		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.

2020
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2020)

I. IDPH License ID Number: 0005009

Facility Name: Sunny Acres Nursing Home

Address: 19130 Sunny Acres Rd (Number) Petersburg (City) 62675 (Zip Code)

County: Menard

Telephone Number: 217-632-2334 **Fax #** ( )

HFS ID Number:

Date of Initial License for Current Owners: 1966

Type of Ownership:

[ ]	VOLUNTARY,NON-PROFIT	[ ]	PROPRIETARY	[xx]	GOVERNMENTAL
[ ]	Charitable Corp.	[ ]	Individual	[ ]	State
[ ]	Trust	[ ]	Partnership	[xx]	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: David M Underwood **Telephone Number:** (309)8237135
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 12/1/2019 to 11/30/2020 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) _____ (Date)
(Type or Print Name) David M Underwood
(Title) EVP & CFO

Paid Preparer

(Signed) _____ (Date)
(Print Name and Title)
(Firm Name & Address)
(Telephone) ( ) Fax # ( )

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 Acres Nursing Home # 0005009 Report Period Beginning: 12/1/2019 Ending: 11/30/2020

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 _____

	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	106	Skilled (SNF)	106	38,796	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	106	TOTALS	106	38,796	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	19,240	10,414	1,987	31,641	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	19,240	10,414	1,987	31,641	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 81.56%

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)
Meals for Menard County prison inmates

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 [ ] NO [xx]

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

I. On what date did you start providing long term care at this location?
Date started 12/1/1966

J. Was the facility purchased or leased after January 1, 1978?
YES [ ] Date _____ NO [xx]

K. Was the facility certified for Medicare during the reporting year?
YES [xx] NO [ ] If YES, enter number of beds certified 106 and days of care provided 1,987

Medicare Intermediary WPS

IV. ACCOUNTING BASIS

ACCRUAL [xx] MODIFIED CASH* [ ] CASH* [ ]

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

Tax Year: _____ Fiscal Year: _____

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

Facility Name & ID Number Sunny Acres Nursing Home # 0005009 Report Period Beginning: 12/1/2019 Ending: 11/30/2020

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	235,642	24,811	7,317	267,770		267,770		267,770			1
2	Food Purchase		223,533		223,533		223,533		223,533			2
3	Housekeeping	238,382	31,010		269,392		269,392		269,392			3
4	Laundry	55,044	11,843		66,887		66,887		66,887			4
5	Heat and Other Utilities			114,549	114,549		114,549		114,549			5
6	Maintenance	110,751	84,651	108,534	303,936		303,936		303,936			6
7	Other (specify):*											7
8	**TOTAL General Services**	639,819	375,848	230,400	1,246,067		1,246,067		1,246,067			8
	B. Health Care and Programs											
9	Medical Director			12,000	12,000		12,000		12,000			9
10	Nursing and Medical Records	2,010,230	170,276	296,850	2,477,356	113,768	2,591,124		2,591,124			10
10a	Therapy		188,530	30,805	219,335	(219,335)						10a
11	Activities	72,232	7,993		80,225		80,225		80,225			11
12	Social Services	49,145		4,010	53,155		53,155		53,155			12
13	CNA Training	2,103	4,362		6,465		6,465		6,465			13
14	Program Transportation											14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	2,133,710	371,161	343,665	2,848,536	(105,567)	2,742,969		2,742,969			16
	C. General Administration											
17	Administrative	96,396			96,396		96,396		96,396			17
18	Directors Fees											18
19	Professional Services			381,505	381,505		381,505	(16,242)	365,263			19
20	Dues, Fees, Subscriptions & Promotions			270,344	270,344	(238,121)	32,223	(18,617)	13,606			20
21	Clerical & General Office Expenses	233,080	36,281	10,526	279,887	(113,768)	166,119		166,119			21
22	Employee Benefits & Payroll Taxes			742,035	742,035		742,035		742,035			22
23	Inservice Training & Education			100	100		100		100			23
24	Travel and Seminar			8,347	8,347		8,347	(3,348)	4,999			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			74,083	74,083		74,083		74,083			26
27	Other (specify):* Lost resident items			158	158		158		158			27
28	**TOTAL General Administration**	329,476	36,281	1,487,098	1,852,855	(351,889)	1,500,966	(38,207)	1,462,759			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	3,103,005	783,290	2,061,163	5,947,458	(457,456)	5,490,002	(38,207)	5,451,795			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 Acres Nursing Home #0005009 Report Period Beginning: 12/1/2019 Ending: 11/30/2020

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			189,996	189,996		189,996		189,996			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			13,299	13,299		13,299		13,299			35
36	Other (specify):*											36
37	**TOTAL Ownership**			203,295	203,295		203,295		203,295			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers			693,266	693,266	219,335	912,601		912,601			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee					238,121	238,121		238,121			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**			693,266	693,266	457,456	1,150,722		1,150,722			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	3,103,005	783,290	2,957,724	6,844,019		6,844,019	(38,207)	6,805,812			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 Acres Nursing Home # 0005009 Report Period Beginning: 12/1/2019 Ending: 11/30/2020

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
5	Telephone, TV & Radio in Resident Rooms				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	(3,451)			17
18	Fines and Penalties				18
19	Entertainment	(3,348)			19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(16,242)			22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(15,166)			25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (38,207)		$	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)			34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (38,207)		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.			$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44						44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

Sunny Acres Nursing Home

ID# 0005009

Report Period Beginning: 12/1/2019

Ending: 11/30/2020

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1		$		1
2				2
3				3
4				4
5				5
6				6
7				7
8				8
9				9
10				10
11		(16,242)	19	11
12		0	19	12
13		0	27	13
14		(15,166)	20	14
15		(3,451)	20	15
16		0	6	16
17		(3,348)	24	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	(38,207)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Sunny Acres Nursing Home # 0005009 Report Period Beginning: 12/1/2019 Ending: 11/30/2020

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	0	0	0	0	0	0	0	0	0	0	0	0	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(16,242)	0	0	0	0	0	0	0	0	0	0	(16,242)	19
20	Fees, Subscriptions & Promotions	(18,617)	0	0	0	0	0	0	0	0	0	0	(18,617)	20
21	Clerical & General Office Expenses	0	0	0	0	0	0	0	0	0	0	0	0	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(3,348)	0	0	0	0	0	0	0	0	0	0	(3,348)	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	**TOTAL General Administration**	(38,207)	0	0	0	0	0	0	0	0	0	0	(38,207)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(38,207)	0	0	0	0	0	0	0	0	0	0	(38,207)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Sunny Acres Nursing Home # 0005009 **Report Period Beginning:** 12/1/2019 **Ending:** 11/30/2020

