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: 0052035

Facility Name: BRIA OF FOREST EDGE

Address: 8001 S WESTERN AVE (Number) CHICAGO (City) 60620 (Zip Code)

County: COOK

Telephone Number: (847) 674-5795 **Fax #** (847) 674-5794

HFS ID Number:

Date of Initial License for Current Owners: 11/01/12

Type of Ownership:

	VOLUNTARY,NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
			"Sub-S" Corp.		
		X	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 01/01/2016 to 12/31/2016 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) AVRUM WEINFELD
(Title) CEO

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 FOREST EDGE # 0052035 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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 _____

	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	218	Skilled (SNF)	218	79,788	1
2		Skilled Pediatric (SNF/PED)			2
3	110	Intermediate (ICF)	110	40,260	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	328	TOTALS	328	120,048	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	1,595	136	7,003	8,734	8
9	SNF/PED					9
10	ICF	92,447			92,447	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	94,042	136	7,003	101,181	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 84.28%

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 11/01/12

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 11/01/12 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified _____ and days of care provided 7,003

Medicare Intermediary NATIONAL GOVERNMENT SERVICE

IV. ACCOUNTING BASIS

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

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

Tax Year: 12/31/2016 Fiscal Year: 12/31/2016

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

Facility Name & ID Number BRIA OF FOREST EDGE # 0052035 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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			1,139,404	1,139,404	(54,900)	1,084,504		1,084,504			1
2	Food Purchase		6,783		6,783		6,783	(415)	6,368			2
3	Housekeeping		18,728	682,742	701,470		701,470		701,470			3
4	Laundry		43,956	364,442	408,398		408,398		408,398			4
5	Heat and Other Utilities			354,163	354,163		354,163	1,253	355,416			5
6	Maintenance	84,684	86,651	34,470	205,805		205,805	4,393	210,198			6
7	Other (specify):* SECURITY	262,611		52,516	315,127		315,127		315,127			7
8	**TOTAL General Services**	347,295	156,118	2,627,737	3,131,150	(54,900)	3,076,250	5,231	3,081,481			8
	B. Health Care and Programs											
9	Medical Director			56,001	56,001		56,001		56,001			9
10	Nursing and Medical Records	4,597,840	269,827	28,574	4,896,241		4,896,241	105,135	5,001,376			10
10a	Therapy			107,703	107,703		107,703		107,703			10a
11	Activities	229,899	7,281	574	237,754		237,754		237,754			11
12	Social Services	264,350	24,271	9,313	297,934		297,934		297,934			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	5,092,089	301,379	202,165	5,595,633		5,595,633	105,135	5,700,768			16
	C. General Administration											
17	Administrative	137,954		984,000	1,121,954		1,121,954	(961,407)	160,547			17
18	Directors Fees											18
19	Professional Services			244,411	244,411		244,411	28,813	273,224			19
20	Dues, Fees, Subscriptions & Promotions			95,783	95,783		95,783	(29,899)	65,884			20
21	Clerical & General Office Expenses	295,709	27,550	224,260	547,519		547,519	(52,555)	494,964			21
22	Employee Benefits & Payroll Taxes			899,557	899,557	54,900	954,457		954,457			22
23	Inservice Training & Education							2,571	2,571			23
24	Travel and Seminar			5,179	5,179		5,179	8,086	13,265			24
25	Other Admin. Staff Transportation			5,942	5,942		5,942	(3,055)	2,887			25
26	Insurance-Prop.Liab.Malpractice			353,237	353,237		353,237	55,721	408,958			26
27	Other (specify):*			535,106	535,106		535,106	(487,666)	47,440			27
28	**TOTAL General Administration**	433,663	27,550	3,347,475	3,808,688	54,900	3,863,588	(1,439,391)	2,424,197			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	5,873,047	485,047	6,177,377	12,535,471		12,535,471	(1,329,025)	11,206,446			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 FOREST EDGE **#0052035** **Report Period Beginning: 01/01/2016** **Ending: 12/31/2016**

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

LINE		SCHED REF		TOTAL
1	**DIETARY**			
	DIETITIAN CONSULTANT	XVIII B 35-2	0	
	REPAIRS & MAINTENANCE		0	
	DIETARY-SERVICE CONTRACTS		1,139,404	1,139,404
3	**HOUSEKEEPING**			
	CONTRACTED BUILDING MAINT.		137,504	
	HOUSEKEEPING-SERVICE CONTRACT		545,238	682,742
4	**LAUNDRY**			
	EQUIPMENT REPAIRS & MAINTENANCE		950	
	CONTRACTED LAUNDRY SERVICES		363,492	364,442
5	**HEAT & OTHER UTILITIES**			
	GAS HEAT		89,173	
	ELECTRICITY		157,380	
	WATER		105,197	
	CABLE TV - LOBBY		2,413	
				354,163
6	**MAINTENANCE**			
	GROUNDS MAINTENANCE		2,498	
	PAINTING & DECORATING		0	
	BUILDING REPAIRS		11,570	
	MAINTENANCE TRAVEL		0	
	EQUIPMENT MAINTENANCE & REPAIR		1,549	
	ELEVATOR MAINTENANCE & REPAIR		0	
	OUTSIDE LABOR		0	
	EXTERMINATING SERVICE		0	
	FIRE SERVICE		18,853	
				34,470
7	**OTHER**			
	SCAVENGER		52,516	
	SECURITY SERVICE		0	
				52,516
9	**MEDICAL DIRECTOR**			
	MEDICAL DIRECTOR FEES	XVIII B 36-2	56,001	56,001

