

		FOR BHF USE			

LL2

Supportive Living Facility

**2011
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2011)**

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> <p>Address: <u>1125 N. 5TH STREET</u> <u>SAVANNA</u> <u>61074</u> <small>Number City Zip Code</small></p> <p>County: <u>CARROLL</u></p> <p>Telephone Number: (<u>815</u>) <u>273-2105</u> Fax # <u>815 778-4503</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>06/30/2008</u></p> <p>Type of Ownership:</p> <table 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 <u>501(C)3</u></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: Name: <u>MILT RUE</u> Telephone Number: (<u>815</u>) <u>778-3683</u> 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 <u>501(C)3</u>	<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>01/01/2011</u> to <u>12/31/2011</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>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table style="width:100%"> <tr> <td style="width:30%; vertical-align: top;"> Officer or Administrator of Provider </td> <td> (Signed) _____ (Type or Print Name) <u>MILT RUE</u> (Title) <u>CHIEF FINANCIAL OFFICER</u> </td> </tr> <tr> <td style="vertical-align: top;"> Paid Preparer </td> <td> (Signed) _____ (Date) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) () _____ Fax # () _____ </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) _____ (Type or Print Name) <u>MILT RUE</u> (Title) <u>CHIEF FINANCIAL OFFICER</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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Paid Preparer	(Signed) _____ (Date) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) () _____ Fax # () _____																												

Facility Name PINNACLE PLACE

Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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		244	3
4	21	TOTALS	21	7,909	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	159	3,356		3,515	5
6	Double Unit	306	354		660	6
7	Other		244		244	7
8	TOTALS	465	3,954		4,419	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 55.87%

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. 203 (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: 12/31/2011 Fiscal Year: 12/31/2011

* 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:

01/01/2011

Ending: 12/31/2011

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	42,447	36,820	1,763	81,030		81,030	1
2	Housekeeping, Laundry and Maintenance	34,024	11,171		45,195	23,848	69,043	2
3	Heat and Other Utilities					38,142	38,142	3
4	Other (specify): WASTE REMOVAL					1,170	1,170	4
5	TOTAL General Services	76,471	47,991	1,763	126,225	63,160	189,385	5
B. Health Care and Programs								
6	Health Care/ Personal Care	134,254	3,760		138,014		138,014	6
7	Activities and Social Services		557		557		557	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	134,254	4,317		138,571		138,571	9
C. General Administration								
10	Administrative and Clerical	15,573	2,187	46,387	64,147	22,026	86,173	10
11	Marketing Materials, Promotions and Advertising			20,126	20,126		20,126	11
12	Employee Benefits and Payroll Taxes			30,823	30,823	8,815	39,638	12
13	Insurance-Property, Liability and Malpractice					10,910	10,910	13
14	Other (specify): SEE PG3 SUPPORT			4,423	4,423		4,423	14
15	TOTAL General Administration	15,573	2,187	101,759	119,519	41,751	161,270	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	226,298	54,495	103,522	384,315	104,911	489,226	16
Capital Expenses								
D. Ownership								
17	Depreciation			8,197	8,197	58,836	67,033	17
18	Interest					39,305	39,305	18
19	Real Estate Taxes					9,432	9,432	19
20	Rent -- Facility and Grounds			84,748	84,748	(84,748)		20
21	Rent -- Equipment							21
22	Other (specify):							22
23	TOTAL Ownership			92,945	92,945	22,825	115,770	23
24	GRAND TOTAL (Sum of lines 16 and 23)	226,298	54,495	196,467	477,260	127,736	604,996	24

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

2011 Cost Report

SCHEDULE OF PAGE 3, LINE 14 - OTHER

Column 3	Dues and Subscriptions	\$ 2,017
	Seminars	\$ 2,406
		\$ 4,423

SCHEDULE OF RECLASSIFICATIONS

Page 3, Schedule IV

Line #		DR.	CR.
3	REMOVE RESIDENT ROOM PORTION OF CABLE TV		\$ 4,409
3	TRANSFER WASTE REMOVAL		\$ 1,170
4	FROM UTILITIES TO OTHER	\$ 1,170	
10	ADJUSTMENT FOR RELATED	\$ 22,026	
12	ORGANIZATION COSTS	\$ 8,815	
20			\$ 84,748
2		\$ 23,848	
3		\$ 43,721	
13		\$ 10,910	
17		\$ 59,356	
18		\$ 39,305	
19		\$ 9,432	
17	ADJUST TO STRAIGHT LINE DEPRECIATION		\$ 520

