FOR BHF USE

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2015
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2015)

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

I. IDPH License ID Number: 0034678

Facility Name: BRIA OF BELLEVILLE

Address: 150 NORTH 27TH ST (Number) BELLEVILLE (City) 62226 (Zip Code)

County: ST CLAIR

Telephone Number: (618) 235-6600 **Fax #** (618) 235-7555

HFS ID Number:

Date of Initial License for Current Owners: 09/88

Type of Ownership:

	VOLUNTARY,NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
		X	"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: SANFORD BOKOR **Telephone Number:** (847) 675-3585
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 01/01/2015 to 12/31/2015 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) MARTIN WEISS
(Title) PRESIDENT

Paid Preparer

(Signed) (SEE ATTACHED ACCOUNTANTS' REPORT) (Date)
(Print Name and Title) SANFORD BOKOR, PRESIDENT
(Firm Name & Address) KBKB, LTD, 8140 RIVER DRIVE, MORTON GROVE, IL 60053
(Telephone) (847) 675-3585 Fax # (847) 675-5777

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 BRIA OF BELLEVILLE # 0034678 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

III. STATISTICAL DATA

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

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	62	Skilled (SNF)	62	22,630	1
2		Skilled Pediatric (SNF/PED)			2
3	90	Intermediate (ICF)	90	32,850	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	152	TOTALS	152	55,480	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF			7,756	7,756	8
9	SNF/PED					9
10	ICF	30,640	1,556	2,043	34,239	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	30,640	1,556	9,799	41,995	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 75.69%

D. How many bed-hold days during this year were paid by the Department?
0 (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 [ ] NO [X]

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 09/88

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 09/88 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 62 and days of care provided 7,756

Medicare Intermediary ADMINISTAR

IV. ACCOUNTING BASIS

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

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

Tax Year: 12/31/2015 Fiscal Year: 12/31/2015

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

Facility Name & ID Number BRIA OF BELLEVILLE # 0034678 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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		3,716	554,855	558,571		558,571	4,046	562,617			1
2	Food Purchase		2,443		2,443		2,443	(92)	2,351			2
3	Housekeeping		30,039	233,614	263,653		263,653		263,653			3
4	Laundry		20,189	156,902	177,091		177,091		177,091			4
5	Heat and Other Utilities			168,908	168,908		168,908	191	169,099			5
6	Maintenance	99,302	65,852	23,945	189,099		189,099	604	189,703			6
7	Other (specify):*			49,096	49,096		49,096	110	49,206			7
8	**TOTAL General Services**	99,302	122,239	1,187,320	1,408,861		1,408,861	4,859	1,413,720			8
	B. Health Care and Programs											
9	Medical Director			31,200	31,200		31,200		31,200			9
10	Nursing and Medical Records	2,607,372	253,259	65,565	2,926,196		2,926,196	40,797	2,966,993			10
10a	Therapy			58,713	58,713		58,713		58,713			10a
11	Activities	103,231	7,257	1,775	112,263		112,263		112,263			11
12	Social Services	60,141	1,676	1,775	63,592		63,592		63,592			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	2,770,744	262,192	159,028	3,191,964		3,191,964	40,797	3,232,761			16
	C. General Administration											
17	Administrative	107,555		390,000	497,555		497,555	(123,175)	374,380			17
18	Directors Fees											18
19	Professional Services			608,678	608,678		608,678	(445,900)	162,778			19
20	Dues, Fees, Subscriptions & Promotions			123,832	123,832		123,832	(74,236)	49,596			20
21	Clerical & General Office Expenses	234,650	21,664	118,544	374,858		374,858	36,322	411,180			21
22	Employee Benefits & Payroll Taxes			633,318	633,318		633,318		633,318			22
23	Inservice Training & Education			9,184	9,184		9,184	630	9,814			23
24	Travel and Seminar							4,029	4,029			24
25	Other Admin. Staff Transportation			30,729	30,729		30,729	400	31,129			25
26	Insurance-Prop.Liab.Malpractice			177,269	177,269		177,269	17,175	194,444			26
27	Other (specify):*			808,029	808,029		808,029	(769,657)	38,372			27
28	**TOTAL General Administration**	342,205	21,664	2,899,583	3,263,452		3,263,452	(1,354,412)	1,909,040			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	3,212,251	406,095	4,245,931	7,864,277		7,864,277	(1,308,756)	6,555,521			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#: BRIA OF BELLEVILLE **#0034678** **Report Period Beginning: 01/01/2015** **Ending: 12/31/2015**

V.COST CENTER EXPENSES **PAGE 3 COLUMN 3 OTHER**

LINE		SCHED REF		TOTAL
1	**DIETARY**			
	DIETITIAN CONSULTANT	XVIII B 35-2	0	
	REPAIRS & MAINTENANCE		438	
	DIETARY SERVICE CONTRASTS		554,417	554,855
3	**HOUSEKEEPING**			
	HOUSEKEEPING SERVICE CONTRACTS		233,614	
				233,614
4	**LAUNDRY**			
	EQUIPMENT REPAIRS & MAINTENANCE		1,159	
	CONTRACTED LAUNDRY SERVICES		155,743	156,902
5	**HEAT & OTHER UTILITIES**			
	GAS HEAT		16,260	
	ELECTRICITY		84,325	
	WATER		66,098	
	CABLE TV - LOBBY		2,225	
				168,908
6	**MAINTENANCE**			
	GROUNDS MAINTENANCE		9,311	
	PAINTING & DECORATING		0	
	BUILDING REPAIRS		0	
	MAINTENANCE TRAVEL		0	
	EQUIPMENT MAINTENANCE & REPAIR		959	
	ELEVATOR MAINTENANCE & REPAIR		0	
	OUTSIDE LABOR		0	
	EXTERMINATING SERVICE		0	
	FIRE SERVICE		13,675	
				23,945
7	**OTHER**			
	SCAVENGER & EXTERMINATING SERVICES		49,096	
	SECURITY SERVICE		0	

LINE		SCHED REF		TOTAL
10	**NURSING**			
	CONTRACT NURSING	XVIII C 53-2		
	LABORATORY & XRAY EXPENSE		0	
	PURCHASED SERVICES		0	
	PSYCHO-SOCIAL CONSULTANT	XVIII B __-2	0	
	RESTORATIVE NURSING CONSULTANT	XVIII B 38-2	0	
	MEDICAL RECORDS CONSULTANT	XVIII B 37-2	1,320	
	PHARMACY CONSULTANT	XVIII B 39-2	6,745	
	UTILIZATION REVIEW FEES	XVIII B __-2	0	
	PHYSICIANS	XVIII B __-2	0	
	PSYCHIATRIC	XVIII B __-2	0	
	RN CONSULTANT	XVIII B 38-2	57,500	
				65,565
10a	**THERAPY**			
	PHYSICAL THERAPY SERVICES		25,061	
	SPEECH THERAPY SERVICES		0	
	OCCUPATIONAL THERAPY SERVICES		0	
	REHABILITATION CONSULTANT	XVIII B __-2	0	
	PHYSICAL THERAPY CONSULTANT	XVIII B 40-2	0	
	OCCUPATIONAL THERAPY CONSULTANT	XVIII B 41-2	19,702	
	RESPIRATORY THERAPY CONSULTANT	XVIII B 42-2	7,768	
	SPEECH THERAPY CONSULTANT	XVIII B 43-2	6,182	
				58,713
11	**ACTIVITIES**			
	CABLE TV - PATIENT ROOMS		0	
	ACTIVITY REHAB CONSULTANT	XVIII B 44-2	1,775	
				1,775
12	**SOCIAL SERVICES**			
	SOCIAL REHABILITATION SERVICES		0	
	SOCIAL REHABILITATION CONSULTANT	XVIII B 45-2	1,775	
	SOCIAL WORKER	XVIII B 45-2	0	