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	0	0	0	0	0	0	0	0	0	0	0	0	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	0	0	0	0	0	0	0	0	0	0	0	0	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	0	0	0	0	0	0	0	0	0	0	0	0	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	**TOTAL Special Cost Centers**	0	0	0	0	0	0	0	0	0	0	0	0	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(38,207)	0	0	0	0	0	0	0	0	0	0	(38,207)	45

Facility Name & ID Number Sunny Acres Nursing Home # 0005009 Report Period Beginning: 12/1/2019 Ending: 11/30/2020

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
Menard County, Illinois						
List of Board Commissioners and						
Nursing Home Advisory Committee						
Attached						

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. [ ] YES [xx] 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			$			$	$	1
2	V								2
3	V								3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$			$	$ *	14

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

Facility Name & ID Number Sunny Acres Nursing Home # 0005009 Report Period Beginning: 12/1/2019 Ending: 11/30/2020

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 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week Hours	6 Percent	7 Compensation Included in Costs for this Reporting Period** Description	7 Amount	8 Schedule V. Line & Column Reference	
1	Board Members are not compensated				0	0			$ 0		1
2	for their services										2
3											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 Acres Nursing Home # 0005009 Report Period Beginning: 12/1/2019 Ending: 1/30/2020

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 [ ] NO [xx]

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

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	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						$	$		$	1
2										2
3										3
4										4
5										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	TOTALS					$	$		$	25

Facility Name & ID Number Sunny Acres Nursing Home # 0005009 Report Period Beginning: 12/1/2019 Ending: 11/30/2020

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	None						$	$			$	1
2												2
3												3
4												4
5												5
	Working Capital											
6	None											6
7												7
8												8
9	TOTAL Facility Related						$	$			$	9
	B. Non-Facility Related*											
10												10
11												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. $ None Line # _____

*** 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 Acres Nursing Home # 0005009 Report Period Beginning: 12/1/2019 Ending: 11/30/2020

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2019 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.)		$	2
3. Under or (over) accrual (line 2 minus line 1).		$	3
4. Real Estate Tax accrual used for 2020 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:			
	2015		8
	2016		9
	2017		10
	2018		11
	2019		12

Not for profit - no real estate taxes due

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2019	$	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.

2019 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Sunny Acres Nursing Home COUNTY Menard

FACILITY IDPH LICENSE NUMBER 0005009

CONTACT PERSON REGARDING THIS REPORT

TELEPHONE ( ) FAX #: ( )

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

Enter the tax index number and real estate tax assessed for 2019 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 2019.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.			$	$
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 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 copies of the original 2019 tax bills which were listed in Section A to this statement. Be sure to use the 2019 tax bill which is normally paid during 2020.

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 Acres Nursing Home # 0005009 Report Period Beginning: 12/1/2019 Ending: 11/30/2020

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 41,190 B. General Construction Type: Exterior Brick Frame Protected noncombust Number of Stories 1

C. Does the Operating Entity? [xx] (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? [xx] (a) Own the Equipment [ ] (b) Rent equipment from a Related Organization. [ ] (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).

Countryside Estates of the County is an independent living facility located adjacent to Sunny Acres Nursing Home. The financial operations of Countryside Estates of the County are accounted for in a separate and distinct Menard County fund, as are the financial operations of Sunny Acrtes Nursing Home.

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

1. Total Amount Incurred: 2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization: 4. Dates Incurred:

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	Nursing Facility		1966	$ 25,000	1
2					2
3	TOTALS			$ 25,000	3

Facility Name & ID Number Sunny Acres Nursing Home # 0005009 Report Period Beginning: 12/1/2019 Ending: 11/30/2020

XI. OWNERSHIP COSTS (continued)

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

	1 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	106		1966	1966	$ 526,787	$	40	$	$	$	4
5			1977	1977	568,714		40				5
6			1984	1984	61,842		30				6
7			1993	1993	654,160	16,354	40	16,354			7
8			1995	1995	68,999		20				8
	Improvement Type**										
9	generator			1980	28,901						9
10	fire alarm system			1981	9,805						10
11	none			1982							11
12	gazebo and floor coverings			1983	12,750						12
13	flooring, phone, and paging systems, air conditioner			1984	30,885						13
14	sun room, remodelling, wall paper			1985	7,061						14
15	kitchen remodelling, wallpaper, parking lot, nightlight, etc			1986	36,333						15
16	boiler repair, sprinkler system, office remodelling			1987	17,193						16
17	roof, chimney, carpeting, sprinkler system			1988	147,826						17
18	compessor, canopy, carport			1989	6,472						18
19	asbestos removal, flooring, water heater, landscaping, canopy			1990	28,642						19
20	main air conditioning unit			1991	5,194						20
21	none			1992							21
22	new lagoon, tiling, hot wate heater, aviary			1993	223,851						22
23	fill old lagoon, flooring, wallpaper, and signs			1994	49,671						23
24	major boiler repair, air conditioners, ceiling tile replacement			1995	10,685						24
25	special needs unit, resident walking gardens, vinyl soffets			1996	139,517						25
26	donor recognition,wall, remodelling, draperies, and shades			1997	20,798						26
27	major boiler repair, air conditioners, ceiling tile replacement			1998	21,699						27
28	two commercial water hearters, entrybath, rooftop			1999	41,844						28
29	plumbing, improvements, stuctural improvements			2000	18,896						29
30	plumbing, electrical, boiler rehabilitation			2001	22,162						30
31	structural improvements, sewer lines and walls			2002	77,846						31
32	seal parking lot, fences improvements			2003	16,153						32
33	flooring, alarm systems, office remodelling			2004	67,361	1,204		1,204			33
34	kitchen tile and ceiling, carpeting, drapes, circuit improvements			2005	17,161						34
35	entrance improvements, wiring cable system, front doors			2006	45,926						35
36	carpeting, vinyl flooring for resident rooms			2007	13,077						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 Acres Nursing Home # 0005009 Report Period Beginning: 12/1/2019 Ending: 11/30/2020

