FOR BHF USE

LL2

Supportive Living Facility

2014
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2014)

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: 1000072

Facility Name: MAGNOLIA TERRACE

Address: 623 HAMACHER STREET (Number) WATERLOO (City) 62298 (Zip Code)

County: MONROE

Telephone Number: 618) 939-3488 **Fax #** 618)939-5030

Federal Employer ID Number:

Date Current Owners were Certified: 11/14/50

Type of Ownership:

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

In the event there are further questions about this report, please contact:
Name: Steve Lavenda **Telephone Number:** (847) 236 - 1111
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 12/01/2013 to 11/30/2014 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)
(Title)

Paid Preparer
(Signed) (Date)
(Print Name and Title) Steven N. Lavenda, C.P.A.
(Firm Name & Address) Frost, Ruttenberg & Rothblatt, P.C.
111 Pfingsten Road, Suite 300 Deerfield, IL 60015
(Telephone) (847) 236-1111 Fax (847) 236-1155

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 Magnolia Terrace Report Period Beginning: 12/1/2013 Ending: 11/30/2014

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days

Date of change in certified units N/A

	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	43	Single Unit Apartment	43	15,695	1
2	7	Double Unit Apartment	7	2,555	2
3		Other		1,840	3
4	50	TOTALS	50	20,090	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	7,038	7,326		14,364	5
6	Double Unit	726	2,749		3,475	6
7	Other					7
8	TOTALS	7,764	10,075		17,839	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 88.80%

D. Indicate the number of paid bed-hold days the SLF had during this year 247 **Also, indicate the number of unpaid bed-hold days the SLF had during this year.** none **(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 [X] 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 [X] MODIFIED CASH* [ ] CASH* [ ]

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

Tax Year: 11/30/2014 Fiscal Year: 11/30/2014

* 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: Magnolia Terrace **Report Period Beginning: 12/1/2013 Ending: 11/30/2014**

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

	Operating Expenses	Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage	Supplies	Other	Total			
	A. General Services	1	2	3	4	5	6	
1	Dietary and Food Purchase	103,634	97,733		201,367	(768)	200,599	1
2	Housekeeping, Laundry and Maintenance	77,306	20,812	42,433	140,551		140,551	2
3	Heat and Other Utilities			104,056	104,056		104,056	3
4	Other (specify):							4
5	**TOTAL General Services**	180,940	118,545	146,489	445,974	(768)	445,206	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	202,340	925		203,265		203,265	6
7	Activities and Social Services	56,622	11,832		68,454	(3,499)	64,955	7
8	Other (specify):							8
9	**TOTAL Health Care and Programs**	258,962	12,757		271,719	(3,499)	268,220	9
	C. General Administration							
10	Administrative and Clerical	105,593	4,592	361,616	471,801	(339,582)	132,219	10
11	Marketing Materials, Promotions and Advertising							11
12	Employee Benefits and Payroll Taxes		45	198,735	198,780		198,780	12
13	Insurance-Property, Liability and Malpractice			45,156	45,156		45,156	13
14	Other (specify):							14
15	**TOTAL General Administration**	105,593	4,637	605,507	715,737	(339,582)	376,155	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	545,495	135,939	751,996	1,433,430	(343,849)	1,089,581	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			15,551	15,551	98,566	114,117	17
18	Interest							18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			4,277	4,277		4,277	21
22	Other (specify): SNF	4,243,397	592,250	6,108,410	10,944,057	(10,944,057)		22
23	**TOTAL Ownership**	4,243,397	592,250	6,128,238	10,963,885	(10,845,491)	118,394	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	4,788,892	728,189	6,880,234	12,397,315	(11,189,340)	1,207,975	24

STATE OF ILLINOIS **Page 3A**

Magnolia Terrace

Report Period Beginning: **12/1/2013**
Ending: **11/30/2014**

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	$ 98,566	17	1
2	Advertising Facility Promotions	(2,788)	10	2
3	Advertising - Yellow Pages	(2,361)	10	3
4	Bad Debt	(7,942)	10	4
5	SNF Expenses	(10,944,057)	22	5
6	Misc. Expense (Income)	(2,630)	10	6
7	Vending in and out	(768)	01	7
8	Spirit Commitee Activity	(2,900)	07	8
9	Magnolia Terrace Activity	(599)	07	9
10	Public Relations	(6,231)	10	10
11	County Transfer	(317,630)	10	11
12				12
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100				100

101	**Total**	(11,189,340)		**101**

Facility Name: Magnolia Terrace Report Period Beginning 12/1/2013 Ending: 11/30/2014

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	0.61	21.23	2
3	Certified Nurse Assistants	5.70	14.79	3
4	Activity Director & Assistants	1.44	13.93	4
5	Social Service Workers	0.29	24.54	5
6	Head Cook			6
7	Cook Helpers/Assistants	4.80	10.39	7
8	Dishwashers			8
9	Maintenance Workers	1.77	12.89	9
10	Housekeepers	1.58	9.11	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.26	31.33	13
14	Clerical	1.15	9.86	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	18.59	$ 14.10	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	N/A			$	1
2					2
3					3
4					4
5					5
			Total	$	6

VI. (B) Management fees paid to unrelated parties

		Amount of Fee	
1	N/A	$	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				OTHER RELATED BUSINESS ENTITIES					
Name	1	City	2	Name	3	City	4	Type of Business	5
Oak Hill (SNF)		Waterloo, IL		Monroe County		Waterloo, IL		County	

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: N/A 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).