Facility Name: PINNACLE PLACE

Report Period Beginning 01/01/2011 Ending: 12/31/2011

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.35	\$ 20.69	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	4.89	11.73	3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook	2.10	9.70	6
7	Cook Helpers/Assistants			7
8	Dishwashers			8
9	Maintenance Workers	1.03	12.20	9
10	Housekeepers	0.41	9.27	10
11	Laundry			11
12	Managers	1.00	26.49	12
13	Other Administrative	1.00	13.51	13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	10.78	\$ 11.74	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 C/O FDIC	99%		\$ -35,304	1
2	WINNING WHEELS INC	1%		-216,116	2
3	AL'S PLACE LIMITED PARTNERSHIP	0%		84,748	3
4					4
5					5
Total				\$ -166,672	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 INC		PROPHETSTOWN	
STRIVE		PROPHETSTOWN	

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
FRONTIER HOLLOW APARTMENTS		PROPHETSTOWN		INDEPENDENT	
AL'S PLACE LIMITED PARTNERSHIP		LYNDON		LIVING FACILITY	
				REAL ESTATE	

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

DUPLICATE OF RELATED ORGANIZATION COSTS

Schedule VII, Question C

Related Organization	Nature of Expense	Cost per General Ledger	Cost to Related Organization
American Health Enterprises 501 6th Ave. W., Lyndon, IL 61261	Administrative contract services	39,417	
American Health Enterprises 501 6th Ave. W., Lyndon, IL 61261	Manager salary		55,095
American Health Enterprises 501 6th Ave. W., Lyndon, IL 61261	Home office salaries		5,824
American Health Enterprises 501 6th Ave. W., Lyndon, IL 61261	Employee benefits		8,815
American Health Enterprises 501 6th Ave. W., Lyndon, IL 61261	Home office costs		524
Al's Place Limited Partnership 501 6th Ave. W., Lyndon, IL 61261	Rent Paid	84,748	
Al's Place Limited Partnership 501 6th Ave. W., Lyndon, IL 61261	Maintenance Supplies and Repairs & Maintenance		23,848
Al's Place Limited Partnership 501 6th Ave. W., Lyndon, IL 61261	Utilities		43,721
Al's Place Limited Partnership 501 6th Ave. W., Lyndon, IL 61261	Insurance		10,910
Al's Place Limited Partnership 501 6th Ave. W., Lyndon, IL 61261	Depreciation		59,356
Al's Place Limited Partnership 501 6th Ave. W., Lyndon, IL 61261	Interest		39,305
Al's Place Limited Partnership 501 6th Ave. W., Lyndon, IL 61261	Real Estate Taxes		9,432
Total Difference: Adjustment for Related Organization Cost			

Facility Name: PINNACLE PLACE

Report Period Beginning:

01/01/2011

Ending:

12/31/2011

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	\$	\$ 596,888	1
2											2
3											3
4											4
5											5
Improvement Type											
6		BUILDING ADDITION		1998	16,500	600	28	600		8,375	6
7		WATER HEATER		2002	3,357	93	39	86	(7)	1,044	7
8		SEAL PARKING LOT		2002	6,240	368	15	416	48	4,213	8
9		CHIMNEY CAPS		2003	984	36	28	36		312	9
10		TUCK POINT		2003	128,000	4,655	28	4,655		39,758	10
11		REMODEL BATH		2003	24,893	905	28	905		7,657	11
12		ROOF		2003	92,377	3,359	28	3,359		27,853	12
13		CARPET		2006	8,269	738	7	1,181	443	7,162	13
14		ENTRANCE SIGN		2006	1,621	101	15	108	7	712	14
15		ASBESTOS REMOVAL		2007	960	66	15	64	(2)	362	15
16		SEE PAGE 5 SUPPORT			143,114	14,431		13,549	(882)	84,746	16
17		TOTAL (lines 1 thru 16)			\$ 1,581,582	\$ 67,362		\$ 66,969	\$ (393)	\$ 779,082	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	\$ 73,429	\$ 693	\$ 566	(127)	5	\$ 72,459	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 73,429	\$ 693	\$ 566	(127)		\$ 72,459	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:

01/01/2011

Ending:

12/31/2011

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	LOCKS	2008	4,386	338	15	292	(46)	1,349	1
2	SMOKE DETECTORS	2008	19,522	1,502	15	1,301	(201)	6,002	2
3	FIRE DOORS	2008	7,843	604	15	523	(81)	2,411	3
4	FLOORING	2009	700	122	7	100	(22)	394	4
5	WASHERS AND DRYERS	2007	3,685	329	7	526	197	2,863	5
6	PLASMA TV	2009	1,050	156	3	350	194	972	6
7	A/C CONDENSOR	2009	1,020	179	7	146	(33)	574	7
8	ICE MACHINE	2009	2,295	401	7	328	(73)	1,291	8
9	WATER HEATER	2009	4,628	810	7	661	(149)	2,604	9
10	PARKING LOT	1997	31,223	1,844	15	2,082	238	30,301	10
11	REFRIGERATOR	2004	2,799	125	7	400	275	2,799	11
12	WATER HEATER	2004	4,214	188	7	602	414	4,214	12
13	NURSE CALL SYSTEM	2005	24,971	2,497	10	2,497		16,231	13
14	ZENITH TV	2005	2,845	407	7	406	(1)	2,642	14
15	SLF ASSESSMENT	2008	9,879	760	15	659	(101)	3,037	15
16	DELL COMPUTER	2008	728	84	5	146	62	602	16
17	FLOORING	2010	940	301	5	188	(113)	489	17
18	WHIRLPOOL	2010	8,841	2,165	7	1,263	(902)	3,428	18
19	FLOORING	2010	853	273	5	171	(102)	443	19
20	AWNING	2010	2,030	193	15	135	(58)	294	20
21	EROSION CONTROL	2010	7,195	684	15	480	(204)	1,043	21
22	FLOORING	2010	1,467	469	5	293	(176)	763	22
23									23
24									24
25									25
	TOTAL FOR LINE 16 ON PAGE 5		\$ 143,114	\$ 14,431		\$ 13,549	\$ (882)	\$ 84,746	

Facility Name: PINNACLE PLACE

Report Period Beginning: 01/01/2011

Ending: 2/31/2011

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: AL'S PLACE LIMITED PARTNERSHIP

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	1998	21	1/27/1998	\$ 84,748	30		3
4	Additions			/ /				4
5				/ /				5
6				/ /				6
7	TOTAL		21		\$ 84,748			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		3	4	6		7	8	9	
			Related**	YES			NO	Amount of Note				
		A. Directly Facility Related										
		Long-Term										
1		MIDLAND STATES BANK		X	MORTGAGE ON THE BUILDING	7/27/07	\$ 744,498	\$ 645,931	11/27/27	0.0592	\$ 39,305	1
2						/ /			/ /			2
3						/ /			/ /			3
		Working Capital										
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		TOTAL Facility Related					\$ 744,498	\$ 645,931			\$ 39,305	7
		B. Non-Facility Related										
8						/ /			/ /			8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$ 744,498	\$ 645,931			\$ 39,305	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: 01/01/2011

Ending:

12/31/2011

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2011

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 24,862	\$ 24,862	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	23,306	23,306	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	3,431	3,431	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)	\$ 51,599	\$ 51,599	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	1,470,919	1,470,919	14
15	Leasehold Improvements, at Historical Cost	110,663	110,663	15
16	Equipment, at Historical Cost	73,429	73,429	16
17	Accumulated Depreciation (book methods)	(851,541)	(851,541)	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): NON-DEPRECIABLE ASSET	9,061	9,061	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 852,531	\$ 852,531	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 904,130	\$ 904,130	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 77,760	\$ 77,760	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	424,080	424,080	29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable	9,257	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)	\$ 511,097	\$ 511,097	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	645,931	645,931	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)	\$ 645,931	\$ 645,931	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 1,157,028	\$ 1,157,028	45
46	TOTAL EQUITY	\$ (252,898)	\$ (252,898)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 904,130	\$ 904,130	47

*(See instructions.)

Facility Name: PINNACLE PLACE

Report Period Beginning: 01/01/2011

Ending:

12/31/2011

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	\$ 320,989	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 320,989	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	172	8
9	Non-Resident Meals	798	9
10	Laundry	5,704	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 6,674	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)	\$ 327,663	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	126,225	19
20	Health Care/ Personal Care	138,571	20
21	General Administration	119,519	21
B. Capital Expense			
22	Ownership	92,945	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)	\$ 477,260	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (149,597)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (149,597)	31