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	sprinkler system in progress	2007	$ 6,128	$ 409		$ 409	$	$	37
38	front walk and handrails	2007	19,000	950		950			38
39	hot water heater	2007	3,823						39
40	foam roofing system	2007	141,519	7,076		7,076			40
41	draft inducer and heater	2007	4,577						41
42	lockinvar water heater	2007	5,289						42
43	extend sprinkler system	2008	163,627	8,478		8,478			43
44	replace boiler and cooling system	2009	387,410	25,882		25,882			44
45	alarm system for building	2009	30,000	2,000		2,000			45
46	bath entry	2009	3,406	546		546			46
47	back flow preventer	2009	3,602						47
48									48
49									49
50	air unit compressor	2009	4,447						50
51	office improvements	2010	4,491	50		50			51
52	vinyl floor replacement for resident rooms	2011	9,594						52
53	window replacement	2011	121,198	6,408		6,408			53
54	soffets and facia replacement	2011	39,732	1,986		1,986			54
55	window replacement	2012	1,263	63		63			55
56	100 gallon hot water heater replacement	2012	9,100						56
57	vinyl floor covering for resident rooms	2012	5,205						57
58	emergency generator replacement	2013	222,148	11,276		11,276			58
59	sewer waste line improvement	2013	12,980	1,298		1,298			59
60	vinyl floor covering for resident rooms	2013	5,642	(942)		(942)			60
61	resident rooms and office painting	2014	41,690	4,169		4,169			61
62	flooring for resident rooms	2014	13,141	2,628		2,628			62
63	magnetic holders and compressor and fans etc	2014	7,204	986		986			63
64	hard wiring for new IT system	2015	8,935	596		596			64
65									65
66	roof replacement	2015	283,332	18,889		18,889			66
67	resident room flooring	2015	14,695	2,939		2,939			67
68	modification of waste and vent piping system - Lily wing	2015	60,369	4,025		4,025			68
69									69
70	TOTAL (lines 4 thru 69)		$ 4,631,758	$ 117,270		$ 117,270	$	$	70

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

Facility Name & ID Number Sunny Acres Nursing Home # 0005009 Report Period Beginning: 12/1/2019 Ending: 11/30/2020

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 4,631,758	$ 117,270		$ 117,270	$	$	1
2	Revamp sewer system	2016	18,185	1,819		1,819			2
3	Door replacement	2016	2,842	284		284			3
4									4
5	Replace water heater	2017	6,816	325		325			5
6	Septic Tank replacement	2017	5,419	258		258			6
7									7
8	Water heater replacements (2)	2018	17,590	2,512		2,512			8
9	Ceiling replacement - admin wing	2018	13,476	1,348		1,348			9
10	3 inch water regulator	2018	5,824	832		832			10
11									11
12	5 ton air handler	2019	7,985	1,597		1,597			12
13	AO Smith water heater	2019	6,017	1,203		1,203			13
14	Replace critical panel circuit	2019	9,555	1,911		1,911			14
15	Install new nurse call system	2019	208,043	39,497		39,497			15
16									16
17	Resurfaced main driveway	2020	5,068						17
18	Replaced air handling unit - Kitchen	2020	21,900						18
19	Constructed outdoor pavillion	2020	26,566						19
20	Roof Replacement - Tore off (2) sections of roof and installed	2020	351,778						20
21	a Firestone EPDM 30 year warrantied roofing system								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)		$ 5,338,822	$ 168,856		$ 168,856	$	$	34

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

Facility Name & ID Number Sunny Acres Nursing Home # 0005009 Report Period Beginning: 12/1/2019 Ending: 11/30/2020

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		$ 5,338,822	$ 168,856		$ 168,856	$	$	1
2									2
3									3
4									4
5									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
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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)		$ 5,338,822	$ 168,856		$ 168,856	$	$	34

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

Facility Name & ID Number Sunny Acres Nursing Home # 0005009 Report Period Beginning: 12/1/2019 Ending: 11/30/2020

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	$ 1,402,896	$ 189,996	$ 189,996	$		$	71
72	Current Year Purchases	5,680						72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	$ 1,408,576	$ 189,996	$ 189,996	$		$	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	facility operations	1989 van	1989	$ 22,320	$	$	$		$	76
77	facility operations	2006 ford supreme van	2006	44,625						77
78	facility operations	pickup truck	2006	6,120						78
79										79
80	TOTALS			$ 73,065	$	$	$		$	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)	$ 6,845,463	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 358,852	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 358,852	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)	$	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		$	$	$	86
87					87
88					88
89					89
90					90
91	TOTALS	$	$	$	91

G. Construction-in-Progress

	Description	Cost	
92		$	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 Acres Nursing Home # 0005009 Report Period Beginning: 12/1/2019 Ending: 11/30/2020

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: None

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								6
7	TOTAL				$ **			7

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

9. Option to Buy: ☐ YES ☐ NO Terms: ____ *

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.	/2021	$
13.	/2022	$
14.	/2023	$

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: $ 13,299 Description: Televisions and copiers
(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					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 & ID Number Sunny Acres Nursing Home # 0005009 Report Period Beginning: 12/1/2019 Ending: 11/30/2020

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 ☐ NO

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		4,362		4,362
3	Classroom Wages (a)				
4	Clinical Wages (b)		2,103		2,103
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	$	$ 6,465	$	$ 6,465
10	SUM OF line 9, col. 1 and 2 (e)	$ 6,465			

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.

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		hrs	$		$ 260,569	$		$ 260,569	1
2	Licensed Speech and Language Development Therapist		hrs			155,604			155,604	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs			277,093	0		277,093	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescrpts				188,530		188,530	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):					30,805			30,805	13
14	TOTAL			$		$ 724,071	$ 188,530		$ 912,601	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 Acres Nursing Home # 0005009 Report Period Beginning: 12/1/2019 Ending: 11/30/2020

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 11/30/2020 (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	$ 5,648,975	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	121,727		3
4	Supply Inventory (priced at FIFO)	11,254		4
5	Short-Term Investments			5
6	Prepaid Insurance	6,601		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	27,034		8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 5,815,591	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost	5,174,287		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	1,681,570		16
17	Accumulated Depreciation (book methods)	(5,278,998)		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 (spe Deferred Pension	1,484,483		22
23	Other(specify): Resident Funds	46,061		23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 3,107,403	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 8,922,994	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 415,107	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	46,061		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	267,525		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	Bed Tax	25,020		36
37	Deferred Stimulus	300,279		37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 1,053,992	$	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	Net Pension Liability	1,250,184		43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 1,250,184	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 2,304,176	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 6,618,818	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 8,922,994	$	48

