		FOR BHF USE					

LL1

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

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

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

Officer or Administrator of Provider
(Signed) (Date)
(Type or Print Name)
(Title)

Paid Preparer
(Signed) (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: 12/1/2019 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 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	57,462	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	57,462	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	30,515	9,732	8,471	48,718	8
9	SNF/PED					9
10	ICF	366			366	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	30,881	9,732	8,471	49,084	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 85.42%

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 2,211

Medicare Intermediary Wisconsin Physicians Services

IV. ACCOUNTING BASIS

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

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

Tax Year: 11/30/2020 Fiscal Year: 11/30/2020

* 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: 12/1/2019 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	739,503	21,722	5,214	766,439		766,439		766,439			1
2	Food Purchase		472,465		472,465		472,465	(1,054)	471,411			2
3	Housekeeping	523,952	64,785	-	588,737		588,737		588,737			3
4	Laundry	159,181	19,509	-	178,690		178,690		178,690			4
5	Heat and Other Utilities			215,617	215,617		215,617		215,617			5
6	Maintenance	-	268	123,950	124,218		124,218	486,759	610,977			6
7	Other (specify):*	-	-	-								7
8	TOTAL General Services	1,422,636	578,749	344,781	2,346,166		2,346,166	485,705	2,831,871			8
	B. Health Care and Programs											
9	Medical Director	-	-	6,000	6,000		6,000		6,000			9
10	Nursing and Medical Records	6,235,024	293,042	545,335	7,073,401		7,073,401		7,073,401			10
10a	Therapy	146,512	-	-	146,512		146,512		146,512			10a
11	Activities	221,356	-	-	221,356		221,356		221,356			11
12	Social Services	140,779	-	-	140,779		140,779		140,779			12
13	CNA Training	-	-	-								13
14	Program Transportation	-	-	-								14
15	Other (specify):*	-	-	-								15
16	TOTAL Health Care and Programs	6,743,671	293,042	551,335	7,588,048		7,588,048		7,588,048			16
	C. General Administration											
17	Administrative	65,947	-	-	65,947		65,947		65,947			17
18	Directors Fees			-								18
19	Professional Services			15,548	15,548		15,548	983,205	998,753			19
20	Dues, Fees, Subscriptions & Promotions			42,347	42,347		42,347	(22,389)	19,958			20
21	Clerical & General Office Expenses	328,739	12,408	7,746	348,893		348,893	58,183	407,076			21
22	Employee Benefits & Payroll Taxes			4,939,094	4,939,094		4,939,094	337,159	5,276,253			22
23	Inservice Training & Education			-								23
24	Travel and Seminar			1,680	1,680		1,680		1,680			24
25	Other Admin. Staff Transportation		-	164	164		164		164			25
26	Insurance-Prop.Liab.Malpractice			-				384,486	384,486			26
27	Other (specify):*			-								27
28	TOTAL General Administration	394,686	12,408	5,006,579	5,413,673		5,413,673	1,740,644	7,154,317			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	8,560,993	884,199	5,902,695	15,347,887		15,347,887	2,226,349	17,574,236			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: 12/1/2019 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 1	Supplies 2	Other 3	Total 4	5	6	7	8	9	10	
	D. Ownership											
30	Depreciation			805,526	805,526		805,526		805,526			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			36,732	36,732		36,732		36,732			35
36	Other (specify):*			-								36
37	**TOTAL Ownership**			842,258	842,258		842,258		842,258			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation	-	-	-								38
39	Ancillary Service Centers	-	97,409	529,411	626,820		626,820		626,820			39
40	Barber and Beauty Shops	-	-	-								40
41	Coffee and Gift Shops	-	-	-								41
42	Provider Participation Fee			379,241	379,241		379,241		379,241			42
43	Other (specify):* Non-Allowable Cos	-	-	28,303	28,303		28,303	(28,303)				43
44	**TOTAL Special Cost Centers**		97,409	936,955	1,034,364		1,034,364	(28,303)	1,006,061			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	8,560,993	981,608	7,681,908	17,224,509		17,224,509	2,198,046	19,422,555			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: 12/1/2019 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 Reference	3 BHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(1,054)	2		4
5	Telephone, TV & Radio in Resident Rooms	(18,873)	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				28
29	Other-Attach Schedule See PG5A	(31,819)	Var.		29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (51,746)		$	30

