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.

2016
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2016)

I. IDPH License ID Number: 0014076

Facility Name: Sunny Hill Nsg Home 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 12/01/2015 to 11/30/2016 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 Nsg Home Will Co # 0014076 Report Period Beginning: 12/01/2015 Ending: 11/30/2016

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 12/18/15 & 6/3/16

	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	252	Skilled (SNF)	211	80,611	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	252	TOTALS	211	80,611	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	33,010	12,050	14,252	59,312	8
9	SNF/PED					9
10	ICF	1,260		9	1,269	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	34,270	12,050	14,261	60,581	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 75.15%

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

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

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

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

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

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

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

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 252 and days of care provided 2,130

Medicare Intermediary Wisconsin Physician Services

IV. ACCOUNTING BASIS

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

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

Tax Year: 11/30/2016 Fiscal Year: 11/30/2016

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

Facility Name: **Sunny Hill Nsg Home Will Co**
IDPH License ID Number: **0014076**
Fiscal Year End: **11/30/2016**

Schedule 2A

III. Statistical Data
Bed Days Computation

Licensure Level of Care	# of Beds	Start Date	End Date	# of Days	Bed Days Available
Skilled (SNF)	252	12/1/15	12/17/15	17	4,284
Skilled (SNF)	227	12/18/15	6/2/16	168	38,136
Skilled (SNF)	211	6/3/16	11/30/16	181	38,191
			Total - Line 1, Column 4		80,611

Facility Name & ID Number Sunny Hill Nsg Home Will Co # 0014076 Report Period Beginning: 12/01/2015 Ending: 11/30/2016

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	845,775	34,150	33,537	913,462		913,462		913,462			1
2	Food Purchase		546,263		546,263		546,263	(1,365)	544,898			2
3	Housekeeping	737,408	105,225		842,633		842,633		842,633			3
4	Laundry	196,777	43,511		240,288		240,288		240,288			4
5	Heat and Other Utilities			212,124	212,124		212,124		212,124			5
6	Maintenance		580	112,343	112,923		112,923	831,877	944,800			6
7	Other (specify):*											7
8	TOTAL General Services	1,779,960	729,729	358,004	2,867,693		2,867,693	830,512	3,698,205			8
	B. Health Care and Programs											
9	Medical Director			6,000	6,000		6,000		6,000			9
10	Nursing and Medical Records	6,470,352	357,311	591,389	7,419,052		7,419,052		7,419,052			10
10a	Therapy	166,258			166,258		166,258		166,258			10a
11	Activities	229,258			229,258		229,258		229,258			11
12	Social Services	304,478			304,478		304,478		304,478			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	7,170,346	357,311	597,389	8,125,046		8,125,046		8,125,046			16
	C. General Administration											
17	Administrative	191,043			191,043		191,043		191,043			17
18	Directors Fees											18
19	Professional Services			36,616	36,616		36,616	1,013,293	1,049,909			19
20	Dues, Fees, Subscriptions & Promotions			93,641	93,641		93,641	(20,417)	73,224			20
21	Clerical & General Office Expenses	389,048	34,380	23,605	447,033		447,033	57,561	504,594			21
22	Employee Benefits & Payroll Taxes			5,337,521	5,337,521		5,337,521	366,068	5,703,589			22
23	Inservice Training & Education											23
24	Travel and Seminar			2,981	2,981		2,981		2,981			24
25	Other Admin. Staff Transportation			596	596		596		596			25
26	Insurance-Prop.Liab.Malpractice							373,304	373,304			26
27	Other (specify):*											27
28	TOTAL General Administration	580,091	34,380	5,494,960	6,109,431		6,109,431	1,789,809	7,899,240			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	9,530,397	1,121,420	6,450,353	17,102,170		17,102,170	2,620,321	19,722,491			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 Nsg Home Will Co #0014076 Report Period Beginning: 12/01/2015 Ending: 11/30/2016

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			814,020	814,020		814,020		814,020			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			62,893	62,893		62,893		62,893			35
36	Other (specify):*											36
37	**TOTAL Ownership**			876,913	876,913		876,913		876,913			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		151,861	716,509	868,370		868,370		868,370			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			419,265	419,265		419,265		419,265			42
43	Other (specify):* Non-Allowable Cos			20,550	20,550		20,550	(20,550)				43
44	**TOTAL Special Cost Centers**		151,861	1,156,324	1,308,185		1,308,185	(20,550)	1,287,635			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	9,530,397	1,273,281	8,483,590	19,287,268		19,287,268	2,599,771	21,887,039			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 Nsg Home Will Co # 0014076 Report Period Beginning: 12/01/2015 Ending: 11/30/2016

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	(1,365)	2		4
5	Telephone, TV & Radio in Resident Rooms	(14,465)	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	(1,250)	20		28
29	Other-Attach Schedule See Page 5A	(25,252)	Var.		29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (42,332)		$	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)	2,642,103		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 2,642,103		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ 2,599,771		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 Nsg Home Will Co

ID# 0014076

Report Period Beginning: 12/01/2015

Ending: 11/30/2016

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Chamber of Commerce Dues	$ (260)	20	1
2	Lab Services	(8,799)	43	2
3	Disallow IHCA Lobbying Fees	(5,692)	20	3
4	Disallow non-allowable radiology services	(10,501)	10	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				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**	(25,252)		49

Facility Name & ID Number Sunny Hill Nsg Home Will Co # 0014076 Report Period Beginning: 12/01/2015 Ending: 11/30/2016

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	$ 831,877	$ 831,877	1
2	V	19	Professional Services		Will County	100	1,013,293	1,013,293	2
3	V	21	Film Processing		Will County	100	26,500	26,500	3
4	V	21	Telephone		Will County	100	31,061	31,061	4
5	V	22	Employee Benefits		Will County	100	366,068	366,068	5
6	V	26	Insurance		Will County	100	373,304	373,304	6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$			$ 2,642,103	$ * 2,642,103	14

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

Facility Name & ID Number Sunny Hill Nsg Home Will Co # 0014076 Report Period Beginning: 12/01/2015 Ending: 11/30/2016

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	N/A		N/A			3
4	Laurie Summers	0	N/A		N/A			4
5	Jim Moustis, County Board Speaker	0	N/A		N/A			5
6	Cory Singer	0	N/A		N/A			6
7	Donald Moran	0	N/A		N/A			7
8	Beth Rice	0	N/A		N/A			8
9	Kenneth Harris	0	N/A		N/A			9
10	Jacqueline Traynere	0	N/A		N/A			10
11	Darren Bennefield	0	N/A		N/A			11
12	Gretchen Fritz	0	N/A		N/A			12
13	Ragan Freitag	0	N/A		N/A			13
14	Don Gould	0	N/A		N/A			14
15	Steve Balich	0	N/A		N/A			15
16	Mike Fricilone	0	N/A		N/A			16
17	Herbert Brooks, Jr.	0	N/A		N/A			17
18	Denise Winfrey	0	N/A		N/A			18
19	Annette Parker	0	N/A		N/A			19
20	Lauren Staley-Ferry	0	N/A		N/A			20
21	Gloria Dollinger	0	N/A		N/A			21
22	Tyler Marcum	0	N/A		N/A			22
23	Suzanne Hart	0	N/A		N/A			23
24	Charles "Chuck" Maher	0	N/A		N/A			24
25	Ray Tuminello	0	N/A		N/A			25
26	Tom Weigel	0	N/A		N/A			26
27	Mark Ferry	0	N/A		N/A			27
28	Tim Kraulidis	0	N/A		N/A			28
29								29
30								30

Facility Name & ID Number Sunny Hill Nsg Home Will Co # 0014076 Report Period Beginning: 12/01/2015 Ending: 11/30/2016

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	0.00					$	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 Nsg Home Will Co # 0014076 Report Period Beginning: 12/01/2015 Ending: 1/30/2016

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	$ 831,877	$	1	$ 831,877	1
2	19	Professional Services	% Hours / % Warrants	1	1	1,013,293		1	1,013,293	2
3	21	Film Processing	% State	1	1	26,500		1	26,500	3
4	21	Telephone	% Hours / % Warrants	1	1	31,061		1	31,061	4
5	22	Employee Benefits	% Employees	1	1	366,068		1	366,068	5
6	26	Insurance	% Employees	1	1	373,304		1	373,304	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					$ 2,642,103	$		$ 2,642,103	25

Facility Name & ID Number Sunny Hill Nsg Home Will Co # 0014076 Report Period Beginning: 12/01/2015 Ending: 11/30/2016

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 Nsg Home Will Co # 0014076 Report Period Beginning: 12/01/2015 Ending: 11/30/2016

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2015 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.)	2015	$	2
3. Under or (over) accrual (line 2 minus line 1).		$	3
4. Real Estate Tax accrual used for 2016 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:		
2011		8
2012	N/A	9
2013		10
2014		11
2015		12

Not applicable - county does not pay real estate taxes.

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2015	$	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.

2015 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Sunny Hill Nursing Home COUNTY Will

FACILITY IDPH LICENSE NUMBER 0014076

CONTACT PERSON REGARDING THIS REPORT Karen Sobero, Administrator

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

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

Enter the tax index number and real estate tax assessed for 2015 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 2015.

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

B. **Real Estate Tax Cost Allocations**

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

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

C. **Tax Bills**

Attach a copy of the original 2015 tax bills which were listed in Section A to this statement. Be sure to use the 2015 tax bill which is normally paid during 2016.