***(See instructions.)**

Facility Name & ID Number Sunny Acres Nursing Home # 0005009 Report Period Beginning: 12/1/2019 Ending: 11/30/2020

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 6,007,292	1
2	Restatements (describe):		2
3	Pension Adjustment-2019 Audit	(155,670)	3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 5,851,622	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	827,196	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)**	$ 827,196	17
	B. Transfers (Itemize):		
18	To Menard County	(60,000)	18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$ (60,000)	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 6,618,818	24 *

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

Facility Name & ID Number Sunny Acres Nursing Home # 0005009 Report Period Beginning: 12/1/2019 Ending: 11/30/2020

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	$ 6,667,538	1
2	Discounts and Allowances for all Levels	(1,930,117)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 4,737,421	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,252,839	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 2,252,839	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants	634,437	10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	3,878	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 638,315	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	42,640	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 42,640	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 7,671,215	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,246,067	31
32	Health Care	2,848,536	32
33	General Administration	1,852,855	33
	B. Capital Expense		
34	Ownership	203,295	34
	C. Ancillary Expense		
35	Special Cost Centers	693,266	35
36	Provider Participation Fee		36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 6,844,019	40
41	**Income before Income Taxes (line 30 minus line 40)****	827,196	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 827,196	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$	44
45	Private Pay - Net Inpatient Revenue		45
46	Medicare - Net Inpatient Revenue		46
47	Other-(specify)		47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$	49

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

** **Does this agree with taxable income (loss) per Federal Income Tax Return? _____ 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.**

Facility Name & ID Number Sunny Acres Nursing Home # 0005009 Report Period Beginning: 12/1/2019 Ending: 11/30/2020

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	1,460	1,521	$ 63,747	$ 41.91	1
2	Assistant Director of Nursing	1,546	1,610	47,706	29.63	2
3	Registered Nurses	8,448	8,800	312,319	35.49	3
4	Licensed Practical Nurses	22,133	23,055	614,186	26.64	4
5	CNAs & Orderlies	59,068	61,529	1,008,718	16.39	5
6	CNA Trainees	254	254	2,103	8.28	6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,519	1,582	47,818	30.23	8
9	Activity Director					9
10	Activity Assistants	5,050	5,260	72,232	13.73	10
11	Social Service Workers	1,985	2,068	49,145	23.76	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	17,906	18,652	235,642	12.63	15
16	Dishwashers					16
17	Maintenance Workers	5,296	5,517	110,751	20.07	17
18	Housekeepers	18,566	19,340	238,382	12.33	18
19	Laundry	4,860	5,062	55,044	10.87	19
20	Administrator	1,997	2,080	96,396	46.34	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	5,829	6,072	119,312	19.65	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	1,978	2,060	29,504	14.32	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	157,895	164,462	$ 3,103,005 *	$ 18.87	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		$ 7,317	L1 C3	35
36	Medical Director		12,000	L9 C3	36
37	Medical Records Consultant		1,011	L10 C3	37
38	Nurse Consultant				38
39	Pharmacist Consultant		7,282	L10 C3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant		4,010	L12 C3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 31,620		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses		$ 2,202	L10 C3	50
51	Licensed Practical Nurses		208,220	L10 C3	51
52	Certified Nurse Assistants/Aides		77,673	L10 C3	52
53	TOTAL (lines 50 - 52)		$ 288,095		53

Facility Name & ID Number Sunny Acres Nursing Home # 0005009 Report Period Beginning: 12/1/2019 Ending: 11/30/2020

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Sarah Yoder	Administrator		$ 96,396
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 96,396

B. Administrative - Other

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

C. Professional Services

Vendor/Payee	Type	Amount
Heritage Operations Group	Management	$ 340,613
Michael J Feriozzi CPA	Audit & Accounting	24,650
Legal adj to Zero		16,242
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 381,505

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 70,570
Unemployment Compensation Insurance	6,525
FICA Taxes	237,380
Employee Health Insurance	207,096
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	174,002
Other Benefits	46,462
TOTAL (agree to Schedule V, line 22, col.8)	$ 742,035

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

Description	Line #	Amount
		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	5,152
Health Care Worker Background Check	
(Indicate # of checks performed)	2,050
Patient Background Checks	
Public Relations	2,994
Dues and Subscriptions	7,375
Promotional Advertising	2,480
Less: Public Relations Expense	(2,994)
Non-allowable advertising	(3,451)
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 13,606

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
	6,135
	0
Seminar Expense	2,212
	(3,348)
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 4,999

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Sunny Acres Nursing Home # 0005009 Report Period Beginning: 12/1/2019 Ending: 11/30/2020

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **No**

(2) Are there any dues to nursing home associations included on the cost report? **Yes**
If YES, give association name and amount. **HCCI - $5,962**

(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?

(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? **7 Yrs**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **5,000** Line **10**

(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.

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

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

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. $ **238,121**
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. $ **0** Has any meal income been offset against related costs? **Yes** Indicate the amount. $ **8,867**

(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. $
c. What percent of all travel expense relates to transportation of nurses and patients? **100%**
d. Have vehicle usage logs been maintained? **Yes**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **Yes**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **NA**
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. $ **0**

(17) Has an audit been performed by an independent certified public accounting firm? **Yes**
Firm Name: **Michael J Feriozzi CPA**

(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. **None Claimed**
Attach invoices and a summary of services for all architect and appraisal fees.

