	9	Accumulated
				Acquired		Constructed	Cost	Depreciation		in Years		Depreciation		Adjustments		Depreciation
# 16		LOCKS		2008			4,386	219		15		146		(73)		219
		SMOKE DETECTORS		2008			19522	976		15		651		(325)		976
		FIRE DOORS		2008			7843	392		15		261		(131)		392
		FURNITURE & FIXTURES		2007			3685	451		7		263		(188)		1429
		SITework		1997			31223	922		15		1041		119		24770
		REFRIGERATOR		2004			2799	125		7		200		75		2174
		WATER HEATER		2004			4214	188		7		301		113		3274
		NURSE CALL SYSTEM		2005			24972	1249		10		1249		0		8740
		ZENITH TV		2005			2845	203		7		203		0		1423
		SLF ASSESSMENT		2008			9879	247		15		329		82		494
		DELL COMPUTER		2008			728	73		5		73		0		145
							112,096	5,045				4,717		(328)		44,036

Page 5 VIII. OWNERSHIP COSTS								
B.								
#1	134	Adjust to straight line depreciation						
#7	-9	Adjust to straight line depreciation						
#8	24	Adjust to straight line depreciation						
#13	-132	Adjust to straight line depreciation						
#14	-15	Adjust to straight line depreciation						
#15	-14	Adjust to straight line depreciation						
#16	-328	Adjust to straight line depreciation						
	-340							
Page 5 VIII. OWNERSHIP COSTS								
C.								
#18	97	Adjust to straight line depreciation						

Page 7 XI. Balance Sheet		
B.		
#22	9061	Non-depreciable asset
	1306	Loan fees
	10367	
#23	1185	All pre-paids
	-220025	Due to/from Winning Wheels
	-96965	Due to/from Winning Wheels Day Treatment
	-315805	