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 Nsg Home Will Co # 0014076 Report Period Beginning: 12/01/2015 Ending: 11/30/2016

X. BUILDING AND GENERAL INFORMATION:

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

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

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

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

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

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

N/A

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

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

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

XI. OWNERSHIP COSTS:

A. Land.

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

Facility Name & ID Number Sunny Hill Nsg Home Will Co # 0014076 Report Period Beginning: 12/01/2015 Ending: 11/30/2016

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	140		1972	1972	$ 1,375,843	$	40	$	$	$ 1,375,843	4
5	140		1976	1976	1,198,083	14,979	40	14,979		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 Nsg Home Will Co # 0014076 Report Period Beginning: 12/01/2015 Ending: 11/30/2016

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	$ 14,979		$ 14,979	$	$ 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 Nsg Home Will Co # 0014076 Report Period Beginning: 12/01/2015 Ending: 11/30/2016

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	$ 14,979		$ 14,979	$	$ 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	706	10	706		6,001	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	$ 15,685		$ 15,685	$	$ 6,959,403	34

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

Facility Name & ID Number Sunny Hill Nsg Home Will Co # 0014076 Report Period Beginning: 12/01/2015 Ending: 11/30/2016

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	$ 15,685		$ 15,685	$	$ 6,959,403	1
2	1st Floor F-Wing	2009	3,215,133	80,378	40	80,378		602,835	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		99,075	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 10,703,994	$ 109,273		$ 109,273	$	$ 7,661,313	34

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

Facility Name & ID Number Sunny Hill Nsg Home Will Co # 0014076 Report Period Beginning: 12/01/2015 Ending: 11/30/2016

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	$ 109,273		$ 109,273	$	$ 7,661,313	1
2	Lower Level E-Wing, Main Entrance & Canopy	2009	3,669,058	91,726	40	91,726		687,945	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	$ 200,999		$ 200,999	$	$ 8,349,258	34

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

Facility Name & ID Number Sunny Hill Nsg Home Will Co # 0014076 Report Period Beginning: 12/01/2015 Ending: 11/30/2016

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	$ 200,999		$ 200,999	$	$ 8,349,258	1
2	1st Floor E-Wing	2009	3,077,955	76,949	40	76,949		577,117	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	$ 277,948		$ 277,948	$	$ 8,926,375	34

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

Facility Name & ID Number Sunny Hill Nsg Home Will Co # 0014076 Report Period Beginning: 12/01/2015 Ending: 11/30/2016

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	$ 277,948		$ 277,948	$	$ 8,926,375	1
2	1st Floor E-Wing	2010	57,230	1,431	40	1,431		9,301	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		422,186	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	350	5	350		3,500	18
19									19
20	4th and 5th Avenue Remodel	2012	2,751,638	68,791	40	68,791		309,559	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	1,655	5	1,655		7,448	33
34	TOTAL (lines 1 thru 33)		$ 23,342,108	$ 426,936		$ 426,936	$	$ 9,678,369	34

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

Facility Name & ID Number Sunny Hill Nsg Home Will Co # 0014076 Report Period Beginning: 12/01/2015 Ending: 11/30/2016

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	$ 426,936		$ 426,936	$	$ 9,678,369	1
2									2
3	Therapy & Kitchen Interior Renovations, small entrance addition	2013	4,817,787	120,445	40	120,445		421,556	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		207,435	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	$ 630,355		$ 630,355	$	$ 10,307,360	34

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

Facility Name & ID Number Sunny Hill Nsg Home Will Co # 0014076 Report Period Beginning: 12/01/2015 Ending: 11/30/2016

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	$ 630,355		$ 630,355	$	$ 10,307,360	1
2									2
3	6th Avenue and Admin, Interior patient wing,	2015	2,849,503	71,238	40	71,238		106,857	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	29,261	40	29,261		29,261	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	$ 730,854		$ 730,854	$	$ 10,443,478	34

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

Facility Name & ID Number Sunny Hill Nsg Home Will Co # 0014076 Report Period Beginning: 12/01/2015 Ending: 11/30/2016

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	$ 518,152	$ 82,642	$ 82,642	$ -	5	$ 440,485	71
72	Current Year Purchases	5,237	524	524.00	-	5	524	72
73	Fully Depreciated Assets	2,029,184			-		2,029,184	73
74					-			74
75	TOTALS	$ 2,552,573	$ 83,166	$ 83,166	$ -		$ 2,470,193	75

D. Vehicle Costs. (See instructions.)*

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

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 39,246,813	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 814,020	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 814,020	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)	$ 12,913,671	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 Nsg Home Will Co # 0014076 Report Period Beginning: 12/01/2015 Ending: 11/30/2016

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 ☐ 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.	/2017	$
13.	/2018	$
14.	/2019	$

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: $ 62,893 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 Nsg Home Will Co**
IDPH License ID Number: **0014076**
Fiscal Year End: **11/30/2016**

Schedule 14A

XIV. Rental Costs
Line 16 Rental Amount for Moveable Equipment

Rental Description	Amount
Helium tanks	1,114
Ice Machine	6,684
Dietary Equipment	22,819
Nursing Eqpt	1,044
Oxygen Tanks	31,232
Total - Line 16	**62,893**

Facility Name & ID Number Sunny Hill Nsg Home Will Co # 0014076 Report Period Beginning: 12/01/2015 Ending: 11/30/2016

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

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

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

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

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

$

D. NUMBER OF CNAs TRAINED

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

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

Facility Name & ID Number Sunny Hill Nsg Home Will Co # 0014076 Report Period Beginning: 12/01/2015 Ending: 11/30/2016

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

	1	2		3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	39(3)	hrs	$	3,967	$ 297,544	$	3,967	$ 297,544	1
2	Licensed Speech and Language Development Therapist	39(3)	hrs		1,050	78,748		1,050	78,748	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39(2,3)	hrs		4,514	338,551	6,990	4,514	345,541	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				132,444		132,444	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): Oxygen	39(2)					12,427		12,427	12
13	Other (specify):									13
14	TOTAL			$	9,531	$ 714,844	$ 151,861	9,531	$ 866,705	14

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

STATE OF ILLINOIS

Facility Name & ID Number Sunny Hill Nsg Home Will Co **#** 0014076 **Report Period Beginning:** 12/01/2015 **Ending:** 11/30/2016

XV. BALANCE SHEET - Unrestricted Operating Fund. **As of** 11/30/2016 **(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	30,225,092	30,225,092	15
16	Equipment, at Historical Cost	2,552,573	2,552,573	16
17	Accumulated Depreciation (book methods)	(12,913,671)	(12,913,671)	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)**	$ 26,333,142	$ 26,333,142	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 26,333,142	$ 26,333,142	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	1,251,820	1,251,820	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36				36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 1,251,820	$ 1,251,820	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 1,251,820	$ 1,251,820	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 25,081,322	$ 25,081,322	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 26,333,142	$ 26,333,142	48

***(See instructions.)**

Facility Name & ID Number Sunny Hill Nsg Home Will Co # 0014076 Report Period Beginning: 12/01/2015 Ending: 11/30/2016

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 23,532,514	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 23,532,514	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(7,854,713)	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)**	$ (7,854,713)	17
	B. Transfers (Itemize):		
18	**Interfund Transfers**	9,403,521	18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$ 9,403,521	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 25,081,322	24 *

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

Facility Name & ID Number Sunny Hill Nsg Home Will Co # 0014076 Report Period Beginning: 12/01/2015 Ending: 11/30/2016

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	$ 11,428,894	1
2	Discounts and Allowances for all Levels	(607,430)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 10,821,464	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	544,420	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 544,420	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	1,365	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	50,865	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	5,351	19
20	Radiology and X-Ray	6,794	20
21	Other Medical Services		21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 64,375	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	2,296	28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 2,296	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 11,432,555	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	2,867,693	31
32	Health Care	8,125,046	32
33	General Administration	6,109,431	33
	B. Capital Expense		
34	Ownership	876,913	34
	C. Ancillary Expense		
35	Special Cost Centers	888,920	35
36	Provider Participation Fee	419,265	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 19,287,268	40
41	**Income before Income Taxes (line 30 minus line 40)****	(7,854,713)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (7,854,713)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 1,653,522	44
45	Private Pay - Net Inpatient Revenue	7,853,208	45
46	Medicare - Net Inpatient Revenue	1,314,734	46
47	Other-(specify)		47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 10,821,464	49

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

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

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

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

^ - This entity is a government entity

Facility Name & ID Number Sunny Hill Nsg Home Will Co # 0014076 Report Period Beginning: 12/01/2015 Ending: 11/30/2016

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	1,906	2,088	$ 102,305	$ 49.00	1
2	Assistant Director of Nursing	7,889	6,264	230,848	36.85	2
3	Registered Nurses	52,719	62,907	2,194,190	34.88	3
4	Licensed Practical Nurses	47,453	56,324	1,488,493	26.43	4
5	CNAs & Orderlies	134,571	168,410	2,454,516	14.57	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	8,094	9,369	166,258	17.75	8
9	Activity Director					9
10	Activity Assistants	10,781	11,772	229,258	19.48	10
11	Social Service Workers	7,902	8,606	304,478	35.38	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	31,692	35,292	845,775	23.97	15
16	Dishwashers					16
17	Maintenance Workers					17
18	Housekeepers	43,333	48,906	737,408	15.08	18
19	Laundry	10,241	11,953	196,777	16.46	19
20	Administrator	1,452	2,088	104,500	50.05	20
21	Assistant Administrator	1,863	2,034	86,543	42.54	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	16,043	17,736	389,048	21.94	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Ca					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	375,941	443,749	$ 9,530,397 *	$ 21.48	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	$ 25,397	1(3)	35
36	Medical Director	Monthly	6,000	9(3)	36
37	Medical Records Consultant	Monthly	15,599	10(3)	37
38	Nurse Consultant				38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant	Monthly	870	39(3)	40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	Monthly	795	39(3)	43
44	Activity Consultant				44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 48,661		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	278	$ 15,680	10(3)	50
51	Licensed Practical Nurses	7,608	252,429	10(3)	51
52	Certified Nurse Assistants/Aides	12,288	282,024	10(3)	52
53	TOTAL (lines 50 - 52)	20,174	$ 550,133		53