				49,096
9	**MEDICAL DIRECTOR**			
	MEDICAL DIRECTOR FEES	XVIII B 36-2	31,200	31,200

				1,775
13	**NURSE AIDE TRAINING**			
	NURSE AIDE TRAINING COSTS	XIII	0	0

Facility Name & ID Number BRIA OF BELLEVILLE **#0034678** **Report Period Beginning: 01/01/2015** **Ending: 12/31/2015**

V.COST CENTER EXPENSES **PAGE 3 COLUMN 3 OTHER**

LINE		SCHED REF		TOTAL
14	**PROGRAM TRANSPORTATION**			
	PATIENT TRANSPORTATION		0	
				0
17	**ADMINISTRATIVE**			
	MANAGEMENT FEES	XIX B	390,000	390,000
	DIRECTORS FEES			
18	DIRECTORS FEES			0
19	**PROFESSIONAL SERVICES**			
	DATA PROCESSING	XIX C	9,836	
	ADMINISTRATIVE CONSULTANTS	XIX C	0	
	PROFESSIONAL FEES	XIX C	111,642	
	BOOKKEEPING/ADMINISTRATIVE SERVICES		487,200	608,678
20	**FEES,SUBSCRIPTIONS,PROMOTIONS**			
	ENTERTAINMENT & MARKETING	VI 19 XIX F	0	
	ADV & PROMO-NON PATIENT RELATED	VI 25 XIX F	70,188	
	EMPLOYEE WANT ADS	XIX F	18,509	
	CONTRIBUTIONS	VI 20 XIX F	0	
	DUES & SUBSCRIPTIONS	XIX F	18,786	
	LICENSES & PERMITS	XIX F	4,053	
	PUBLIC RELATIONS-PATIENT RELATED	XIX F	0	
	ADVERTISING-YELLOW PAGES	VI 28 XIX F	0	
	TRUST FEES / FRANCHISE TAX / ETC	VI 17 XIX F	0	
	CONTRIBUTIONS - POLITICAL	VI 20 XIX F	8,401	
	HEALTH CARE WORKER BACKGROUND CHEC	XIX F		
	PATIENT BACKGROUND CHECKS	XIX F	3,895	
				123,832
21	**CLERICAL & GENERAL OFFICE EXPENSES**			
	BANK CHARGES (INCLUDES NO OVERDRAFT CHARGES)		1,709	
	EQUIPMENT REPAIR & MAINTENANCE		83,256	
	OUTSIDE CLERICAL SERVICES		0	
	PENALTIES / OVERDRAFT CHARGES	VI 18	2,160	
	HOME OFFICE EXPENSE		0	
	THEFT & DAMAGE LOSS		0	
	TELEPHONE		27,214	

LINE		SCHED REF		TOTAL
22	**EMPLOYEE BENEFITS & PAYROLL TAXES**			
	FICA TAXES	XIX D	239,639	
	UNEMPLOYMENT COMPENSATION	XIX D	101,280	
	WORKERS COMPENSATION INSURANC	XIX D	174,921	
	HOSPITALIZATION INSURANCE	XIX D	101,226	
	EMPLOYEE BENEFITS - OTHER	XIX D	16,252	
	EMPLOYEE PHYSICAL EXAMS	XIX D	0	
	INSURANCE - EXECUTIVE LIFE	VI 21/XIX D	0	
	PENSION/PROFIT SHARING PLANS	XIX D	0	
	CHICAGO HEAD TAX	XIX D	0	
				633,318
23	**INSERVICE TRAINING & EDUCATION**			
	EDUCATION & SEMINARS		9,184	
				9,184
24	**TRAVEL & SEMINARS**			
	EDUCATION & SEMINARS	XIX G	0	
	TRAVEL	XIX G	0	
				0
25	**ADMIN. STAFF TRANSPORTATION**			
	TRANSPORTATION - STAFF		30,729	
				30,729
26	**INSURANCE - PROP. LIAB & MALPRACTICE**			
	GENERAL INSURANCE		177,269	
				177,269
27	**OTHER**			
	BAD DEBTS	VI 24	808,029	
				808,029

GRAND TOTAL COLUMN 3 OTHER **4,245,931**

MESSENGER SERVICE	4,205	
		118,544

BRIA OF BELLEVILLE
SCHEDULES
12/31/2015

EMPLOYEE MEAL RECLASSIFICATION
PAGE 3 SCHEDULE V COLUMN 5 LINES 2 AND 22

TOTAL FOOD PURCHASE	2,443
LESS SALES TAX	(92)
NET FOOD	2,351
TOTAL PATIENT CENSUS	41,995
TIMES 3 MEALS PER DAY	3
TOTAL PATIENT MEALS	125,985
ADD # EMPLOYEE MEALS/DAY	
TIMES # DAYS	365
TOTAL EMPLOYEE MEALS	0
PATIENT MEALS	125,985
ADD EMPLOYEE MEALS	0
TOTAL MEALS/YEAR	125,985
NET FOOD	2,351
DIVIDE TOTAL MEALS/YEAR	125,985
COST PER MEAL	0.02
TIMES EMPLOYEE MEALS	0
EMPLOYEE MEAL RECLASSIFICATION	**0**

BRIA OF BELLEVILLE
LEGAL INVOICES SCHEDULE
12/31/2015

INVOICE DATE	FIRM NAME	DESCRIPTION OF SERVICES	ALLOWABLE AMOUNT
2/2/2015	GARY A. WEINTRAUB,P.C.	GENERAL COUNSELING	2,272
3/2/2015	GARY A. WEINTRAUB,P.C.	GENERAL COUNSELING	2,183
4/2/2015	GARY A. WEINTRAUB,P.C.	GENERAL COUNSELING	2,537
5/4/2015	GARY A. WEINTRAUB,P.C.	GENERAL COUNSELING	2,301
7/2/2015	GARY A. WEINTRAUB,P.C.	GENERAL COUNSELING	2,036
8/3/2015	GARY A. WEINTRAUB,P.C.	GENERAL COUNSELING	2,626
9/2/2015	GARY A. WEINTRAUB,P.C.	GENERAL COUNSELING	2,508
10/2/2015	GARY A. WEINTRAUB,P.C.	GENERAL COUNSELING	2,390
11/2/2015	GARY A. WEINTRAUB,P.C.	GENERAL COUNSELING	2,331
12/2/2015	GARY A. WEINTRAUB,P.C.	GENERAL COUNSELING	2,478
12/31/2015	GARY A. WEINTRAUB,P.C.	GENERAL COUNSELING	2,331
9/24/2014	HEPLERBROOM	GENERAL LITIGATION AND COLLECTIONS	1,275
11/21/2014	HEPLERBROOM	GENERAL LITIGATION AND COLLECTIONS	28
11/21/2014	HEPLERBROOM	RESIDENT ESTATE	220
12/18/2014	HEPLERBROOM	RESIDENT ESTATE	726
12/18/2015	HEPLERBROOM	GENERAL LITIGATION AND COLLECTIONS	28
1/27/2015	HEPLERBROOM	RESIDENT ESTATE	1,040
2/26/2015	HEPLERBROOM	RESIDENT ESTATE	3,589
4/1/2015	HEPLERBROOM	RESIDENT ESTATE	1,041
4/1/2015	HEPLERBROOM	RESIDENT ESTATE	475
4/1/2015	HEPLERBROOM	RESIDENT ESTATE	1,045
4/29/2015	HEPLERBROOM	RESIDENT ESTATE	3,092
5/27/2015	HEPLERBROOM	RESIDENT ESTATE	220
5/27/2015	HEPLERBROOM	RESIDENT ESTATE	35
6/26/2015	HEPLERBROOM	RESIDENT ESTATE	1,693
6/26/2015	HEPLERBROOM	RESIDENT ESTATE	750
7/23/2015	HEPLERBROOM	RESIDENT ESTATE	1,802
7/23/2015	HEPLERBROOM	GENERAL LITIGATION AND COLLECTIONS	28
8/28/2015	HEPLERBROOM	GENERAL LITIGATION AND COLLECTIONS	1,219
8/25/2015	HEPLERBROOM	RESIDENT ESTATE	1,711