Account Number			Description	G/L Balance	Cost Rpt Grouping	Sch 5 pg 3 Line #	Sch 5 pg 3 Col #	Sch 6 pg Line #	Adjustment Amount					
1009			PETTY CASH	5,648,975							1,009	1,009	CASH	5,648,975
1010			CASH IN BANK								1,100	1,100	ACCTS RI	510,379
1040			CASH IN BANK-PAYROLL								1,101	1,101	ALLOW. F	(388,652)
1100			ACCOUNTS RECEIVABLE	121,727							1,110	1,110	ACCTS RECEIV-M/C	
1110			MEDICARE RECEIVABLES								1,125	1,125	ACCTS RECEIV-IPA	
1125			IPA INCOME RECEIVABLE								1,135	1,135	ACCTS RECEIV-IC	
1130			MEDICARE COST REPORT								1,140	1,140	UNAPPLIED CASH RECEIPTS	
1135			ACCOUNTS RECEIVABLE-IC								1,145	1,145	A/R SUSPENSE-REFUNDS	
1140			UNAPPLIED CASH RECEIPTS								1,200	1,200	PREPAID	284
1145			A/R SUSPENSE-REFUNDS								1,220	1,220	OTHER PI	6,317
1190			ACCRUED INTEREST REC								1,300	1,300	DIETARY I	11,254
1200			PREPAID INSURANCE	6,601							1,310	1,310	SUPPLIES INVENTORY	
1220			OTHER PREPAID EXPENSES								1,320	1,320	LINEN INVENTORY	
1300			FOOD INVENTORY	11,254							1,409	1,409	LAND	0
1310			SUPPLIES INVENTORY								1,450	1,450	FURNITUF	1,681,570
1409			LAND	0							1,460			
1450			FURNITURE & EQUIPMENT	1,681,570							1,475	1,475	BUILDING!	5,174,287
1460			ACCUM DEPR-FURN & EQUIP	0							1,490	1,490	ACCUM DI	(5,278,998)
1475			BUILDING & IMPROVEMENTS	5,174,287							1,530	1,530	RESIDENT	46,061
1490			ACCUM DEPR-BUILDING	-5,278,998							1,550	1,550	LOAN FEE	0
1530			RESIDENT FUNDS	46,061							1,551	1,551	PENSION	1,484,483
1550			LOAN FEES	0							1,850	1,850	INTERCOI	227,296
1560			DEFERRED PENSION ASSET	1,484,483							2,010	2,010	ACCOUNT	(415,107)
1575			REIMBURSABLE PURCHASES								2,100	2,095	BONUSES PAYABLE	
1850			INTRACOMPANY	27,034							2,100	2,100	ACCRUEI	(111,819)
2010			ACCOUNTS PAYABLE	-415,107							2,100	2,100	PR CLEARING-BENEFITS	
2095			BONUSES PAYABLE								2,100	2,100	PR CLEARING-LABOR	
2100			ACCRUED PAYROLL	-111,819							2,110	2,110	ACCRUEI	(155,706)
2110			ACCRUED VACATION PAY	-155,706							2,120	2,120	U.C. TAXE	0
2120			UC TAXES PAYABLE								2,125	2,125	FICA TAXES PAYABLE	
2125			FICA TAX PAYABLE	0	0						2,130	2,130	FEDERAL W/H TAX PAYABLE	
2130			FIT PAYABLE								2,140	2,140	STATE W/H TAX PAYABLE	
2140			STATE W/H PAYABLE		0						2,152	2,152	WORKERS COMP ACCRUAL	
2145			EARNED INCOME CREDIT								2,225	2,225	EMPLOYEEE INSURANCE REFUND	
2150			UC FED CREDIT REDUCTION								2,230	2,230	PAYROLL SAVINGS	
2230			PAYROLL SAVINGS								2,235	2,240	UNITED FUND	
2235			IRA W/HOLDINGS								2,240	2,246	GROUP IN	0
2240			UNITED WAY								2,246	2,250	401K W/H	
2245			GROUP INSURANCE PAYABLE								2,250			
2246			GROUP INSURANCE - IBNR	0							2,260	2,260	WAGE GA	0
2260			WAGE GARNISHMENTS								2,300	2,300	ACCRUEI	0
2280			MISC PAYROLL DEDUCTIONS								2,320	2,320	IPA PAYMI	(25,020)
2300			ACCRUED INTEREST PAYABLI	0							2,350	2,350	REAL EST	0
2310			SALES TAX PAYABLE								2,385		DEFERRE	(300,279)
2320			IPA PAYMENTS PAYABLE	-25,020							2,400	2,400	CURRENT	(200,262)
2350			REAL ESTATE TAX PAYABLE	0							2,512	2,512	DUE TO R	(46,061)
2385			ACTIVITY FUND	0							2,600	2,600	LOC	0
2390			SECURITY DEPOSITS								2,600		PENSION	(1,250,184)
2391			VOLUNTEER FUND								2,625	2,625	LASALLE CONSTR. LOAN #2	
2393			HEART FUND/BAZAAR								2,625			
2395			DEFERRED INC EMP & MEM								2,695	2,695	CURRENT PORTION OF LT DEBT	
2400			CURRENT PORTION LT DEBT								2,720	2,720	RETAINEI	(5,791,622)
2460			INCOME TAXES PAYABLE										net income	(827,196)
2512			DUE TO RESIDENTS	-46,061										
2600			PENSION LIABILITY	-1,250,184										
2650			EQUIPMENT LOAN PAYABLE										balance	0
2695			CURRENT PORTION LT DEBT											
2696			DEFERRED STIMULUS	-300,279										
2710			COMMON STOCK											
2720			RETAINED EARNINGS	-5,791,622										
2970			PROFIT/LOSS FOR PERIOD	-827,196										
3007.1			PATIENT DAYS-PRIVATE	10,414							3,007	3,007	PATIENT I	10,414
3007.2			PATIENT DAYS-IPA	19,240							3,007	3,007	PATIENT I	19,240
3007.3			PATIENT DAYS-MEDICARE	1,987							3,007	3,007	PATIENT I	1,987