Facility Name & ID Number Sunny Hill Nsg Home Will Co # 0014076 Report Period Beginning: 12/01/2015 Ending: 11/30/2016

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Karen Sobero	Administrator	0	$ 104,500
Rebecca Halderson	Asst. Administrator	0	86,543
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 191,043

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	$ 36,616
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 36,616

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$
Unemployment Compensation Insurance	
FICA Taxes	710,860
Employee Health Insurance	3,439,672
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	1,124,241
Uniforms	56,840
Employee Physicals/Drug Screenings	5,908
Allocation from County	366,068
TOTAL (agree to Schedule V, line 22, col.8)	$ 5,703,589

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	$
Advertising: Employee Recruitment	
Health Care Worker Background Check	
(Indicate # of checks performed 11)	131
Patient Background Checks 11	131
Illinois Health Care Association	14,410
Miscellaneous Dues & Subscriptions	64,244
Chamber Dues	260
Less: Lobbying Fees	(5,692)
Less: Chamber Dues	(260)
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 73,224

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	2,981
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 2,981

* Attach copy of IMRF notifications

**See instructions.

Facility Name: **Sunny Hill Nsg Home Will Co**
IDPH License ID Number: **0014076**
Fiscal Year End: **11/30/2016**

Schedule 21C

XIX. SUPPORT SCHEDULES

C. Professional Services

Vendor	Type	Amount
RSM US LLP	Accounting	23,685
Kronos	Payroll Services	12,931
	Total (agree to Schedule V, line 19, column 3)	36,616
	Allocated from County Professional Services	1,013,293
	Total (agree to Schedule V, line 19, column 8)	1,049,909

Facility Name & ID Number Sunny Hill Nsg Home Will Co # 0014076 Report Period Beginning: 12/01/2015 Ending: 11/30/2016

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 - $14,410**

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

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

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

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **79,323** 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. $ **419,265**
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. $ **NA** Has any meal income been offset against related costs? **Yes** Indicate the amount. $ **1365**

