FOR BHF USE

LL1

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

2012
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2012)

I. IDPH License ID Number: 0014076

Facility Name: Sunny Hill Nursing Home of Will County

Address: 421 Doris Avenue (Number) Joliet (City) 60433 (Zip Code)

County: Will

Telephone Number: (815) 727-8710 **Fax #** (815) 727-8637

HFS ID Number:

Date of Initial License for Current Owners: 1955

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: Amanda Springborn **Telephone Number:** (314) 925-3838
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 12/1/11 to 11/30/12 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)
(Firm Name & Address) McGladrey LLP, 20 N. Martingale Road, Ste. 500, Schaumburg, IL 60173
(Telephone) (847) 517-7070 Fax # (847) 517-7067

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 **Phone # (217) 782-1630**

Facility Name & ID Number Sunny Hill Nursing Home of Will County # 0014076 Report Period Beginning: 12/1/11 Ending: 11/30/12

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds N/A

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	280	Skilled (SNF)	280	102,480	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	280	TOTALS	280	102,480	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	48,500	9,698	13,251	71,449	8
9	SNF/PED					9
10	ICF	1,499			1,499	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	49,999	9,698	13,251	72,948	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 71.18%

D. How many bed-hold days during this year were paid by the Department?
None (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [X] NO [ ] Note : Non-allowable costs have been eliminated in Schedule V, Column 7.

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [X]

I. On what date did you start providing long term care at this location?
Date started 1972

J. Was the facility purchased or leased after January 1, 1978?
YES [ ] Date N/A NO [X]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 280 and days of care provided 6,034

Medicare Intermediary Wisconsin Physician Services

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

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

Tax Year: 11/30/12 Fiscal Year: 11/30/12

* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number Sunny Hill Nursing Home of Will County # 0014076 Report Period Beginning: 12/1/11 Ending: 11/30/12

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	797,857	43,194	17,865	858,916		858,916		858,916			1
2	Food Purchase		567,160		567,160		567,160	(4,297)	562,863			2
3	Housekeeping	712,280	87,597		799,877		799,877		799,877			3
4	Laundry	199,272	88,201		287,473		287,473		287,473			4
5	Heat and Other Utilities			242,267	242,267		242,267		242,267			5
6	Maintenance			170,768	170,768		170,768	717,090	887,858			6
7	Other (specify):*											7
8	**TOTAL General Services**	1,709,409	786,152	430,900	2,926,461		2,926,461	712,793	3,639,254			8
	B. Health Care and Programs											
9	Medical Director			6,000	6,000		6,000		6,000			9
10	Nursing and Medical Records	6,304,643	482,440	449,673	7,236,756		7,236,756	(16,345)	7,220,411			10
10a	Therapy	147,014			147,014		147,014		147,014			10a
11	Activities	240,889			240,889		240,889		240,889			11
12	Social Services	308,197			308,197		308,197		308,197			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	7,000,743	482,440	455,673	7,938,856		7,938,856	(16,345)	7,922,511			16
	C. General Administration											
17	Administrative	203,788			203,788		203,788		203,788			17
18	Directors Fees											18
19	Professional Services			43,986	43,986		43,986	943,109	987,095			19
20	Dues, Fees, Subscriptions & Promotions			53,744	53,744		53,744	(20,654)	33,090			20
21	Clerical & General Office Expenses	327,984	22,887	31,794	382,665		382,665	63,802	446,467			21
22	Employee Benefits & Payroll Taxes			4,599,681	4,599,681		4,599,681	781,257	5,380,938			22
23	Inservice Training & Education											23
24	Travel and Seminar			2,786	2,786		2,786		2,786			24
25	Other Admin. Staff Transportation			1,469	1,469		1,469		1,469			25
26	Insurance-Prop.Liab.Malpractice							331,284	331,284			26
27	Other (specify):*											27
28	**TOTAL General Administration**	531,772	22,887	4,733,460	5,288,119		5,288,119	2,098,798	7,386,917			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	9,241,924	1,291,479	5,620,033	16,153,436		16,153,436	2,795,246	18,948,682			29

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**
NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Sunny Hill Nursing Home of Will County #0014076 Report Period Beginning: 12/1/11 Ending: 11/30/12

