FOR BHF USE

LL2

Supportive Living Facility

2017
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2017)

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: 11/14/1950

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: Steven N. Lavenda **Telephone Number:** (847) 282 - 6300
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 12/1/2016 to 11/30/2017 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)
** Subject to the attached Accountants' Consulting Report*
(Print Name and Title)
(Firm Name & Address) Marcum LLP, Nine Parkway North, Suite 200 Deerfield, IL 60015
(Telephone) (847) 282-6300 Fax (847) 282-6301

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: 12/1/2016 Ending: 11/30/2017

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		24	3
4	50	TOTALS	50	18,274	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	5,625	8,776		14,401	5
6	Double Unit	572	3,277		3,849	6
7	Other	8	16		24	7
8	TOTALS	6,205	12,069		18,274	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 100.00%

D. Indicate the number of paid bed-hold days the SLF had during this year None **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: 11/30/2017 Fiscal Year: 11/30/2017
* 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?** N/A
If no, explain. N/A

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?** N/A
If no, explain. N/A

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?** N/A
If no, explain. N/A

Facility Name: Magnolia Terrace **Report Period Beginning: 12/1/2016 Ending: 11/30/2017**

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	133,279	119,318		252,597	(108,465)	144,132	1
2	Housekeeping, Laundry and Maintenance	77,171	21,109	60,102	158,382	(3,860)	154,522	2
3	Heat and Other Utilities			87,507	87,507		87,507	3
4	Other (specify):							4
5	**TOTAL General Services**	210,450	140,427	147,609	498,486	(112,325)	386,161	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	242,527	729	1,150	244,406		244,406	6
7	Activities and Social Services	62,827	4,874	6,772	74,473		74,473	7
8	Other (specify):							8
9	**TOTAL Health Care and Programs**	305,354	5,603	7,922	318,879		318,879	9
	C. General Administration							
10	Administrative and Clerical	133,676	3,380	104,731	241,787	(46,446)	195,341	10
11	Marketing Materials, Promotions and Advertising							11
12	Employee Benefits and Payroll Taxes			188,489	188,489		188,489	12
13	Insurance-Property, Liability and Malpractice			38,621	38,621		38,621	13
14	Other (specify):							14
15	**TOTAL General Administration**	133,676	3,380	331,841	468,897	(46,446)	422,451	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	649,480	149,410	487,372	1,286,262	(158,771)	1,127,491	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			19,754	19,754	100,520	120,274	17
18	Interest							18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			14,432	14,432		14,432	21
22	Other (specify): SNF Expenses/Transfers	4,670,676	634,232	3,391,931	8,696,839	(8,696,839)	0	22
23	**TOTAL Ownership**	4,670,676	634,232	3,426,117	8,731,025	(8,596,319)	134,706	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	5,320,156	783,642	3,913,489	10,017,287	(8,755,090)	1,262,197	24

Magnolia Terrace

Report Period Beginning: 12/1/2016
Ending: 11/30/2017

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	$ 100,520	17	1
2	Vending In and Out	(189)	01	2
3	Bad Debt	(37,816)	10	3
4	Public Relations	(6,808)	10	4
5	Advertising Facility Promotions	(10,862)	10	5
6	Advertising - Yellow Pages	(2,048)	10	6
7	Jail Meals Income	(108,276)	01	7
8	Bank Charges/Finance Charges	(3)	10	8
9	SNF Salaries	(4,670,686)	22	9
10	SNF Supplies	(634,232)	22	10
11	SNF Other	(3,391,920)	22	11
12	Capitalized R&M	(3,860)	02	12
13				13
14	Monroe County:			14
15	County Administration	11,092	10	15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
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88				88
89				89
90				90
91				91
92				92
93				93
94				94
95				95
96				96
97				97
98				98
99				99
100				100
101	**Total**	(8,755,090)		101

Facility Name: Magnolia Terrace **Report Period Beginning: 12/1/2016 Ending: 11/30/2017**

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	1.08	22.14	2
3	Certified Nurse Assistants	6.61	14.03	3
4	Activity Director & Assistants	1.65	13.93	4
5	Social Service Workers	0.29	24.64	5
6	Head Cook			6
7	Cook Helpers/Assistants	6.58	9.74	7
8	Dishwashers			8
9	Maintenance Workers	1.42	15.41	9
10	Housekeepers	1.57	9.66	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.35	32.65	13
14	Clerical	1.30	15.60	14
15	Marketing			15
16	Other			16
17	**Total (lines 1 thru 16)**	21.85	$ 14.29	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: 12/1/2016 Ending: 11/30/2017

