FOR BHF USE

LL1

2018
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2018)

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.

I. IDPH License ID Number: 0014076

Facility Name: Sunny Hill Nursing Home of Will Co

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 12/1/17 to 11/30/18 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) RSM US 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 Co # 0014076 Report Period Beginning: 12/1/17 Ending: 11/30/18

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	157	Skilled (SNF)	157	57,305	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	157	TOTALS	157	57,305	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	31,148	8,370	15,341	54,859	8
9	SNF/PED					9
10	ICF	648			648	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	31,796	8,370	15,341	55,507	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 96.86%

D. How many bed reserve days during this year were paid by the Department?
None (Do not include bed reserve 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 157 and days of care provided 2,904

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: 11/30/2018 Fiscal Year: 11/30/2018

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

Facility Name & ID Number Sunny Hill Nursing Home of Will Co # 0014076 Report Period Beginning: 12/1/17 Ending: 11/30/18

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	817,982	27,434	22,778	868,194		868,194	-	868,194			1
2	Food Purchase		520,193		520,193		520,193	(2,406)	517,787			2
3	Housekeeping	654,726	69,828	-	724,554		724,554	-	724,554			3
4	Laundry	174,041	27,258	-	201,299		201,299	-	201,299			4
5	Heat and Other Utilities			257,004	257,004		257,004	-	257,004			5
6	Maintenance	-	314	119,209	119,523		119,523	374,508	494,031			6
7	Other (specify):*	-	-	-				-				7
8	**TOTAL General Services**	1,646,749	645,027	398,991	2,690,767		2,690,767	372,102	3,062,869			8
	B. Health Care and Programs											
9	Medical Director	-	-	5,500	5,500		5,500	-	5,500			9
10	Nursing and Medical Records	6,651,131	317,786	612,257	7,581,174		7,581,174	-	7,581,174			10
10a	Therapy	192,636	-	-	192,636		192,636	-	192,636			10a
11	Activities	214,575	-	1,901	216,476		216,476	-	216,476			11
12	Social Services	198,842	-	-	198,842		198,842	-	198,842			12
13	CNA Training	-	-	-				-				13
14	Program Transportation	-	-	-				-				14
15	Other (specify):*	-	-	-				-				15
16	**TOTAL Health Care and Programs**	7,257,184	317,786	619,658	8,194,628		8,194,628		8,194,628			16
	C. General Administration											
17	Administrative	182,852	-	-	182,852		182,852	-	182,852			17
18	Directors Fees			-				-				18
19	Professional Services			16,648	16,648		16,648	880,288	896,936			19
20	Dues, Fees, Subscriptions & Promotions			39,902	39,902		39,902	(24,471)	15,431			20
21	Clerical & General Office Expenses	365,260	15,203	9,419	389,882		389,882	59,000	448,882			21
22	Employee Benefits & Payroll Taxes			5,357,495	5,357,495		5,357,495	285,415	5,642,910			22
23	Inservice Training & Education			-				-				23
24	Travel and Seminar			2,658	2,658		2,658	-	2,658			24
25	Other Admin. Staff Transportation		-	192	192		192	-	192			25
26	Insurance-Prop.Liab.Malpractice			-				288,445	288,445			26
27	Other (specify):*	-	-	-				-				27
28	**TOTAL General Administration**	548,112	15,203	5,426,314	5,989,629		5,989,629	1,488,677	7,478,306			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	9,452,045	978,016	6,444,963	16,875,024		16,875,024	1,860,779	18,735,803			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 Co #0014076 Report Period Beginning: 12/1/17 Ending: 11/30/18

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			791,249	791,249		791,249	-	791,249			30
31	Amortization of Pre-Op. & Org.			-				-				31
32	Interest			-				-				32
33	Real Estate Taxes			-				-				33
34	Rent-Facility & Grounds			-				-				34
35	Rent-Equipment & Vehicles			64,721	64,721		64,721	-	64,721			35
36	Other (specify):*			-				-				36
37	**TOTAL Ownership**			855,970	855,970		855,970		855,970			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation	-	-	-				-				38
39	Ancillary Service Centers	-	117,189	525,394	642,583		642,583	-	642,583			39
40	Barber and Beauty Shops	-	-	-				-				40
41	Coffee and Gift Shops	-	-	-				-				41
42	Provider Participation Fee			405,209	405,209		405,209	-	405,209			42
43	Other (specify):* Non-Allowable Cos	-	-	23,529	23,529		23,529	(23,529)				43
44	**TOTAL Special Cost Centers**		117,189	954,132	1,071,321		1,071,321	(23,529)	1,047,792			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	9,452,045	1,095,205	8,255,065	18,802,315		18,802,315	1,837,250	20,639,565			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 Co # 0014076 Report Period Beginning: 12/1/17 Ending: 11/30/18