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

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

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

(19) 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

RECONCILIATION REPORT **Sunny Hill Nsg Home Wi** **12:43 PM** **7/7/2017**

ITEM	Value 1	Cond.	Value 2	Difference	RESULTS	COMPARE CEI	SUB-SCHED.	LINE NO.	COL. NO.	WITH CELL	SUB-SCHED.	LINE NO.	COL. NO.	Extra Formula	Extra Formula
Adjustment Detail	2,599,771	equal to	2,599,771	0	O.K.	Pg5 Z22	B.	37	1	Pg4 K29	N/A	45	7		
Sch. V Line 43	0	equal to	0	0	O.K.	Pg4L26	N/A	43	8	0	N/A	N/A	N/A		
Interest Income Offset	0	< or = to	0	------------->	O.K.	Pg9P29				Pg19F38	N/A	25	1	No Interest Inco	No Interest Income
Interest Expense	0	equal to	0	0	O.K.	Pg9 P34	A.	15	10	Pg4 L13	N/A	32	8		
Real Estate Tax Expenses	0	equal to	0	0	O.K.	Pg10 W24	B.	5	N/A	Pg4 L14	N/A	33	8		
Amortization exp. Pre-opening & org.	N/A	equal to	0	0.00	O.K.	Pg11 I33	E.	3	N/A	Pg4 L12	N/A	31	8		
Equipment Rental	X	< or = to	62,893	------------->	O.K.	Pg11V13	D.	N/A	V.	Pg14J30	B.	16	N/A	Equip Rental	Equip Rental
Current Book Depreciation	814,020	equal to	814,020	0	O.K.	Pg13Y27	E.	82	2	Pg4H11	D.	30	4		
Ownership Costs-Depreciation	814,020	equal to	814,020	0	O.K.	Pg13 Y28	E.	49	2	Pg4 L11	N/A	30	8		
Rental Costs A	0	equal to	0	0	O.K.	Pg14 L20+N22	A.	7 + 8	4+N/A	Pg4 L15	N/A	34	8		
Rental Costs B	62,893	equal to	62,893	0	O.K.	Pg14 J30+N40	B.+ C.	16+21	N/A+4	Pg4 L16	N/A	35	8		
Nurse Aid Training Prog.	0	equal to	0	0	O.K.	Pg15 L36	B.	10	1	Pg3 L23	N/A	13	8		
Special Serv.- Staff Wages	0	equal to	0	0	O.K.	Pg16 N32	N/A	14	3	Pg4 E22	N/A	39	1		
Ancillary Services	868,370	equal to	868,370	0	O.K.	Pg16 Z32 & Pg	N/A;B	1-4;40-43	8;2	Pg4 L22	N/A	39	4		
Special Serv.- Supplies	151,861	equal to	151,861	0	O.K.	Pg16 V32	N/A	14	6	Pg4 F22 + Pg 3	N/A	39,10a	2		
Less Allowance____________	0	# need Descrip	0	------------->	O.K.	Pg17E13	A.	3	N/A	Pg17K13	A.	3	2	No Descrip	No Descrip
Other Current Assets		# need Descrip	0	------------->	O.K.	Pg17D19	A.	9	N/A	Pg17K19	A.	9	2	No Descrip	No Descrip
Other Long-Term Assets (specify):		# need Descrip	0	------------->	O.K.	Pg17E35	B.	22	N/A	Pg17K35	B.	22	2	No Descrip	No Descrip
Other Long-Term Assets (specify):		# need Descrip	0	------------->	O.K.	Pg17D36	B.	23	N/A	Pg17K36	B.	23	2	No Descrip	No Descrip
Other Current Liabilities		# need Descrip	0	------------->	O.K.	Pg17P22	C.	36	N/A	Pg17V22	C.	36	2	No Descrip	No Descrip
Other Current Liabilities		# need Descrip	0	------------->	O.K.	Pg17P23	C.	37	N/A	Pg17V23	C.	37	2	No Descrip	No Descrip
Other Long-Term Liabilities		# need Descrip	0	------------->	O.K.	Pg17P32	D.	43	N/A	Pg17V32	D.	43	2	No Descrip	No Descrip
Other Long-Term Liabilities		# need Descrip	0	------------->	O.K.	Pg17P33	D.	44	N/A	Pg17V33	D.	44	2	No Descrip	No Descrip
Other Revenue		# need Descrip	0	------------->	O.K.	Pg19C42	E.	28	N/A	Pg19F42	E.	28	1	No Descrip	No Descrip
Other Revenue	Sundry	# need Descrip	2,296	------------->	O.K.	Pg19C43	E.	28a	N/A	Pg19F43	E.	28a	1	Need Descrip	Need Descrip
Income Stat. General Serv.	2,867,693	equal to	2,867,693	0	O.K.	Pg19 P11	N/A	31	2	Pg3 H16	N/A	8	4		
Income Stat. Health Care	8,125,046	equal to	8,125,046	0	O.K.	Pg19 P12	N/A	32	2	Pg3 H26	N/A	16	4		
Income Stat. Admininstation	6,109,431	equal to	6,109,431	0	O.K.	Pg19 P13	N/A	33	2	Pg3 H39	N/A	28	4		
Income Stat. Ownership	876,913	equal to	876,913	0	O.K.	Pg19 P15	N/A	34	2	Pg4 H18	N/A	37	4		
Income Stat. Special Cost Ctr	888,920	equal to	888,920	0	O.K.	Pg19 P17	N/A	35	2	Pg4 H21..H24+	N/A	38to41+43	4		
Income Stat. Prov. Partic.	419,265	equal to	419,265	0	O.K.	Pg19 P18	N/A	36	2	Pg4 H25	N/A	42	4		
Net Revenue	10,821,464	equal to	10,821,464	0	O.K.	Pg19 F13	N/A	3	1	Pg19 P38	N/A	49	2		
Staff- Nursing	6,470,352	equal to	6,470,352	0	O.K.	Pg20 K11..K15-	A.	1-5,24,25,27-30	3	Pg3 E19	N/A	10	1		
Staff- Nurse aide Training	0	< or = to	0	0	O.K.	Pg20 K16	A.	6	3	Pg3 E23	N/A	13	1		
Staff-Licensed Therapist	0	equal to	0	0	O.K.	Pg20 K17	A.	7	3	Pg4 E22	N/A	39	1		
Staff-Rehab Therapy Aides	166,258	equal to	166,258	0	O.K.	Pg20 K18	A.	8	3	Pg3 E20	N/A	10a	1		
Staff- Activities	229,258	equal to	229,258	0	O.K.	Pg20 K19+K20	A.	9+10	3	Pg3 E21	N/A	11	1		
Staff- Social Serv. Workers	304,478	equal to	304,478	0	O.K.	Pg20 K21	A.	11	3	Pg3 E22	N/A	12	1		
Staff- Dietary	845,775	equal to	845,775	0	O.K.	Pg20 K22..K26	A.	16-Dec	3	Pg3 E9	N/A	1	1		
Staff- Maintenance	0	equal to	0	0	O.K.	Pg20 K27	A.	17	3	Pg3 E14	N/A	6	1		
Staff- Housekeeping	737,408	equal to	737,408	0	O.K.	Pg20 K28	A.	18	3	Pg3 E11	N/A	3	1		
Staff- Laundry	196,777	equal to	196,777	0	O.K.	Pg20 K29	A.	19	3	Pg3 E12	N/A	4	1		
Staff- Administrative	191,043	equal to	191,043	0	O.K.	Pg20 K30..K32	A.	20-22	3	Pg3 E28	N/A	17	1		
Staff- Clerical	389,048	equal to	389,048	0	O.K.	Pg20 K33..K34	A.	23+24	3	Pg3 E32	N/A	21	1		
Staff- Medical Director	0	equal to	0	0	O.K.	Pg20 K37	A.	27	3	Pg3 E18	N/A	9	1		
Total Salaries And Wages	9,530,397	equal to	9,530,397	0	O.K.	Pg20 K44	A.	34	3	Pg4 E29	N/A	45	1		
Dietary Consultant	25,397	< or = to	33,537	-8,140	O.K.	Pg20 X12	B.	35	2	Pg3 G9	N/A	1	3		
Medical Director	6,000	< or = to	6,000	0	O.K.	Pg20 X13	B.	36	2	Pg3 G18	N/A	9	3		
Consultants & contractors	565,732	< or = to	591,389	-25,657	O.K.	Pg20 X14..X16-	B. & C.	7to39 and 50to5	2	Pg3 G19	N/A	10	3		
Activity Consultant	0	< or = to	0	0	O.K.	Pg20 X21	B.	44	2	Pg3 G21	N/A	11	3		
Social Service Consultant	0	< or = to	0	0	O.K.	Pg20 X22	B.	45	2	Pg3 G22	N/A	12	3		
Director of Nursing Above Minimum Wage	49	< or = to	8.25	40.75	O.K.	Pg20N11	A.	1	4	8.25	N/A	N/A	N/A		
Assistant Director of Nursing Above Minimum Wa	37	< or = to	8.25	28.60	O.K.	Pg20N12	A.	2	4	8.25	N/A	N/A	N/A		
Registered Nurses Above Minimum Wage	35	< or = to	8.25	26.63	O.K.	Pg20N13	A.	3	4	8.25	N/A	N/A	N/A		
Licensed Practical Nurses Above Minimum Wage	26	< or = to	8.25	18.18	O.K.	Pg20N14	A.	4	4	8.25	N/A	N/A	N/A		
CNA's & Orderlies Above Minimum Wage	15	< or = to	8.25	6.32	O.K.	Pg20N15	A.	5	4	8.25	N/A	N/A	N/A		
CNA Trainees Above Minimum Wage		< or = to	8.25	0.00	O.K.	Pg20N16	A.	6	4	8.25	N/A	N/A	N/A		
Licensed Therapist Above Minimum Wage		< or = to	8.25	0.00	O.K.	Pg20N17	A.	7	4	8.25	N/A	N/A	N/A		
Rehab/Therapy Aides Above Minimum Wage	18	< or = to	8.25	9.50	O.K.	Pg20N18	A.	8	4	8.25	N/A	N/A	N/A		
Activity Director Above Minimum Wage		< or = to	8.25	0.00	O.K.	Pg20N19	A.	9	4	8.25	N/A	N/A	N/A		
Activity Assistants Above Minimum Wage	19	< or = to	8.25	11.23	O.K.	Pg20N20	A.	10	4	8.25	N/A	N/A	N/A		
Social Service Workers Above Minimum Wage	35	< or = to	8.25	27.13	O.K.	Pg20N21	A.	11	4	8.25	N/A	N/A	N/A		
Dietician Above Minimum Wage		< or = to	8.25	0.00	O.K.	Pg20N22	A.	12	4	8.25	N/A	N/A	N/A		
Food Service Supervisor Above Minimum Wage		< or = to	8.25	0.00	O.K.	Pg20N23	A.	13	4	8.25	N/A	N/A	N/A		
Head Cook Above Minimum Wage		< or = to	8.25	0.00	O.K.	Pg20N24	A.	14	4	8.25	N/A	N/A	N/A		
Cook Helpers/Assistants Above Minimum Wage	24	< or = to	8.25	15.72	O.K.	Pg20N25	A.	15	4	8.25	N/A	N/A	N/A		
Dishwashers Above Minimum Wage		< or = to	8.25	0.00	O.K.	Pg20N26	A.	16	4	8.25	N/A	N/A	N/A		
Maintenance Workers Above Minimum Wage		< or = to	8.25	0.00	O.K.	Pg20N27	A.	17	4	8.25	N/A	N/A	N/A		
Housekeepers Above Minimum Wage	15	< or = to	8.25	6.83	O.K.	Pg20N28	A.	18	4	8.25	N/A	N/A	N/A		
Laundry Above Minimum Wage	16	< or = to	8.25	8.21	O.K.	Pg20N29	A.	19	4	8.25	N/A	N/A	N/A		
Adminstrator Above Minimum Wage	50	< or = to	8.25	41.80	O.K.	Pg20N30	A.	20	4	8.25	N/A	N/A	N/A		
Assistant Adminstrator Above Minimum Wage	43	< or = to	8.25	34.29	O.K.	Pg20N31	A.	21	4	8.25	N/A	N/A	N/A		
Other Adminstrative Above Minimum Wage		< or = to	8.25	0.00	O.K.	Pg20N32	A.	22	4	8.25	N/A	N/A	N/A		
Office Manager Above Minimum Wage		< or = to	8.25	0.00	O.K.	Pg20N33	A.	23	4	8.25	N/A	N/A	N/A		
Clerical Above Minimum Wage	22	< or = to	8.25	13.69	O.K.	Pg20N34	A.	24	4	8.25	N/A	N/A	N/A		
Vocational Instruction Above Minimum Wage		< or = to	8.25	0.00	O.K.	Pg20N35	A.	25	4	8.25	N/A	N/A	N/A		
Academic Instruction Above Minimum Wage		< or = to	8.25	0.00	O.K.	Pg20N36	A.	26	4	8.25	N/A	N/A	N/A		
Medical Director Above Minimum Wage		< or = to	8.25	0.00	O.K.	Pg20N37	A.	27	4	8.25	N/A	N/A	N/A		
Qualified MR Prof. (QMRP) Above Minimum Wag		< or = to	8.25	0.00	O.K.	Pg20N38	A.	28	4	8.25	N/A	N/A	N/A		
Resident Services Coordinator Above Minimum W		< or = to	8.25	0.00	O.K.	Pg20N39	A.	29	4	8.25	N/A	N/A	N/A		
Habilitation Aides (DD Homes) Above Minimum W		< or = to	8.25	0.00	O.K.	Pg20N40	A.	30	4	8.25	N/A	N/A	N/A		
Medical Records Above Minimum Wage		< or = to	8.25	0.00	O.K.	Pg20N41	A.	31	4	8.25	N/A	N/A	N/A		
Other Health Care Above Minimum Wage		< or = to	8.25	0.00	O.K.	Pg20N42	A.	32	4	8.25	N/A	N/A	N/A		
Other(Specify) Above Minimum Wage		< or = to	8.25	0.00	O.K.	Pg20N43	A.	33	4	8.25	N/A	N/A	N/A		
Supp. Sched.- Admin. Salar.	191,043	equal to	191,043	0	O.K.	Pg21 I16	A.	N/A	N/A	Pg3 E28	N/A	17	1		
Supp. Sched.- Admin. Other	0	equal to	0	0	O.K.	Pg21 I24	B.	N/A	N/A	Pg3 G28	N/A	17	3		
Supp. Sched.- Prof. Serv.	36,616	equal to	36,616	0	O.K.	Pg21 I41	C.	N/A	N/A	Pg3 G30	N/A	19	3		
Supp. Sched.- Benefit/Taxes	5,703,589	equal to	5,703,589	0	O.K.	Pg21 P22	D.	N/A	N/A	Pg3 L33	N/A	22	8		
Supp. Sched.- Sched of dues..	73,224	equal to	73,224	0	O.K.	Pg21 V22	F.	N/A	N/A	Pg3 L31	N/A	20	8		
Supp. Sched.- Sched. of trav	2,981	equal to	2,981	0	O.K.	Pg21 V41	G.	N/A	N/A	Pg3 L35	N/A	24	8		
Schedule 21C	1,049,909	equal to	1,049,909	0	FAILED	Sch 21Ctotal	N/A	N/A	N/A	Pg3L30	N/A	19	8		
Gen. Info - Particip. Fees	419,265	equal to	419,265	0	O.K.	Pg22 I38	N/A	11	N/A	Pg4 G25	N/A	42	3		
Gen. Info - Employee Meals	NA	< or = to	366,068	#VALUE!	#VALUE!	Pg22 S16	N/A	16	N/A	Pg3 K33	N/A	2 & 22	7		
Gen. Info - Employee Meals	NA	equal to	0	#VALUE!	#VALUE!	Pg22 S16	N/A	16	N/A	Pg21 P12	D.	N/A	N/A		
Nurse aide training	0	equal to	0	0	O.K.	Pg15 U29..U31	B.	3, 4 & 5	4	Pg3 E23	N/A	13	1		
Days of medicare provided	2,130	equal to	14,252	0	O.K.	Pg2 AB29	K.	N/A	N/A	Pg2 J30	B.	8	4		
Adjustment for related org. costs	2,642,103	equal to	2,642,103	0	O.K.	Pg5 Z18	B.	34	1	Pg6 to Pg 6I Y4	B.	14	8		
Total loan balance	0	equal to	0	0	O.K.	Pg9 L34	A.	15	7	Pg17 V13+V27.	N/A	29+39-41	2		
Real estate tax accrual	0	equal to	0	0	O.K.	Pg10 W15	B.	4	N/A	Pg17 V17	N/A	32	2		
Land	25,000	equal to	25,000	0	O.K.	Pg11 T43	A.	3	4	Pg17 K25	N/A	13	2		
Building cost	36,669,240	equal to	36,669,240	0	O.K.	Pg12 to 12I L43	B.	36	4	Pg17 K26+K27	N/A	14 & 15	2		
Equipment and vehicle cost	2,552,573	equal to	2,552,573	0	O.K.	Pg13 O22+L13	C.& D.	41 + 46	1 + 4	Pg17 K28	N/A	16	2		
Accumulated depr.	12,913,671	equal to	12,913,671	0	O.K.	Pg13 Y30	E.	51	2	Pg17 K29	N/A	17	2		
End of year equity	25,081,322	equal to	25,081,322	0	O.K.	Pg18 I33	N/A	24	1	Pg17 S39	N/A	47	1		
Net income (loss)	-7,854,713	equal to	-7,854,713	0	O.K.	Pg18 I15	N/A	7	1	Pg19 P30	N/A	43	2		
Unamortized deferred maint. cost	0	equal to	0	0	O.K.	Pg22 F31-J31..	H.	20	3	Pg17 K30	N/A	18	2		
Balance Sheet	26,333,142	equal to	26,333,142	0	O.K.	Pg17:H41		25	1	Pg17 S41	N/A	48	1		