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			567,306	567,306		567,306		567,306			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			1,310	1,310		1,310	(1,310)				32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds			1,027	1,027		1,027		1,027			34
35	Rent-Equipment & Vehicles			42,806	42,806		42,806		42,806			35
36	Other (specify):*											36
37	**TOTAL Ownership**			612,449	612,449		612,449	(1,310)	611,139			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		181,331	995,087	1,176,418		1,176,418		1,176,418			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			595,358	595,358		595,358		595,358			42
43	Other (specify):* Non-Allowable Cos			14,553	14,553		14,553	(14,553)				43
44	**TOTAL Special Cost Centers**		181,331	1,604,998	1,786,329		1,786,329	(14,553)	1,771,776			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	9,241,924	1,472,810	7,837,480	18,552,214		18,552,214	2,779,383	21,331,597			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

Facility Name & ID Number Sunny Hill Nursing Home of Will County # 0014076 Report Period Beginning: 12/1/11 Ending: 11/30/12

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 BHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(4,297)	2		4
5	Telephone, TV & Radio in Resident Rooms	(12,868)	20		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(1,310)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(2,860)	20		18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional				25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(8,081)	20		28
29	Other-Attach Schedule See Pg 5A	(27,743)	Var.		29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (57,159)		$	30

BHF USE ONLY								
48		49		50		51		52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	2,836,542		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 2,836,542		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ 2,779,383		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		X	$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44						44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

Sunny Hill Nursing Home of Will County

ID# 0014076

Report Period Beginning: 12/1/11

Ending: 11/30/12

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Chamber of Commerce Dues	$ (405)	20	1
2	Lab Services	(500)	43	2
3	Disallow IHCA Lobbying Fees	(4,521)	20	3
4	Disallow non-allowable radiology services	(16,345)	10	4
5	Disallow non-allowable late fees	(5,972)	43	5
6				6
7				7
8				8
9				9
10				10
11				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				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	**Total**	(27,743)		49

Facility Name & ID Number Sunny Hill Nursing Home of Will County # 0014076 Report Period Beginning: 12/1/11 Ending: 11/30/12

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Use Page 6-Supplemental as necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Will County	100%	N/A		Will County	Joliet	Government

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	6	Maintenance	$	Will County	100.00%	$ 717,090	$ 717,090	1
2	V	19	Professional Services		Will County	100.00%	943,109	943,109	2
3	V	21	Film Processing		Will County	100.00%	25,075	25,075	3
4	V	21	Telephone		Will County	100.00%	38,727	38,727	4
5	V	22	Employee Benefits		Will County	100.00%	781,257	781,257	5
6	V	26	Insurance		Will County	100.00%	331,284	331,284	6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$			$ 2,836,542	$ * 2,836,542	14

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

Facility Name & ID Number Sunny Hill Nursing Home of Will County # 0014076 Report Period Beginning: 12/1/11 Ending: 11/30/12

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	See attached list of	County board							$		1
2	board members	member	Administrative	0.00	None	<1 hour	0.00	N/A	None	N/A	2
3	No services have been provided to the nursing home by board members										3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Sunny Hill Nursing Home of Will County # 0014076 Report Period Beginning: 12/1/11 Ending: 11/30/12

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: Will County
Street Address: 302 North Chicago
City / State / Zip Code: Joliet, IL 60432
Phone Number: ((815) 740-4607
Fax Number: ((815) 740-4319

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	6	Maintenance	% of Staff	1	1	$ 717,090	$	1	$ 717,090	1
2	19	Professional Services	% Hours / % Warrants	1	1	943,109		1	943,109	2
3	21	Film Processing	% State	1	1	25,075		1	25,075	3
4	21	Telephone	% Hours / % Warrants	1	1	38,727		1	38,727	4
5	22	Employee Benefits	% Employees	1	1	781,257		1	781,257	5
6	26	Insurance	% Employees	1	1	331,284		1	331,284	6
7										7
8										8
9										9
10										10
11										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	TOTALS					$ 2,836,542	$		$ 2,836,542	25

Facility Name & ID Number Sunny Hill Nursing Home of Will County # 0014076 Report Period Beginning: 12/1/11 Ending: 11/30/12

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related											
	Long-Term											
1							$	$			$	1
2												2
3												3
4												4
5												5
	Working Capital											
6	Various		X	Finance Charges							1,310	6
7												7
8												8
9	TOTAL Facility Related						$	$			$ 1,310	9
	B. Non-Facility Related*											
10								Less: Non-Allowable Finance Charges			(1,310)	10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$ (1,310)	14
15	TOTALS (line 9+line14)						$	$			$	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. **$** N/A **Line #** N/A

*** Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)**

**** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)**

Facility Name & ID Number Sunny Hill Nursing Home of Will County # 0014076 Report Period Beginning: 12/1/11 Ending: 11/30/12

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2011 report.	**Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	2011	$	2
3. Under or (over) accrual (line 2 minus line 1).		$	3
4. Real Estate Tax accrual used for 2012 report. (Detail and explain your calculation of this accrual on the lines below.)		$	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**		$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For Tax Year.** **(Attach a copy of the real estate tax appeal board's decision.)**		$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		$	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2007		8
	2008		9
	2009		10
	2010		11
	2011	N/A	12

Not applicable - county does not pay real estate taxes.

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2011	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**
   This denial must be no more than four years old at the time the cost report is filed.

2011 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Sunny Hill Nursing Home of Will County COUNTY Will

FACILITY IDPH LICENSE NUMBER 0014076

CONTACT PERSON REGARDING THIS REPORT Karen Sobero, Administrator

TELEPHONE (815) 727-8710 FAX #: (815) 727-8637

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2011 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2011.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	N/A - County does not pay real estate taxes.		$	$
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$	$

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? _____ YES N/A NO

If YES, attach an explanation and a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the original 2011 tax bills which were listed in Section A to this statement. Be sure to use the 2011 tax bill which is normally paid during 2012.

PLEASE NOTE: ***Payment information from the Internet*** or otherwise is ***not considered acceptable tax bill documentation*** . Facilities located in Cook County are required to provide copies of their original **second installment** tax bill.

Facility Name & ID Number Sunny Hill Nursing Home of Will County # 0014076 Report Period Beginning: 12/1/11 Ending: 11/30/12

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 116,410 B. General Construction Type: Exterior Brick Frame Steel/Concrete Block Number of Stories Two

C. Does the Operating Entity? [X] (a) Own the Facility [ ] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? [X] (a) Own the Equipment [ ] (b) Rent equipment from a Related Organization. [X] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

N/A

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [X] NO
If so, please complete the following:

1. Total Amount Incurred: N/A
2. Number of Years Over Which it is Being Amortized: N/A
3. Current Period Amortization: N/A
4. Dates Incurred: N/A

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Resident Care		1972	$ 25,000	1
2					2
3	TOTALS			$ 25,000	3

Facility Name & ID Number Sunny Hill Nursing Home of Will County # 0014076 Report Period Beginning: 12/1/11 Ending: 11/30/12

XI. OWNERSHIP COSTS (continued)

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

	1 Beds*	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	
4	150		1972	1972	$ 1,375,843	$ 34,396	40	$ 34,396	$	$ 1,404,502	4
5	150		1976	1976	1,198,083	29,952	40	29,952		1,093,248	5
6											6
7											7
8											8
	Improvement Type**										
9	Fencing			1970	727		20			727	9
10	Landscaping			1972	51,575		10-20			51,575	10
11	Patching and Paving/Air Conditioning/Entrance			1973	37,155		10-20			37,155	11
12	Door			1974	38,466		20			38,466	12
13	Asphalt Paving			1975	155,856		15			155,856	13
14	Landscaping			1976	57,254		10-15			57,254	14
15	Sewer and Water			1976	26,031		30			26,031	15
16	Plumbing			1972	183,817		25			183,817	16
17	Heating and Electrical			1972	522,443		20			522,443	17
18	Plumbing			1976	262,534		25			262,534	18
19	Heating and Electrical			1976	508,942		20			508,942	19
20	Sprinkler System and Paving			1975	83,460		25			83,460	20
21	Repairs / Roof			1981	107,858		15			107,858	21
22	Building Improvement			1987	819,813	16,407	25	16,407		819,813	22
23	Reroof A & B Roof			1985	85,920		20			85,920	23
24	Parking Lot Lights			1989	3,040		15			3,040	24
25	Reroof / Hot Water			1992	162,867	4,078	20	4,078		162,867	25
26	Washer Repair			1992	3,284		3			3,284	26
27	Site Improvements			1993	101,451		15			101,451	27
28	Laundry Renovation			1994	108,852		15			108,852	28
29	Paving Parking Lot			1995	66,260		15			66,260	29
30	Laundry, Air Conditioner			1996	362,815		12			362,815	30
31	Elevator Repair			1997	4,990		10			4,990	31
32	Tile			1992	7,040		5			7,040	32
33	Elevator Repair			1996	2,212		3			2,212	33
34	Sheeting			1993	3,685		3			3,685	34
35											35
36											36

*Total beds on this schedule must agree with page 2.