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	390	
	PHARMACY CONSULTANT	XVIII B 39-2	25,584	
	UTILIZATION REVIEW FEES	XVIII B __-2	0	
	PHYSICIANS	XVIII B __-2	0	
	PSYCHIATRIC	XVIII B __-2	0	
	RN CONSULTANT	XVIII B 38-2	0	
	DENTAL		2,600	
				28,574
10a	**THERAPY**			
	PHYSICAL THERAPY SERVICES			
	SPEECH THERAPY SERVICES		18,540	
	OCCUPATIONAL THERAPY SERVICES			
	REHABILITATION CONSULTANT	XVIII B __-2	0	
	PHYSICAL THERAPY CONSULTANT	XVIII B 40-2	41,127	
	OCCUPATIONAL THERAPY CONSULTANT	XVIII B 41-2	31,240	
	RESPIRATORY THERAPY CONSULTANT	XVIII B 42-2	16,796	
	SPEECH THERAPY CONSULTANT	XVIII B 43-2	0	
				107,703
11	**ACTIVITIES**			
	CABLE TV - PATIENT ROOMS		0	
	ACTIVITY REHAB CONSULTANT	XVIII B 44-2	574	
				574
12	**SOCIAL SERVICES**			
	SOCIAL REHABILITATION SERVICES		9,313	
	SOCIAL REHABILITATION CONSULTANT	XVIII B 45-2	0	
	SOCIAL WORKER	XVIII B 45-2	0	
				9,313
13	**NURSE AIDE TRAINING**			
	NURSE AIDE TRAINING COSTS	XIII	0	0

Facility Name & ID Number BRIA OF FOREST EDGE **#0052035** **Report Period Beginning:** 01/01/2016 **Ending:** 12/31/2016

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	984,000	984,000
	DIRECTORS FEES			
18	DIRECTORS FEES		0	0
19	**PROFESSIONAL SERVICES**			
	DATA PROCESSING	XIX C	23,273	
	ADMINISTRATIVE CONSULTANTS	XIX C	0	
	PROFESSIONAL FEES	XIX C	131,229	
	SOFTWARE MAINTENANCE		89,909	244,411
20	**FEES,SUBSCRIPTIONS,PROMOTIONS**			
	ENTERTAINMENT & MARKETING	VI 19 XIX F	0	
	ADV & PROMO-NON PATIENT RELATED	VI 25 XIX F	35,993	
	EMPLOYEE WANT ADS	XIX F	8,103	
	CONTRIBUTIONS	VI 20 XIX F	0	
	DUES & SUBSCRIPTIONS	XIX F	27,216	
	LICENSES & PERMITS	XIX F	6,151	
	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	12,940	
	HEALTH CARE WORKER BACKGROUND CHEC	XIX F	2,250	
	PATIENT BACKGROUND CHECKS	XIX F	3,130	
				95,783
21	**CLERICAL & GENERAL OFFICE EXPENSES**			
	BANK CHARGES (INCLUDES NO OVERDRAFT CHARGES)		2,112	
	EQUIPMENT REPAIR & MAINTENANCE		0	
	OUTSIDE CLERICAL SERVICES		204,000	
	PENALTIES / OVERDRAFT CHARGES	VI 18	0	
	HOME OFFICE EXPENSE		0	
	THEFT & DAMAGE LOSS		0	
	TELEPHONE		16,596	
	MESSENGER SERVICE		1,552	
				224,260

LINE		SCHED REF		TOTAL
22	**EMPLOYEE BENEFITS & PAYROLL TAXES**			
	FICA TAXES	XIX D	443,477	
	UNEMPLOYMENT COMPENSATION	XIX D	129,204	
	WORKERS COMPENSATION INSURANCI	XIX D	88,009	
	HOSPITALIZATION INSURANCE	XIX D	221,343	
	EMPLOYEE BENEFITS - OTHER	XIX D	16,587	
	EMPLOYEE PHYSICAL EXAMS	XIX D	0	
	INSURANCE - EXECUTIVE LIFE	VI 21/XIX D	0	
	PENSION/PROFIT SHARING PLANS	XIX D	937	
				899,557
23	**INSERVICE TRAINING & EDUCATION**			
	EDUCATION & SEMINARS		0	
				0
24	**TRAVEL & SEMINARS**			
	EDUCATION & SEMINARS	XIX G	5,179	
	TRAVEL	XIX G	0	
				5,179
25	**ADMIN. STAFF TRANSPORTATION**			
	TRANSPORTATION - STAFF		5,942	
				5,942
26	**INSURANCE - PROP. LIAB & MALPRACTICE**			
	GENERAL INSURANCE		353,237	
				353,237
27	**OTHER**			
	BAD DEBTS	VI 24	535,106	
				535,106

GRAND TOTAL COLUMN 3 OTHER **6,177,377**

BRIA OF FOREST EDGE
SCHEDULES
12/31/2016

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

TOTAL FOOD PURCHASE	6,783
LESS SALES TAX	(415)
NET FOOD	6,368
TOTAL PATIENT CENSUS	101,181
TIMES 3 MEALS PER DAY	3
TOTAL PATIENT MEALS	303,543
ADD # EMPLOYEE MEALS/DAY	50
TIMES # DAYS	366
TOTAL EMPLOYEE MEALS	18,300
PATIENT MEALS	303,543
ADD EMPLOYEE MEALS	18,300
TOTAL MEALS/YEAR	321,843
NET FOOD	6,368
DIVIDE TOTAL MEALS/YEAR	321,843
COST PER MEAL	3.00
TIMES EMPLOYEE MEALS	18,300
EMPLOYEE MEAL RECLASSIFICATION	**54,900**

