		FOR BHF USE					

LL2

Supportive Living Facility

2020
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2020)

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 12/1/2019 to 11/30/2020 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) 4/9/2021 (Date)
(Print Name and Title) Steven N. Lavenda, CPA, Partner
(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: 12/1/2019 Ending: 11/30/2020

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	15,738	1
2	7	Double Unit Apartment	7	2,562	2
3		Other			3
4	50	TOTALS	50	18,300	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	5,735	10,003		15,738	5
6	Double Unit		1,287		1,287	6
7	Other					7
8	TOTALS	5,735	11,290		17,025	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 93.03%

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: 11/30/2020 Fiscal Year: 11/30/2020
* 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? 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 principal? 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 principal? N/A
If no, explain. N/A

Facility Name: Magnolia Terrace **Report Period Beginning: 12/1/2019 Ending: 11/30/2020**

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	188,070	123,494		311,564		311,564	1
2	Housekeeping, Laundry and Maintenance	90,279	31,588	80,462	202,329		202,329	2
3	Heat and Other Utilities			94,947	94,947		94,947	3
4	Other (specify):							4
5	**TOTAL General Services**	278,349	155,082	175,409	608,840		608,840	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	276,078	8,394	436	284,908		284,908	6
7	Activities and Social Services	43,358	6,328	5,337	55,023		55,023	7
8	Other (specify):							8
9	**TOTAL Health Care and Programs**	319,436	14,722	5,773	339,931		339,931	9
	C. General Administration							
10	Administrative and Clerical	89,968	8,473	376,311	474,752	7,939	482,691	10
11	Marketing Materials, Promotions and Advertising			4,899	4,899		4,899	11
12	Employee Benefits and Payroll Taxes			192,976	192,976		192,976	12
13	Insurance-Property, Liability and Malpractice			18,126	18,126		18,126	13
14	Other (specify):							14
15	**TOTAL General Administration**	89,968	8,473	592,312	690,753	7,939	698,692	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	687,753	178,277	773,494	1,639,524	7,939	1,647,463	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			42,506	42,506	210,420	252,926	17
18	Interest							18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			17,711	17,711		17,711	21
22	Other (specify):	6,180,346	879,668	4,867,844	11,927,858	(11,927,858)		22
23	**TOTAL Ownership**	6,180,346	879,668	4,928,061	11,988,075	(11,717,438)	270,637	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	6,868,099	1,057,945	5,701,555	13,627,599	(11,709,499)	1,918,100	24

Magnolia Terrace

Report Period Beginning: 12/1/2019
Ending: 11/30/2020

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	$ 210,420	17	1
2	Public Relations - SLF	(3,854)	10	2
3	Bad Debt - SLF	(2,583)	10	3
4	SNF Salaries	(6,180,346)	22	4
5	SNF Supplies	(879,668)	22	5
6	Bad Debt	(97,495)	22	6
7	Bank Charges/Finance Charges	(688)	22	7
8	Bank Charges/Finance Charges - SLF	(62)	10	8
9	SNF Other	(4,769,661)	22	9
10				10
11	Monroe County:			11
12	County Administration	14,438	10	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
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82				82
83				83
84				84
85				85
86				86
87				87
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**	(11,709,499)		101

Facility Name: Magnolia Terrace Report Period Beginning: 12/1/2019 Ending: 11/30/2020

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	1.15	28.41	2
3	Certified Nurse Assistants	5.69	17.57	3
4	Activity Director & Assistants	1.05	16.69	4
5	Social Service Workers	0.14	24.54	5
6	Head Cook			6
7	Cook Helpers/Assistants	6.67	13.56	7
8	Dishwashers			8
9	Maintenance Workers	1.01	23.02	9
10	Housekeepers	1.56	12.89	10
11	Laundry			11
12	Managers			12
13	Other Administrative	0.84	26.37	13
14	Clerical	1.46	14.41	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	19.57	$ 16.90	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: 12/1/2019 Ending: 11/30/2020