8/25/2015	HEPLERBROOM	RESIDENT ESTATE	363
9/25/2015	HEPLERBROOM	RESIDENT ESTATE	549
9/25/2015	HEPLERBROOM	RESIDENT ESTATE	33
10/16/2015	HEPLERBROOM	RESIDENT ESTATE	619
10/16/2015	HEPLERBROOM	RESIDENT ESTATE	1,426
1/22/2015	CHUBB GROUP OF INSURANCE	GENERAL LITIGATION AND COLLECTIONS	1,369
4/21/2015	CHUBB GROUP OF INSURANCE	GENERAL LITIGATION AND COLLECTIONS	3,131
8/18/2015	CHUBB GROUP OF INSURANCE	GENERAL LITIGATION AND COLLECTIONS	2,546
2/2/2015	BROWN & JAMES	GENERAL LITIGATION AND COLLECTIONS	214
2/2/2015	BROWN & JAMES	GENERAL LITIGATION AND COLLECTIONS	109
12/26/2014	BROWN & JAMES	GENERAL LITIGATION AND COLLECTIONS	1,519
7/15/2015	BROWN & JAMES	GENERAL LITIGATION AND COLLECTIONS	779
9/31/15	BROWN & JAMES	GENERAL LITIGATION AND COLLECTIONS	1,456
1/31/2015	STONE,MCGUIRE & SIEGEL	COMPLIANCE LEGAL	766
2/28/2015	STONE,MCGUIRE & SIEGEL	COMPLIANCE LEGAL	1,704
3/31/2015	STONE,MCGUIRE & SIEGEL	GENERAL COUNSELING	538
4/30/2015	STONE,MCGUIRE & SIEGEL	GENERAL COUNSELING	938
5/31/2015	STONE,MCGUIRE & SIEGEL	COMPLIANCE LEGAL	721
6/30/2015	STONE,MCGUIRE & SIEGEL	COMPLIANCE LEGAL	989
7/31/2015	STONE,MCGUIRE & SIEGEL	COMPLIANCE LEGAL	823
8/31/2015	STONE,MCGUIRE & SIEGEL	COMPLIANCE LEGAL	765
9/30/2015	STONE,MCGUIRE & SIEGEL	COMPLIANCE LEGAL	1,000
10/31/2015	STONE,MCGUIRE & SIEGEL	COMPLIANCE LEGAL	3,157
11/30/2015	STONE,MCGUIRE & SIEGEL	COMPLIANCE LEGAL	773
12/31/2015	STONE,MCGUIRE & SIEGEL	COMPLIANCE LEGAL	1,119
3/23/2015	O'HAGAN	GENERAL LITIGATION AND COLLECTIONS	240
11/12/2015	RESIDENT	SETTLEMENT	5,750
TOTAL			**79,398**

Facility Name & ID Number BRIA OF BELLEVILLE #0034678 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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							
		1	2	3	4	5	6	7	8	9	10	
	D. Ownership											
30	Depreciation			108,475	108,475		108,475	137,772	246,247			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			37,742	37,742		37,742	168,538	206,280			32
33	Real Estate Taxes			5,451	5,451		5,451	58,614	64,065			33
34	Rent-Facility & Grounds			480,000	480,000		480,000	(480,000)				34
35	Rent-Equipment & Vehicles			20,483	20,483		20,483	11,872	32,355			35
36	Other (specify):*							25,383	25,383			36
37	**TOTAL Ownership**			652,151	652,151		652,151	(77,821)	574,330			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		304,765	1,324,397	1,629,162		1,629,162		1,629,162			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			287,947	287,947		287,947		287,947			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**		304,765	1,612,344	1,917,109		1,917,109		1,917,109			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	3,212,251	710,860	6,510,426	10,433,537		10,433,537	(1,386,577)	9,046,960			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 BRIA OF BELLEVILLE # 0034678 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(43,882)	30		9
10	Interest and Other Investment Income	(2,380)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(92)	2		13
14	Non-Care Related Interest		32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees		20		17
18	Fines and Penalties	(2,160)	21		18
19	Entertainment		20		19
20	Contributions	(8,401)	20		20
21	Owner or Key-Man Insurance		22		21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(808,029)	27		24
25	Fund Raising, Advertising and Promotional	(70,188)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising		20		28
29	Other-Attach Schedule SEE PAGE 5A	(95,980)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (1,031,112)		$	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)	(355,465)		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (355,465)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (1,386,577)		37

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

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

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

BRIA OF BELLEVILLE

ID# 0034678

Report Period Beginning: 01/01/2015

Ending: 12/31/2015

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	MARKETING SALARIES	$ (94,569)	21	1
2	TRANSPORTATION STAFF-MARKETING	(1,411)	25	2
3				3
4				4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				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**	(95,980)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number BRIA OF BELLEVILLE # 0034678 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	4,046	0	0	0	0	0	0	0	4,046	1
2	Food Purchase	(92)	0	0	0	0	0	0	0	0	0	0	(92)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	40	151	0	0	0	0	0	0	0	191	5
6	Maintenance	0	0	307	297	0	0	0	0	0	0	0	604	6
7	Other (specify):*	0	0	0	110	0	0	0	0	0	0	0	110	7
8	**TOTAL General Services**	(92)	0	347	4,604	0	0	0	0	0	0	0	4,859	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	40,797	0	0	0	0	0	0	0	40,797	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	0	0	0	40,797	0	0	0	0	0	0	0	40,797	16
	C. General Administration													
17	Administrative	0	0	(130,404)	7,229	0	0	0	0	0	0	0	(123,175)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	11,870	(484,358)	26,588	0	0	0	0	0	0	0	(445,900)	19
20	Fees, Subscriptions & Promotions	(78,589)	0	1,099	3,254	0	0	0	0	0	0	0	(74,236)	20
21	Clerical & General Office Expenses	(96,729)	0	81,503	51,548	0	0	0	0	0	0	0	36,322	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	630	0	0	0	0	0	0	0	630	23
24	Travel and Seminar	0	0	0	4,029	0	0	0	0	0	0	0	4,029	24
25	Other Admin. Staff Transportation	(1,411)	0	1,303	508	0	0	0	0	0	0	0	400	25
26	Insurance-Prop.Liab.Malpractice	0	14,506	2,264	405	0	0	0	0	0	0	0	17,175	26
27	Other (specify):*	(808,029)	0	24,862	13,510	0	0	0	0	0	0	0	(769,657)	27
28	**TOTAL General Administration**	(984,758)	26,376	(503,731)	107,701	0	0	0	0	0	0	0	(1,354,412)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(984,850)	26,376	(503,384)	153,102	0	0	0	0	0	0	0	(1,308,756)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number BRIA OF BELLEVILLE # 0034678 **Report Period Beginning:** 01/01/2015 **Ending:** 12/31/2015