Facility Name & ID Number BRIA OF FOREST EDGE #0052035 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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 1	Supplies 2	Other 3	Total 4	5	6	7	8	9	10	
	D. Ownership											
30	Depreciation			76,939	76,939		76,939	751,195	828,134			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			99,680	99,680		99,680	675,864	775,544			32
33	Real Estate Taxes							472,400	472,400			33
34	Rent-Facility & Grounds			2,263,310	2,263,310		2,263,310	(2,263,310)				34
35	Rent-Equipment & Vehicles			49,894	49,894		49,894	12,437	62,331			35
36	Other (specify):*			26,400	26,400		26,400	60,746	87,146			36
37	**TOTAL Ownership**			2,516,223	2,516,223		2,516,223	(290,668)	2,225,555			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		164,665	761,512	926,177		926,177		926,177			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			747,682	747,682		747,682		747,682			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**		164,665	1,509,194	1,673,859		1,673,859		1,673,859			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	5,873,047	649,712	10,202,794	16,725,553		16,725,553	(1,619,693)	15,105,860			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 FOREST EDGE # 0052035 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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 Refer-ence	3 BHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(48,634)	30		9
10	Interest and Other Investment Income	(6,825)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(415)	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		21		18
19	Entertainment		20		19
20	Contributions	(12,940)	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	(535,106)	27		24
25	Fund Raising, Advertising and Promotional	(35,993)	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 PG 5A	(76,800)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (716,713)		$	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)	(902,980)		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (902,980)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (1,619,693)		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					45
46	Other-Attach Schedule					46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

BRIA OF FOREST EDGE

ID# 0052035

Report Period Beginning: 01/01/2016

Ending: 12/31/2016

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	MARKETING SALARY	$ (67,857)	21	1
2	BANK CHARGE	(2,112)	21	2
3	MARKETING TRAVEL	(3,055)	25	3
4	MARKETING EDUCATION	(3,205)	24	4
5	EMPLOYEE WANT ADS- BRIA	(571)	20	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**	(76,800)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number BRIA OF FOREST EDGE # 0052035 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(415)	0	0	0	0	0	0	0	0	0	0	(415)	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	926	327	0	0	0	0	0	0	0	0	1,253	5
6	Maintenance	0	2,929	1,464	0	0	0	0	0	0	0	0	4,393	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	(415)	3,855	1,791	0	0	0	0	0	0	0	0	5,231	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	105,135	0	0	0	0	0	0	0	0	105,135	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	105,135	0	0	0	0	0	0	0	0	105,135	16
	C. General Administration													
17	Administrative	0	0	(961,407)	0	0	0	0	0	0	0	0	(961,407)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	262	15,849	0	12,702	0	0	0	0	0	0	28,813	19
20	Fees, Subscriptions & Promotions	(49,504)	0	19,605	0	0	0	0	0	0	0	0	(29,899)	20
21	Clerical & General Office Expenses	(69,969)	0	17,414	0	0	0	0	0	0	0	0	(52,555)	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	2,571	0	0	0	0	0	0	0	0	2,571	23
24	Travel and Seminar	(3,205)	0	11,291	0	0	0	0	0	0	0	0	8,086	24
25	Other Admin. Staff Transportation	(3,055)	0	0	0	0	0	0	0	0	0	0	(3,055)	25
26	Insurance-Prop.Liab.Malpractice	0	734	3,638	0	51,349	0	0	0	0	0	0	55,721	26
27	Other (specify):*	(535,106)	0	47,440	0	0	0	0	0	0	0	0	(487,666)	27
28	**TOTAL General Administration**	(660,839)	996	(843,599)	0	64,051	0	0	0	0	0	0	(1,439,391)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(661,254)	4,851	(736,673)	0	64,051	0	0	0	0	0	0	(1,329,025)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number BRIA OF FOREST EDGE # 0052035 **Report Period Beginning:** 01/01/2016 **Ending:** 12/31/2016

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	(48,634)	2,894	1,354	0	795,581	0	0	0	0	0	0	751,195	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(6,825)	2,360	24,165	0	656,164	0	0	0	0	0	0	675,864	32
33	Real Estate Taxes	0	4,733	1,149	0	466,518	0	0	0	0	0	0	472,400	33
34	Rent-Facility & Grounds	0	0	0	0	(2,263,310)	0	0	0	0	0	0	(2,263,310)	34
35	Rent-Equipment & Vehicles	0	7,228	5,209	0	0	0	0	0	0	0	0	12,437	35
36	Other (specify):*	0	(26,400)	4,094	0	83,052	0	0	0	0	0	0	60,746	36
37	**TOTAL Ownership**	(55,459)	(9,185)	35,971	0	(261,995)	0	0	0	0	0	0	(290,668)	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)**	(716,713)	(4,334)	(700,702)	0	(197,944)	0	0	0	0	0	0	(1,619,693)	45

Facility Name & ID Number BRIA OF FOREST EDGE # 0052035 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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
SEE PAGE 6-SUPPLEMENTAL						

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	36	OFFICE RENT	$ 26,400	IME REALTY CORP.		$	$ (26,400)	1
2	V	5	UTILITIES				926	926	2
3	V	6	MAINTENANCE				2,825	2,825	3
4	V	6	ALARM SERVICE				104	104	4
5	V	19	ACCOUNTING FEES				262	262	5
6	V	26	INSURANCE				734	734	6
7	V	30	DEPRECIATION (SL)				2,894	2,894	7
8	V	32	INTEREST				2,360	2,360	8
9	V	33	RE TAX				4,733	4,733	9
10	V	35	STORAGE FEES				7,228	7,228	10
11	V								11
12	V								12
13	V								13
14	Total			$ 26,400			$ 22,066	$ * (4,334)	14