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	(2,406)	2		4
5	Telephone, TV & Radio in Resident Rooms	(20,539)	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				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				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	(675)	43		28
29	Other-Attach Schedule See PG5A	(26,786)	Var.		29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (50,406)		$	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)	1,887,656		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 1,887,656		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ 1,837,250		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 Co

ID# 0014076

Report Period Beginning: 12/1/17

Ending: 11/30/18

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Chamber of Commerce Dues	$ (260)	20	1
2	Lab Services	(6,348)	43	2
3	Disallow IHCA Lobbying Fees	(3,672)	20	3
4	Disallow non-allowable radiology services	(6,949)	43	4
5	Disallow Late Fees	(2)	43	5
6	Disallow Fines	(9,555)	43	6
7				7
8				8
9				9
10				10
11				11
12				12
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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**	(26,786)		49

Facility Name & ID Number Sunny Hill Nursing Home of Will Co # 0014076 Report Period Beginning: 12/1/17 Ending: 11/30/18

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%	$ 374,508	$ 374,508	1
2	V	19	Professional Services		Will County	100.00%	880,288	880,288	2
3	V	21	Film Processing		Will County	100.00%	28,519	28,519	3
4	V	21	Telephone		Will County	100.00%	30,481	30,481	4
5	V	22	Employee Benefits		Will County	100.00%	285,415	285,415	5
6	V	26	Insurance		Will County	100.00%	288,445	288,445	6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$			$ 1,887,656	$ * 1,887,656	14

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

Facility Name & ID Number Sunny Hill Nursing Home of Will Co # 0014076 Report Period Beginning: 12/1/17 Ending: 11/30/18

VII. RELATED PARTIES

A. (Continued) **Enter below the names of ALL owners and related organizations (parties) as defined in the instructions**

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	Board of Directors							1
2								2
3	Judy Ogalla	0						3
4	Laurie Summers	0						4
5	Amanda Koch	0						5
6	Jim Moustis	0						6
7	Donald Moran	0						7
8	Beth Rice	0						8
9	Kenneth Harris	0						9
10	Jacqueline Traynere	0						10
11	Gretchen Fritz	0						11
12	Meta Mueller	0						12
13	Don Gould	0						13
14	Joe VanDuyne	0						14
15	Steve Balich	0						15
16	Mike Fricilone	0						16
17	Herbert Brooks, Jr.	0						17
18	Denise Winfrey, County Board Speaker	0						18
19	Annette Parker	0						19
20	Rachel Ventura	0						20
21	Gloria Dollinger	0						21
22	Tyler Marcum	0						22
23	Julie Berkowicz	0						23
24	Mimi Cowan	0						24
25	Ray Tuminello	0						25
26	Tom Weigel	0						26
27	Mark Ferry	0						27
28	Tim Kraulidis	0						28
29								29
30								30

Facility Name & ID Number Sunny Hill Nursing Home of Will Co # 0014076 Report Period Beginning: 12/1/17 Ending: 11/30/18

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 PG6-Supp	County board	Administrative	0					$	N/A	1
2		member									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 Co # 0014076 Report Period Beginning: 12/1/17 Ending: 11/30/18

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	$ 374,508	$	1	$ 374,508	1
2	19	Professional Services	% Hours / % Warrants	1	1	880,288		1	880,288	2
3	21	Film Processing	% State	1	1	28,519		1	28,519	3
4	21	Telephone	% Hours / % Warrants	1	1	30,481		1	30,481	4
5	22	Employee Benefits	% Employees	1	1	285,415		1	285,415	5
6	26	Insurance	% Employees	1	1	288,445		1	288,445	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					$ 1,887,656	$		$ 1,887,656	25