3007.4			PATIENT DAYS-CONVERSION								3,007			0
3007.5			PATIENT DAYS-LICENSED								3,007			
3007.6			PATIENT DAYS-TOTAL								3,007			
3010		1	BASIC CHARGE-PRIVATE & VA	-6,364,757		0	0	0	0		3,007			
3015		1	PRIVATE ASSESSMENT TAX INCOME			0	0	0	0		3,010	3,010	BASIC CH	(6,364,757)
3020		1	BASIC CHARGE-IPA	0		0	0	0	0		3,020	3,020	BASIC CH	0
3030		1	BASIC CHARGE-MEDICARE	0		0	0	0	0		3,030	3,030	BASIC CH	0
3035		4	DAY CARE/HOME CARE			0	0	0	0		3,040		ASSESSN	179,927
3040		1	LIGHT NURSING CARE	0		0	0	0	0		3,050			0
3050		1	MEDIUM NURSING CARE			0	0	0	0		3,060			0
3060		1	HEAVY NURSING CARE			0	0	0	0		3,061			0
3061		1	SKILLED NURSING CARE								3,080	3,080	NURSING	(293,909)
3080		1	NURSING SUPPLIES-PRIVATE	-293,909		0	0	0	0		3,081	3,081	NURSING	0
3081		1	NURSING SUPPLIES-IPA			0	0	0	0		3,082	3,082	NURSING	0
3082		1	NURSING SUPPLIES MED PT A			0	0	0	0		3,083	3,083	NURSING	0
3083		1	NURSING SUPPLIES MED PT B								3,100	3,100	DRUGS-M	0
3100		17	DRUGS	0		0	0	0	0		3,101			0
3101		17	DRUGS-OTHER								3,110	3,110	PHYSICAL	(2,247,082)
3110		6	PT-PRIVATE	-2,252,839		0	0	0	0		3,111			0
3111		6	PT-IPA			0	0	0	0		3,112	3,112	PHYSICAL	0
3112		6	PT-MEDICARE PART A			0	0	0	0		3,113	3,113	PHYSICAL	0
3113		6	PT-MEDICARE PART B			0	0	0	0		3,140	3,140	LABORAT	(5,757)
3130		1	PUBLIC AID ASSESSMENT INC	179,927							3,150			0
3140		19	LABORATORY INCOME			0	0	0	0		3,151			
3150		6	SPEECH/OT-PRIVATE			0	0	0	0		3,152	3,152	ST/OT TH	0
3151		6	SPEECH/OT-IPA			0	0	0	0		3,153	3,153	ST/OT TH	0
3152		6	SPEECH/OT-MED PART A			0	0	0	0		3,160	3,185	REHAB/ISOLATION/OTHER CHG	
3153		6	SPEECH/OT MED PART B								3,410	3,410	IPA/OTHE	0
3410		2	IPA DISCOUNTS	1,930,117		0	0	0	0		3,411	3,411	MEDICARI	0
3411		2	MEDICAID PART B DISCOUNT			0	0	0	0		3,420	3,420	MEDICARI	1,852,694
3420		2	MEDICARE DISCOUNTS			0	0	0	0		3,452	3,452	HHS STIM	(430,029)
3452		10	HHS STIMULUS REVENUE	-430,029		42	3	0	0		3,520	3,520	RENT INC	0
3520		16	RENT INCOME	0		6	0	6	0		3,530	3,530	BEAUTY S	0
3530		13	BEAUTY SHOP	0		0	0	0	0		3,560			0
3560		12	ACTIVITY FUND INCOME	0		0	0	0	0		3,570	3,570	VENDING	(1,318)
3570		12	VENDING INCOME/EXPENSE	-1,318		0	0	0	0		3,590	3,590	EQUIPMEI	(8,872)
3580		12	MANAGEMENT FEES			0	0	0	0		3,595	3,595	RESIDENT	(2,560)
3590		1	EQUIPMENT RENTAL	-8,872		0	0	0	0		3,600	3,600	MISC INC	0
3595		21	RESIDENT TRANSPORTATION	-2,560		0	0	0	0		4,110	4,110	G&A WAG	214,494
3600		21	MISC INCOME	0		0	0	0	0		4,111	4,111	ADMINISTI	96,396
4110			GENERAL & ADMINIST WAGES	214,494	233,080	21	1	17	-113,768		4,115	4,115	G&A PTO	18,586
4111			ADMINISTRATOR WAGES	96,396	96,396	17	1	0	0		4,120	4,120	EMPLOYE	47,344
4115			VACATION & SICK - G&A	18,586		21	1	0	0		4,121		IMRF	174,002
4120	4475		EMPLOYEE BENEFITS	46,462	742,035	22	3	0	0		4,130	4,130	EMPLOYE	0
4125			IMRF	174,002		22	3	0	0		4,135	4,135	EMPLOYE	0
4130			EMPLOYEE SCHOLARSHIP W/	0	179,927	21	1	0	0		4,250	4,250	OFFICE S	12,060
4135			EMPLOYEE SCHOLARSHIP CC	0		23	3	0	0		4,255	4,255	POSTAGE	4,845
4220			DIRECTORS FEES	0	0	18	3	0	0		4,260	4,260	TELEPHO	10,526
4250	4255		OFFICE SUPPLIES	36,281	36,281	21	2	0	0		4,275	4,275	TRAINING	100
4260			TELEPHONE	10,526	10,526	21	3	0	0		4,276			0
4275			TRAINING & EMPLOYEE DEVL	100	100	23	3	16	0	**	4,280	4,280	GENERAL	6,135
4280			GENERAL TRAVEL	6,135	8,347	24	3	16	0		4,281	4,281	MEAL EXF	0
4281			MEAL EXPENSE FOR TRAVEL	0		24	3	19	0		4,285	4,285	EDUCATI(	1,410
4285			EDUCATION & SEMINAR	2,212		24	3	19	-3,348	***	4,289	4,289	MEETINGS	802
4290			HELP WANTED ADVERTISING	5,152	90,417	20	3	0	0	-58,194	4,290	4,290	HELP WAI	5,152
4291			PROMOTIONAL ADVERTISING	12,172		20	3	25	-12,172		4,291	4,291	PROMOTI	12,172
4292			PUBLIC RELATIONS	2,994		20	3	25	-2,994		4,292	4,292	PUBLIC R	2,994
4300			LICENSES & FEES	60,674		20	3	17	0		4,300	4,300	LICENSE	60,674
4310			DUES & SUBSCRIPTIONS	7,375		20	3	17	-3,451		4,310	4,310	DUES & S	7,375
4320			CONTRIBUTIONS	0		27	3	20	0		4,320	4,320	CONTRIBI	0
4350			PROFESSIONAL FEES	44,436	381,505	19	3	22	-16,242		4,350	4,350	PROFESS	44,436
4355			MEDICAL DIRECTOR	12,000	12,000	9	3	0	0		4,355	4,355	MEDICAL	12,000
4360			UTILIZATION REVIEW	0		10	3	0	0		4,362			1,011
