

		FOR BHF USE			

LL2

Supportive Living Facility

**2018
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2018)**

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.

<p>I. Facility ID Number: <u>1000100</u></p> <p>Facility Name: <u>Pinnacle Place</u></p> <hr/> <p>Address: <u>1125 North 5th St</u> <u>Savanna</u> <u>61074</u></p> <p align="center">Number City Zip Code</p> <p>County: <u>Carroll</u></p> <p>Telephone Number: (<u>815-273-2105</u> Fax # <u>815 778-4503</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>6/30/2008</u></p> <p>Type of Ownership:</p> <table border="0" style="width:100%"> <tr> <td><input checked="" type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input checked="" type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td>IRS Exemption Code _____</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> "Sub-S" Corp.</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Limited Liability Co.</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p>In the event there are further questions about this report, please contact:</p> <p>Name: <u>Robin Landis</u> Telephone Number: <u>815 778-3683</u></p> <p>Email Address: _____</p>	<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 _____	<input 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 _____		<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>07/01/2017</u> to <u>06/30/2018</u> 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.</p> <p align="center">Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table border="1" style="width:100%"> <tr> <td rowspan="2" style="width:20%; vertical-align: top;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td>(Type or Print Name) <u>Robin Landis</u></td> <td></td> </tr> <tr> <td></td> <td>(Title) <u>CFO</u></td> <td></td> </tr> </table> <table border="1" style="width:100%"> <tr> <td rowspan="4" style="width:20%; vertical-align: top;">Paid Preparer</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td>(Print Name and Title) _____</td> <td></td> </tr> <tr> <td>(Firm Name & Address) _____</td> <td></td> </tr> <tr> <td>(Telephone) (_____) _____ Fax # (_____) _____</td> <td></td> </tr> </table> <p align="right">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</p>	Officer or Administrator of Provider	(Signed) _____	(Date) _____	(Type or Print Name) <u>Robin Landis</u>			(Title) <u>CFO</u>		Paid Preparer	(Signed) _____	(Date) _____	(Print Name and Title) _____		(Firm Name & Address) _____		(Telephone) (_____) _____ Fax # (_____) _____	
<input checked="" type="checkbox"/> VOLUNTARY, NON-PROFIT	<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																																								
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	(Telephone) (_____) _____ Fax # (_____) _____																																									

Facility Name Pinnacle Place

Report Period Beginning: 07/01/2017 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	19	Single Unit Apartment	19	6,935	1
2	2	Double Unit Apartment	2	730	2
3		Other			3
4	21	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	1,639	4,251		5,890	5
6	Double Unit	730			730	6
7	Other					7
8	TOTALS	2,369	4,251		6,620	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 86.37%

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

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 06/30/18 Fiscal Year: 06/30/18

* 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.

Facility Name: Pinnacle Place

Report Period Beginning:

07/01/2017

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	36,056	47,756	1,693	85,505		85,505	1
2	Housekeeping, Laundry and Maintenance	22,829	6,139	20,105	49,073		49,073	2
3	Heat and Other Utilities			50,625	50,625	(6,200)	44,425	3
4	Other (specify):							4
5	TOTAL General Services	58,885	53,895	72,423	185,203	(6,200)	179,003	5
B. Health Care and Programs								
6	Health Care/ Personal Care	152,479	337		152,816		152,816	6
7	Activities and Social Services							7
8	Other (specify):							8
9	TOTAL Health Care and Programs	152,479	337		152,816		152,816	9
C. General Administration								
10	Administrative and Clerical	39,638	536	81,500	121,674		121,674	10
11	Marketing Materials, Promotions and Advertising			12,657	12,657		12,657	11
12	Employee Benefits and Payroll Taxes			42,937	42,937	944	43,881	12
13	Insurance-Property, Liability and Malpractice			9,405	9,405		9,405	13
14	Other (specify):							14
15	TOTAL General Administration	39,638	536	146,499	186,673	944	187,617	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	251,002	54,768	218,922	524,692	(5,256)	519,436	16
Capital Expenses								
D. Ownership								
17	Depreciation			71,472	71,472	1,800	73,272	17
18	Interest			20,386	20,386		20,386	18
19	Real Estate Taxes			9,428	9,428		9,428	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):							22
23	TOTAL Ownership			101,286	101,286	1,800	103,086	23
24	GRAND TOTAL (Sum of lines 16 and 23)	251,002	54,768	320,208	625,978	(3,456)	622,522	24

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

2018 COST REPORT

SCHEDULE OF RECLASSIFICATION
Page 3, Scheudle IV

	<u>D</u>	<u>C</u>
Line #		
3 Remove resident room portion of cable TV		\$ 6,200
10 Adjustment for related orgs	\$ (3,967)	
	\$ -	
12 Organizational costs	\$ 944	
17 Adjust to straightline Depr	\$ 1,762	
	\$ (1,261)	\$ 6,200

Facility Name: Pinnacle Place

Report Period Beginning: 07/01/2017

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	5.84	12.56	3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook	1.59	10.88	6
7	Cook Helpers/Assistants			7
8	Dishwashers			8
9	Maintenance Workers	0.96	11.46	9
10	Housekeepers			10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.17	16.28	13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	9.56	\$ 12.80	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 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).