Rounding

Fixed Assets Accum Deprec	# of Errors
Page 12	0
Page 12A	0
Page 12B	0
Page 12C	0
Page 12D	0
Page 12E	0
Page 12F	0
Page 12G	0
Page 12H	0
Page 12I	0
Total	0

*If the table contains all zeros there are no assets over depreciated. Each over depreciated asset equals 1. For example if Page 12 has 2 and page 12B has 1, on page 12, 2 assets are over depreciated and on page 12B, 1 asset is over depreciated. If you have any errors you can unhide rows 127 through 448 to see which asset has a 1 in column F. A #Value could indicate that there are costs, but no accumulated depreciation or accumulated depreciation, but no costs.

Attachments Needed					Is This Attached under the MCD CR Folder?	
Legal Summary	No	check		NO		
Inservice Training & Education	0	> than	5,000	NO		
Travel & Seminar	2,981	> than	5,000	NO		
Other Admin Staff Transporation	596	> than	5,000	NO		
Real Estate Tax Bills	0	check	0	NO		
Home Office Real Estate Tax Bill	0	> than	1	NO		
Facility / HO Real Estate Appeal	0	> than	1	NO		
Home Office Fixed Asset Sch.	0	> than	1	NO		
IMRF Notices	X	check		YES	yes	
Board of Directors	X	check		YES	yes	included on 6-supplemental

Sunny Hill Nsg Home Will Co

11/30/2016

0014076

DHFS LTC Profiles

LTC Median Per Diem Cost by HSA - 2015 Cost Reports

	This Facility 11/30/2016	This Facility 11/30/2015	2015 Average Median Cost Per Resident Day State	HSA	Facility 2016 vs. 2015	Facility vs. State	Facility vs. HSA
Dietary	15.08	14.27	8.73	7.73	5.68%	72.72%	95.06%
Food Purchase	8.99	8.62	6.44	6.39	4.34%	39.67%	40.76%
Housekeeping	13.91	12.88	5.17	5.35	8.00%	169.04%	159.98%
Laundry	3.97	4.00	2.31	2.04	-0.90%	71.71%	94.43%
Heat & Other Utilities	3.50	4.03	3.86	3.38	-13.15%	-9.29%	3.59%
Maintenance	15.60	15.20	5.44	4.67	2.61%	186.68%	233.95%
TOTAL GENERAL SERVICES	61.05	59.00	33.77	33.85	3.47%	80.77%	80.34%
Medical Director	0.10	0.10	0.43	0.43	3.94%	-76.97%	-76.97%
Nursing & Medical Records	122.46	117.52	62.04	53.89	4.21%	97.40%	127.25%
Therapy	2.74	2.49	5.98	7.45	10.34%	-54.11%	-63.16%
Activities	3.78	3.71	2.76	2.96	1.98%	37.11%	27.85%
Social Services	5.03	4.71	2.18	3.96	6.66%	130.55%	26.92%
TOTAL HEALTH CARE & PROGRAMS	134.12	128.52	76.90	62.65	4.35%	74.41%	114.08%
Administration	3.15	3.66	4.58	5.56	-13.84%	-31.15%	-43.28%
Professional Services	17.33	17.09	2.47	2.37	1.41%	601.65%	631.25%
Clerical & Gen. Office Expense	8.33	7.34	7.61	5.35	13.46%	9.45%	55.69%
Employee Benefits & PR Taxes	94.15	86.99	16.27	16.87	8.23%	478.66%	458.08%
Travel & Seminar	0.05	0.04	0.12	0.12	12.18%	-58.99%	-58.99%
Insurance-Property, liability & Malpractice	6.16	5.49	2.68	2.10	12.21%	129.93%	193.43%
TOTAL GENERAL ADMINISTRATIVE	130.39	121.71	40.99	39.25	7.13%	218.11%	232.21%
TOTAL OPERATING EXPENSES	325.56	309.24	152.25	136.18	5.28%	113.83%	139.06%
Depreciation	13.44	12.22	4.97	5.36	9.93%	170.36%	150.69%
Interest	-	-	4.06	6.23	0.00%	-100.00%	-100.00%
Real Estate Taxes	-	-	3.01	3.22	0.00%	-100.00%	-100.00%
Rent-Equipment & Vehicles	1.04	0.99	0.60	0.73	4.49%	73.03%	42.21%
TOTAL OWNERSHIP	14.48	13.22	14.76	19.96	9.52%	-1.93%	-27.48%
Ancillary Service Centers	14.33	17.90	14.68	26.42	-19.93%	-2.36%	-45.75%
Provider Participation Fee	6.92	7.78	6.61	5.85	-11.07%	4.70%	18.30%
Total Ancillary Provider Fee & Other	21.25	25.68	16.70	15.93	-17.24%	27.27%	33.43%
TOTAL OPERATING & OWNERSHIP COST	361.29	348.14	190.65	193.48	3.78%	89.50%	86.73%

2015 - Average Wage Data Table	11/30/2016 This Facility	11/30/2015 This Facility	State-Wide	HSA			
Total staff hours including contract nurses PRD	7.66	7.55	5.83	5.97	1.41%	31.35%	28.27%
Nursing hours including contract nurses PRD	5.22	5.05	3.36	3.60	3.42%	55.32%	44.97%
RN	34.88	32.18	27.74	27.48	8.39%	25.74%	26.93%
LPN	26.43	25.58	22.99	23.87	3.32%	14.96%	10.72%
CNA	14.57	14.69	11.73	11.42	-0.82%	24.21%	27.58%
DON	49.00	46.62	39.59	42.26	5.11%	23.77%	15.95%
ADON	36.85	35.72	32.69	34.40	3.16%	12.73%	7.12%

2015 - Staffing and Occupancy Data	11/30/2016 This Facility	11/30/2015 This Facility	State-Wide	HSA			
Occupancy	75.2%	65.8%	78.8%	80.8%	14.27%	-4.63%	-6.99%
Medicaid Utilization	56.6%	63.6%	66.3%	70.6%	-11.06%	-14.68%	-19.87%
Medicare Utilization	3.5%	5.3%	15.1%	21.5%	-33.38%	-76.72%	-83.65%

Enter Cost Center Expenses

YOU HAVE CHOSEN THE SUPPORT CALC. THAT IS LINKED TO THE COST REPORT!!!! 7/7/2017 12:43:25 PM

HSA Number:	9	Name:	**Tabor Hills Health Care Facility, Inc.**		
Cost report period	From:	12/1/2015	To:	11/30/2016	Base Number: 491
If this is an ICF/DD 16 facility, enter a 1 in cell C6		N			
Licensed bed days:	80,611	Occupancy:	60,581	Pct. of occupancy:	75.15%
Illinois Public Aid Support Rate:			$		
Genl Services Salary/Wage:	1,779,960	Col 1, Line 8 ---Audit Adj:			
Genl Admin Salary/Wage:	580,091	Col 1, Line 28 ---Audit Adj:			
Total Salary Wage:	9,530,397	Col 1, Line 44 ---Audit Adj:			
Employee Benefits:	5,703,589	Col 8, Line 22 ---Audit Adj:			
Total General Services:	3,698,205	Col 8, Line 8 ---Audit Adj:			
Total General Admin:	7,899,240	Col 8, Line 28 ---Audit Adj:			

2016 Rate	**$111.76**	**11/30 FYE - FILE BY MARCH 31**
2015 Rate	**101.35**	
Variance	**10.41**	

Support Costs Per Diem - PY	**101.35**	
Estimated Inflation	**1.0070**	http://www.bls.gov/data/inflation_calculator.htm
Updated Support Costs for CY	**102.06**	
Support Costs Per Diem - CY	**111.76**	
Difference	**(9.70)**	
File or Extend Cost Report?	**File!**	
Raw Rate Change	**10.41**	
File or Extend Cost Report?	**File!**	

Instructions and Calculation Steps

STEP I Adjust Support Service Costs to Include Correct Amounts of Fringe Benefits and Payroll Taxes.

Fringe benefits and payroll taxes are reported as a lump sum under General Administration expenses on your cost report (Page 3, Column 10, Line 22). You will need to take this amount out of General Administration expenses and calculate the correct portions of this lump sum to be added to your general services and General Administration expenses. This is done by proration.