BHF USE ONLY									
48		49		50		51		52	

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

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	2,249,792		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 2,249,792		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ 2,198,046		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: 12/1/2019

Ending: 11/30/2020

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Late Fees	$ (91)	43	1
2	Lab Services	(17,693)	43	2
3	Disallow IHCA Lobbying Fees	(3,516)	20	3
4	Legal, marketing	(4,057)	43	4
5	Radiology	(6,462)	43	5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
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40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	**Total**	(31,819)		49

Facility Name & ID Number Sunny Hill Nursing Home of Will Co # 0014076 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
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%	$ 486,759	$ 486,759	1
2	V	19	Professional Services		Will County	100%	983,205	983,205	2
3	V	21	Film Processing		Will County	100%	29,578	29,578	3
4	V	21	Telephone		Will County	100%	28,605	28,605	4
5	V	22	Employee Benefits		Will County	100%	337,159	337,159	5
6	V	26	Insurance		Will County	100%	384,486	384,486	6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$			$ 2,249,792	$ * 2,249,792	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: 12/1/2019 Ending: 11/30/2020

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	Sherry Newquist	0						4
5	Amanda Koch	0						5
6	Jim Moustis	0						6
7	Raquel Mitchell	0						7
8	Margaret Tyson	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	0						18
19	Annette Parker	0						19
20	Rachel Ventura	0						20
21	Natalie Coleman	0						21
22	Tyler Marcum	0						22
23	Julie Berkowicz	0						23
24	Mimi Cowan	0						24
25	Frankie Pretzel	0						25
26	Tom Weigel	0						26
27	Mica Freeman	0						27
28	Debbie Kraulidis	0						28
29								29
30								30

Facility Name & ID Number Sunny Hill Nursing Home of Will Co # 0014076 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	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: 12/1/2019 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 [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	$ 486,759	$	1	$ 486,759	1
2	19	Professional Services	% Hours / % Warrants	1	1	983,205		1	983,205	2
3	21	Film Processing	% State	1	1	29,578		1	29,578	3
4	21	Telephone	% Hours / % Warrants	1	1	28,605		1	28,605	4
5	22	Employee Benefits	% Employees	1	1	337,159		1	337,159	5
6	26	Insurance	% Employees	1	1	384,486		1	384,486	6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 2,249,792	$		$ 2,249,792	25

Facility Name & ID Number Sunny Hill Nursing Home of Will Co # 0014076 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** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1	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: 12/1/2019 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.)	2019	$	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.)**	**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:			
	2015		8
	2016		9
	2017		10
	2018		11
	2019		12

Not applicable - county does not pay real estate taxes.

	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 Hill Nursing Home of Will Co COUNTY Will

FACILITY IDPH LICENSE NUMBER 0014076

CONTACT PERSON REGARDING THIS REPORT Margaret McDowell, 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 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.	N/A - County does not pay real estat		$	$
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 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 Hill Nursing Home of Will Co # 0014076 Report Period Beginning: 12/1/2019 Ending: 11/30/2020

