

III. STATISTICAL DATA

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

Date of change in certified units N/A

	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	43	Single Unit Apartment	43	15,695	1
2	7	Double Unit Apartment	7	2,555	2
3		Other			3
4	50	TOTALS	50	18,250	4

B. Census-For the entire report period.

	1	2	3	4	5	
	Type of Unit	Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	4,316	11,379		15,695	5
6	Double Unit	830	1,725		2,555	6
7	Other					7
8	TOTALS	5,146	13,104		18,250	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 ☒

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)

N/A

H. ACCOUNTING BASIS

ACCRAUAL ☒ MODIFIED CASH* ☐ CASH* ☐

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

Tax Year: 11/30/2019 Fiscal Year: 11/30/2019

* 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

STATE OF ILLINOIS

Page 3

Facility Name: Magnolia Terrace

Report Period Beginning:

12/1/2018

Ending:

11/30/2019

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	147,285	124,610		271,895		271,895	1
2	Housekeeping, Laundry and Maintenance	75,722	28,903	52,287	156,912		156,912	2
3	Heat and Other Utilities			102,080	102,080		102,080	3
4	Other (specify):							4
5	TOTAL General Services	223,007	153,513	154,367	530,887		530,887	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	248,351	1,146	263	249,760		249,760	6
7	Activities and Social Services	42,773	6,673	7,340	56,786		56,786	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	291,124	7,819	7,603	306,546		306,546	9
	C. General Administration							
10	Administrative and Clerical	140,673	8,954	368,063	517,690	(11,499)	506,191	10
11	Marketing Materials, Promotions and Advertising			5,434	5,434		5,434	11
12	Employee Benefits and Payroll Taxes			198,400	198,400		198,400	12
13	Insurance-Property, Liability and Malpractice			26,600	26,600		26,600	13
14	Other (specify):							14
15	TOTAL General Administration	140,673	8,954	598,497	748,124	(11,499)	736,625	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	654,804	170,286	760,467	1,585,557	(11,499)	1,574,058	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			28,598	28,598	224,387	252,985	17
18	Interest							18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			18,625	18,625		18,625	21
22	Other (specify):	5,788,982	804,409	4,543,158	11,136,549	(11,136,549)	(0)	22
23	TOTAL Ownership	5,788,982	804,409	4,590,381	11,183,772	(10,912,162)	271,610	23
24	GRAND TOTAL (Sum of lines 16 and 23)	6,443,786	974,695	5,350,848	12,769,329	(10,923,662)	1,845,667	24

STATE OF ILLINOIS		Page 3A
Magnolia Terrace		
Report Period Beginning:	12/1/2018	
Ending:	11/30/2019	
NON-ALLOWABLE EXPENSES		Sch. V Line
	Amount	Reference
1 Non-Straight Line Depreciation	\$ 224,387	17 1
2 Public Relations - SLF	(5,257)	10 2
3 Bad Debt - SLF	(20,680)	10 3
4 SNF Salaries	(5,788,984)	22 4
5 SNF Supplies	(804,411)	22 5
6 Bad Debt	(125,548)	22 6
7 Bank Charges/Finance Charges	(1,147)	22 7
8 SNF Other	(4,416,459)	22 8
9		9
10 Monroe County:		10
11 County Administration	14,438	10 11
12		12
13		13
14		14
15		15
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92		92
93		93
94		94
95		95
96		96
97		97
98		98
99		99
100		100
101 Total	(10,923,662)	101

Facility Name: Magnolia Terrace

Report Period Beginning 12/1/2018 Ending: 11/30/2019

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	1.20	22.09	2
3	Certified Nurse Assistants	6.74	13.78	3
4	Activity Director & Assistants	0.99	13.22	4
5	Social Service Workers	0.30	24.54	5
6	Head Cook			6
7	Cook Helpers/Assistants	6.23	11.36	7
8	Dishwashers			8
9	Maintenance Workers	1.19	19.28	9
10	Housekeepers	1.44	9.36	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.48	32.40	13
14	Clerical	1.36	14.41	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	20.95	\$ 15.03	17

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
Oak Hill (SNF)	Waterloo, IL

OTHER RELATED BUSINESS ENTITIES

Name 3	City 4	Type of Business 5
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 ☒

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 ☒ 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).