Facility Name & ID Number Sunny Hill Nursing Home of Will Co # 0014076 Report Period Beginning: 12/1/17 Ending: 11/30/18

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**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	A. Directly Facility Related Long-Term											
1	N/A						$	$			$	1
2												2
3												3
4												4
5												5
	Working Capital											
6	N/A											6
7												7
8												8
9	TOTAL Facility Related						$	$			$	9
	B. Non-Facility Related*											
10												10
11	N/A											11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$	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 Co # 0014076 Report Period Beginning: 12/1/17 Ending: 11/30/18

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2017 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.)	2017	$	2
3. Under or (over) accrual (line 2 minus line 1).		$	3
4. Real Estate Tax accrual used for 2018 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.)**	Alloc Fr. Mgmt Co.	$	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:			
	2013	N/A	8
	2014		9
	2015		10
	2016		11
	2017		12

Not applicable - county does not pay real estate taxes.

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2017	$	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.

2017 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Sunny Hill Nursing Home of Will Co COUNTY Will

FACILITY IDPH LICENSE NUMBER 0014076

CONTACT PERSON REGARDING THIS REPORT Rebecca Haldorson, 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 2017 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 2017.

	(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 2017 tax bills which were listed in Section A to this statement. Be sure to use the 2017 tax bill which is normally paid during 2018.

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 Co # 0014076 Report Period Beginning: 12/1/17 Ending: 11/30/18

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 128,067 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 Co # 0014076 Report Period Beginning: 12/1/17 Ending: 11/30/18

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	157		1972	1972	$ 1,375,843	$ -	40	$ -	$	$ 1,375,843	4
5	157		1976	1976	1,198,083	-	40	-		1,198,083	5
6						-		-			6
7						-		-			7
8						-		-			8
	Improvement Type**										
9	Fencing		1970	1970	727	-	20	-		727	9
10	Landscaping		1972	1972	51,575	-	10-20	-		51,575	10
11	Patching and Paving/Air Conditioning/Entrance		1973	1973	37,155	-	10-20	-		37,155	11
12	Door		1974	1974	38,466	-	20	-		38,466	12
13	Asphalt Paving		1975	1975	155,856	-	15	-		155,856	13
14	Landscaping		1976	1976	57,254	-	10-15	-		57,254	14
15	Sewer and Water		1976	1976	26,031	-	30	-		26,031	15
16	Plumbing		1972	1972	183,817	-	25	-		183,817	16
17	Heating and Electrical		1972	1972	522,443	-	20	-		522,443	17
18	Plumbing		1976	1976	262,534	-	25	-		262,534	18
19	Heating and Electrical		1976	1976	508,942	-	20	-		508,942	19
20	Sprinkler System and Paving		1975	1975	83,460	-	25	-		83,460	20
21	Repairs / Roof		1981	1981	107,858	-	15	-		107,858	21
22	Building Improvement		1987	1987	819,813	-	25	-		819,813	22
23	Reroof A & B Roof		1985	1985	85,920	-	20	-		85,920	23
24	Parking Lot Lights		1989	1989	3,040	-	15	-		3,040	24
25	Reroof / Hot Water		1992	1992	162,867	-	20	-		162,867	25
26	Washer Repair		1992	1992	3,284	-	3	-		3,284	26
27	Site Improvements		1993	1993	101,451	-	15	-		101,451	27
28	Laundry Renovation		1994	1994	108,852	-	15	-		108,852	28
29	Paving Parking Lot		1995	1995	66,260	-	15	-		66,260	29
30	Laundry, Air Conditioner		1996	1996	362,815	-	12	-		362,815	30
31	Elevator Repair		1997	1997	4,990	-	10	-		4,990	31
32	Tile		1992	1992	7,040	-	5	-		7,040	32
33	Elevator Repair		1996	1996	2,212	-	3	-		2,212	33
34	Sheeting		1993	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 Co # 0014076 Report Period Beginning: 12/1/17 Ending: 11/30/18