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

2018 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	81,500		-81,500
10	American Health Enterprises 501 6th Ave. W., Lyndon, IL 61261	Manager salary		60,025	60,025
10	American Health Enterprises 501 6th Ave. W., Lyndon, IL 61261	Home office salaries		8,244	8,244
12	American Health Enterprises 501 6th Ave. W., Lyndon, IL 61261	Employee benefits		8,554	8,554
10	American Health Enterprises 501 6th Ave. W., Lyndon, IL 61261	Home office costs		710	710
	Total Difference: Adjustment for Related Organization Cost				-3,967

Facility Name: Pinnacle Place

Report Period Beginning:

07/01/2017

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	\$	\$ 890,956	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	600	-	12,575	7
8		WATER HEATER	2002		3,357	78	39	78	-	1,612	8
9		SEAL PARKING LOT	2002		6,240	-	15		-	6,240	9
10		CHIMNEY CAPS	2003		984	36	28	36	-	562	10
11		TUCK POINTING	2003		128,000	4,655	28	4,655	-	72,339	11
12		REMODEL BATH	2003		24,893	905	28	905	-	13,993	12
13		ROOF	2003		92,377	3,359	28	3,359	-	51,367	13
14		CARPET	2006		8,269		7		-	8,269	14
15		ENTRANCE SIGN	2006		1,621	96	15	96	-	1,381	15
16		CONTINUES ON PAGE 5			234,818	12,809		14,609	1,800	169,902	16
17		TOTAL (lines 1 thru 16)			\$ 1,780,169	\$ 64,548		\$ 66,348	\$ 1,800	\$ 1,229,196	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	\$ 5,124	\$ 5,124	\$	9	\$ 129,096	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 143,272	\$ 5,124	\$ 5,124	\$		\$ 129,096	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: 7/1/2017

Ending: 6/30/2018

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

		3	4	5	6	7	8	9	
		Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	ASBESTOS REMOVAL	2007	960	57	15	64	7	762	1
2	LOCKS	2008	4,386	259	15	292	33	3,221	2
3	SMOKE DETECTORS	2008	19,522	1,153	15	1,301	148	14,335	3
4	FIRE DOORS	2008	7,843	463	15	523	60	5,759	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	7,254	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	1,131	21
22	EROSION CONTROL	2010	7,195	425	15	425	0	4,433	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	3,729	24
25	ROOF REPAIRS AROUND ELEVATOR	2013	12,980	865	15	865	0	4,399	25
26	ELEVATOR REPAIRS	2014	11,464	819	7	1,638	819	4,914	26
27	LOCKS AND KEYS	2014	2,633	376	7	376	0	1,693	27
28	APARTMENT FLOORING	2014	1,622	232	7	232	(0)	1,042	28
29	APARTMENT FURNACE	2014	1,422	203	7	203	0	897	29
30	APARTMENT FLOORING	2014	1,379	197	7	197	0	821	30
31	AIR CONDITIONER	2014	1,327	174	7	174	0	742	31
32	ELEVATOR REPAIRS	2014	9,171	655	7	655	0	4,586	32
33	APARTMENT FLOORING	2015	2,019	144	7	144	0	1,009	33
34	APARTMENT FLOORING	2015	1,739	104	7	104	0	849	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	11,680	38
39	WATER HEATER	2016	5,000	1,000	5	1,000	0	2,000	39
40	CARPET UNIT 205	2017	1,590	189	7	227	38	189	40
41							0		41
	TOTAL FOR LINE 16 ON PAGE 5		\$ 234,818	\$ 12,809		\$ 14,609	\$ 1,800	\$ 169,902	

xx

Facility Name: Pinnacle Place

Report Period Beginning: 07/01/2017

Ending: 06/30/2018

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	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	X		MORTGAGE	7/27/07	\$ 744,497	\$ 435,432	2/27/28	3.7700	\$ 18,633
2					/ /			/ /		
3					/ /			/ /		
	Working Capital									
4					/ /			/ /		
5					/ /			/ /		
6					/ /			/ /		
7	TOTAL Facility Related					\$ 744,497	\$ 435,432			\$ 18,633
	B. Non-Facility Related									
8					/ /			/ /		
9					/ /			/ /		
10	TOTALS (lines 7, 8 and 9)					\$ 744,497	\$ 435,432			\$ 18,633

* 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: 07/01/2017

Ending:

06/30/2018

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 06/30/2018

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,000	\$	1
2	Cash-Patient Deposits	3,484		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	46,883		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	4,908		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	(45,773)		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 10,502	\$	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	1,780,169		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	143,272		16
17	Accumulated Depreciation (book methods)	(1,358,292)		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)	\$ 605,149	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 615,651	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 21,050	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	2,449		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable	9,437		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)	\$ 32,936	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	435,432		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)	\$ 435,432	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 468,368	\$	45
46	TOTAL EQUITY	\$ 147,283	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 615,651	\$	47

*(See instructions.)

Facility Name: Pinnacle Place

Report Period Beginning: 07/01/2017

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	\$ 603,207	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 603,207	3
B. Other Operating Revenue			
4	Special Services		4
5	Other Health Care Services	1,435	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)	\$ 1,435	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	1,677	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 1,677	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 606,319	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	179,003	19
20	Health Care/ Personal Care	152,816	20
21	General Administration	187,617	21
B. Capital Expense			
22	Ownership	103,086	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)	\$ 622,522	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (16,203)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (16,203)	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 240,097	32
33	Private Pay - Net Inpatient Revenue	350,611	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) FOOD STAMPS	12,499	35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 603,207	37