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

See Page 12A, Line 70 for total

Facility Name & ID Number Sunny Hill Nursing Home of Will County # 0014076 Report Period Beginning: 12/1/11 Ending: 11/30/12

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	
37	Site improvement	1998	$ 2,936	$	10	$	$	$ 2,936	37
38	Electrical work	1998	2,085		10			2,085	38
39	Plumbing repair	1998	2,440		10			2,440	39
40	Boiler repair	1998	4,273		10			4,273	40
41	Fence	1999	1,000		10			1,000	41
42	Air Conditioning Repair	1999	6,284		10			6,284	42
43	Boiler repair	1999	4,965		10			4,965	43
44	Doors	1999	4,842		10			4,842	44
45	Carpeting	1999	1,649		10			1,649	45
46	Nurses Station	1999	53,554		10			53,554	46
47	Wallpaper	2000	840		10			840	47
48	Vinyl Board	2000	823		10			823	48
49	Office Compressor	2000	1,205		10			1,205	49
50	Fire System	2000	3,441		10			3,441	50
51	Fence	2000	936		10			936	51
52	Air Ducts	2000	3,090		10			3,090	52
53	Service Work	2000	1,573		10			1,573	53
54	Parking Lot	2000	4,860		10			4,860	54
55	Circular Pumps	2000	1,079		10			1,079	55
56	Boiler repair	2001	5,326		10			5,326	56
57									57
58	Plumbing	2002	11,756	584	10	584		11,756	58
59	Air Cleaner	2002	2,020	101	10	101		2,020	59
60	Boiler	2002	5,658	272	10	272		5,658	60
61	HVAC Control	2002	2,800	140	10	140		2,800	61
62	Fire and Smoke Dampers	2002	26,087	1,302	10	1,302		26,087	62
63	Doors	2002	4,155	203	10	203		4,155	63
64	Fireproof Framing	2002	2,730	136	10	136		2,730	64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 6,504,680	$ 87,571		$ 87,571	$	$ 6,428,504	70

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

Facility Name & ID Number Sunny Hill Nursing Home of Will County # 0014076 Report Period Beginning: 12/1/11 Ending: 11/30/12

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	Totals from Page 12A, Carried Forward		$ 6,504,680	$ 87,571		$ 87,571	$	$ 6,428,504	1
2	HVAC	2003	11,370	1,137	10	1,137		10,802	2
3	Plumbing	2003	11,833	1,183	10	1,183		11,239	3
4	Oven repairs	2003	3,020	302	10	302		2,869	4
5	Dishwasher repairs	2003	1,419	142	10	142		1,349	5
6	Garbage disposal	2003	2,429	243	10	243		2,308	6
7	Freezer doors	2003	5,610	561	10	561		5,330	7
8	Boiler repairs	2003	21,892	2,189	10	2,189		20,796	8
9	Entrance door repairs	2003	13,240	1,324	10	1,324		12,578	9
10	Washing machine repair	2003	1,045	105	10	105		997	10
11	Site improvement	2003	8,252	825	10	825		7,838	11
12									12
13	Fire alarm system	2004	140,676	14,068	10	14,068		119,578	13
14	Water pipes replaced	2004	44,498	4,450	10	4,450		37,825	14
15	Structural work	2004	5,331	534	10	534		4,539	15
16	Windows	2004	29,590	2,960	10	2,960		25,160	16
17	Wall divider	2004	11,280	1,128	10	1,128		9,588	17
18	Front gate and posts	2004	8,025	802	10	802		6,817	18
19									19
20	Various lighting	2005	60,791	6,080	10	6,080		45,600	20
21	Cabinet	2005	1,200	120	10	120		900	21
22	Cabinet	2005	4,900	490	10	490		3,675	22
23	Pavement	2005	6,581	658	10	658		4,935	23
24	Stump removal and excavation	2005	12,600	1,260	10	1,260		9,450	24
25	Fire alarm modification	2005	4,286	428	10	428		3,210	25
26		2005	23,365	2,336	10	2,336		17,520	26
27	Remove & Replace concrete sidewalk for								27
28	front entrance to facility	2008	7,059	706	10	706		3,177	28
29									29
30	Remove & Replace doors	2009	15,489	3,098	5	3,098		10,068	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 6,960,461	$ 134,700		$ 134,700	$	$ 6,806,652	34