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	(43,882)	178,763	2,379	512	0	0	0	0	0	0	0	137,772	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(2,380)	170,797	0	121	0	0	0	0	0	0	0	168,538	32
33	Real Estate Taxes	0	58,144	0	470	0	0	0	0	0	0	0	58,614	33
34	Rent-Facility & Grounds	0	(480,000)	0	0	0	0	0	0	0	0	0	(480,000)	34
35	Rent-Equipment & Vehicles	0	0	11,371	501	0	0	0	0	0	0	0	11,872	35
36	Other (specify):*	0	23,803	0	1,580	0	0	0	0	0	0	0	25,383	36
37	**TOTAL Ownership**	(46,262)	(48,493)	13,750	3,184	0	0	0	0	0	0	0	(77,821)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	**TOTAL Special Cost Centers**	0	0	0	0	0	0	0	0	0	0	0	0	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(1,031,112)	(22,117)	(489,634)	156,286	0	0	0	0	0	0	0	(1,386,577)	45

Facility Name & ID Number BRIA OF BELLEVILLE # 0034678 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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

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	34	RENT	$ 480,000	LINCOLN ASSOCIATES, L.P.		$	$ (480,000)	1
2	V	30	DEPRECIATION				178,763	178,763	2
3	V	32	INTEREST EXPENSE				167,496	167,496	3
4	V	32	AMORT LOAN COST				3,301	3,301	4
5	V	33	REAL ESTATE TAXES				58,144	58,144	5
6	V	36	MIP INSURANCE				23,803	23,803	6
7	V	26	INSURANCE				14,506	14,506	7
8	V	19	PROFESSIONAL FEES				11,870	11,870	8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$ 480,000			$ 457,883	$ * (22,117)	14

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

Facility Name & ID Number BRIA OF BELLEVILLE # 0034678 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

VII. RELATED PARTIES (continued)

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)	
15	V	17	MANAGEMENT FEES	$ 390,000	WEISS MANAGEMENT GROUP, INC.		$	$ (390,000)	15
16	V	19	BOOKKEEPING/ADM SERVICES	300,000				(300,000)	16
17	V	5	UTILITIES				40	40	17
18	V	6	REPAIR/MAINTENANCE				307	307	18
19	V	17	ADMINISTRATIVE SALARIES				259,596	259,596	19
20	V	19	PROFESSIONAL FEES				2,842	2,842	20
21	V	20	LICENSES & PERMITS				1,099	1,099	21
22	V	21	OFFICE EXPENSES				81,503	81,503	22
23	V	25	TRANSPORTATION STAFF				1,303	1,303	23
24	V	26	INSURANCE				2,264	2,264	24
25	V	27	EMPLOYEE BENEFITS				24,862	24,862	25
26	V	30	DEPRECIATION (SL)				2,379	2,379	26
27	V	35	AUTO LEASE				11,371	11,371	27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V	19	BOOKKEEPING/ADM SERVICES	187,200	BRIA HEALTH SERVICES, LLC			(187,200)	36
37	V								37
38	V								38
39	Total			$ 877,200			$ 387,566	$ * (489,634)	39

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

Facility Name & ID Number BRIA OF BELLEVILLE # 0034678 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

VII. RELATED PARTIES (continued)

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)	
15	V	17	CFO SALARY-A.WEINFELD	$	BRIA HEALTH SERVICES, LLC		$ 7,229	$ 7,229	15
16	V	10	SALARIES-MDS/NURSING				40,069	40,069	16
17	V	1	SALARIES-DIETARY				4,046	4,046	17
18	V	21	SALARIES-PURCHASING D.SEGAL				8,092	8,092	18
19	V	21	SALARIES-CLERICAL				33,483	33,483	19
20	V	19	ADM CONSULT-D.SEGAL				6,798	6,798	20
21	V	19	ADM CONSULT-F.BERKOVITS				16,185	16,185	21
22	V	5	UTILITIES				151	151	22
23	V	6	MAINTENANCE				297	297	23
24	V	7	SCAVENGER				110	110	24
25	V	10	NURSING CONSULTANT				728	728	25
26	V	19	PROFESSIONAL FEES				3,605	3,605	26
27	V	20	WANT ADS/BACKGR CKS				3,254	3,254	27
28	V	21	OFFICE EXPENSE				9,973	9,973	28
29	V	23	SEMINARS				630	630	29
30	V	24	TRAVEL				4,029	4,029	30
31	V	25	STAFF TRANSPORTATION				508	508	31
32	V	26	INSURANCE				405	405	32
33	V	27	EMPLOYEE BENEFITS				13,510	13,510	33
34	V	30	DEPRECIATION				512	512	34
35	V	32	INTEREST				121	121	35
36	V	33	RE TAX				470	470	36
37	V	36	OFFICE RENT-HINSDALE MGMT				1,580	1,580	37
38	V	35	STORAGE FEES/AUTO LEASE				501	501	38
39	Total			$			$ 156,286	$ * 156,286	39

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

Facility Name & ID Number BRIA OF BELLEVILLE # 0034678 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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								1
2	MARTIN J. WEISS	45.10	BRIA OF CAHOKIA	CAHOKIA	WEISS MGMT	LINCOLNWOOD	MANAGEMENT/	2
3	DANIEL WEISS	12.31			GROUP, INC		CLERICAL	3
4	GARY WEINTRAUB	14.45	BRIA OF FOREST EDGE	CHICAGO				4
5	ILANA FINN	4.69			BRIA HEALTH	LINCOLNWOOD	MANAGEMENT	5
6	CATHLENE WEISS	5.88	BRIA OF GENEVA	GENEVA	SERVICES, LLC		SERVICES	6
7	SUZANNE KOENIG	9.18						7
8	NATAN WEISS	8.39	LAKE PARK CENTER	WAUKEGAN	LINCOLN ASSO-	LINCOLNWOOD	REAL ESTATE	8
9					CIATES, L.P.			9
10			BRIA OF CHICAGO HEIGHTS	SOUTH CHICAGO				10
11				HEIGHTS				11
12								12
13			BRIA OF PALOS HILLS	PALOS HILLS				13
14								14
15			BRIA OF RIVER OAKS	BURNHAM				15
16								16
17								17
18			BRIA OF WESTMONT	WESTMONT				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

Facility Name & ID Number BRIA OF BELLEVILLE # 0034678 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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	ALLOCATIONS FROM WEISS MANAGEMENT GROUP:								$		1
2	MARTIN WEISS	PRESIDENT	ADMINISTRATIC	45.10	SEE	10	22.22	SALARY	96,147	17-7	2
3					ATTACHED						3
4	DANIEL WEISS	MANAGER	MANAGEMENT	12.31	SCHEDULE	10	11.11	SALARY	67,303	17-7	4
5											5
6	NATAN WEISS	CFO	FINANCE/MGMT	8.39		10	13.51	SALARY	96,147	17-7	6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$ 259,597		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 BRIA OF BELLEVILLE # 0034678 Report Period Beginning: 01/01/2015 Ending: 2/31/2015

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: WEISS MANAGEMENT GROUP, INC
Street Address: 6865 N LINCOLN AVE
City / State / Zip Code: LINCOLNWOOD, IL 60712
Phone Number: (847) 674-5794
Fax Number: (847) 674-5794