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	-	10	-		11,756	58
59	Air Cleaner	2002	2,020	-	10	-		2,020	59
60	Boiler	2002	5,658	-	10	-		5,658	60
61	HVAC Control	2002	2,800	-	10	-		2,800	61
62	Fire and Smoke Dampers	2002	26,087	-	10	-		26,087	62
63	Doors	2002	4,155	-	10	-		4,155	63
64	Fireproof Framing	2002	2,730	-	10	-		2,730	64
65				-		-			65
66				-		-			66
67				-		-			67
68				-		-			68
69				-		-			69
70	TOTAL (lines 4 thru 69)		$ 6,504,680	$		$	$	$ 6,504,680	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 Co # 0014076 Report Period Beginning: 12/1/17 Ending: 11/30/18

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	$		$	$	$ 6,504,680	1
2	HVAC	2003	11,370	-	10	-		11,370	2
3	Plumbing	2003	11,833	-	10	-		11,833	3
4	Oven repairs	2003	3,020	-	10	-		3,020	4
5	Dishwasher repairs	2003	1,419	-	10	-		1,419	5
6	Garbage disposal	2003	2,429	-	10	-		2,429	6
7	Freezer doors	2003	5,610	-	10	-		5,610	7
8	Boiler repairs	2003	21,892	-	10	-		21,892	8
9	Entrance door repairs	2003	13,240	-	10	-		13,240	9
10	Washing machine repair	2003	1,045	-	10	-		1,045	10
11	Site improvement	2003	8,252	-	10	-		8,252	11
12				-		-			12
13	Fire alarm system	2004	140,676	-	10	-		140,676	13
14	Water pipes replaced	2004	44,498	-	10	-		44,498	14
15	Structural work	2004	5,331	-	10	-		5,331	15
16	Windows	2004	29,590	-	10	-		29,590	16
17	Wall divider	2004	11,280	-	10	-		11,280	17
18	Front gate and posts	2004	8,025	-	10	-		8,025	18
19				-		-			19
20	Various lighting	2005	60,791	-	10	-		60,791	20
21	Cabinet	2005	1,200	-	10	-		1,200	21
22	Cabinet	2005	4,900	-	10	-		4,900	22
23	Pavement	2005	6,581	-	10	-		6,581	23
24	Stump removal and excavation	2005	12,600	-	10	-		12,600	24
25	Fire alarm modification	2005	4,286	-	10	-		4,286	25
26		2005	23,365	-	10	-		23,365	26
27	Remove & Replace concrete sidewalk for			-		-			27
28	front entrance to facility	2008	7,059	352	10	352		7,059	28
29				-		-			29
30	Remove & Replace doors	2009	15,489	-	5	-		15,489	30
31				-		-			31
32				-		-			32
33				-		-			33
34	TOTAL (lines 1 thru 33)		$ 6,960,461	$ 352		$ 352	$	$ 6,960,461	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 Co # 0014076 Report Period Beginning: 12/1/17 Ending: 11/30/18

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	$ 352		$ 352	$	$ 6,960,461	1
2	1st Floor F-Wing	2009	3,215,133	80,378	40	80,378		763,591	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		125,495	30
31				-		-			31
32				-		-			32
33				-		-			33
34	TOTAL (lines 1 thru 33)		$ 10,703,994	$ 93,940		$ 93,940	$	$ 7,849,547	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 Co # 0014076 Report Period Beginning: 12/1/17 Ending: 11/30/18

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	$ 93,940		$ 93,940	$	$ 7,849,547	1
2	Lower Level E-Wing, Main Entrance & Canopy	2009	3,669,058	91,726	40	91,726		871,397	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	$ 185,666		$ 185,666	$	$ 8,720,944	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 Co # 0014076 Report Period Beginning: 12/1/17 Ending: 11/30/18

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	$ 185,666		$ 185,666	$	$ 8,720,944	1
2	1st Floor E-Wing	2009	3,077,955	76,949	40	76,949		731,015	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	$ 262,615		$ 262,615	$	$ 9,451,959	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 Co # 0014076 Report Period Beginning: 12/1/17 Ending: 11/30/18

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	$ 262,615		$ 262,615	$	$ 9,451,959	1
2	1st Floor E-Wing	2010	57,230	1,431	40	1,431		12,163	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		575,708	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	-	5	-		3,500	18
19				-		-			19
20	4th and 5th Avenue Remodel	2012	2,751,638	68,791	40	68,791		447,141	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	-	5	-		8,275	33
34	TOTAL (lines 1 thru 33)		$ 23,342,108	$ 409,598		$ 409,598	$	$ 10,498,746	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 Co # 0014076 Report Period Beginning: 12/1/17 Ending: 11/30/18