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

Facility Name & ID Number BRIA OF FOREST EDGE # 0052035 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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	$ 984,000	BRIA HEALTH SERVICES		$	$ (984,000)	15
16	V	21	OUTSIDE CLERICAL	204,000				(204,000)	16
17	V	17	CFO SALARY-A.WEINFELD				22,593	22,593	17
18	V	10	SALARIES-MEDICARE/NURSING				105,135	105,135	18
19	V	21	SALARIES-PURCHASING D.SEGAL				37,613	37,613	19
20	V	21	SALARIES-CLERICAL				148,064	148,064	20
21	V	5	UTILITIES				327	327	21
22	V	6	MAINTENANCE				1,464	1,464	22
23	V	19	PROFESSIONAL FEES				15,849	15,849	23
24	V	20	WANT ADS/BACKGR CKS				19,605	19,605	24
25	V	21	OFFICE EXPENSE				35,737	35,737	25
26	V	23	SEMINARS				2,571	2,571	26
27	V	24	TRAVEL				11,291	11,291	27
28	V	26	INSURANCE				3,638	3,638	28
29	V	27	EMPLOYEE BENEFITS				47,440	47,440	29
30	V	30	DEPRECIATION				1,354	1,354	30
31	V	32	INTEREST				24,165	24,165	31
32	V	33	RE TAX				1,149	1,149	32
33	V	36	OFFICE RENT-HINSDALE MGMT				4,094	4,094	33
34	V	35	STORAGE FEES				2,393	2,393	34
35	V	35	AUTO LEASE				2,816	2,816	35
36	V								36
37	V								37
38	V								38
39	Total			$ 1,188,000			$ 487,298	$ * (700,702)	39

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

Facility Name & ID Number BRIA OF FOREST EDGE # 0052035 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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	34	RENT	$ 2,263,310	PRESIDENTIAL PAVILION LLC		$	$ (2,263,310)	15
16	V	34	RENT				1,546,000	1,546,000	16
17	V	30	DEPREC S.L -IMP				33,413	33,413	17
18	V								18
19	V								19
20	V	34	RENT	1,546,000	BEVERLY PAVILION LLC			(1,546,000)	20
21	V	19	PROFESSIONAL FEES				12,702	12,702	21
22	V	26	INSURANCE - PROPERTY				51,349	51,349	22
23	V	30	DEPR S.L BUILDING & IMP				684,610	684,610	23
24	V	30	DEPR S.L. - EQUIP & FURN				77,558	77,558	24
25	V	32	INTERST				656,164	656,164	25
26	V	33	REAL ESTATE TAXES				466,518	466,518	26
27	V	36	M.I.P. INSURANCE				83,052	83,052	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								36
37	V								37
38	V								38
39	Total			$ 3,809,310			$ 3,611,366	$ * (197,944)	39

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

Facility Name & ID Number BRIA OF FOREST EDGE # 0052035 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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								1
2	AVRUM WEINFELD	23.75	BRIA OF CAHOKIA	COHOKIA				2
3								3
4	DANIEL WEISS	23.75	BRIA OF RIVER OAKS	BURNHAM	IME REALTY CORP	LINCOLNWOOD	MGMT CONSULT	4
5								5
6	NATAN WEISS	23.75	BRIA OF BELLEVILLE	BELLEVILLE				6
7								7
8	FRED BERKOVITS	23.75	BRIA OF GENEVA	GENEVA	BRIA HEALTH		MANAGEMENT	8
9					SERVICES, LLC	LINCOLNWOOD		9
10	DOV SEGAL	5	BRIA OF WESTMONT	WESTMONT				10
11					BEVERLY PAVILION		REAL ESTATE	11
12			BRIA OF CHICAGO HEIGHTS	SOUTH CHICAGO	LLC	LINCOLNWOOD		12
13				HEIGHTS				13
14								14
15			BRIA OF PALOS HEIGHTS	PALOS HILLS				15
16								16
17			LAKE PARK	WAUKEGAN				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

Facility Name & ID Number BRIA OF FOREST EDGE # 0052035 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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	ALLOCATIOM FR BRIA HEALTH SERVICES								$		1
2	DOV SEGAL	Purchasing Consult	consulting		SEE	SEE		salary	37,613	21-7	2
3	AVRUM WEINFELD	CFO	ADMINISTRATIVE		ATTACHED		ATTACHED	salary	22,593	17-7	3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$ 60,206		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 FOREST EDGE # 0052035 Report Period Beginning: 01/01/2016 Ending: 2/31/2016

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: IME REALTY
Street Address: 6865 N. LINCOLN
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	5	UTILITIES	INCOME	131,420	6	$ 4,608	$	26,400	$ 926	1
2	6	MAINTENANCE	INCOME	131,420	6	14,061		26,400	2,825	2
3	6	ALARM SERVICE	INCOME	131,420	6	520		26,400	104	3
4	19	ACCOUNTING FEES	INCOME	131,420	6	1,305		26,400	262	4
5	26	INSURANCE	INCOME	131,420	6	3,656		26,400	734	5
6	30	DEPRECIATION (SL)	INCOME	131,420	6	14,406		26,400	2,894	6
7	32	INTEREST	INCOME	131,420	6	11,748		26,400	2,360	7
8	33	RE TAX	INCOME	131,420	6	23,559		26,400	4,733	8
9	35	STORAGE FEES	INCOME	131,420	6	35,982		26,400	7,228	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					$ 109,845	$		$ 22,066	25

Facility Name & ID Number BRIA OF FOREST EDGE # 0052035 Report Period Beginning: 01/01/2016 Ending: 2/31/2016