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

Facility Name & ID Number Sunny Hill Nursing Home of Will County # 0014076 Report Period Beginning: 12/1/11 Ending: 11/30/12

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	Totals from Page 12B, Carried Forward		$ 6,960,461	$ 134,700		$ 134,700	$	$ 6,806,652	1
2	1st Floor F-Wing	2009	3,215,133	80,378	40	80,378		281,323	2
3	- General Conditions								3
4	- Insurance								4
5	- OH&P								5
6	- Demolition, Asbestos removal								6
7	- Asbestos Abatement								7
8	- Materials (Steel)								8
9	- Rough Carpentry								9
10	- Millwork, Casework & Materials								10
11	- Caulking								11
12	- HM Doors & Hardware								12
13	- Glass & Glazing								13
14	- Windows, Installation & Trim								14
15	- Finish Carpentry								15
16	- Floor Cover, Demo, Patch								16
17	- Painting, Wall Coverings, Tape								17
18	- Toilet hardware & Accessories								18
19	- Cubical Curtains								19
20	- Signage								20
21	- Fire Extinguishers								21
22	- Sprinkler System								22
23	- Plumbing Demo								23
24	- Plumbing								24
25	- HVAC								25
26	- Electrical								26
27	- Contingency								27
28	- Contingency								28
29									29
30	Generator	2009	528,400	13,210	40	13,210		46,235	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 10,703,994	$ 228,288		$ 228,288	$	$ 7,134,210	34

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

Facility Name & ID Number Sunny Hill Nursing Home of Will County # 0014076 Report Period Beginning: 12/1/11 Ending: 11/30/12

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	Totals from Page 12C, Carried Forward		$ 10,703,994	$ 228,288		$ 228,288	$	$ 7,134,210	1
2	Lower Level E-Wing, Main Entrance & Canopy	2009	3,669,058	91,726	40	91,726		321,041	2
3	- General Conditions								3
4	- Insurance								4
5	- OH&P								5
6	- Demolition, Asbestos removal								6
7	- Asbestos Abatement								7
8	- Rough Carpentry								8
9	- Millwork, Casework & Materials								9
10	- Roofing								10
11	- Caulking								11
12	- HM Doors & Hardware								12
13	- Windows & Glazing								13
14	- Finish Carpentry								14
15	- Floor Coverings								15
16	- Painting, Wall Coverings, Tape								16
17	- Toilet hardware & Accessories								17
18	- Cubical Curtains								18
19	- Signage								19
20	- Fire Extinguishers								20
21	- Sprinkler System								21
22	- Plumbing Demo & Concrete								22
23	- Plumbing								23
24	- HVAC								24
25	- Electrical								25
26	- Contingency								26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 14,373,052	$ 320,014		$ 320,014	$	$ 7,455,251	34

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

Facility Name & ID Number Sunny Hill Nursing Home of Will County # 0014076 Report Period Beginning: 12/1/11 Ending: 11/30/12

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	Totals from Page 12D, Carried Forward		$ 14,373,052	$ 320,014		$ 320,014	$	$ 7,455,251	1
2	1st Floor E-Wing	2009	3,077,955	76,949	40	76,949		269,321	2
3	- General Conditions								3
4	- Insurance								4
5	- OH&P								5
6	- Demolition, Asbestos removal								6
7	- Asbestos Abatement								7
8	- Materials (Steel)								8
9	- Rough Carpentry								9
10	- Millwork, Casework & Materials								10
11	- Caulking								11
12	- HM Doors & Hardware								12
13	- Glass & Glazing								13
14	- Windows, Installation & Trim								14
15	- Finish Carpentry								15
16	- Floor Cover, Demo, Patch								16
17	- Painting, Wall Coverings, Tape								17
18	- Toilet hardware & Accessories								18
19	- Cubical Curtains								19
20	- Signage								20
21	- Fire Extinguishers								21
22	- Sprinkler System								22
23	- Plumbing Demo								23
24	- Plumbing								24
25	- HVAC								25
26	- Electrical								26
27	- Contingency								27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 17,451,007	$ 396,963		$ 396,963	$	$ 7,724,572	34

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

Facility Name & ID Number Sunny Hill Nursing Home of Will County # 0014076 Report Period Beginning: 12/1/11 Ending: 11/30/12