	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	5	UTILITIES	PATIENT CENSUS	87,356	2	$ 84	$	41,995	$ 40	1
2	6	REPAIR/MAINTENANCE	PATIENT CENSUS	87,356	2	639		41,995	307	2
3	17	ADMINISTRATIVE SALARIES	PATIENT CENSUS	87,356	2	540,000	540,000	41,995	259,596	3
4	19	PROFESSIONAL FEES	PATIENT CENSUS	87,356	2	5,911		41,995	2,842	4
5	20	LICENSES & PERMITS	PATIENT CENSUS	87,356	2	2,286		41,995	1,099	5
6	21	OFFICE EXPENSES	PATIENT CENSUS	87,356	2	169,539	167,554	41,995	81,503	6
7	25	TRANSPORTATION STAFF	PATIENT CENSUS	87,356	2	2,711		41,995	1,303	7
8	26	INSURANCE	PATIENT CENSUS	87,356	2	4,709		41,995	2,264	8
9	27	EMPLOYEE BENEFITS	PATIENT CENSUS	87,356	2	51,716		41,995	24,862	9
10	30	DEPRECIATION (SL)	PATIENT CENSUS	87,356	2	4,949		41,995	2,379	10
11	35	AUTO LEASE	PATIENT CENSUS	87,356	2	23,654		41,995	11,371	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					$ 806,198	$ 707,554		$ 387,566	25

Facility Name & ID Number BRIA OF BELLEVILLE # 0034678 Report Period Beginning: 01/01/2015 Ending: 2/31/2015

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: BRIA HEALTH SERVICES, LLC
Street Address: 6865 N LINCOLN AVE
City / State / Zip Code: LINCOLNWOOD, IL 60712
Phone Number: (847) 674-5795
Fax Number: (847) 674-5794

	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	17	CFO SALARY-A.WEINFELD	CENSUS DAYS	518,943	9	$ 89,333	$ 89,333	41,995	$ 7,229	1
2	10	SALARIES-MDS/NURSING	CENSUS DAYS	518,943	9	495,144	495,144	41,995	40,069	2
3	1	SALARIES-DIETARY	CENSUS DAYS	518,943	9	50,000	50,000	41,995	4,046	3
4	21	SALARIES-PURCHASING D.SEGA	CENSUS DAYS	518,943	9	100,000	100,000	41,995	8,092	4
5	21	SALARIES-CLERICAL	CENSUS DAYS	518,943	9	413,753	413,753	41,995	33,483	5
6	19	ADM CONSULT-D.SEGAL	CENSUS DAYS	518,943	9	84,000		41,995	6,798	6
7	19	ADM CONSULT-F.BERKOVITS	CENSUS DAYS	518,943	9	200,000		41,995	16,185	7
8	5	UTILITIES	CENSUS DAYS	518,943	9	1,870		41,995	151	8
9	6	MAINTENANCE	CENSUS DAYS	518,943	9	3,674		41,995	297	9
10	7	SCAVENGER	CENSUS DAYS	518,943	9	1,364		41,995	110	10
11	10	NURSING CONSULTANT	CENSUS DAYS	518,943	9	9,000		41,995	728	11
12	19	PROFESSIONAL FEES	CENSUS DAYS	518,943	9	44,548		41,995	3,605	12
13	20	WANT ADS/BACKGR CKS	CENSUS DAYS	518,943	9	40,209		41,995	3,254	13
14	21	OFFICE EXPENSE	CENSUS DAYS	518,943	9	123,241		41,995	9,973	14
15	23	SEMINARS	CENSUS DAYS	518,943	9	7,787		41,995	630	15
16	24	TRAVEL	CENSUS DAYS	518,943	9	49,783		41,995	4,029	16
17	25	STAFF TRANSPORTATION	CENSUS DAYS	518,943	9	6,276		41,995	508	17
18	26	INSURANCE	CENSUS DAYS	518,943	9	4,999		41,995	405	18
19	27	EMPLOYEE BENEFITS	CENSUS DAYS	518,943	9	166,949		41,995	13,510	19
20	30	DEPRECIATION	CENSUS DAYS	518,943	9	6,324		41,995	512	20
21	32	INTEREST	CENSUS DAYS	518,943	9	1,490		41,995	121	21
22	33	RE TAX	CENSUS DAYS	518,943	9	5,814		41,995	470	22
23	36	OFFICE RENT-HINSDALE MGMT	CENSUS DAYS	518,943	9	19,520		41,995	1,580	23
24	35	STORAGE FEES/AUTO LEASE	CENSUS DAYS	518,943	9	6,189		41,995	501	24
25	TOTALS					$ 1,931,267	$ 1,148,230		$ 156,286	25

Facility Name & ID Number BRIA OF BELLEVILLE # 0034678 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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	RELATED PARTY: THE LINCOLN ASSOCIATION, LLC						$	$			$	1
2	BEECH STREET CAPITAL		X	MORTGAGE	$33,742.90	09/01/13	4,528,900	4,276,943	04/01/39	3.8700	167,496	2
3	AMORT LOAN COST		X	AMORT OVER LIFE			84,735	77,033			3,301	3
4												4
5												5
	Working Capital											
6	BANK FINANCIAL	X		WORKING CAPITAL	DEMAND			1,105,133		PRIME+	35,318	6
7		X		INSURANCE FINANCING							2,424	7
8	RELATED PARTY ALLOCATION										121	8
9	TOTAL Facility Related				$33,742.90		$ 4,613,635	$ 5,459,109			$ 208,660	9
	B. Non-Facility Related*											
10												10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$	14
15	TOTALS (line 9+line14)						$ 4,613,635	$ 5,459,109			$ 208,660	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. **$** 23,803 **Line #** 36

*** 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 BRIA OF BELLEVILLE # 0034678 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2014 report. **Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$	56,687	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.)	$	62,581	2
3. Under or (over) accrual (line 2 minus line 1).	$	5,894	3
4. Real Estate Tax accrual used for 2015 report. (Detail and explain your calculation of this accrual on the lines below.)	$	57,701	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**	$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For Tax Year.** **(Attach a copy of the real estate tax appeal board's decision.)**	$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	$	63,595	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2010	59,552	8
	2011	61,492	9
	2012	61,563	10
	2013	61,481	11
	2014	62,581	12

THE CURRENT YEAR REAL ESTATE TAX ACCRUAL IS BASED ON ~ 101% OF THE PRIOR YEAR REAL ESTATE TAX BILL THE PAYMENT ON LINE 2 APPLIES TO THE 2014 TAX BILL.

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2014	$	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.**

2014 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME BRIA OF BELLEVILLE COUNTY ST CLAIR

FACILITY IDPH LICENSE NUMBER 0034678

CONTACT PERSON REGARDING THIS REPORT SANFORD BOKOR

TELEPHONE (847) 675-3585 FAX #: (847) 675-5777

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

Enter the tax index number and real estate tax assessed for 2014 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 2014.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	08-20.0-204-015	NURSING HOME	$ 3,049.54	$ 3,049.54
2.	08-20.0-210-029	NURSING HOME	$ 55,716.88	$ 55,716.88
3.	08-20.0-207-025	NURSING HOME	$ 1,163.32	$ 1,163.32
4.	08-20.0-210-028	NURSING HOME	$ 249.84	$ 249.84
5.	08-20.0-204-014	NURSING HOME	$ 2,400.98	$ 2,400.98
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 62,580.56	$ 62,580.56

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 ___X___ 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 2014 tax bills which were listed in Section A to this statement. Be sure to use the 2014 tax bill which is normally paid during 2015.