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: 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	470,242	9	$ 105,000	$ 105,000	101,181	$ 22,593	1
2	10	SALARIES-MEDICARE/NURSING	CENSUS DAYS	470,242	9	488,618	488,618	101,181	105,135	2
3	21	SALARIES-PURCHASING D.SEGA	CENSUS DAYS	470,242	9	174,808	174,808	101,181	37,613	3
4	21	SALARIES-CLERICAL	CENSUS DAYS	470,242	9	688,130	688,130	101,181	148,064	4
5	5	UTILITIES	CENSUS DAYS	470,242	9	1,521		101,181	327	5
6	6	MAINTENANCE	CENSUS DAYS	470,242	9	6,806		101,181	1,464	6
7	19	PROFESSIONAL FEES	CENSUS DAYS	470,242	9	73,657		101,181	15,849	7
8	20	WANT ADS/BACKGR CKS	CENSUS DAYS	470,242	9	91,117		101,181	19,605	8
9	21	OFFICE EXPENSE	CENSUS DAYS	470,242	9	166,089		101,181	35,737	9
10	23	SEMINARS	CENSUS DAYS	470,242	9	11,949		101,181	2,571	10
11	24	TRAVEL	CENSUS DAYS	470,242	9	52,475		101,181	11,291	11
12	26	INSURANCE	CENSUS DAYS	470,242	9	16,909		101,181	3,638	12
13	27	EMPLOYEE BENEFITS	CENSUS DAYS	470,242	9	220,477		101,181	47,440	13
14	30	DEPRECIATION	CENSUS DAYS	470,242	9	6,293		101,181	1,354	14
15	32	INTEREST	CENSUS DAYS	470,242	9	112,306		101,181	24,165	15
16	33	RE TAX	CENSUS DAYS	470,242	9	5,338		101,181	1,149	16
17	36	OFFICE RENT-HINSDALE MGMT	CENSUS DAYS	470,242	9	19,029		101,181	4,094	17
18	35	STORAGE FEES	CENSUS DAYS	470,242	9	11,121		101,181	2,393	18
19	35	AUTO LEASE	CENSUS DAYS	470,242	9	13,087		101,181	2,816	19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 2,264,730	$ 1,456,556		$ 487,298	25

Facility Name & ID Number BRIA OF FOREST EDGE # 0052035 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	A. Directly Facility Related Long-Term											
1	HUD - CAMBRIDGE - BEVERLY		X	MORTGAGE	$79,003.00	6/01/12	$ 17,721,500	$ 16,477,457	05/01/43/	0.0395	$ 656,164	1
2												2
3	MEMBERS -BYB	X		WORKING CAPITAL	$5,000.00	11/12	250,000	38,798	8/17	0.0550	3,386	3
4	S.SEGAL	X		WORKING CAPITAL	$1,590.00	11/12	150,000	97,662	11/22	0.0500	5,260	4
5	B.WEINFELD	X		WORKING CAPITAL	$2,500.00	11/12	200,000	190,031	11/22	0.1409	27,009	5
	Working Capital											
6				INSURANCE POLICIES FIN							4,410	6
7				L.O.C.		11/12	3,000,000	2,650,000	11/15/17	0.0400	59,615	7
8	RELATED PARTY ALLOCATION										26,525	8
9	TOTAL Facility Related				$88,093.00		$ 21,321,500	$ 19,453,948			$ 782,369	9
	B. Non-Facility Related*											
10	IRS,IDR,ETC		X	LATE FEES								10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$	14
15	TOTALS (line 9+line14)						$ 21,321,500	$ 19,453,948			$ 782,369	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ 83,052 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 FOREST EDGE # 0052035 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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.**	$	476,845	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.)	$	481,021	2
3. Under or (over) accrual (line 2 minus line 1).	$	4,176	3
4. Real Estate Tax accrual used for 2016 report. (Detail and explain your calculation of this accrual on the lines below.)	$	481,032	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.)	$	9,388	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** $ 28,078 **For** 13 **Tax Year.** (Attach a copy of the real estate tax appeal board's decision.)	$	(28,078)	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	$	466,518	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2011	582,005	8
	2012	467,084	9
	2013	474,181	10
	2014	476,845	11
	2015	481,021	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 2015 TAX BILL.

	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 BRIA OF FOREST EDGE COUNTY COOK

FACILITY IDPH LICENSE NUMBER 0052035

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 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.	20-31-108-044-0000	NURSING HOME	$ 481,020.51	$ 481,020.51
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 481,020.51	$ 481,020.51

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 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 BRIA OF FOREST EDGE # 0052035 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 92,056 B. General Construction Type: Exterior BRICK Frame _____ Number of Stories 7+BASEMENT

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

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

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

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			2005	$ 1,500,000	1
2					2
3	TOTALS			$ 1,500,000	3