4361			OTHER PHYSICIAN FEES			39	3	0	0		4,363			7,282
4362			MEDICAL RECORDS CONSUL	1,011		10	3	0	0		4,364	4,364	SOCIAL S	4,010
4363			PHARMACIST FEES	7,282		10	3	0	0		4,370	4,370	TV RENTA	3,246
4364			SOC SERV/ACT CONSULT	4,010	4,010	12	3	0	0		4,383	4,383	BACKGRO	2,050
4370			TV RENTAL	3,246		35	3	5	0		4,390	4,390	OTHER T	0
4380			INCOME TAXES		158	27	3	26	0		4,400	4,400	PAYROLL	233,899
4383			BACKGROUND CHECKS	2,050		20	3	26	0		4,401	4,401	PAYROLL	10,006
4400			PAYROLL TAXES	233,899		22	3	0	0		4,410	4,410	GROUP IN	207,096
4401			PAYROLL TAXES ADMINIST	10,006		22	3	0	0		4,420	4,420	LIABILITY	74,083
4410			GROUP INSURANCE	207,096		22	3	0	0		4,430	4,430	WORKMA	68,909
4420			LIABILITY INSURANCE	74,083	74,083	26	3	0	0		4,435	4,435	W/C-FIRS	0
4425			INSURANCE-OWNERS			22	3	21	0		4,436	4,436	DRUG TE	1,661
4430			WORKMENS COMP INSURANC	70,570		22	3	0	0		4,450	4,450	MANAGEN	337,069
4450			CENTRAL OFFICE FEES	337,069		19	3	34	0	**	4,460	4,460	BAD DEBT	0
4460			BAD DEBTS	0		27	3	24	0		4,461	4,461	BAD DEBT	77,423
4470			LOST ITEMS-RESIDENTS	158		27	3	0			4,470	4,470	LOST ITEI	158
4490			MISCELLANEOUS	0		27	3	0	0		4,475	4,475	UNIFORM	(882)
4510			REAL ESTATE TAXES	0	0	33	3	0	0		4,486	4,486	SERVICE	83,816
4600			LEASED EQUIPMENT	10,053	13,299	35	3	16	0		4,490	4,490	MISC EXP	382
5110			MAINTENANCE SALARIES	101,935	110,751	6	1	0	0		4,496	4,496	MISC. M.I.	19,376
5120			MAINTENANCE SICK & VAC	8,816		6	1	0	0		4,510	4,510	REAL EST	0
5130			ELECTRIC	65,902	114,549	5	3	0	0		4,600	4,600	LEASED E	10,053
5131			NATURAL GAS	13,957		5	3	0	0		5,110	5,110	MAINTENA	101,935
5132			HEATING & DEISEL OIL			5	3	0	0		5,120	5,120	MAINTENA	8,816
5133			WATER & SEWER	34,690		5	3	0	0		5,130	5,130	ELECTRIC	65,902
5134			TRASH COLLECTION	9,988	108,534	6	3	0	0		5,131	5,131	NATURAL	13,957
5140			PROPERTY PLANT REPLACEM	7,650	84,651	6	2	0	0		5,133	5,133	WATER &	34,690
5160			GENERAL REPAIR & MAINT	77,001		6	2	0	0		5,134	5,134	TRASH C(	9,988
5165			MAINTENANCE CONTRACTS	98,546		6	3	0	0		5,140	5,140	PROP/PL	7,650
5210			DIETARY WAGES	222,429	235,642	1	1	0	0		5,160	5,160	GENERAL	77,001
5220			DIETARY SICK & VAC	13,213		1	1	0	0		5,165	5,165	MAINTENA	14,730
5240			DIETARY CONSULTANT	7,317	7,317	2	3	13	0		5,210	5,210	DIETARY	222,429
5248			FOOD PURCHASES	232,400	223,533	2	2	0	0		5,220	5,220	DIETARY	13,213
5250			SUPPLIES-DISHWASHING	7,323	24,811	1	2	0	0		5,248	5,248	FOOD PU	232,018
5260			DIETARY REPLACEMENT	2,127		1	2	0	0		5,250	5,250	SUPPLIES	7,323
5270			KITCHEN SUPPLIES-PAPER	15,361		1	2	0	0		5,260	5,260	REPLACE	2,127
5295			MEAL CREDIT	-8,867		2	2	0	0		5,270	5,270	KITCHEN	15,361
5310			LAUNDRY WAGES	51,650	55,044	4	1	0	0		5,295	5,295	MEAL INC	(8,867)
5340			LAUNDRY SICK & VAC	3,394		4	1	0	0		5,310	5,310	LAUNDRY	51,650
5370			LAUNDRY REPLACEMENT	5,283	11,843	4	2	0	0		5,340	5,340	LAUNDRY	3,394
5380			LAUNDRY REIMBURSEMENT			4	3	0	0		5,370	5,370	REPLACE	5,283
5390			LAUNDRY SUPPLIES	6,560		4	2	0	0		5,230	5,230	DIETARY	7,317
5410			HOUSEKEEPING WAGES	222,375	238,382	3	1	0	0		5,390	5,390	LAUNDRY	6,560
5440			HOUSEKEEPING SICK & VAC	16,007		3	1	0	0		5,410	5,410	HOUSEKE	222,375
5480			HOUSEKEEPING SUPPLIES	32,202	31,010	3	2	0	0		5,440	5,440	HOUSEKE	16,007
5490			HOUSEKEEPING SUPPLIES-PF	-1,192		3	2	0	0		5,480	5,480	SUPPLIES	32,202
6010			RN WAGES-MEDICARE		2,010,230	10	1	0	113,768		5,490	5,490	SUPPLIES	(1,192)
6020			RN WAGES-NON MEDICARE	294,609		10	1	0	0		6,020	6,020	RN WAGE	294,609
6030			DON WAGES	63,747		10	1	0	0		6,030	6,030	DON WAG	63,747
6035			ADON	47,706		10	1	0	0		6,035	6,035	ADON WA	47,706
6040			RN SICK & VACATION	17,710		10	1	0	0		6,040	6,040	RN PTO &	17,710
6110			LPN WAGES-MEDICARE	525,877		10	1	0	0		6,120	6,120	LPN WAG	525,877
6120			LPN WAGES-NON MEDICARE	0		10	1	0	0		6,140	6,140	LPN PTO	41,633
6130			LPN WAGES OTHER			10	1	0	0		6,220	6,220	AIDES WA	955,543
6140			LPN SICK & VACATION	41,633		10	1	0	0		6,240	6,240	AIDES PT	53,175
6210			AIDE WAGES-MEDICARE			10	1	0	0		6,245		RN CONT	2,202
6220			AIDE WAGES-NON MEDICARE	955,543		10	1	0	0		6,246		LPN CONT	208,220
6230			WARD CLERKS			10	1	0	0		6,247		AIDES CO	77,673