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: 12/1/2019 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	157		1972	1972	$ 1,375,843	$ -	40	$ -	$	$ 1,375,843	4
5			1976	1976	1,198,083	-	40	-		1,198,083	5
6						-		-			6
7						-		-			7
8						-		-			8
	Improvement Type**										
9	Fencing			1970	727	-	20	-		727	9
10	Landscaping			1972	51,575	-	10-20	-		51,575	10
11	Patching and Paving/Air Conditioning/Entrance			1973	37,155	-	10-20	-		37,155	11
12	Door			1974	38,466	-	20	-		38,466	12
13	Asphalt Paving			1975	155,856	-	15	-		155,856	13
14	Landscaping			1976	57,254	-	10-15	-		57,254	14
15	Sewer and Water			1976	26,031	-	30	-		26,031	15
16	Plumbing			1972	183,817	-	25	-		183,817	16
17	Heating and Electrical			1972	522,443	-	20	-		522,443	17
18	Plumbing			1976	262,534	-	25	-		262,534	18
19	Heating and Electrical			1976	508,942	-	20	-		508,942	19
20	Sprinkler System and Paving			1975	83,460	-	25	-		83,460	20
21	Repairs / Roof			1981	107,858	-	15	-		107,858	21
22	Building Improvement			1987	819,813	-	25	-		819,813	22
23	Reroof A & B Roof			1985	85,920	-	20	-		85,920	23
24	Parking Lot Lights			1989	3,040	-	15	-		3,040	24
25	Reroof / Hot Water			1992	162,867	-	20	-		162,867	25
26	Washer Repair			1992	3,284	-	3	-		3,284	26
27	Site Improvements			1993	101,451	-	15	-		101,451	27
28	Laundry Renovation			1994	108,852	-	15	-		108,852	28
29	Paving Parking Lot			1995	66,260	-	15	-		66,260	29
30	Laundry, Air Conditioner			1996	362,815	-	12	-		362,815	30
31	Elevator Repair			1997	4,990	-	10	-		4,990	31
32	Tile			1992	7,040	-	5	-		7,040	32
33	Elevator Repair			1996	2,212	-	3	-		2,212	33
34	Sheeting			1993	3,685	-	3	-		3,685	34
35						-		-			35
36						-		-			36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Sunny Hill Nursing Home of Will Co # 0014076 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	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: 12/1/2019 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		$ 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	-	10	-		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	$		$	$	$ 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: 12/1/2019 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		$ 6,960,461	$		$	$	$ 6,960,461	1
2	1st Floor F-Wing	2009	3,215,133	80,378	40	80,378		924,347	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		151,915	30
31				-		-			31
32				-		-			32
33				-		-			33
34	TOTAL (lines 1 thru 33)		$ 10,703,994	$ 93,588		$ 93,588	$	$ 8,036,723	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: 12/1/2019 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 12C, Carried Forward		$ 10,703,994	$ 93,588		$ 93,588	$	$ 8,036,723	1
2	Lower Level E-Wing, Main Entrance & Canopy	2009	3,669,058	91,726	40	91,726		1,054,849	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	$ 185,314		$ 185,314	$	$ 9,091,572	34

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

Facility Name & ID Number Sunny Hill Nursing Home of Will Co # 0014076 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 12D, Carried Forward		$ 14,373,052	$ 185,314		$ 185,314	$	$ 9,091,572	1
2	1st Floor E-Wing	2009	3,077,955	76,949	40	76,949		884,913	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	$ 262,263		$ 262,263	$	$ 9,976,485	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: 12/1/2019 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 12E, Carried Forward		$ 17,451,007	$ 262,263		$ 262,263	$	$ 9,976,485	1
2	1st Floor E-Wing	2010	57,230	1,431	40	1,431		15,025	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		729,230	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		584,723	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	$ 409,246		$ 409,246	$	$ 11,317,238	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: 12/1/2019 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 12F, Carried Forward		$ 23,342,108	$ 409,246		$ 409,246	$	$ 11,317,238	1
2				-		-			2
3	Therapy & Kitchen Interior Renovations, small entrance addition	2013	4,817,787	120,445	40	120,445		903,336	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		539,331	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	$ 612,665		$ 612,665	$	$ 12,759,905	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: 12/1/2019 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 12G, Carried Forward		$ 31,478,851	$ 612,665		$ 612,665	$	$ 12,759,905	1
2				-		-			2
3	6th Avenue and Admin, Interior patient wing,	2015	2,849,503	71,238	40	71,238		391,809	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		263,349	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	$ 742,425		$ 742,425	$	$ 13,415,063	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: 12/1/2019 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 12H, Carried Forward		$ 36,669,240	$ 742,425		$ 742,425	$	$ 13,415,063	1
2	6th Avenue and Admin, Interior patient wing,	2017	496,949	12,424	40	12,424		43,484	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	$ 754,849		$ 754,849	$	$ 13,458,547	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: 12/1/2019 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	$ 320,863	$ 36,048	$ 36,048	$	5 years	$ 237,881	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	$		$ 2,569,931	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	Resident use	2018 Ford Starcraft Bus	2018	$ 73,147	$ 14,629	$ 14,629	$	5	$ 39,011	76
77					-	-				77
78					-	-				78
79					-	-				79
80	TOTALS			$ 73,147	$ 14,629	$ 14,629	$		$ 39,011	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)	$ 39,917,249	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 805,526	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 805,526	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)	$ 16,067,489	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: 12/1/2019 Ending: 11/30/2020