Facility Name & ID Number BRIA OF FOREST EDGE # 0052035 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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	328		2005		$ 17,449,000	$ 634,509	27.5	$ 634,509	$	$ 6,847,410	4
5											5
6											6
7	BRIA ALLOC				19,319	1,099	39	1,099			7
8	IME ALLOC				75,472	2,894		2,894			8
	Improvement Type**										
9	AWNINGS			2001	10,500	382	27.5	382		5,778	9
10	FENCE			2001	2,100	122	15	122		2,100	10
11	ELEVATOR			2001	18,340	667	27.5	667		10,088	11
12	ALARM			2001	5,686	207	27.5	207		3,131	12
13	WINDOWS			2001	4,149	151	27.5	151		2,284	13
14	BOILER			2001	3,000	109	27.5	109		1,431	14
15	FURNISHINGWALLPAPER & BORDERS			2001	12,953		5			12,953	15
16	KITCHEN SINK & DRAIN			2001	2,525	92	27.5	92		1,391	16
17	DOORS			2001	15,100	549	27.5	549		8,293	17
18	ELEVATOR			2002	222,811	8,102	27.5	8,102		121,530	18
19	FENCE			2002	3,100	207	15	207		3,002	19
20	DOORS & LOCKS			2002	21,741	791	27.5	791		11,766	20
21	SHOWER ROOMS			2002	4,669	170	27.5	170		2,430	21
22	ALARM AND SPRINKLER			2002	11,881	432	27.5	432		6,173	22
23	EJECTOR & SEWEGE PUMP			2002	14,604	531	27.5	531		7,589	23
24	ROOF DRAIN			2002	3,100	113	27.5	113		1,643	24
25	FURNISHING - CARPETS AND DRAPERIES			2002	91,494		5			91,494	25
26	ELEVATIR			2003	110,562	4,020	27.5	4,020		55,443	26
27	PARKING LOT			2003	64,182	4,279	15	4,279		57,767	27
28	FIRE ALARM SYSTEM			2003	25,000	909	27.5	909		12,309	28
29	ROOF			2003	26,500	964	27.5	964		12,974	29
30	EXTERIOR WALL			2003	9,796	356	27.5	356		4,762	30
31	SINKS			2003	3,146	114	27.5	114		1,544	31
32	BUILT IN WARDROBE			2003	19,398	705	27.5	705		9,371	32
33	REBUILD A/C & HEATING RETURN FAN			2004	4,700	171	27.5	171		2,202	33
34	FIRE ALARM SYSTEM			2004	13,201	480	27.5	480		6,140	34
35	BUILT IN WARDROBE			2004	21,807	793	27.5	793		9,946	35
36	MASONRY REPAIRS			2004	61,620	2,241	27.5	2,241		27,546	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 FOREST EDGE # 0052035 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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	DOORS	2004	$ 2,995	$ 109	27.5	$ 109	$	$ 1,331	37
38	BOILER REPAIR	2004	5,650	206	27.5	206		2,480	38
39	HOT WATER HEATER	2004	5,756	209	27.5	209		2,944	39
40	FLOOR TILING	2004	5,326	194	27.5	194		2,336	40
41	REMODEL BATHROOM	2005	6,080	221	27.5	221		2,551	41
42	DOORS	2005	4,506	164	27.5	164		1,893	42
43	FLOOR TILING	2005	1,536	56	27.5	56		646	43
44	2 WATER BOILERS	2005	99,047	3,602	27.5	3,602		40,673	44
45	CONCRETE PATIO	2005	3,015	201	15	201		2,337	45
46	SHOWER	2006	3,040	111	27.5	111		1,170	46
47	DUCT WORK	2006	5,600	204	27.5	204		2,151	47
48	A/C COOLING TOWER	2006	13,161	479	27.5	479		4,570	48
49	FIRE ALARM - BEVERLY	2007	273,534	9,946	27.5	9,946		94,488	49
50	COOLING TOWERS - BEVERLY	2007	121,905	4,433	27.5	4,433		42,113	50
51	SHOWERS - BEVERLY	2007	12,160	442	27.5	442		4,199	51
52	AIR CLEANERS - BEVERLY	2007	10,851	395	27.5	395		3,752	52
53	CONCRETE WORK - BEVERLY	2007	5,100	185	27.5	185		1,850	53
54	SHOWERS - BEVERLY	2008	9,120	333	27.5	333		2,908	54
55	DOORS - BEVERLY	2008	4,520	164	27.5	164		1,469	55
56	BOLIER - BEVERLY	2008	5,295	193	27.5	193		1,632	56
57	FLOORS - BEVERLY	2008	6,260	228	27.5	228		1,891	57
58	ROOFING - BEVERLY	2008	3,800	138	27.5	138		1,133	58
59	EXTERIOR WALL - BEVERLY	2008	20,000	727	27.5	727		5,846	59
60	ROOFING - BEVERLY	2009	10,333	375	27.5	375		2,884	60
61	CAULK JOINTS - BEVERLY	2010	28,450	1,035	27.5	1,035		6,771	61
62	MECHANICAL ROOM - BEVERLY	2010	19,450	707	27.5	707		4,448	62
63	WELDING - BEVERLY	2010	3,587	130	27.5	130		796	63
64	ROOF - BEVERLY	2010	2,925	106	27.5	106		649	64
65	STEEL DOOR - BEVERLY	2011	1,275	46	27.5	46		266	65
66	CONTROLLE R- ANNUNCIATOR - BEVERLY	2011	6,649	242	27.5	242		1,402	66
67	CONCRETE - SIDEWALK - BEVERLY	2011	2,375	86	27.5	86		505	67
68	BACKFLOW REPAIR - BEVERLY	2011	4,550	165	27.5	165		859	68
69	ELECTRICAL - BEVERLY	2012	4,347	158	27.5	158		770	69
70	TOTAL (lines 4 thru 69)		$ 19,063,654	$ 692,149		$ 692,149	$	$ 7,586,203	70

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

Facility Name & ID Number BRIA OF FOREST EDGE # 0052035 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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		$ 19,063,654	$ 692,149		$ 692,149	$	$ 7,586,203	1
2	VINYL FENCE AND GATE	2012	7,400	269	27.5	269		1,244	2
3	SOUTH ROOF FLASHING - BEVERLY	2012	4,350	158	27.5	158		718	3
4	KITCHEN IMPROVEMENT - BEVERLY	2012	2,640	96	27.5	96		428	4
5	SIDEWALK - BEVERLY	2012	2,150	78	27.5	78		348	5
6	NORTH ROOF FLASHING - BEVERLY	2012	1,950	71	27.5	71		317	6
7	SPRINKLER MODIFICATIONS	2012	17,530	637	27.5	637		2,681	7
8	FIRE DAMPERS, CEILING, ELECTRICAL WORK - BEVERLY	2012	49,679	1,807	27.5	1,807		7,604	8
9	COMPLETE REBUILD OF CHILLER - BEVERLY	2013	42,700	1,553	27.5	1,553		6,018	9
10	WIRING FOR SATELLITE - BEVERLY	2013	13,325	485	27.5	485		1,799	10
11	FIRE SPRINKLERS - BEVERLY	2013	16,686	607	27.5	607		2,200	11
12	BOILER REBUILD - BEVERLY	2013	8,550	311	27.5	311		1,076	12
13	INSTALL DOOR PACKAGE ON 3 ELEVATORS - BEVERLY	2013	36,000	1,309	27.5	1,309		4,200	13
14	WALK IN FREEZER NEW CONDENSING UNIT - BEVERLY	2013	7,307	266	27.5	266		853	14
15									15
16	COMM AWNING WITH NAME	2013	9,200	575	7	1,314	739	5,256	16
17									17
18									18
19	REPLACE ELEVATOR ENCODER & MACHINE BEARINGS	2014	18,060	657	27.5	657		1,779	19
20									20
21	1ST FLOOR DAY RM - GLASS WALLS , DOORS & GUARDS	2014	9,998	364	27.5	364		986	21
22	1ST FLOOR - REMOVE VCT AND INSTALL CARPET TILE	2014	20,810	757	27.5	757		2,050	22
23	LOBBY - REMOVE WALL AND INSTALL NEW GLASS								23
24	WALL , DOORS AND ACOUSTICAL CEILING	2014	87,162	3,170	27.5	3,170		8,585	24
25	1ST FLR VESTIBULE,RECEPTION SECURITY STATION								25
26	AND CORRIDOR - PAINT ,WALL COVERING & SIGNAGE	2014	21,335	776	27.5	776		2,102	26
27	1ST FLR VESTIBULE,RECEPTION SECURITY STATION								27
28	AND CORRIDOR - MILL WORK,ELCTRICAL	2014	10,083	367	27.5	367		994	28
29	ELEVATOR - WALLCOVERING AND NEW CEILING	2014	24,569	893	27.5	893		2,419	29
30	REFRESHMENT STAND	2014	2,500	91	27.5	91		246	30
31	GUEST BATHRMS & SMOKING PATIO - DOORS & FRAME	2014	8,657	315	27.5	315		853	31
32	2ND FLOOR - REBUILD 2 TUB ROOMS	2014	30,531	1,110	27.5	1,110		2,914	32
33									33
34	TOTAL (lines 1 thru 33)		$ 19,516,826	$ 708,871		$ 709,610	$ 739	$ 7,643,873	34