A. General Services

1 Determine the proportion of general services wages to total wages.

2 Multiply the total lump sum fringe amount by this proportion to get the fringe amount for General Services.

3 Add the proportioned fringe amount to you total general services expenses to get your new total general services cost.

General Services Wages (Column 1, Line 8)	$1,779,960
Divided by Total Wages (Column 1, Line 44)	$9,530,397
General service wages as percent of total wages	18.6767%
Employee Benefits (Column 10, Line 22)	$5,703,589
Allocation of Employee Benefits to General Services Costs	$1,065,242
Plus Total General Services (Column 10, Line 8)	$3,698,205
New Total General Services Cost	$4,763,447

B. General Administration

1 Determine the proportion of General Administration wages to total wages.

2 Multiply the total lump sum fringe amount by this proportion to get the fringes amount for General Administration.

3 Add the proportioned fringe amount to your total General Administration expenses.

4 Subtract the total lump sum fringe amount from your General Administration expenses to get your new total General Administration Cost.

General Administration Wages (Column 1, Line 28).	$580,091
Divided by Total Wages (Column 1, Line 45)	$9,530,397
General administration wages as a percent of total wages	6.0867%
Employee Benefits (Column 10, Line 22)	$5,703,589
Allocation of Emplayee Benefits to General Admin. Costs	$347,160
Plus Total General Administration (Column 10, Line 28)	$7,899,240
Minus Total Fringe (Column 10, Line 22)	$5,703,589
New Total General Administration Cost	$2,542,811

STEP II Adjust Support Service Costs for Inflation

To calculate the impact of inflation, different inflation fators are used for the General Service and General Administration costs of your cost report. These inflation factors are listed in Table I, Inflation Multipliers. To select the appropriate inflation factors, you need to calculate your base number using the formula outlined below. Once you have calculated your base number, find it in Table I. Select the inflation factors which correspond with your base number and use these in updating your support cost.

A. Base Number Calculation

Convert the beginning and ending dates of your cost reporting period (page 1, Schedule II of your cost report) into numbers and apply the following formula:

Beginning Month + Ending Month =	23 divided by 2 =	11.5
Beginning Day + Ending Day =	31 divided by 60.8 =	0.509868421
Beginning Year + Ending Year =	231 multiplied by 6 =	1386
Sum of the three lines		1398.009868
Subtract from the sum		907.00
Base Number (expressed as a whole number, fraction dropped)		491

B. Select the Appropriate Inflation Multipliers

Refer to Table I, inflation Multipliers, and find the multipliers which correspond with the base number you have calculated.

General Services Multiplier:	1
General Administration Multiplier:	1

C. Apply Inflation Multipliers to Update Cost

1 Multiply New Total General Services Cost (from Step I-A) by the appropriate multiplier from Table I:

New Total General Service Cost (Step I-A)	$4,763,447	
General Services Multiplier (Step II-B)	1	
Updated General Services Cost		$4,763,447

2 Multiply New Total General Administration Cost (from Step I-B)by the appropriate multiplier from Table I:

New Total General Service Cost (Step I-B)	$2,542,811	
General Administration Multiplier (Step II-B)	1	
Updated General Services Cost		$2,542,811
3 Total Updated Support Costs (1 + 2)		$7,306,258

STEP III Convert Total Updated Support Costs (C-3) to Per Diem Costs

Use one of the two procedures below to compute per diem costs.

CALCULATED PER DIEM SUPPORT COSTS $111.76

A. If the occupancy (Cost Report, Page 2, Schedule III-C) is equal to or above 93 percent, divide your total updated support costs (Step II, C, 3, above) by the total patient days (Cost Report, Page 2, Schedule III-B, Column 5, Line 14).

Total Support Costs (Step II, C, 3, above)	$7,306,258
Total Patient Days (Cost Report)	60,581
Support Costs per Diem	$120.60

OR

B. If the occupancy is below 93 percent, calculate 93 percent of the licensed bed days (Cost Report, Page 2, Schedule III-A, Column 4, Line 7). Then subtract the total patient days (Cost Report, Page 2, Schedule III-B, Column 5, Line 14) from the result and calculate one-third of the difference. Then add the one-third difference to the total patient days to obtain your adjusted occupancy. Next divide your total updated Support Costs (Step II, C, 3 above) by your adjusted occupancy.

Licensed Bed Days	80,611
Multiplied by	0.93
	74,968
Minus total Patient Days	60,581
	14,387
One-third of difference	4,796
Plus Total Patient Days	60,581
Adjusted Occupancy	65,377
Total Support Costs (Step II, C, 3, above)	$7,306,258
Divided by Adjusted Occupany	65377
Support Costs Per Diem	$111.76

STEP IV Calculate Support Rate

The maximum allowable support reimbursement rate is the 75th percentile for your region. The 35th and 75th percentile rates by HSA are listed in Table II, support Rate Percentiles by HSA. Use one of the three procedures below and refer to Table II to calculate your support rate.

A. If your support costs per diem from STEP II is equal to or greater than the 75th percentile for your HSA, then your support rate is the 75th percentile rate listed in Table II.

B. If your support costs per diem from Step III is equal to or greater than the 35th percentile, but less than the 75th percentile for your HSA, then your support rate is your support costs per diem plus 50 percent of the difference between your support costs per diem and the 75th percentile rate listed in Table II. Use the following procedure to calculate your rate:

75 Percentile Rate for your HSA	$39.02
Minus Support Costs Per Diem	$111.76
Difference	-$72.74
Multiply the Difference by	0.5
One-Half of the Difference	-$36.37
Plus Support Costs Per Diem	$111.76
Support Rate if costs are between 35th and 75th percentile	75.39

C. If your support cost per diem from Step III is below the 35th percentile for your HSA, then your support rate is your support costs per diem plus 50 percent of the difference between your support costs per diem and the 75th percentile rate up to a ceiling. This ceiling is equal to 50 percent of the difference between the 35th and 75th percentiles plus $.05. The ceiling for each HSA is listed in Table II. Use the following procedure to calculate your rate:

75 Percentile Rate for your HSA	$39.02
Minus Support Costs Per Diem	$111.76
Difference	-$72.74
Multiply the Difference by	0.5
One-Half of the Difference	-$36.37
Compare one-half the difference to the profit ceiling for your HSA in Table II and	4.175
Enter the Lower of the Two Amounts	-$36.370
Plus Support Costs Per Diem	$111.76
Support Rate if support costs less than 35th percentile	$75.39

D. YOUR FINAL TOTAL SUPPORT RATE from A, B, or C above **$39.02**

75th Percentile is	$39.02
35th Percentile is	$30.77

Table I
Inflation Multipliers

Base Number	General Services Multiplier	General Administration Multiplier
261	1.1187	1.1531
262	1.1182	1.1530
263	1.1178	1.1528
264	1.1071	1.1376
265	1.1067	1.1375
266	1.1062	1.1373
267	1.0975	1.1249
268	1.0971	1.1248
269	1.0966	1.1246
270	1.0887	1.1134
271	1.0882	1.1132
272	1.0877	1.1130
273	1.0815	1.1043
274	1.0811	1.1042
275	1.0806	1.1040
276	1.0730	1.0932
277	1.0725	1.0931
278	1.0720	1.0929
279	1.0666	1.0853
280	1.0661	1.0851
281	1.0657	1.0850
282	1.0588	1.0753
283	1.0583	1.0751
284	1.0579	1.0750
285	1.0535	1.0690
286	1.0531	1.0689
287	1.0527	1.0687
288	1.0413	1.0524
289	1.0409	1.0522
290	1.0404	1.0521
291	1.0321	1.0403
292	1.0317	1.0402
293	1.0313	1.0400
294	1.0254	1.0318
295	1.0250	1.0317
296	1.0246	1.0315
297	1.0228	1.0294
298	1.0224	1.0293
299	1.0219	1.0291
300	1.0166	1.0218
301	1.0162	1.0216
302	1.0158	1.0215
303	1.0076	1.0098
304	1.0072	1.0097
305	1.0067	1.0095
306	1.0000	1.0000

Table II
SupportRate percentiles by HSA

HSA	75th Percentile	35th Percentile	Below 35th Profit Ceiling
1	40.08	32.10	4.040
2	37.33	31.77	2.830
3	34.36	29.73	2.365
4	37.33	31.77	2.830
5	32.69	27.53	2.630
6	43.80	31.76	6.070
7	43.80	31.76	6.070
8	43.80	31.76	6.070
9	39.02	30.77	4.175
10	40.08	32.10	4.040
11	35.80	29.99	2.955

Table II (For ICF/DD 16 Facilities)
SupportRate percentiles by HSA

HSA	75th Percentile	35th Percentile	Below 35th Profit Ceiling
1	34.86	27.19	3.885
2	33.30	25.97	3.715
3	32.74	25.54	3.650
4	33.30	25.97	3.715
5	30.46	23.75	3.405
6	40.44	31.54	4.500
7	40.44	31.54	4.500
8	40.44	31.54	4.500
9	37.60	29.32	4.190
10	34.86	27.19	3.885
11	32.73	25.52	3.655

Capital Rate Data
Change print Orientation!

YOU HAVE CHOSEN THE CAPITAL CALC. THAT IS LINKED
TO THE COST REPORT!!!! 7/7/2017 12:43:25 PM
COSTS INCLUDED ON PAGES 12 THRU 12D START AT CELL O6

Facility Name: **Sunny Hill Nsg Home Will Co** ID: **0014076**

HSA No.: 9 Own or Rent? (O or R) ______ Own or Rent Beginning: ______

IF RENTED, have facilities been continously rented
from an unrelated party since prior to January 1, 1978 (Y or N): N
or since the first day of operation for buildings
constructed since January 1, 1978?