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	$ 42,506	35	$ 220,201	$ 177,695	$ 1,718,030	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				504,898		20	24,821	24,821	90,677	6
7	Various			2007	5,411		20	206	206	4,253	7
8	Various			2008	1,395		20	70	70	907	8
9	Various			2009	12,699		20	635	635	7,619	9
10	Various			2011	10,851		20	543	543	5,426	10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				$ 8,242,279	$ 42,506		$ 246,476	$ 203,970	$ 1,826,912	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	$ 64,505	$	$ 6,450	6,450		$ 31,205	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	$ 64,505	$	$ 6,450	6,450		$ 31,205	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: 12/1/2019 Ending: 11/30/2020

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-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	1St Floor Bathroom Flooring	2014	8,193		20	410	410	2,868	1
2	Signage	2014	6,550		20	328	328	2,293	2
3	Kitchen Plumbing	2014	43,136		20	2,157	2,157	15,098	3
4	New Flooring For 2Nd Floor	2015	23,902		20	1,195	1,195	7,171	4
5	A/C Units	2015	13,410		20	671	671	4,024	5
6	Warming Kitchen	2015	4,667		20	233	233	1,400	6
7	Repair Doors On Tulip And Center To Stairwells	2017	3,860		20	193	193	772	7
8	Synthetic Stucco Monument Sign- By Road -2017	2017	5,145		20	257	257	1,029	8
9	New Call Light System -2017	2017	74,704		20	3,735	3,735	14,941	9
10	Flooring - Room 217/116	2018	4,542		20	227	227	681	10
11	Flooring - Rooms 210/110	2018	4,110		20	205	205	616	11
12	Cabinets	2018	9,291		20	465	465	1,394	12
13	Hvac Air Conditioners	2018	8,000		20	400	400	1,200	13
14	Painted Resident Rooms	2019	6,000		20	300	300	600	14
15	A/C Units	2019	8,475		20	424	424	848	15
16	Widening Service Road	2019	6,440		20	322	322	644	16
17	Slf - Camera	2019	8,500		20			8,500	17
18	Repaired Fire Sprinkler	2019	212,831		20	10,642	10,642	21,284	18
19	Repaired Asphalt	2019	32,361		20	1,618	1,618	3,236	19
20	Flooring Resident Rooms	2019	20,781		20	1,039	1,039	2,078	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)		$ 504,898	$		$ 24,821	$ 24,821	$ 90,677	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: 12/1/2019 Ending: 11/30/2020

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-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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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: 12/1/2019 Ending: 11/30/2020

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: 12/1/2019 Ending: 1/30/2020

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 $ 17,711

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

	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					/ /	$	$	/ /		$	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:** 12/1/2019 **Ending:** 11/30/2020

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 11/30/2020 **(last day of reporting year)**

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 4,766,325	$	1
2	Cash-Patient Deposits	19,918		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,636,785		3
4	Supply Inventory (priced at)	129,327		4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	54,040		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 6,606,395	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost	4,175,413		14
15	Leasehold Improvements, at Historical Cost	1,272,557		15
16	Equipment, at Historical Cost	1,471,082		16
17	Accumulated Depreciation (book methods)	(1,602,238)		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)**	$ 5,316,814	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 11,923,209	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 356,529	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	19,948		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	453,649		30
31	Accrued Taxes Payable	64,080		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	571,575		36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 1,465,781	$	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)**	$ 1,465,781	$	45
46	**TOTAL EQUITY**	$ 10,457,428	$	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 11,923,209	$	47

***(See instructions.)**

Facility Name: Magnolia Terrace Report Period Beginning: 12/1/2019 Ending: 11/30/2020

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	$ 1,932,674	1
2	Discounts and Allowances	(117,218)	2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 1,815,456	3
	B. Other Operating Revenue		
4	Special Services		4
5	Other Health Care Services	6,697	5
6	Special Grants		6
7	Gift and Coffee Shop	14,831	7
8	Barber and Beauty Care	6,092	8
9	Non-Resident Meals	95,776	9
10	Laundry		10
11	**SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)**	$ 123,396	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	11,892	13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$ 11,892	14
	D. Other Revenue (specify):		
15		12,490,989	15
16			16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$ 12,490,989	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 14,441,733	18

	II. Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	608,840	19
20	Health Care/ Personal Care	339,931	20
21	General Administration	690,753	21
	B. Capital Expense		
22	Ownership	11,988,075	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)**	$ 13,627,599	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ 814,134	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ 814,134	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	$ 590,458	32
33	Private Pay - Net Inpatient Revenue	1,224,998	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	$ 1,815,456	37