6240			AIDE VACATION & SICK	53,175		10	1	0	0		6,250			2,103
6245			CONTRACT NURSES-RN	2,202		10	3	0	0		6,255			4,362
6246			CONTRACT NURSES-LPN	208,220		10	3	0	0		6,260			0
6247			CONTRACT NURSES-AIDES	77,673		10	3	0	0		6,270	6,270	REHAB W	10,230
6250			NURSE AIDE TRAINING WAGES	2,103	2,103	13	1	0	0		6,275	6,275	REHAB PT	0
6255			NURSE AID TRAINING EXP	4,362	4,362	13	2	0	0		6,290	6,290	NURSING	21,741
6260			NURSE AIDE TRAINING REIMB	0		0	0	0	0		6,295	6,295	NURSING	146,210
6270			REHAB WAGES	10,230		10	1	0	0		6,390	6,390	REPLACE	2,325
6275			REHAB SICK & VAC	0		10	1	0	0		6,490	6,490	OTHER	462
6280			NURSING DEPT EDUCATION			23	3	0	0		7,280	7,280	DRUG PU	188,530
6290			NURSING SUPPLIES	21,741	170,276	10	2	0	0		7,281	7,281	DRUG PU	0
6295			NURSING SUPPLIES	146,210		10	2	0	0		7,380	7,380	LABORAT	9,302
6390			REPLACEMENT-NURSING	2,325		10	2	0	0		7,391	7,390	X-RAY SE	21,357
6490			NURSING OTHER	462	296,850	10	3	0	0		7,393			146
7280			DRUG PURCHASES	188,530	188,530	39	2	0	0	***	7,510	7,510	ACTIVITIE	66,835
7281			DRUG PURCHASES-OTHER	0		39	2				7,540	7,540	ACTIVITIE	5,397
7380			LABORATORY SERVICES	30,805	30,805	39	3	0	0		7,590	7,590	ACTIVITIE	7,993
7410			HOME HEALTH SALARY			39	1	0	0		7,620	7,620	PHYSICAL	277,093
7440			HOME HEALTH SICK & VAC			39	1	0	0		7,660	7,660	P.T. SUPF	0
7450			HOME HEALTH EXPENSES			39	3	0	0		7,710	7,710	SOCIAL S	44,775
7510			ACTIVITES WAGES	66,835	72,232	11	1	0	0		7,720	7,720	SOCIAL S	4,370
7540			ACTIVITIES SICK & VAC	5,397		11	1	0	0		7,730	7,730	SOCIAL S	0
7590			ACTIVITIES SUPPLIES	7,993	7,993	11	2	0	0		7,740	7,740	OCCUPAT	260,569
7595			ACTIVITIES FEES	0	0	11	3	0	0		7,750			
7610			PT WAGES			39	1	0	0		7,770	7,770	SPEECH	155,604
7611			PT SICK & VACATION			39	1	0	0		7,820	7,820	BEAUTICI	0
7620			PT FEES	277,093	693,266	39	3	0	0	***	7,890			0
7660			PT SUPPLIES	0		39	2	0	0		7,960			0
7710			SOCIAL SERVICE WAGES	44,775	49,145	12	1	0	0		8,120	8,120	INTEREST	0
7720			SOCIAL SERVICE SICK & VAC	4,370		12	1	0	0		8,125			0
7730			SOCIAL SERVICE EXPENSES	0	0	12	2	0	0		8,130	8,130	DEPRECI	189,996
7740			OT FEE	260,569		39	3	0	0	***	8,150			0
7750			SOCIAL THERAPIST FEE	0	0	12	3	0	0		9,510	9,510	INTEREST	(42,640)
7770			SPEECH THERAPY FEE	155,604		39	3	0	0	***	9,520	9,520	MISC NON	(204,408)
7800			BEAUTICIAN WAGES		0	40	1	0	0		9,530	4,220		0
7810			BEAUTICIAN SICK & VAC			40	1	0	0			8,100		0
7820			BEAUTICIAN FEES	0	0	40	3	0	0			9,702		0
7890			BEAUTY SHOP SUPPLIES	0	0	40	2	0	0			5,230		0
7910			VOLUNTEER COORDINATOR			21	1	0	0					(827,196)
7940			VOL COORD SICK & VAC			21	1	0	0					
7960			VOL COORD SUPPLIES	0		21	2	0	0					
8100			RENT	0	0	34	3	0	0				Expenses Fixed Assets	
8120			INTEREST EXPENSE	0	0	32	3	14	0					0
8130			DEPRECIATION	189,996	189,996	30	3	9	0					
8150			LOAN FEE AMORTIZATION	0		32	3	0	0	0				
9510			INTEREST INCOME	-42,640		32	0	10	0					
9520			MISC NON-OPERATING INCOM	-204,408		0	0	0	0					
9700			INCOME TAXES	0		0	0	0	0					
				6,417,044	6,844,019									
					426,975									
GRAND TOTALS				-827,196					-38,207					
				(NET INCOME)										
				0										

FACILITY NAME:

FACILITY ID: 0

FACILITY UNITS: 162

BALANCE SHEET TOTAL 0

Sunny Acres Home of Menard County
2020 Cost Report
Supplemental Schedules
Reclassification Entries

1. Schedule V - Line 10a to Line 39 - Reclassifications

Line Item		
Purchased Drugs and Medications	$	188,530
Purchased Hospital Services		17,450
Purchased Laboratory Services		9,302
Purchased Radiology Services		4,053
Amount Reclassified to Line 39	$	219,335

2. Schedule V - Line 20 to Line 42 - Reclassification

Line Item		
Provider Participation Fee - $1.50	$	(58,194)
Provider Assesment Fee - $6.07		(179,927)
		(238,121)
Provider Participation Fee		238,121

3. Schedule V - Line 21 to Line 10 - Reclassification of Wages

Line Item			
MDS Coordinators/Care Planners - Line 21, Col 1	$	(46,676)	C.Lovely & T. Koster
Restorative Nurse Classification Error - Line 21, Col 1		(37,588)	D. Minor
Medical Records Specialists - Line 21, Col 1		(29,504)	S. Taylor
		(113,768)	
Nursing & Medical Records Line 10		113,768	