Cost Report Pd:		Licensed Beds:	211	Total Patient Days	60,581
Begin	**12/01/2015**	Licensed Bed Days:	80,611	% Occupied	75.15%
End	**11/30/2016**			Capital Days	74,968

1989 Property Tax COST: ______ (Actual dollar amount 1989 taxes)

1991 Property Tax RATE: ______ (Inflated dollar amount divided by 1991 capital days)

FY 1991 Capital Rate: ______ (From form 787)

2015 Rate	18.52
2014 Rate	
Variance	18.52

CAPITAL CALCULATIONS

Sunny Hill Nsg Home Will Co
Estimate of revised capital rate due to improvements 2000-201X

		Calculation Column
A. Determine the base year for your building from Work Table A		2005
B. Determine the Building Specific historical cost per bed:		
1. Work Table A, Line 24, Column (B)	$	36,669,240
2. Total licensed beds from cost report Page 2, Line 7, column 3		211
3. Line 1 divided by Line 2		$173,788
4. Regional construction inflator from Table 2		1
5. Building specific historical Cost ber bed (Line 3 * Line 4, round to even $)		173,788
C. Obtain the Uniform Building Value from Table 1	$	41,141.00
D. The capital rate will be calculated through a blending of the uniform building value from Line C and the building specific historical cost per bed from Line B5		
1. Building specific historical cost from Line B5		173,788
2. Uniform building value from Line C		41,141
3. Add Lines 1 and 2		214,929
4. Divide by 2 to obtain average		107,465
5. Enter 120% of line C		49,369
6. The blended value is the lesser of Line 4 or Line 5	$	49,369.00
E. Divide the blended value from step D by 339 days to obtain a per diem blended value investment	$	145.63
F. Multiply the per diem blended value from step E by the applicable rate of return to obtain the building rate factor. (The rate of return is 11% for 1979 and later base years and 9.13% for 1978 and older base years.)	$	16.02
G. Add $2.50 to Line F for equipment, rent, vehicle and working capital.		2.5
H. Add Lines F & G to obtain the preliminary capital rate	$	18.52
I. Implementation Capital Rate. (This step does not apply if the facility has been constructed or purchased after FY91.)		
1. Enter the FY 91 capital rate		0
2. Subtract the FY 91 property tax rate		0
3. FY 91 rate without tax		0
4. Multiply Line I3 by 115%	x	1.15%
5. Implementation capital rate		0

J. Property Tax
Property taxes are taken from the Long Term Care Property Tax Statement which was submitted to the Department of Public Aid during FY93. Reimbursement for real estate taxes is based upon the actual 1991 taxes for which the nursing homes were assessed. The formula used is a follows:

1. Property Tax Expense (Long Term Care Property Tax Statement, Column D, Total.)	0
2. Divided by: Capital Days (see below)	74,968
3. Equals: Per Diem Cost	$0.00
4. Times: Property Tax Inflator (Table 3)	1.01315
5. Equals: Updated Property Tax Cost	0

Capital Days
The capital days are the higher of the actual census (Page 2, Schedule III-B, Column 5, Line 14) or 93% of licensed bed days (page 2, Schedule III-A, Column 4, Line 7 * .93.)

1. Total Patient Days	60,581
2. Total Licensed Bed Days * .93	74,968
3. Capital Days (higher of Line 1 or Line 2)	74,968

K. Total Capital Rate for FY 94

1. Enter the greater of the simplified system rate from Line H or the implementation capital rate from Line I	$	18.52		
2. Add Property Tax from Line J5		0	**2012 1.7%**	
3. Total capital rate (add Lines 1 & 2)	$	18.52	**Rate Cut**	
Adjust above for rate cut & COLAs **(.74) x .941 x 1.03 x 1.03**	**$**	**18.49**	$	18.17
Capital rate as of ?				
Potential Rate Increase	$	18.49		
Estimate of annual Medicaid days				
Estimated increase in annual Medicaid revenue	$	-		

Sunny Hill Nsg Home Will Co
Estimate of revised capital rate due to improvements 2000-201X