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	Totals from Page 12E, Carried Forward		$ 17,451,007	$ 396,963		$ 396,963	$	$ 7,724,572	1
2	1st Floor E-Wing	2010	57,230	1,431	40	1,431		3,577	2
3	- General Conditions								3
4	- OH&P								4
5	- Asbestos Abatement								5
6	- Rough Carpentry								6
7	- HVAC								7
8	- Electrical								8
9									9
10	Resident Room Remodel	2011	3,070,458	76,761	40	76,761		115,142	10
11	- General Conditions								11
12	- OH&P								12
13	- Asbestos Abatement								13
14	- Rough Carpentry								14
15	- Electrical								15
16	- plumbing								16
17									17
18	Tile floor resurfacing	2011	3,500	700	5	700		1,050	18
19									19
20	4th and 5th Avenue Remodel	2012	2,751,638	34,395	40	34,395		34,395	20
21	- General Conditions								21
22	- OH&P								22
23	- Sprinkler System								23
24	- Plumbing								24
25	- Electrical								25
26	- Rough Carpentry								26
27	- Fire Alarm								27
28	- Security System								28
29	- Nurse Call								29
30	- PA System								30
31	- HVAC								31
32									32
33	Tile floor resurfacing	2012	8,275	828	5	828		828	33
34	TOTAL (lines 1 thru 33)		$ 23,342,108	$ 511,078		$ 511,078	$	$ 7,879,564	34

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

Facility Name & ID Number Sunny Hill Nursing Home of Will County # 0014076 Report Period Beginning: 12/1/11 Ending: 11/30/12

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 300,395	$ 39,091	$ 39,091	$	5-10	$ 134,375	71
72	Current Year Purchases	171,365	17,137	17,137		5	17,137	72
73	Fully Depreciated Assets	2,003,986					2,003,986	73
74								74
75	TOTALS	$ 2,475,746	$ 56,228	$ 56,228	$		$ 2,155,498	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	N/A			$	$	$	$		$	76
77										77
78										78
79										79
80	TOTALS			$	$	$	$		$	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 25,842,854	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 567,306	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 567,306	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 10,035,062	85	

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	N/A	$	$	$	86
87					87
88					88
89					89
90					90
91	TOTALS	$	$	$	91

G. Construction-in-Progress

	Description	Cost	
92	N/A	$	92
93			93
94			94
95		$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

Facility Name & ID Number Sunny Hill Nursing Home of Will County # 0014076 Report Period Beginning: 12/1/11 Ending: 11/30/12

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

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?
   If NO, see instructions. ☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5								5
6	Storage Unit				1,027			6
7	TOTAL				$ 1,027 **			7

8. List separately any amortization of lease expense included on page 4, line 34. N/A
   This amount was calculated by dividing the total amount to be amortized N/A
   by the length of the lease N/A .

9. Option to Buy: ☐ YES ☐ NO Terms: N/A *

10. Effective dates of current rental agreement:
    Beginning
    Ending

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2013	$
13.	/2014	$
14.	/2015	$

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? ☐ YES ☐ NO
16. Rental Amount for movable equipment: $ 42,806 Description: See Attached Sch 14A
    (Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			$	$	17
18			N/A		18
19					19
20					20
21	TOTAL		$	$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

Sunny Hill Nursing Home
Provider # 0014076
12/01/11 - 11/30/12

Schedule 14A

XII. Rental Costs

B. Equipment

16. Description of rental amount for movable equipment

Helium tanks	$ 614
Ice Machine	3,150
Dietary Equipment	11,439
Nursing Equipment	21,819
Oxygen Tanks	5,784
	42,806

Facility Name & ID Number Sunny Hill Nursing Home of Will County # 0014076 Report Period Beginning: 12/1/11 Ending: 11/30/12

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?
   [ ] YES
   [X] NO

It is the policy of this facility to only hire certified nurses aides.

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [ ]
   - HOURS PER CNA ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - HOURS PER CNA ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	$	$	$	$
10	SUM OF line 9, col. 1 and 2 (e)	$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities.