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 12F, Carried Forward		$ 23,342,108	$ 409,598		$ 409,598	$	$ 10,498,746	1
2				-					2
3	Therapy & Kitchen Interior Renovations, small entrance addition	2013	4,817,787	120,445	40	120,445		662,446	3
4	and parking renovations for therapy			-					4
5	-Painting			-					5
6	-Plumbing			-					6
7	-Electrical			-					7
8	-Equipment			-					8
9	- Mechanical			-					9
10	-General Construction			-					10
11	-Concrete Asphalt			-					11
12	-Excavation			-					12
13	-Millwork			-					13
14	-Landscaping			-					14
15				-					15
16	Therapy & Kitchen Renovations, 6th Avenue and Admin,	2014	3,318,956	82,974	40	82,974		373,383	16
17	patient wing, dining room and administrative areas			-					17
18	-Fire Protections			-					18
19	-Plumbing			-					19
20	-Painting			-					20
21	-Asbestos Abatement			-					21
22	-Electrical			-					22
23	-General Construction			-					23
24	-Excavation			-					24
25	-Millwork			-					25
26	-Landscaping			-					26
27	-HVAC			-					27
28	-Elevator Modernization			-					28
29	-Access Road Rehabilitation			-					29
30	-Concrete Asphalt			-					30
31				-					31
32				-					32
33				-					33
34	TOTAL (lines 1 thru 33)		$ 31,478,851	$ 613,017		$ 613,017	$	$ 11,534,575	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 Co # 0014076 Report Period Beginning: 12/1/17 Ending: 11/30/18

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 12G, Carried Forward		$ 31,478,851	$ 613,017		$ 613,017	$	$ 11,534,575	1
2				-					2
3	6th Avenue and Admin, Interior patient wing,	2015	2,849,503	71,238	40	71,238		249,333	3
4	dining room, administrative areas and roof			-					4
5	- Roofing & Sheet Metal			-					5
6	- Fire Protections			-					6
7	- Painting			-					7
8	- Plumbing			-					8
9	- Electrical			-					9
10	- Asbestos Abatement			-					10
11	- Reengineering HVAC			-					11
12	- Flooring			-					12
13	- Millwork			-					13
14	- General trades			-					14
15				-					15
16	6th Avenue and Admin, Interior patient wing,	2016	2,340,886	58,522	40	58,522		146,305	16
17	dining room, administrative areas and roof			-					17
18	- Roofing & Sheet Metal			-					18
19	- Fire Protections			-					19
20	- Painting			-					20
21	- Plumbing			-					21
22	- Electrical			-					22
23	- Asbestos Abatement			-					23
24	- Reengineering HVAC			-					24
25	- Flooring			-					25
26	- Millwork			-					26
27	- General trades			-					27
28				-					28
29				-					29
30				-					30
31				-					31
32				-					32
33				-					33
34	TOTAL (lines 1 thru 33)		$ 36,669,240	$ 742,777		$ 742,777	$	$ 11,930,213	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 Co # 0014076 Report Period Beginning: 12/1/17 Ending: 11/30/18

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 12H, Carried Forward		$ 36,669,240	$ 742,777		$ 742,777	$	$ 11,930,213	1
2	6th Avenue and Admin, Interior patient wing,	2017	496,949	12,424	40	12,424		18,636	2
3	dining room, administrative areas and roof			-					3
4	- Roofing & Sheet Metal			-					4
5	- Fire Protections			-					5
6	- Painting			-					6
7	- Plumbing			-					7
8	- Electrical			-					8
9	- Reengineering HVAC			-					9
10	- Flooring			-					10
11	- Millwork			-					11
12	- General trades			-					12
13				-					13
14				-					14
15				-					15
16				-					16
17				-					17
18				-					18
19				-					19
20				-					20
21				-					21
22				-					22
23				-					23
24				-					24
25				-					25
26				-					26
27				-					27
28				-					28
29				-					29
30				-					30
31				-					31
32				-					32
33				-					33
34	TOTAL (lines 1 thru 33)		$ 37,166,189	$ 755,201		$ 755,201	$	$ 11,948,849	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 Co # 0014076 Report Period Beginning: 12/1/17 Ending: 11/30/18