WORK TABLE A

		Year Acquired (A) Last 2 digits only	Cost (B)	Columns (A) * (B) (C)	Linked Page		Year Acquired (A) Last 2 digits only	Cost (B)	Columns (A) * (B) (C)	Linked Page
1	1	72	1,375,843	99,060,696	12	163	109	3,077,955	335,497,095	12E
2	2	76	1,198,083	91,054,308	12	164	0	-	-	12E
3	3	0	-	-	12	165	0	-	-	12E
4	4	0	-	-	12	166	0	-	-	12E
5	5	0	-	-	12	167	0	-	-	12E
6	6	70	727	50,890	12	168	0	-	-	12E
7	7	72	51,575	3,713,400	12	169	0	-	-	12E
8	8	73	37,155	2,712,315	12	170	0	-	-	12E
9	9	74	38,466	2,846,484	12	171	0	-	-	12E
10	10	75	155,856	11,689,200	12	172	0	-	-	12E
11	11	76	57,254	4,351,304	12	173	0	-	-	12E
12	12	76	26,031	1,978,356	12	174	0	-	-	12E
13	13	72	183,817	13,234,824	12	175	0	-	-	12E
14	14	72	522,443	37,615,896	12	176	0	-	-	12E
15	15	76	262,534	19,952,584	12	177	0	-	-	12E
16	16	76	508,942	38,679,592	12	178	0	-	-	12E
17	17	75	83,460	6,259,500	12	179	0	-	-	12E
18	18	81	107,858	8,736,498	12	180	0	-	-	12E
19	19	87	819,813	71,323,731	12	181	0	-	-	12E
20	20	85	85,920	7,303,200	12	182	0	-	-	12E
21	21	89	3,040	270,560	12	183	0	-	-	12E
22	22	92	162,867	14,983,764	12	184	0	-	-	12E
23	23	92	3,284	302,128	12	185	0	-	-	12E
24	24	93	101,451	9,434,943	12	186	0	-	-	12E
25	25	94	108,852	10,232,088	12	187	0	-	-	12E
26	26	95	66,260	6,294,700	12	188	0	-	-	12E
27	27	96	362,815	34,830,240	12	189	0	-	-	12E
28	28	97	4,990	484,030	12	190	0	-	-	12E
29	29	92	7,040	647,680	12	191	0	-	-	12E
30	30	96	2,212	212,352	12	192	0	-	-	12E
31	31	93	3,685	342,705	12	193	0	-	-	12E
32	32	0	-	-	12	194	0	-	-	12E
33	33	0	-	-	12	195	110	57,230	6,295,300	12F
34	34	98	2,936	287,728	12A	196	0	-	-	12F
35	35	98	2,085	204,330	12A	197	0	-	-	12F
36	36	98	2,440	239,120	12A	198	0	-	-	12F
37	37	98	4,273	418,754	12A	199	0	-	-	12F
38	38	99	1,000	99,000	12A	200	0	-	-	12F
39	39	99	6,284	622,116	12A	201	0	-	-	12F
40	40	99	4,965	491,535	12A	202	0	-	-	12F
41	41	99	4,842	479,358	12A	203	111	3,070,458	340,820,838	12F
42	42	99	1,649	163,251	12A	204	0	-	-	12F
43	43	99	53,554	5,301,846	12A	205	0	-	-	12F
44	44	100	840	84,000	12A	206	0	-	-	12F
45	45	100	823	82,300	12A	207	0	-	-	12F
46	46	100	1,205	120,500	12A	208	0	-	-	12F
47	47	100	3,441	344,100	12A	209	0	-	-	12F
48	48	100	936	93,600	12A	210	0	-	-	12F
49	49	100	3,090	309,000	12A	211	111	3,500	388,500	12F
50	50	100	1,573	157,300	12A	212	0	-	-	12F
51	51	100	4,860	486,000	12A	213	112	2,751,638	308,183,456	12F
52	52	100	1,079	107,900	12A	214	0	-	-	12F
53	53	101	5,326	537,926	12A	215	0	-	-	12F
54	54	0	-	-	12A	216	0	-	-	12F
55	55	102	11,756	1,199,112	12A	217	0	-	-	12F
56	56	102	2,020	206,040	12A	218	0	-	-	12F
57	57	102	5,658	577,116	12A	219	0	-	-	12F
58	58	102	2,800	285,600	12A	220	0	-	-	12F
59	59	102	26,087	2,660,874	12A	221	0	-	-	12F
60	60	102	4,155	423,810	12A	222	0	-	-	12F
61	61	102	2,730	278,460	12A	223	0	-	-	12F
62	62	0	-	-	12A	224	0	-	-	12F
63	63	0	-	-	12A	225	0	-	-	12F
64	64	0	-	-	12A	226	112	8,275	926,800	12F
65	65	0	-	-	12A	227	0	-	-	12G
66	66	0	-	-	12A	228	113	4,817,787	544,409,931	12G
67	67	103	11,370	1,171,110	12B	229	0	-	-	12G
68	68	103	11,833	1,218,799	12B	230	0	-	-	12G
69	69	103	3,020	311,060	12B	231	0	-	-	12G
70	70	103	1,419	146,157	12B	232	0	-	-	12G
71	71	103	2,429	250,187	12B	233	0	-	-	12G
72	72	103	5,610	577,830	12B	234	0	-	-	12G
73	73	103	21,892	2,254,876	12B	235	0	-	-	12G
74	74	103	13,240	1,363,720	12B	236	0	-	-	12G
75	75	103	1,045	107,635	12B	237	0	-	-	12G
76	76	103	8,252	849,956	12B	238	0	-	-	12G
77	77	0	-	-	12B	239	0	-	-	12G
78	78	104	140,676	14,630,304	12B	240	0	-	-	12G
79	79	104	44,498	4,627,792	12B	241	114	3,318,956	378,360,984	12G
80	80	104	5,331	554,424	12B	242	0	-	-	12G
81	81	104	29,590	3,077,360	12B	243	0	-	-	12G
82	82	104	11,280	1,173,120	12B	244	0	-	-	12G
83	83	104	8,025	834,600	12B	245	0	-	-	12G
84	84	0	-	-	12B	246	0	-	-	12G
85	85	105	60,791	6,383,055	12B	247	0	-	-	12G
86	86	105	1,200	126,000	12B	248	0	-	-	12G
87	87	105	4,900	514,500	12B	249	0	-	-	12G
88	88	105	6,581	691,005	12B	250	0	-	-	12G
89	89	105	12,600	1,323,000	12B	251	0	-	-	12G
90	90	105	4,286	450,030	12B	252	0	-	-	12G
91	91	105	23,365	2,453,325	12B	253	0	-	-	12G
92	92	0	-	-	12B	254	0	-	-	12G
93	93	108	7,059	762,372	12B	255	0	-	-	12G
94	94	0	-	-	12B	256	0	-	-	12G
95	95	109	15,489	1,688,301	12B	257	0	-	-	12G
96	96	0	-	-	12B	258	0	-	-	12G
97	97	0	-	-	12B	259	0	0	-	P12H
98	98	0	-	-	12B	260	115	2849503	327,692,845	P12H
99	99	109	3,215,133	350,449,497	12C	261	0	0	-	P12H
100	100	0	-	-	12C	262	0	0	-	P12H
101	101	0	-	-	12C	263	0	0	-	P12H
102	102	0	-	-	12C	264	0	0	-	P12H
103	103	0	-	-	12C	265	0	0	-	P12H
104	104	0	-	-	12C	266	0	0	-	P12H
105	105	0	-	-	12C	267	0	0	-	P12H
106	106	0	-	-	12C	268	0	0	-	P12H
107	107	0	-	-	12C	269	0	0	-	P12H
108	108	0	-	-	12C	270	0	0	-	P12H
109	109	0	-	-	12C	271	0	0	-	P12H
110	110	0	-	-	12C	272	0	0	-	P12H
111	111	0	-	-	12C	273	116	2340886	271,542,776	P12H
112	112	0	-	-	12C	274	0	0	-	P12H
113	113	0	-	-	12C	275	0	0	-	P12H
114	114	0	-	-	12C	276	0	0	-	P12H
115	115	0	-	-	12C	277	0	0	-	P12H
116	116	0	-	-	12C	278	0	0	-	P12H
117	117	0	-	-	12C	279	0	0	-	P12H
118	118	0	-	-	12C	280	0	0	-	P12H
119	119	0	-	-	12C	281	0	0	-	P12H
120	120	0	-	-	12C	282	0	0	-	P12H
121	121	0	-	-	12C	283	0	0	-	P12H
122	122	0	-	-	12C	284	0	0	-	P12H
123	123	0	-	-	12C	285	0	0	-	P12H
124	124	0	-	-	12C	286	0	0	-	P12H
125	125	0	-	-	12C	287	0	0	-	P12H
126	126	0	-	-	12C	288	0	0	-	P12H
127	127	109	528,400	57,595,600	12C	289	0	0	-	P12H
128	128	0	-	-	12C	290	0	0	-	P12H
129	129	0	-	-	12C	291	0	0	-	P12I
130	130	0	-	-	12C	292	0	0	-	P12I
131	131	109	3,669,058	399,927,322	12D	293	0	0	-	P12I
132	132	0	-	-	12D	294	0	0	-	P12I
133	133	0	-	-	12D	295	0	0	-	P12I
134	134	0	-	-	12D	296	0	0	-	P12I
135	135	0	-	-	12D	297	0	0	-	P12I
136	136	0	-	-	12D	298	0	0	-	P12I
137	137	0	-	-	12D	299	0	0	-	P12I
138	138	0	-	-	12D	300	0	0	-	P12I
139	139	0	-	-	12D	301	0	0	-	P12I
140	140	0	-	-	12D	302	0	0	-	P12I
141	141	0	-	-	12D	303	0	0	-	P12I
142	142	0	-	-	12D	304	0	0	-	P12I
143	143	0	-	-	12D	305	0	0	-	P12I
144	144	0	-	-	12D	306	0	0	-	P12I
145	145	0	-	-	12D	307	0	0	-	P12I
146	146	0	-	-	12D	308	0	0	-	P12I
147	147	0	-	-	12D	309	0	0	-	P12I
148	148	0	-	-	12D	310	0	0	-	P12I
149	149	0	-	-	12D	311	0	0	-	P12I
150	150	0	-	-	12D	312	0	0	-	P12I
151	151	0	-	-	12D	313	0	0	-	P12I
152	152	0	-	-	12D	314	0	0	-	P12I
153	153	0	-	-	12D	315	0	0	-	P12I
154	154	0	-	-	12D	316	0	0	-	P12I
155	155	0	-	-	12D	317	0	0	-	P12I
156	156	0	-	-	12D	318	0	0	-	P12I
157	157	0	-	-	12D	319	0	0	-	P12I
158	158	0	-	-	12D	320	0	0	-	P12I
159	159	0	-	-	12D	321	0	0	-	P12I
160	160	0	-	-	12D	322	0	0	-	P12I
161	161	0	-	-	12D					
162	162	0	-	-	12D					

Calculation of Base Year, AKA Weighted Average Year

Base year:

Total of Column C/Total of Column B = Base Year

3,884,490,106 36,669,240 105.9332047

Base Year = 2005

Sunny Hill Nsg Home Will Co
Estimate of revised capital rate due to improvements 2000-201X

TABLE 1 1

Table 1 Uniform building Value

Uniform Building Value

Base year	6, 7, 8 & 9	1, 2, 3, 4, 5, 10 & 11
1970	4114	3766
1971	5348	4896
1972	6583	6026
1973	7817	7155
1974	9051	8285
1975	10285	9415
1976	11519	10545
1977	12754	11675
1978	13988	12804
1979	15222	13934
1980	16456	15064
1981	17691	16194
1982	18925	17324
1983	20159	18453
1984	21393	19583
1985	22628	20713
1986	23862	21843
1987	25096	22973
1988	26330	24102
1989	27564	25232
1990	28799	26362
1991	30033	27492
1992	31267	28622
1993	32501	29751
1994	33736	30881
1995	34970	32011
1996	36204	33141
1997	37438	34271
1998	38673	35400
1999	39907	36530
2000	41141	37660

Use the 1970 values for all years prior to 1970

TABLE 2 4

Construction Inflators by year and HSA
(Note: Use the 1960 Inflators for all years prior to 1960)
(For the FY94 Nursing Facility Rate Calculation Packet)

Year	1, 2 & 10	3, 4 & 5	11	6, 7, 8 & 9
1960	6.26	6.08	6.29	6.54
1961	5.67	5.52	5.66	5.87
1962	5.67	5.52	5.66	5.87
1963	5.67	5.52	5.66	5.87
1964	5.67	5.52	5.66	5.87
1965	5.67	5.52	5.66	5.87
1966	5.36	5.23	5.35	5.55
1967	5.1	4.97	5.08	5.28
1968	4.85	4.71	4.83	5.03
1969	4.61	4.48	4.59	4.79
1970	4.38	4.25	4.36	4.56
1971	4.01	3.89	3.98	4.15
1972	3.64	3.53	3.63	3.78
1973	3.36	3.26	3.36	3.48
1974	3.08	3	3.09	3.19
1975	2.83	2.77	2.8	2.91
1976	2.73	2.65	2.74	2.82
1977	2.57	2.48	2.55	2.68
1978	2.37	2.29	2.38	2.49
1979	2.18	2.12	2.21	2.32
1980	1.96	1.92	2.02	2.08
1981	1.8	1.76	1.86	1.91
1982	1.67	1.63	1.72	1.76
1983	1.54	1.5	1.57	1.65
1984	1.51	1.47	1.55	1.62
1985	1.48	1.45	1.5	1.59
1986	1.46	1.42	1.46	1.55
1987	1.44	1.4	1.43	1.52
1988	1.4	1.36	1.39	1.46
1989	1.35	1.33	1.35	1.41
1990	1.32	1.31	1.33	1.34
1991	1.29	1.29	1.3	1.31
1992	1.26	1.26	1.27	1.26
1993	1.25	1.24	1.25	1.23
1994	1.22	1.22	1.22	1.19
1995	1.2	1.2	1.19	1.17
1996	1.12	1.11	1.13	1.12
1997	1.1	1.09	1.1	1.1
1998	1.08	1.07	1.07	1.07
1999	1.04	1.04	1.04	1.04
2000	1.02	1.02	1.02	1.03
2001	1.00	1.00	1.00	1.00
2002	1.00	1.00	1.00	1.00

TABLE 3

Property Tax Inflator

HSA	Rate
1	1.05723
2	1.0395
3	1.0333
4	1.03302
5	1.03753
6	1.02368
7	1.02054
8	1.02613
9	1.01315
10	1.0815
11	1.03527

TABLE 4

Table 2 column

HSA	Column
1	1
2	1
3	2
4	2
5	2
6	4
7	4
8	4
9	4
10	1
11	3