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 BRIA OF BELLEVILLE # 0034678 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 32,241 B. General Construction Type: Exterior BRICK Frame _____ Number of Stories 2

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: _____ 2. Number of Years Over Which it is Being Amortized: _____

3. Current Period Amortization: _____ 4. Dates Incurred: _____

Nature of Costs: _____

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

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	NURSING HOME	3+ACRES	1987	$ 148,649	1
2	PARKING LOT	2+ACRES.	2005	50,000	2
3	TOTALS	#VALUE!		$ 198,649	3

Facility Name & ID Number BRIA OF BELLEVILLE # 0034678 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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	152			1988	$ 2,011,351	$ 63,852	31.5	$ 63,852	$	$ 1,717,097	4
5				2003	1,249,221	45,426	27.5	45,426		565,932	5
6											6
7											7
8	RELATED PARTY ALLOCATION					149		149			8
	Improvement Type**										
9	VARIOUS			1990	11,158	354	31.5	354		8,944	9
10	VARIOUS			1993	6,676	171	39	171		4,634	10
11	VARIOUS			1994	7,797	200	39	200		5,258	11
12	VARIOUS			1995	13,072	335	39	335		7,932	12
13	CARPET			1996	907	23	39	23		489	13
14	BILLBOARD			1996	900	23	39	23		492	14
15	SMOKE DETECTORS			1996	602	15	39	15		325	15
16	PARKING LOT			1996	8,006	205	39	205		4,485	16
17	AWNING			1996	905	23	39	23		507	17
18	CARPETING			1996	1,512	39	39	39		872	18
19	DOOR LOCKS			1997	2,100	54	39	54		1,084	19
20	WALL PAPER			1997	2,012	52	39	52		1,054	20
21	HANDRAIL			1997	3,217	83	39	83		1,606	21
22	FIRE ALARM SYSTEM			1998	11,636	298	39	298		5,357	22
23	WALLPAPER & HANDRAILS FOR NURSING STATION			1998	9,227	236	39	236		4,249	23
24	PAINTING/WALLPAPERING			1998	2,988	77	39	77		1,384	24
25	REPLACE PVC PIPE IN BASEMENT			1998	1,074	28	39	28		503	25
26	WALLPAPER, HANDRAILS, CRASHRAILS, CORNER GUARD			1999	6,144	158	39	158		2,296	26
27	INSTALLED A NEW DURO-LAST ROOF			1999	56,400	1,446	39	1,446		20,962	27
28	WALLPAPER			2000	14,896	382	39	382		6,475	28
29	SEWER LINE REPAIR			2000	11,743	301	39	301		4,659	29
30	AIR CONDITIONING UNITS			2000	8,848	227	39	227		3,513	30
31	CONDENSING UNIT ON FREEZER			2000	2,693	69	39	69		1,071	31
32	NEW NURSES STATION			2000	20,379	522	39	522		8,101	32
33	FIRE ALARM SYSTEM			2000	1,826	47	39	47		729	33
34	HOT WATER SYSTEM			2000	3,849	99	20	99		2,549	34
35	TILED FLOORS			2000	54,185	1,389	39	1,389		21,539	35
36				2000	18,490	474	39	474		7,345	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 BRIA OF BELLEVILLE # 0034678 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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	INSTALLED A/C UNITS FOR RESIDENT ROOMS	2000	$ 13,369	$	20	$ 668	$ 668	$ 12,678	37
38	WALLPAPERING, FLOORING,CARPENTING	2001	35,921	1,306	27.5	1,306		18,938	38
39	ROOF	2001	47,500	1,727	27.5	1,727		25,042	39
40	AIR CONDITIONERS,HEATERS, SPEAKERS	2001	9,154	334	27.5	334		4,842	40
41	ELECTRICAL WORK	2001	12,200	444	27.5	444		6,438	41
42	RECEPTION STATION	2001	11,356	413	27.5	413		5,988	42
43	WINDOW TREATMENTS, CUBICLE TRACK,DOORS	2001	54,533	1,983	27.5	1,983		28,753	43
44	EXTENSIVE WORK	2001	37,603	1,366	27.5	1,366		19,808	44
45	RESIDENT ROOMS-PAINTING, CLOSET, CORRID. DOORS	2002	31,159		20	1,558	1,558	21,812	45
46	RENOVATIONS TO THE SHOWER & STORAGE ROOM	2002	6,853	249	27.5	249		3,414	46
47	INSTALLATION OF THE NEW GENERATOR SET CONTROL	2002	17,036	619	27.5	619		8,486	47
48	INSTALL STEP RAILS FOR SIDEWALK AREA, FRONT ENTR	2002	7,245	263	27.5	263		3,605	48
49	LANDSCAPING	2004	7,759		15	517	517	5,881	49
50	REPLACEMENT WINDOWS	2004	32,853		20	1,643	1,643	19,716	50
51	INSTALL CONCRETE DUMSTER PAD AND DRIVE	2004	6,270		20	314	314	3,768	51
52	REMODELING SHOWER ROOM-FLOOR &WALL CERAMIC	2004	105,250		20	5,263	5,263	63,156	52
53	WALL AIR CONDITIONS	2005	3,190	116	27.5	116		1,213	53
54	FLOORING, WALLCOVERING-2 RESTROOMS	2005	2,528	92	27.5	92		962	54
55	FURNISH AND INSTALL FIRE RATED DOORS & FRAMES	2005	30,429	1,106	27.5	1,106		11,568	55
56	EXCAVATING AND POURING CONCRETE SIDEWALKS	2005	9,450	344	27.5	344		3,597	56
57	INSTALL RAILS, REPLACEMENT WINDOWS	2005	8,406	306	27.5	306		3,200	57
58	INSTALL ALARM SYSTEM	2005	39,496	1,436	27.5	1,436		15,018	58
59	NURSE CALL SYSTEM	2005	18,665	679	27.5	679		7,101	59
60	LOBBY AREA, VESTIBULE-FLOORING	2006	17,906		5			17,906	60
61	AIR CONDITIONERS	2007	7,968		5			7,968	61
62	RESIDENT ROOMS - HINGET DOORS-NO CROWN	2007	57,309	2,084	27.5	2,084		17,627	62
63	PARKING LOT AND FENCE	2007	5,125	342	15	342		2,821	63
64	REPLACED 3 COMPRESSORS IN RTU'S	2007	3,914	142	27.5	142		1,201	64
65	PAINTING	2007	9,986		5			9,986	65
66	GARDEN	2007	60,172	2,188	15	4,012	1,824	32,004	66
67	ROOF REPLACEMENT-ACTIVITY CENTER	2008	5,400	196	27.5	196		1,478	67
68	PAINTING - 30 ROOMS	2008	2,550		5			2,550	68
69	CONFERENCE ROOM-INSTALLATION OF CERAMIC TILE	2008	2,877	105	27.5	105		818	69
70	TOTAL (lines 4 thru 69)		$ 4,265,246	$ 134,597		$ 146,384	$ 11,787	$ 2,800,786	70