$

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.
(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

Facility Name & ID Number Sunny Hill Nursing Home of Will County # 0014076 Report Period Beginning: 12/1/11 Ending: 11/30/12

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	39(2,3)	hrs	$	6,290	$ 471,715	$ 5,372	6,290	$ 477,087	1
2	Licensed Speech and Language Development Therapist	39(2,3)	hrs		1,462	109,636	1,249	1,462	110,885	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39(2,3)	hrs		5,473	410,504	4,675	5,473	415,179	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39(2)	# of prescrpts				170,035		170,035	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):									13
14	TOTAL			$	13,225	$ 991,855	$ 181,331	13,225	$ 1,173,186	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

STATE OF ILLINOIS

Facility Name & ID Number Sunny Hill Nursing Home of Will County # 0014076 Report Period Beginning: 12/1/11 Ending: 11/30/12

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 11/30/12 (last day of reporting year)

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)			3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			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)**	$	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	25,000	25,000	13
14	Buildings, at Historical Cost	6,444,148	6,444,148	14
15	Leasehold Improvements, at Historical Cost	16,897,960	16,897,960	15
16	Equipment, at Historical Cost	2,475,746	2,475,746	16
17	Accumulated Depreciation (book methods)	(10,035,062)	(10,035,062)	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)**	$ 15,807,792	$ 15,807,792	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 15,807,792	$ 15,807,792	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	1,074,843	1,074,843	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36				36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 1,074,843	$ 1,074,843	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 1,074,843	$ 1,074,843	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 14,732,949	$ 14,732,949	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 15,807,792	$ 15,807,792	48

***(See instructions.)**

Facility Name & ID Number Sunny Hill Nursing Home of Will County # 0014076 Report Period Beginning: 12/1/11 Ending: 11/30/12

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 12,536,902	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 12,536,902	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(4,043,652)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ (4,043,652)	17
	B. Transfers (Itemize):		
18	**Interfund Transfers**	6,239,699	18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$ 6,239,699	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 14,732,949	24 *

*** This must agree with page 17, line 47.**

Facility Name & ID Number Sunny Hill Nursing Home of Will County # 0014076 Report Period Beginning: 12/1/11 Ending: 11/30/12

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	I. Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 12,156,099	1
2	Discounts and Allowances for all Levels	1,471,913	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 13,628,012	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	720,126	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 720,126	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals	4,297	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	127,462	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	11,567	19
20	Radiology and X-Ray	16,687	20
21	Other Medical Services		21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 160,013	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***		25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a	Sundry	411	28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 411	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 14,508,562	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	2,926,461	31
32	Health Care	7,938,856	32
33	General Administration	5,288,119	33
	B. Capital Expense		
34	Ownership	612,449	34
	C. Ancillary Expense		
35	Special Cost Centers	1,190,971	35
36	Provider Participation Fee	595,358	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 18,552,214	40
41	**Income before Income Taxes (line 30 minus line 40)****	(4,043,652)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (4,043,652)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 2,008,341	44
45	Private Pay - Net Inpatient Revenue	8,998,368	45
46	Medicare - Net Inpatient Revenue	2,621,303	46
47	Other-(specify)		47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 13,628,012	49

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return? N/A^ If not, please attach a reconciliation.**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.**

******Provide a detailed breakdown of "Other Revenue" on an attached sheet.**

^ - Government Entity - Part of County

Facility Name & ID Number Sunny Hill Nursing Home of Will County # 0014076 Report Period Beginning: 12/1/11 Ending: 11/30/12

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,959	2,079	$ 88,691	$ 42.66	1
2	Assistant Director of Nursing	3,742	4,118	143,333	34.81	2
3	Registered Nurses	40,479	46,931	1,475,806	31.45	3
4	Licensed Practical Nurses	72,833	81,642	2,051,890	25.13	4
5	CNAs & Orderlies	147,751	165,452	2,544,923	15.38	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	6,761	7,515	147,014	19.56	8
9	Activity Director					9
10	Activity Assistants	12,117	13,313	240,889	18.09	10
11	Social Service Workers	10,509	11,040	308,197	27.92	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	48,086	50,760	797,857	15.72	15
16	Dishwashers					16
17	Maintenance Workers					17
18	Housekeepers	43,381	49,951	712,280	14.26	18
19	Laundry	12,136	13,975	199,272	14.26	19
20	Administrator	1,854	1,905	92,726	48.68	20
21	Assistant Administrator	2,288	2,418	82,297	34.04	21
22	Other Administrative	944	1,103	28,765	26.08	22
23	Office Manager					23
24	Clerical	13,852	15,400	327,984	21.30	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	418,692	467,602	$ 9,241,924 *	$ 19.76	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly	$ 17,865	1(3)	35
36	Medical Director	Monthly	6,000	9(3)	36
37	Medical Records Consultant	Monthly	1,290	10(3)	37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	9,613	10(3)	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	Monthly	3,232	39(3)	43
44	Activity Consultant				44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 38,000		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	138	$ 6,519	10(3)	50
51	Licensed Practical Nurses	4,206	182,730	10(3)	51
52	Certified Nurse Assistants/Aides	9,271	230,841	10(3)	52
53	TOTAL (lines 50 - 52)	13,615	$ 420,090		53