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

Facility Name & ID Number BRIA OF FOREST EDGE # 0052035 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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		$ 19,516,826	$ 708,871		$ 709,610	$ 739	$ 7,643,873	1
2	SMOKING PATIO - REMOVE OLD FLR AND WALL AND								2
3	INSTALL NEW FLOOR AND WALLS	2014	5,037	183	27.5	183		496	3
4	NURSES STATION - NURSES STATION , ELECTRICAL ,								4
5	BUILT IN CABINETS AND COUNTER TOPS	2014	27,118	986	27.5	986		2,670	5
6	2ND FLOOR CORRIDOR & GREAT ROOM - NEW								6
7	ACOUSTICAL CEILING & LIGHTING	2014	26,708	971	27.5	971		2,630	7
8	2ND FLOOR GREAT ROOM - REMOVE OLD GLASS WALL								8
9	INSTALL NEW STUD WALL	2014	5,700	207	27.5	207		561	9
10	2ND FLOOR CORRIDOR & GREAT ROOM - WALL								10
11	COVERINGS	2014	25,444	925	27.5	925		2,505	11
12	2ND FLOOR - VCT AND COVE BASE REMOVAL AND								12
13	OF NEW FLOORING AND CHAIR RAILS	2014	45,077	1,639	27.5	1,639		4,439	13
14	3RD FLOOR - DEMOLISH & REBUILD THE SHOWER	2014	16,540	601	27.5	601		1,528	14
15	AREAS IN BOTH 3RD FLOOR TUB RMS.REBUILD								15
16	INCLUDES TILES, PLUMBING FIXTURES, AND TRIMS								16
17	ALL WINDOWS OF BUILDING TO BE RECAULKED	2014	30,880	1,123	27.5	1,123		2,574	17
18	FIRE SPRINKLERS - ELEVATOR AND SECOND FLOOR	2014	8,600	313	27.5	313		691	18
19	18 SMOKE DETECT ELEVATOR & VARIOUS LOCATION	2014	3,191	116	27.5	116		266	19
20	CONCRETE PILLARS	2014	6,800	247	27.5	247		545	20
21	INSTALL 2 DAMPERS ON THE MAIN AIR SUPPLY AND	2014	5,480	199	27.5	199		439	21
22	RETURN DUCTS								22
23	INSTALL NEW BOILER SECTIONS	2014	11,724	426	27.5	426		905	23
24	4 TH FLOOR TUB ROOM REMOVE OLD FLOOR AND	2014	4,430	161	27.5	161		369	24
25	DRAIN INSTALL NEW								25
26	AWNING	2014	6,520	237	27.5	237		583	26
27									27
28	1ST FLOOR THERAPY ROOM								28
29	REMOVAL OF EXISTING COVE BASE & VCT	2015	13,694	498	27.5	498		892	29
30	PREP & INSTALL OF NEW VINYL & CARPET								30
31	FLOORING & COVE BASE								31
32	FRAME NEW WALLS FOR VESTIBULE , STORAGE,	2015	10,992	400	27.5	400		716	32
33	AND WORK STATION, PROVIDE SEPARATE								33
34	TOTAL (lines 1 thru 33)		$ 19,770,761	$ 718,103		$ 718,842	$ 739	$ 7,666,682	34