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	$ 320,863	$ 36,048	$ 36,048	$ -	5 years	$ 165,785	71
72	Current Year Purchases				-			72
73	Fully Depreciated Assets	2,332,050			-		2,332,050	73
74					-			74
75	TOTALS	$ 2,652,913	$ 36,048	$ 36,048	$		$ 2,497,835	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)	$ 39,844,102	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 791,249	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 791,249	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)	$ 14,446,684	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 Co # 0014076 Report Period Beginning: 12/1/17 Ending: 11/30/18

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:				$ N/A			3
4	Additions							4
5								5
6								6
7	TOTAL				$ **			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 ☒ N/A ☐ 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.	/2019	$
13.	/2020	$
14.	/2021	$

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: $ 64,721 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.

Facility Name: **Sunny Hill Nursing Home of Will Co**
IDPH License ID Number: **0014076**
Fiscal Year End: **11/30/18**

Schedule 14A

XIV. Rental Costs
Line 16 Rental Amount for Moveable Equipment

Rental Description	Amount
Dietary Equipment	11,809
Helium Tanks	600
Ice Machine	9,391
Nursing Equipment	34,377
Oxygen Tanks	8,544
Total - Line 16	**64,721**

Facility Name & ID Number Sunny Hill Nursing Home of Will Co # 0014076 Report Period Beginning: 12/1/17 Ending: 11/30/18

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 Co # 0014076 Report Period Beginning: 12/1/17 Ending: 11/30/18

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

	1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39(3)	hrs	$	2,963	$ 222,243	$	2,963	$ 222,243	1
2	Licensed Speech and Language Development Therapist	39(3)	hrs		399	29,933		399	29,933	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39(2,3)	hrs		3,632	272,423	3,694	3,632	276,117	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				93,966		93,966	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): Oxygen	39(2)					19,529		19,529	12
13	Other (specify):									13
14	TOTAL			$	6,994	$ 524,599	$ 117,189	6,994	$ 641,788	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.

Facility Name & ID Number Sunny Hill Nursing Home of Will Co # 0014076 Report Period Beginning: 12/1/17 Ending: 11/30/18

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 11/30/18 (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	30,722,041	30,722,041	15
16	Equipment, at Historical Cost	2,652,913	2,652,913	16
17	Accumulated Depreciation (book methods)	(14,446,684)	(14,446,684)	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 (spc			22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 25,397,418	$ 25,397,418	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 25,397,418	$ 25,397,418	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	1,032,606	1,032,606	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)**	$ 1,032,606	$ 1,032,606	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)**	$ 1,032,606	$ 1,032,606	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 24,364,812	$ 24,364,812	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 25,397,418	$ 25,397,418	48

***(See instructions.)**

Facility Name & ID Number Sunny Hill Nursing Home of Will Co # 0014076 Report Period Beginning: 12/1/17 Ending: 11/30/18

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 25,033,165	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 25,033,165	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(4,737,823)	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)**	$ (4,737,823)	17
	B. Transfers (Itemize):		
18	**Interfund Transfers**	4,069,470	18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$ 4,069,470	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 24,364,812	24 *

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

Facility Name & ID Number Sunny Hill Nursing Home of Will Co # 0014076 Report Period Beginning: 12/1/17 Ending: 11/30/18

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	$ 13,472,349	1
2	Discounts and Allowances for all Levels	( )	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 13,472,349	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	514,400	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 514,400	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	2,406	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	57,506	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	7,260	19
20	Radiology and X-Ray	6,893	20
21	Other Medical Services		21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 74,065	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	3,678	28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 3,678	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 14,064,492	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	2,690,767	31
32	Health Care	8,194,628	32
33	General Administration	5,989,629	33
	B. Capital Expense		
34	Ownership	855,970	34
	C. Ancillary Expense		
35	Special Cost Centers	666,112	35
36	Provider Participation Fee	405,209	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 18,802,315	40
41	**Income before Income Taxes (line 30 minus line 40)****	(4,737,823)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (4,737,823)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 2,222,631	44
45	Private Pay - Net Inpatient Revenue	10,455,707	45
46	Medicare - Net Inpatient Revenue	794,011	46
47	Other-(specify)		47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 13,472,349	49