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

Facility Name: Magnolia Terrace

Report Period Beginning:

12/1/2018

Ending:

11/30/2019

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	\$ 28,963	35	\$ 220,201	\$ 191,238	\$ 1,497,829	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				504,896		20	25,245	25,245	65,853	6
7	Various			2007	5,410		20	207	207	4,047	7
8	Various			2008	1,395		20	70	70	837	8
9	Various			2009	12,699		20	635	635	6,984	9
10	Various			2011	10,851		20	543	543	4,883	10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 8,242,276	\$ 28,963		\$ 246,899	\$ 217,936	\$ 1,580,433	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	\$	\$ 6,451	6,451		\$ 24,754	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 64,505	\$	\$ 6,451	6,451		\$ 24,754	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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	1St Floor Bathroom Flooring	2014	8,193		20	410	410	2,458	1
2	Signage	2014	6,550		20	328	328	1,965	2
3	Kitchen Plumbing	2014	43,136		20	2,157	2,157	12,941	3
4	New Flooring For 2Nd Floor	2015	23,902		20	1,195	1,195	5,976	4
5	A/C Units	2015	13,410		20	671	671	3,353	5
6	Warming Kitchen	2015	4,667		20	233	233	1,167	6
7	Repair Doors On Tulip And Center To Stairwells	2017	3,860		20	193	193	579	7
8	Synthetic Stucco Monument Sign- Bv Road -2017	2017	5,145		20	257	257	772	8
9	New Call Light System -2017	2017	74,704		20	3,735	3,735	11,206	9
10	Flooring - Room 217/116	2018	4,542		20	227	227	454	10
11	Flooring - Rooms 210/110	2018	4,110		20	205	205	411	11
12	Cabinets	2018	9,291		20	465	465	929	12
13	Hvac Air Conditioners	2018	8,000		20	400	400	800	13
14	Painted Resident Rooms	2019	6,000		20	300	300	300	14
15	A/C Units	2019	8,475		20	424	424	424	15
16	Widening Service Road	2019	6,440		20	322	322	322	16
17	Slf - Camera	2019	8,500		20	425	425	8,500	17
18	Repaired Fire Sprinkler	2019	212,831		20	10,642	10,642	10,642	18
19	Repaired Asphalt	2019	32,361		20	1,618	1,618	1,618	19
20	Flooring Resident Rooms	2019	20,781		20	1,039	1,039	1,039	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)		\$ 504,896	\$		\$ 25,245	\$ 25,245	\$ 65,853	34

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

Facility Name & ID Number	Magnolia Terrace
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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
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11									11
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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.**

XI. OWNERSHIP COSTS (continued)

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

1		3	4	5	6	7	8	9	
Improvement Type**		Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	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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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: 12/1/2018

Ending: 1/30/2019

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 \$ 18,625

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**		3 Purpose of Loan	4 Date of Note	6 Amount of Note		7 Maturity Date	8 Interest Rate (4 Digits)	9 Reporting Period Int. Expense	
		YES	NO			Original	Balance				
	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: 12/1/2018

Ending: 11/30/2019

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 11/30/2019

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 3,377,311	\$	1
2	Cash-Patient Deposits	14,080		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	3,095,255		3
4	Supply Inventory (priced at)	120,147		4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	78,666		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	5,491		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 6,690,950	\$	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	1,105,388		15
16	Equipment, at Historical Cost	1,397,827		16
17	Accumulated Depreciation (book methods)	(1,339,077)		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)	\$ 5,339,551	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 12,030,501	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 625,394	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	14,183		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	516,329		30
31	Accrued Taxes Payable	53,619		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	1,260,059		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 2,469,584	\$	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)	\$ 2,469,584	\$	45
46	TOTAL EQUITY	\$ 9,560,917	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 12,030,501	\$	47

*(See instructions.)

Facility Name: Magnolia Terrace

Report Period Beginning: 12/1/2018

Ending:

11/30/2019

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	\$ 2,026,838	1
2	Discounts and Allowances	(130,076)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,896,762	3
	B. Other Operating Revenue		
4	Special Services		4
5	Other Health Care Services	2,314	5
6	Special Grants		6
7	Gift and Coffee Shop	23,005	7
8	Barber and Beauty Care	10,098	8
9	Non-Resident Meals	122,211	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 157,628	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	9,353	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 9,353	14
	D. Other Revenue (specify):		
15		12,132,541	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 12,132,541	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 14,196,284	18

2			
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	530,887	19
20	Health Care/ Personal Care	306,546	20
21	General Administration	748,124	21
	B. Capital Expense		
22	Ownership	11,183,772	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)	\$ 12,769,329	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 1,426,955	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 1,426,955	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 505,631	32
33	Private Pay - Net Inpatient Revenue	1,391,131	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 1,896,762	37