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

Facility Name & ID Number BRIA OF BELLEVILLE # 0034678 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 4,265,246	$ 134,597		$ 146,384	$ 11,787	$ 2,800,786	1
2	GRADING PARKING LOT	2008	1,473	98	15	98		760	2
3	DOOR GUARDS - VARIOUS DIFFERENT AREAS	2008	4,672	170	27.5	170		1,296	3
4	WALL AIR CONDITIONS	2009	5,187		5			5,187	4
5	INSTALL NEW COMPRESSOR,CRANK CASE HEATER	2009	3,195	116	27.5	116		769	5
6	INSTALL SIDEWALL EXHAUST DUST FAN	2009	8,048	293	27.5	293		1,917	6
7	CERAMIC TILE, HANDRAILS, CUSTOM NURSING STATION	2009	114,376	4,159	27.5	4,159		27,553	7
8	WALLCOVERING, CARPET, PAINTING, BLINDS, CURTAINS	2009	29,344		5			29,344	8
9	WALL AIR CONDITIONS	2010	4,581	130	5	130		4,581	9
10	INSTALL STEEL DOOR	2010	10,694	389	27.5	389		2,091	10
11	FIRE PROTECTION WORK-SPRINKLERS PHASE 1	2010	97,653	3,551	27.5	3,551		18,199	11
12	FIRE PROTECTION WORK-SPRINKLERS PHASE 2	2011	97,652	3,551	27.5	3,551		14,648	12
13	WING CORRIDORS-FLOORING,WALLCOVERING,	2011	67,587	2,458	27.5	2,458		12,188	13
14	HANDRAILS,BUNPER GUARDS,SIGNAGE,WALL PROTECTION								14
15	INSTALL NEW CARRIER RTU	2011	4,517	164	27.5	164		745	15
16	PAINTING-100 & 200 HALL, LODGING, NURSES STATION	2011	44,405	4,858	5	4,858		40,151	16
17	WALL AIR CONDITIONS	2011	7,698		5	1,538	1,538	7,698	17
18	WALL AIR CONDITIONS	2012	4,194	231	5	231		3,934	18
19	REPLACED ROOF TOP UNIT & 5 TON CONDENSING UNIT	2012	9,995	363	27.5	363		1,255	19
20	INSTALL NEW PLASTIC CEMENT, CAP,COTTON MEMBRA-								20
21	NE ON EPDM ROOF	2012	2,595	94	27.5	94		364	21
22	PARKING LOT IMPROVMENTS; CONCRETE PATIO AND								22
23	DRAINAGE	2012	72,786	4,852	15	4,852		14,960	23
24	INSTALLED A 240CFM EXHAUST FAN ON A CURB OVER								24
25	THE NURSES STATION	2013	3,044	111	27.5	111		328	25
26	LOBBY; OFFICES-CARPET INSTALLATION; WALL BASE								26
27	INSTALLATION	2013	7,824	285	27.5	285		772	27
28	SEAL COAT PARKING LOT AND STRIPE PARKING SPACES	2013	3,000	200	15	200		533	28
29	100, 200, 300, 400 WINGS- CORRIDOR, RESIDENT ROOMS,								29
30	RESIDENT BATHSROOMS-FLOORING	2013	164,523	5,983	27.5	5,983		12,215	30
31	INSTALLATION OF NURSING STATION; AREA BETWEEN 100								31
32	& 200 WINGS;CORRIDOR, RESIDENT ROOM IN CENTER-								32
33	CUSTOM PVT INSTALLATION	2014	75,482	2,745	27.5	2,745		4,232	33
34	TOTAL (lines 1 thru 33)		$ 5,109,771	$ 169,398		$ 182,723	$ 13,325	$ 3,006,506	34

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

Facility Name & ID Number BRIA OF BELLEVILLE # 0034678 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		$ 5,109,771	$ 169,398		$ 182,723	$ 13,325	$ 3,006,506	1
2	100 & 200 WINGS RESIDENT BATHS-INSTALLATION OF								2
3	CERAMIC TILE; ACTIVITY ROOM-COVE BASE & PVT INS-								3
4	TALLATION; BUILD 2 NEW WALLS WITH METAL	2014	51,277	1,865	27.5	1,865		2,564	4
5	INSTALL A FIRESTONE TPO ROOFING SYSTEM, GRAVE								5
6	GUARD,ROOF FLASHING OVER THE TOP FLANGE	2014	23,186	843	27.5	843		1,089	6
7	INSTALL NEW SIGN & CABINET TO EXISTING STRUCTURI	2014	5,737	382	15	382		478	7
8	LOBBY, 100 WING: CORRIDOR, NURSE STATION, RESIDENT ROOMS & BATHS, DINING &LIVING .ADMINISTRATOR, ADMISSIONS OFFICE:								8
9	INSTALLATION OF CARPET TILE, WALLCOVERING, SIGNAGE, HANDRAIL AND BUMPER GUARD, INSTALL METAL FRAMES & WOOD								9
10	DOORS, INSTALL NEW PVT AND COVE BASE,CUSTOM DRESSERS & WARDROBES, HEADWALL & DIVIDER UNITS,OVERBED LIGHTS,								10
11	WALL SCONCE, CURTAINS & BLINDS,PAINT WALLS, DOORFRAMES AND CEILINGS, INSTALL NEW CERAMIC AND WALL TILE, DEMO								11
12	WALL BETWEEN ROOM 101 & 103, CAP ALL PLUMBING IN BATHROOM, CHANGE CONCRETE, INSTALL NEW LIGHT FIXTURES, DRY-								12
13	WALL, CUSTOM KITCHENETTE, RECEPTION DESK	2105	328,421	6,469	27.5	6,469		6,469	13
14	VESTIBULE, THERAPY CORRIDOR, 100 WING SPA, 100 WING GUEST BATHROOM:								14
15	WALLCOVERING, MILLWORK BASE, TILE, HANDRAIL	2015	9,839	343	27.5	343		343	15
16	INSTALL INTERIOR SIGNAGE-150 NORTH 27TH STREET	2015	4,264	237	15	237		237	16
17	ADDITION: THERAPY ROOM, FRONT ENTRIES, NEW								17
18	BATHROOMS/SHOWER ROOM	2015	424,500	8,361	27.5	8,361		8,361	18
19	GUEST BATHROOM, ACTIVITY ROOM CORRIDOR,VESTIBULE:								19
20	INSTALL NEW CERAMIC FLOOR, PVT & MILWORK BASE	2015	25,003	720	27.5	720		720	20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 5,981,998	$ 188,618		$ 201,943	$ 13,325	$ 3,026,767	34

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

Facility Name & ID Number BRIA OF BELLEVILLE # 0034678 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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	$ 307,680	$ 10,807	$ 30,575	$ 19,768	3-10	$ 164,928	71
72	Current Year Purchases	146,604	87,962	10,987	(76,975)	5-8	10,987	72
73	Fully Depreciated Assets	141,478					141,478	73
74	RELATED PARTY SL DEPRECIATION		2,742	2,742				74
75	TOTALS	$ 595,762	$ 101,511	$ 44,304	$ (57,207)		$ 317,393	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	FACILITY	2005 FORD ECONOCARE	2005	$ 41,500	$	$	$		$ 41,500	76
77										77
78										78
79										79
80	TOTALS			$ 41,500	$	$	$		$ 41,500	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 6,817,909	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 290,129	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 246,247	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ (43,882)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 3,385,660	85

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

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

G. Construction-in-Progress

	Description	Cost	
92		$	92
93			93
94			94
95		$	95

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

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

Facility Name & ID Number BRIA OF BELLEVILLE # 0034678 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A-RELATED PARTY

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. ☐ YES ☐ NO

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

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

9. Option to Buy: ☐ YES ☐ NO Terms: *

10. Effective dates of current rental agreement:
Beginning
Ending

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

	Fiscal Year Ending	Annual Rent
12.		$
13.		$
14.		$

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

15. Is Movable equipment rental included in building rental? ☐ YES ☒ X NO

16. Rental Amount for movable equipment: $ 11,640 Description: SEE SCHEDULE ATTACHED
(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	FACILITY	2015 FORD T350HD	$ 982.50	$ 8,843	17
18					18
19					19
20					20
21	TOTAL		$ 982.50	$ 8,843	21

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

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

Facility Name & ID Number BRIA OF BELLEVILLE # 0034678 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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

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

   THE FACILITY HIRES ONLY CERTIFIED NURSES AIDES

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 BRIA OF BELLEVILLE # 0034678 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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	$		$ 551,213	$		$ 551,213	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			218,666			218,666	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			554,518			554,518	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				197,698		197,698	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): RADIOLOGY, LAB	39-2					35,597		35,597	12
13	MEDICAL SUPPLIES, RENTALS, Other (specify): I.V. THERAPY	39-2					71,470		71,470	13
14	TOTAL			$		$ 1,324,397	$ 304,765		$ 1,629,162	14