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	50			2007	$ 7,707,025	$ 19,754	35	$ 106,469	$ 86,715	$ 1,171,159	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				194,418			9,721	9,721	25,856	6
7	Various			2007	5,410		20	207	207	3,634	7
8	Various			2008	1,395		20	70	70	698	8
9	Various			2009	12,699		20	635	635	5,715	9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				$ 7,920,947	$ 19,754		$ 117,101	$ 97,347	$ 1,207,061	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		$ 12,689	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	$ 31,723	$	$ 3,172	3,172		$ 12,689	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 & ID Number Magnolia Terrace Report Period Beginning: 12/1/2016 Ending: 11/30/2017

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	9 Accumulated Depreciation	
1									1
2	Gazebo- Allocated To Slf	2011	10,851		20	543	543	3,798	2
3	1St Floor Bathroom Flooring	2014	8,193		20	410	410	1,639	3
4	Signage	2014	6,550		20	328	328	1,310	4
5	Kitchen Plumbing	2014	43,136		20	2,157	2,157	8,627	5
6	New Flooring For 2Nd Floor	2015	23,902		20	1,195	1,195	3,585	6
7	A/C Units	2015	13,410		20	671	671	2,012	7
8	Warming Kitchen	2015	4,667		20	233	233	700	8
9	Repair Doors On Tulip And Center To Stairwells	2017	3,860		20	193	193	193	9
10	Synthetic Stucco Monument Sign- By Road -2017	2017	5,145		20	257	257	257	10
11	New Call Light System -2017	2017	74,704		20	3,735	3,735	3,735	11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 194,418	$		$ 9,721	$ 9,721	$ 25,856	34

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

Facility Name & ID Number Magnolia Terrace Report Period Beginning: 12/1/2016 Ending: 11/30/2017

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	9 Accumulated Depreciation	
1									1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$	$		$	$	$	34

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

Facility Name & ID Number Magnolia Terrace Report Period Beginning: 12/1/2016 Ending: 11/30/2017

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	9 Accumulated Depreciation	
1									1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$	$		$	$	$	34

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

Facility Name: Magnolia Terrace **Report Period Beginning:** 12/1/2016 **Ending:** 1/30/2017

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 ☒ 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 $** 14,433

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:** 12/1/2016 **Ending:** 11/30/2017

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 11/30/2017 **(last day of reporting year)**

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 2,302,283	$	1
2	Cash-Patient Deposits	15,665		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,999,268		3
4	Supply Inventory (priced at)	109,643		4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	27,263		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 4,454,122	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost	3,827,056		14
15	Leasehold Improvements, at Historical Cost	421,407		15
16	Equipment, at Historical Cost	1,247,611		16
17	Accumulated Depreciation (book methods)	(911,152)		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)**	$ 4,584,922	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 9,039,044	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 431,188	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	15,665		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	394,486		30
31	Accrued Taxes Payable	41,886		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	705,233		36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 1,588,458	$	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)**	$ 1,588,458	$	45
46	**TOTAL EQUITY**	$ 7,450,586	$	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 9,039,044	$	47

***(See instructions.)**

Facility Name: Magnolia Terrace **Report Period Beginning: 12/1/2016 Ending: 11/30/2017**

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	$ 1,559,142	1
2	Discounts and Allowances	(106,122)	2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 1,453,020	3
	B. Other Operating Revenue		
4	Special Services		4
5	Other Health Care Services	1,940	5
6	Special Grants		6
7	Gift and Coffee Shop	19,152	7
8	Barber and Beauty Care	11,295	8
9	Non-Resident Meals	108,276	9
10	Laundry		10
11	**SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)**	$ 140,663	11
	C. Non-Operating Revenue		
12	Contributions	20,978	12
13	Interest and Other Investment Income	7,314	13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$ 28,292	14
	D. Other Revenue (specify):		
15	**See Supplemental Schedule**	9,789,143	15
16			16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$ 9,789,143	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 11,411,118	18

	II. Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	498,486	19
20	Health Care/ Personal Care	318,879	20
21	General Administration	468,897	21
	B. Capital Expense		
22	Ownership	8,731,025	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)**	$ 10,017,287	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ 1,393,831	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ 1,393,831	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	$ 573,750	32
33	Private Pay - Net Inpatient Revenue	879,270	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	$ 1,453,020	37