Facility Name: Magnolia Terrace **Report Period Beginning: 12/1/2013** **Ending: 11/30/2014**

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				2007	$ 7,707,025	$ 15,551	35	$ 106,469	$ 90,918	$ 851,752	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				88,234			4,476	4,476	12,120	6
7											7
8											8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				$ 7,795,259	$ 15,551		$ 110,945	$ 95,394	$ 863,872	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	$ 31,723	$	$ 3,172	3,172	10	$ 3,172	18
19	Vehicles					5	-	19
20	TOTAL (lines 18 and 19)	$ 31,723	$	$ 3,172	3,172		$ 3,172	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

Facility Name & ID Number Magnolia Terrace Report Period Beginning: 12/1/2013 Ending:

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	Ac De
1								
2	Light Fixtures	2007	1,644		20	82	82	
3	Laundry Room	2007	1,145		20	57	57	
4	Washer & Dryer	2007	1,280		20	128	128	
5	Panic Buttons	2007	1,342		20	67	67	
6	Window Tinting	2008	1,395		20	70	70	
7	Bird Aviary	2009	5,304		20	265	265	
8	Bt Floor- Dining Room Floor	2009	7,395		20	370	370	
9	Gazebo- Allocated To Slf	2011	10,851		20	543	543	
10	1St Floor Bathroom Flooring	2014	8,193		20	410	410	
11	Signage	2014	6,550		20	328	328	
12	Kitchen Plumbing	2014	43,136		20	2,157	2,157	
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34	TOTAL (lines 1 thru 33)		$ 88,234	$		$ 4,476	$ 4,476	$

**Improvement type must be detailed in order for the cost report to be considered complete.

9 ccumulated epreciation	
	1
740	2
458	3
1,024	4
537	5
488	6
1,591	7
2,219	8
2,170	9
410	10
328	11
2,157	12
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STATE OF ILLINOIS

Facility Name & ID Number Magnolia Terrace **Report Period Beginning:** 12/1/2013 **Ending:**

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	Ac De
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34	TOTAL (lines 1 thru 33)		$	$		$	$	$

****Improvement type must be detailed in order for the cost report to be considered complete.**

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STATE OF ILLINOIS

Facility Name & ID Number Magnolia Terrace **Report Period Beginning:** 12/1/2013 **Ending:**

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	Ac De
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34	TOTAL (lines 1 thru 33)		$	$		$	$	$

****Improvement type must be detailed in order for the cost report to be considered complete.**

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Facility Name: Magnolia Terrace **Report Period Beginning:** 12/1/2013 **Ending:** 1/30/2014

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? [ ] YES [X] 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? [X] YES [ ] NO

9. Rental amount for movable equipment $ 4,278

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	N/A				/ /	$	$	/ /		$	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					$	$			$	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$	$			$ -	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: Magnolia Terrace **Report Period Beginning:** 12/1/2013 **Ending:** 11/30/2014

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 11/30/2014 **(last day of reporting year)**

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 2,538,212	$	1
2	Cash-Patient Deposits	24,985		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	2,403,794		3
4	Supply Inventory (priced at)	58,180		4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	13,374		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 5,038,545	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	384,530		15
16	Equipment, at Historical Cost	652,355		16
17	Accumulated Depreciation (book methods)	(651,709)		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)**	$ 385,176	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 5,423,721	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 304,848	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	24,985		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	303,553		30
31	Accrued Taxes Payable	45,704		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	539,606		36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 1,218,696	$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable			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)**	$	$	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 1,218,696	$	45
46	**TOTAL EQUITY**	$ 4,205,025	$	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 5,423,721	$	47

***(See instructions.)**

Facility Name: Magnolia Terrace **Report Period Beginning: 12/1/2013 Ending: 11/30/2014**

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

	Revenue	1 Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	$ 1,790,782	1
2	Discounts and Allowances		2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 1,790,782	3
	B. Other Operating Revenue		
4	Special Services		4
5	Other Health Care Services	345	5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	6,800	8
9	Non-Resident Meals		9
10	Laundry		10
11	**SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)**	$ 7,145	11
	C. Non-Operating Revenue		
12	Contributions	171,765	12
13	Interest and Other Investment Income	10,608	13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$ 182,373	14
	D. Other Revenue (specify):		
15	**See Attached**	9,786,624	15
16			16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$ 9,786,624	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 11,766,924	18

	Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	445,974	19
20	Health Care/ Personal Care	271,719	20
21	General Administration	715,737	21
	B. Capital Expense		
22	Ownership	10,963,885	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)**	$ 12,397,315	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ (630,391)	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ (630,391)	31