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

** **Does this agree with taxable income (loss) per Federal Income Tax Return? No^ 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.**

^ Entity is a cash basis taxpayer

Facility Name & ID Number Sunny Hill Nursing Home of Will Co # 0014076 Report Period Beginning: 12/1/17 Ending: 11/30/18

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	1,920	2,080	$ 106,363	$ 51.14	1
2	Assistant Director of Nursing	5,807	6,240	233,015	37.34	2
3	Registered Nurses	53,634	61,003	1,968,671	32.27	3
4	Licensed Practical Nurses	55,911	62,975	1,646,596	26.15	4
5	CNAs & Orderlies	162,907	179,392	2,606,131	14.53	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	11,233	13,455	192,636	14.32	8
9	Activity Director					9
10	Activity Assistants	9,292	10,250	214,575	20.93	10
11	Social Service Workers	7,376	7,782	198,842	25.55	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	35,757	38,413	817,982	21.29	15
16	Dishwashers					16
17	Maintenance Workers					17
18	Housekeepers	35,356	41,584	654,726	15.74	18
19	Laundry	8,432	9,816	174,041	17.73	19
20	Administrator	1,964	2,429	128,690	52.98	20
21	Assistant Administrator	1,252	1,252	54,162	43.26	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	15,614	16,805	365,260	21.74	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 C: MDS	1,901	2,080	90,355	43.44	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	408,356	455,556	$ 9,452,045 *	$ 20.75	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	$ 22,778	1(3)	35
36	Medical Director	Monthly	5,500	9(3)	36
37	Medical Records Consultant	Monthly	1,200	10(3)	37
38	Nurse Consultant				38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	Monthly	795	39(3)	43
44	Activity Consultant	Quarterly	1,901	11(3)	44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 32,174		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	10	$ 606	10(3)	50
51	Licensed Practical Nurses	2,193	84,949	10(3)	51
52	Certified Nurse Assistants/Aides	19,219	456,032	10(3)	52
53	TOTAL (lines 50 - 52)	21,422	$ 541,587		53

Facility Name & ID Number Sunny Hill Nursing Home of Will Co # 0014076 Report Period Beginning: 12/1/17 Ending: 11/30/18

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Rebecca Haldorson	Administrator	0	$ 128,690
Maggie McDowell	Asst. Administrator	0	54,162
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 182,852

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
See Attached Schedule 21C	See Sch. 21C	$ 16,648
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 16,648

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$
Unemployment Compensation Insurance	
FICA Taxes	715,347
Employee Health Insurance	3,428,524
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	1,131,838
Uniforms	62,416
Employee Physicals/Drug Screenings	19,370
Allocation from County	285,415
TOTAL (agree to Schedule V, line 22, col.8)	$ 5,642,910

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	$ 1,990
Advertising: Employee Recruitment	
Health Care Worker Background Check	
(Indicate # of checks performed 72)	861
Patient Background Checks 72	861
Illinois Health Care Association	11,523
Miscellaneous Dues	3,868
Chamber Dues	260
Less: Lobbying Fees	(3,672)
Less: Chamber Dues	(260)
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 15,431

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	2,658
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 2,658

* Attach copy of IMRF notifications

**See instructions.

Facility Name: **Sunny Hill Nursing Home of Will Co**
IDPH License ID Number: **0014076**
Fiscal Year End: **11/30/18**

Schedule 21C

XIX. SUPPORT SCHEDULES

C. Professional Services

Vendor	Type	Amount
Duane Morris	Legal	1,498
RSM US LLP	Accounting	14,150
Kronos	Payroll Services	1,000

Total (agree to Schedule V, line 19, column 3)	16,648
Allocated from Management Company Professional Services	880,288
Total (agree to Schedule V, line 19, column 8)	896,936

Facility Name & ID Number Sunny Hill Nursing Home of Will Co # 0014076 Report Period Beginning: 12/1/17 Ending: 11/30/18

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 - $11,523**

(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? **N/A**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **88,565** 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. $ **405,209**
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? **No** Indicate the amount. $ **2,406**

(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 out of Schedule V? **Yes**

(19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. **Yes**
Attach invoices and a summary of services for all architect and appraisal fees.