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.	/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: $ 36,732 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: **11/30/2020**

Schedule 14A

XIV. Rental Costs
Line 16 Rental Amount for Moveable Equipment

Rental Description	Amount
Helium Tanks	967
Ice Machines	6,624
Dietary Equipment	8,569
Nursing Equipment	8,909
Oxygen Tanks	11,663
Total - Line 16	**36,732**

Facility Name & ID Number Sunny Hill Nursing Home of Will Co # 0014076 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
   - [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.

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

	Service	1 Schedule V Line & Column Reference	2 Staff Units of Service	3 Staff Cost	4 Outside Practitioner (other than consultant) Units	5 Outside Practitioner (other than consultant) Cost	6 Supplies (Actual or) Allocated)	7 Total Units (Column 2 + 4)	8 Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	39(3)	hrs	$	3,223	$ 241,759	$	3,223	$ 241,759	1
2	Licensed Speech and Language Development Therapist	39(3)	hrs		312	23,369		312	23,369	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39(2,3)	hrs		3,470	260,253	2,903	3,470	263,156	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				87,421		87,421	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): Oxygen	39(2)					7,085		7,085	12
13	Other (specify):									13
14	TOTAL			$	7,005	$ 525,381	$ 97,409	7,005	$ 622,790	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: 12/1/2019 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	$ -	$ -	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	2,726,060	2,726,060	16
17	Accumulated Depreciation (book methods)	(16,067,489)	(16,067,489)	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	-	-	22
23	Other(specify):	-	-	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 23,849,760	$ 23,849,760	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 23,849,760	$ 23,849,760	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	185,312	185,312	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)**	$ 185,312	$ 185,312	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)**	$ 185,312	$ 185,312	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 23,664,448	$ 23,664,448	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 23,849,760	$ 23,849,760	48

***(See instructions.)**

Facility Name & ID Number Sunny Hill Nursing Home of Will Co # 0014076 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**	$ 23,825,184	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 23,825,184	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(2,075,747)	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)**	$ (2,075,747)	17
	B. Transfers (Itemize):		
18	**Interfund Transfers**	1,915,011	18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$ 1,915,011	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 23,664,448	24 *