Facility Name & ID Number Sunny Hill Nursing Home of Will County # 0014076 Report Period Beginning: 12/1/11 Ending: 11/30/12

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Karen Sobero	Administrator	0	$ 92,726
Rebecca Halderson	Asst. Administrator	0	82,297
Patricia Wendholt	Other Administrative	0	28,765
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 203,788

B. Administrative - Other

Description	Amount
N/A	$
TOTAL (agree to Schedule V, line 17, col. 3)	$
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Duane Morris	Legal	$ 595
AccuMed Services, Inc.	Medical Billing	12,532
Health Data Systems	Medical Billing	11,615
Comcast	Computer Services	66
IVANS	Medical Billing	2,773
Medifax - EDI	Medical Billing	1,290
McGladrey LLP	Accounting	14,755
FR&R Healthcare	Accounting	360
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $5,000, attach copy of invoices.)		$ 43,986

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$
Unemployment Compensation Insurance	
FICA Taxes	682,692
Employee Health Insurance	2,749,937
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	1,095,168
Uniforms	64,787
Employee Physicals/Drug Screenings	7,097
Allocation from County	781,257
TOTAL (agree to Schedule V, line 22, col.8)	$ 5,380,938

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
N/A		
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 3,980
Advertising: Employee Recruitment	
Health Care Worker Background Check	
(Indicate # of checks performed 74)	892
Patient Background Checks 74	892
Illinois Healthcare Association	12,144
Miscellaneous Dues & Subscriptions	19,703
Chamber Dues	405
Less: Lobbying Fees	(4,521)
Less: Chamber Dues	(405)
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 33,090

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
N/A	
In-State Travel	
N/A	
Seminar Expense	2,786
See Attached Schedule	
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 2,786

* Attach copy of IMRF notifications

**See instructions.

Sunny Hill Nursing Home
Provider # 0014076
12/01/11 - 11/30/12

Schedule 21A

XIX. SUPPORT SCHEDULE
C. Professional Services

Subtotal	43,986
Total (agree to Schedule V, line 19, column 3)	43,986
Allocated from Will County	943,109
Total (agree to Schedule V, line 19, column 8)	987,095

Facility Name & ID Number Sunny Hill Nursing Home of Will County # 0014076 Report Period Beginning: 12/1/11 Ending: 11/30/12

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1			$		$	$	$	$	$	$	$	$	$
2													
3										N/A			
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

Facility Name & ID Number Sunny Hill Nursing Home of Will County # 0014076 **Report Period Beginning:** 12/1/11 **Ending:** 11/30/12

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **Yes**

(2) Are there any dues to nursing home associations included on the cost report? **Yes**
If YES, give association name and amount. **IHCA - $12,144**

(3) Did the nursing home make political contributions or payments to a political action organization? **Yes** If YES, have these costs been properly adjusted out of the cost report? **Yes**

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? **No** If YES, what is the capacity? **N/A**

(5) Have you properly capitalized all major repairs and equipment purchases? **Yes**
What was the average life used for new equipment added during this period? **5 yrs.**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **207,336** Line **10(2)**

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? **Yes** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **No**
If YES, give effective date of lease. **N/A**

(9) Are you presently operating under a sublease agreement? YES **X** NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO **X** If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.
N/A

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. $ **595,358**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **No** If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? **Yes**

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? **No** For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **N/A** Has any meal income been offset against related costs? **Yes** Indicate the amount. $ **4,297**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **No**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **No** If YES, please indicate the amount of income earned from such a program during this reporting period. $ **N/A**
c. What percent of all travel expense relates to transportation of nurses and patients? **0**
d. Have vehicle usage logs been maintained? **Adequate records have been maintained.**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **N/A**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **N/A**
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. $ **N/A**

(17) Has an audit been performed by an independent certified public accounting firm? **Yes**
Firm Name: **Baker Tilly**

(18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? **Yes**

(19) If total legal fees are in excess of $5,000, have legal invoices and a summary of services performed been attached to this cost report? **N/A**
Attach invoices and a summary of services for all architect and appraisal fees.