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

Facility Name & ID Number BRIA OF BELLEVILLE **#** 0034678 **Report Period Beginning:** 01/01/2015 **Ending:** 12/31/2015

XV. BALANCE SHEET - Unrestricted Operating Fund. **As of** 12/31/2015 **(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	$ (2,770)	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 245,000)	3,363,137		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	147,849		6
7	Other Prepaid Expenses	56,735		7
8	Accounts Receivable (owners or related parties)	216,553		8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 3,781,504	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	172,026		13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	795,518		15
16	Equipment, at Historical Cost			16
17	Accumulated Depreciation (book methods)	(663,149)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 304,395	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 4,085,899	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 1,090,248	$	26
27	Officer's Accounts Payable	80,000		27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	1,105,133		29
30	Accrued Salaries Payable	83,554		30
31	Accrued Taxes Payable (excluding real estate taxes)	25,265		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)**	$ 2,384,200	$	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)**	$ 2,384,200	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 1,701,699	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 4,085,899	$	48

***(See instructions.)**

Facility Name & ID Number BRIA OF BELLEVILLE # 0034678 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 1,715,442	1
2	Restatements (describe):		2
3	**PRIOR YEAR ADJUSTMENT**	(9,616)	3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 1,705,826	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(4,127)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ (4,127)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 1,701,699	24 *

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

Facility Name & ID Number BRIA OF BELLEVILLE # 0034678 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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	$ 10,427,030	1
2	Discounts and Allowances for all Levels	( )	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 10,427,030	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$	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		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22**	$	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	2,380	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 2,380	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 10,429,410	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,408,861	31
32	Health Care	3,191,964	32
33	General Administration	3,263,452	33
	B. Capital Expense		
34	Ownership	652,151	34
	C. Ancillary Expense		
35	Special Cost Centers	1,629,162	35
36	Provider Participation Fee	287,947	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 10,433,537	40
41	**Income before Income Taxes (line 30 minus line 40)****	(4,127)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (4,127)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 4,318,327	44
45	Private Pay - Net Inpatient Revenue	276,967	45
46	Medicare - Net Inpatient Revenue	4,549,204	46
47	Other-(specify) HOSPICE/INSURANCE/ETC	290,115	47
48	Other-(specify) MANAGED CARE	992,417	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 10,427,030	49

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

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

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

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

Facility Name & ID Number BRIA OF BELLEVILLE # 0034678 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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	1,644	1,824	$ 78,665	$ 43.13	1
2	Assistant Director of Nursing	1,754	2,012	63,342	31.48	2
3	Registered Nurses	6,997	7,468	198,981	26.64	3
4	Licensed Practical Nurses	38,019	40,570	831,723	20.50	4
5	CNAs & Orderlies	106,031	110,864	1,226,980	11.07	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	8,983	9,371	103,231	11.02	10
11	Social Service Workers	3,716	3,993	60,141	15.06	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants					15
16	Dishwashers					16
17	Maintenance Workers	6,385	6,972	99,302	14.24	17
18	Housekeepers					18
19	Laundry					19
20	Administrator	1,888	2,080	107,555	51.71	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	13,178	14,096	234,650	16.65	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,696	1,909	30,635	16.05	31
32	Other Health C: Care Plan Coord	6,489	7,083	177,046	25.00	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	196,780	208,242	$ 3,212,251 *	$ 15.43	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	M	$ 0	1-3	35
36	Medical Director	O	31,200	9-3	36
37	Medical Records Consultant	N	1,320	10-3	37
38	Nurse Consultant	T	57,500	10-3	38
39	Pharmacist Consultant	H	6,745	10-3	39
40	Physical Therapy Consultant	L	0	10a-3	40
41	Occupational Therapy Consultant	Y	19,702	10a-3	41
42	Respiratory Therapy Consultant		7,768	10a-3	42
43	Speech Therapy Consultant	F	6,182	10a-3	43
44	Activity Consultant	E	1,775	11-3	44
45	Social Service Consultant	E	1,775	12-3	45
46	Other(specify)	S			46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 133,967		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses		$	10-3	50
51	Licensed Practical Nurses		N/A	10-3	51
52	Certified Nurse Assistants/Aides			10-3	52
53	TOTAL (lines 50 - 52)		$		53

Facility Name & ID Number BRIA OF BELLEVILLE # 0034678 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
KENYA WASHINGTON	ADMINISTRATOR	0	$ 107,555
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 107,555

B. Administrative - Other

Description		Amount
WEISS MANAGEMENT GROUP	MANAGEMENT FEES	$ 390,000
TOTAL (agree to Schedule V, line 17, col. 3)		$ 390,000
(Attach a copy of any management service agreement)		

C. Professional Services

Vendor/Payee	Type	Amount
ALPHA DATA SERVICES	DATA PROCESSING	$ 7,709
NATIONAL DATACARE	DATA PROCESSING	2,127
KBKB, LTD	ACCOUNTING FEES	12,200
RICHARD PEELO & ASSOCIAT.	MEDICARE CONSULTANT	4,500
PERSONNEL PLANNERS	UC CONSULTANT	15,544
BRIA HEALTH SERVICES	BOOKKEEPING/ADM SVCS	187,200
WEISS MANAGEMENT GROUP	BOOKKEEPING/ADM SVCS	300,000
LEGAL FEES	SEE SCHEDULE	79,398
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 608,678

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 174,921
Unemployment Compensation Insurance	101,280
FICA Taxes	239,639
Employee Health Insurance	101,226
Employee Meals	0
Illinois Municipal Retirement Fund (IMRF)*	
EMPLOYEE BENEFITS - OTHER	16,252
EMPLOYEE PHYSICAL EXAMS	0
PENSION/PROFIT SHARING PLANS	0
INSURANCE - EXECUTIVE LIFE	0
INSURANCE - EXECUTIVE LIFE VI 21	0
TOTAL (agree to Schedule V, line 22, col.8)	$ 633,318

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

Description	Line #	Amount
		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 1,990
Advertising: Employee Recruitment	18,509
Health Care Worker Background Check	0
(Indicate # of checks performed)	
Patient Background Checks 313	3,895
TRUST/FRANCHISE/CONTRIB/ETC	8,401
MARKETING/ADV/PROMO	70,188
LICENSES/DUES/SUBSCRIPTIONS	20,849
MGMT CO ALLOC	4,353
TRUST/FRANCHISE/CONTRIB/ETC	(8,401)
Less: Public Relations Expense	(0)
Non-allowable advertising	(70,188)
Yellow page advertising	(0)
TOTAL (agree to Sch. V, line 20, col. 8)	$ 49,596

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
MGMT CO ALLOC	4,029
Seminar Expense	
	0
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 4,029

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number BRIA OF BELLEVILLE # 0034678 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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

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

Facility Name & ID Number BRIA OF BELLEVILLE # 0034678 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

XX. GENERAL INFORMATION:

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

(2) Are there any dues to nursing home associations included on the cost report? YES
If YES, give association name and amount. IL COUNCIL ON LONG TERM CARE $ 8,401

(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? If YES, what is the capacity? NO

(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? 10 YR

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ 17,620 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.

(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.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. $ 287,947
This amount is to be recorded on line 42 of Schedule V.

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

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

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

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ 0 Has any meal income been offset against related costs? N/A Indicate the amount. $

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? NO
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? NO If YES, please indicate the amount of income earned from such a program during this reporting period. $
c. What percent of all travel expense relates to transportation of nurses and patients? 5%
d. Have vehicle usage logs been maintained? NO
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? NO
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? YES
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? NO
Firm Name:

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

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