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

Facility Name & ID Number Sunny Hill Nursing Home of Will Co # 0014076 Report Period Beginning: 12/1/2019 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	$ 14,674,773	1
2	Discounts and Allowances for all Levels	(-)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 14,674,773	3
	B. Ancillary Revenue		
4	Day Care	-	4
5	Other Care for Outpatients	-	5
6	Therapy	389,050	6
7	Oxygen	-	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 389,050	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	1,054	14
15	Telephone, Television and Radio	-	15
16	Rental of Facility Space	-	16
17	Sale of Drugs	55,556	17
18	Sale of Supplies to Non-Patients	-	18
19	Laboratory	16,038	19
20	Radiology and X-Ray	4,806	20
21	Other Medical Services	-	21
22	Laundry	-	22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 77,454	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	7,485	28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 7,485	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 15,148,762	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	2,346,166	31
32	Health Care	7,588,048	32
33	General Administration	5,413,673	33
	B. Capital Expense		
34	Ownership	842,258	34
	C. Ancillary Expense		
35	Special Cost Centers	655,123	35
36	Provider Participation Fee	379,241	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 17,224,509	40
41	**Income before Income Taxes (line 30 minus line 40)****	(2,075,747)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (2,075,747)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 1,627,255	44
45	Private Pay - Net Inpatient Revenue	11,377,252	45
46	Medicare - Net Inpatient Revenue	1,670,266	46
47	Other-(specify)		47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 14,674,773	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: 12/1/2019 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	1,732	1,949	$ 99,664	$ 51.14	1
2	Assistant Director of Nursing	5,270	5,847	212,055	36.27	2
3	Registered Nurses	50,415	54,572	2,092,159	38.34	3
4	Licensed Practical Nurses	44,911	50,674	1,422,618	28.07	4
5	CNAs & Orderlies	123,350	136,430	2,279,936	16.71	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	7,807	8,724	146,512	16.79	8
9	Activity Director					9
10	Activity Assistants	9,455	10,291	221,356	21.51	10
11	Social Service Workers	5,514	5,820	140,779	24.19	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	30,487	34,084	739,503	21.70	15
16	Dishwashers					16
17	Maintenance Workers					17
18	Housekeepers	21,112	22,635	523,952	23.15	18
19	Laundry	8,139	9,016	159,181	17.66	19
20	Administrator	693	730	37,884	51.90	20
21	Assistant Administrator	658	730	28,063	38.44	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	14,864	15,440	328,739	21.29	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	1,841	2,124	38,904	18.32	31
32	Other Health C: MDS	1,755	1,949	89,688	46.02	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	328,003	361,015	$ 8,560,993 *	$ 23.71	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	$ 5,214	1(3)	35
36	Medical Director	Monthly	6,000	9(3)	36
37	Medical Records Consultant	Monthly	405	10(3)	37
38	Nurse Consultant				38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant	Monthly	3,500	39(3)	40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	Monthly	530	39(3)	43
44	Activity Consultant				44
45	Social Service Consultant				45
46	Other(specify) Psychology	Monthly	250	10(3)	46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 15,899		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses		$		50
51	Licensed Practical Nurses	523	23,086	10(3)	51
52	Certified Nurse Assistants/Aides	23,805	452,506	10(3)	52
53	TOTAL (lines 50 - 52)	24,328	$ 475,592		53

Facility Name & ID Number Sunny Hill Nursing Home of Will Co # 0014076 Report Period Beginning: 12/1/2019 Ending: 11/30/2020

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Margaret McDowell	Administrator	0	$ 37,884
Jacqueline Palmer Hosey	Asst. Administrator	0	28,063
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 65,947

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	$ 15,548
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 15,548

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$
Unemployment Compensation Insurance	
FICA Taxes	678,292
Employee Health Insurance	3,170,918
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	1,029,329
Uniforms	57,278
Employee Physicals/Drug Screenings	3,277
Allocation from County	337,159
TOTAL (agree to Schedule V, line 22, col.8)	$ 5,276,253

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

Description	Line #	Amount
N/A		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 3,980
Advertising: Employee Recruitment	
Health Care Worker Background Check	
(Indicate # of checks performed 67)	808
Patient Background Checks 67	808
Illinois Health Care Association	12,796
Miscellaneous Dues	5,010
Books and periodicals	72
Less: Public Relations Expense	(3,516)
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 19,958

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	1,680
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 1,680

* Attach copy of IMRF notifications

**See instructions.

Facility Name: **Sunny Hill Nursing Home of Will Co**
IDPH License ID Number: **0014076**
Fiscal Year End: **11/30/2020**

Schedule 21C

XIX. SUPPORT SCHEDULES

C. Professional Services

Vendor	Type	Amount
RSM US LLP	Accounting	15,200
Kronos, Inc.	Payroll Services	348
	Total (agree to Schedule V, line 19, column 3)	15,548
Allocated from Management Company	Professional Services	983,205
Less: Non-Allowable Legal Fees		
	Total (agree to Schedule V, line 19, column 8)	998,753

Facility Name & ID Number Sunny Hill Nursing Home of Will Co # 0014076 Report Period Beginning: 12/1/2019 Ending: 11/30/2020

XX. GENERAL INFORMATION:

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

(2) Are there any dues to nursing home associations included on the cost report? **Yes**
If YES, give association name and amount. **IHCA - $12,796**

(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. $ **94,236** 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. $ **379,241**
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. $ **1,054**

(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. **No**
Attach invoices and a summary of services for all architect and appraisal fees.