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

Facility Name & ID Number BRIA OF FOREST EDGE # 0052035 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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		$ 19,770,761	$ 718,103		$ 718,842	$ 739	$ 7,666,682	1
2	SWITCHING FOR VESTIBULE LIGHTING AND								2
3	6 NEW OUTLETS AND INSTALL DRYWALL ,								3
4	TAPE JOINTS, SMOOTH AND PRIME READY FOR								4
5	FINISHES								5
6	FURNISH & INSTALL NEW CEILING & LIGHTING	2015	15,140	551	27.5	551		987	6
7	CEILING TO BE 2X2 FIRE RATED LIGHTING TO BE								7
8	DIRECT INDIRECT RECESSED LIGHTING								8
9	PREP WALLS , INSTALL WALLCOVERING & PAINT	2015	4,569	560	7	653	93	979	9
10	MIRROR WALL 16'11"W X 8'H WITH	2015	2,640	96	27.5	96		172	10
11	CRACK ISOLATION MEMBRANE								11
12	CUSTOM CHARTING STATION WITH 4 LOCKING	2015	9,780	355	27.5	355		637	12
13	UPPER CABINETS , 3 PEDESTALS 2 LATERAL FILES								13
14	LAMINATED TOP WITH GRANITE TRANS TOP								14
15	FREIGHT & TAX FOR THERAPY ROOM PROJECT	2015	5,330	194	27.5	194		347	15
16	BUILD WALL WITH DOOR OPENING FOR NEW	2015	4,270	155	27.5	155		278	16
17	THERAPY RM , INSTALL NEW DRY WALL, TAPE								17
18	JOINTS , SAND SMOOTH & PRIME, INSTALL PAIR								18
19	OF DOUBLE DOORS								19
20	WINDOW TREATMENTS -CORNICE ROLLER SHADE	2015	6,354	778	7	908	130	1,362	20
21	CUBICLE CURTAINS WITH SUSPENDED TRACK	2015	1,920	235	7	274	39	411	21
22	SIGNAGE ON ENTRY & THERAPY RECEPTION AREA	2015	6,796	832	7	971	139	1,456	22
23	SECURITY SYSTEM IN 2ND FLOOR TO 7TH FLOOR								23
24	STAIR WELL DOORS	2015	24,564	893	27.5	893		1,153	24
25	INSTALLED AS PER CODE ONE ROPE GRIPPER.	2016	36,711	1,057	27.5	1,057		1,057	25
26	SERVICE ELEVATOR- FURNISHED AND INSTALLED NEW ALUMINUM DIAMOND PLATE; REPAIRED PLYWOOD FLOORING IF NECESSAR								26
27	ADJUST AND RETURN CAR TO SERVICE	2016	5,300	153	27.5	153		153	27
28	ROOM 212 AND ROOM 214- REMOVE PLUMBING FIXTURES AND HARDWARE FROM BATHROOMS IN BOTH ROOMS. CAP OFF PLUMBINC								28
29	INSIDE WALLS AND PLUG TOILET DRAINS. REMOVE OVERBED LIGHTS, CUBLICLE TRACKS, WALL BETWEEN BATHROOMS, CLOSETS								29
30	AND WALL BETWEEN TWO ROOMS. REMOVE AND REROUTE EXISTING ELECTRIC AFTER WALL REMOVAL. PATCH & SAND WALLS AF								30
31	AWININGS								31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 19,894,135	$ 723,962		$ 725,102	$ 1,140	$ 7,675,674	34

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

Facility Name & ID Number BRIA OF FOREST EDGE # 0052035 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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		$ 19,894,135	$ 723,962		$ 725,102	$ 1,140	$ 7,675,674	1
2	WALLS REMOVAL. PREP FOR NEW FINISHES. NURSE CALLS BY OTHERS. FURNISH & INSTALL NEW DOOR & FRAME FOR NEW STORAC								2
3	CLOSET.	2016	14,987	341	27.5	341		341	3
4	MODIFY FIRE SPRINKLERS, REMOVE EXISTING LINES FOR DEMO OF THE WALL BETWEEN ROOM 212 & ROOM 214. INSTALL 6 NEW								4
5	HEADS IN THE MIDDLE OF THE ROOM. REMOVE EXISTING LINES FOR DEMO OF THE BATHROOM AND WARDROBE CLOSETS. ADD 2 N								5
6	HEADS UNDER THE SOFFIT	2016	10,332	235	27.5	235		235	6
7	ROOMS 212 AND 214- EXISTING COVE BASE AND VCT REMOVAL, PREP FLOOR AND VCT1 AND VCT2 INSTALLATION, CUSTOM PVT								7
8	INSTALLATION, MILLWORK BASE INSTALLATION	2016	3,467	79	27.5	79		79	8
9	ROOM 212 AND 214- WINDOW TREATMENTS INCLUDING 2 CORNICES & 4 ROLLER SHADES &								9
10	INSTALLATION	2016	3,094	70	27.5	70		70	10
11									11
12	AWININGS	2016	5,950	199	27.5	199		199	12
13	INSTALLED NEW CEILING TILE AND LIGHTS; REMOVE A	2016	4,677	106	27.5	106		106	13
14	REPLACE EXISTING DOOR								14
15	EXTEND WALL IN PHYSICAL THERAPY ROOM TO MEET	2016	2,540	4	27.5	4		4	15
16	THE EXTERIOR GLASS WALL.								16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 19,939,182	$ 724,996		$ 726,136	$ 1,140	$ 7,676,708	34

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

Facility Name & ID Number BRIA OF FOREST EDGE # 0052035 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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	$ 196,149	$ 20,607	$ 19,615	$ (992)	5 YRS	$ 47,296	71
72	Current Year Purchases	91,396	53,352	4,570	(48,782)	5 YRS	4,570	72
73	Fully Depreciated Assets							73
74		775,564	77,813	77,813				74
75	TOTALS	$ 1,063,109	$ 151,772	$ 101,998	$ (49,774)		$ 51,866	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				$	$	$	$		$	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)	$ 22,502,291	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 876,768	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 828,134	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ (48,634)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 7,728,574	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 FOREST EDGE # 0052035 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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				2,263,310			4
5								5
6								6
7	TOTAL				$ 2,263,310 **			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.	/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: $ 21,489 Description: ____
(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	ADMINISTRATOR	BMW X3 DRIVE 281	$ 750.44	$ 9,005	17
18	OFFICE	VAN RENTAL		637	18
19	FACILITY	FORD E150 CARGO VAN 2011	847.77	10,173	19
20	ADMINISTRATOR	NISSAN MURANO 2012	715.79	8,590	20
21	TOTAL		$ #######	$ 28,405	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 FOREST EDGE # 0052035 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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

   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 FOREST EDGE # 0052035 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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	$		$ 353,200	$		$ 353,200	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			25,415			25,415	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			362,924			362,924	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				138,194		138,194	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	inhalation therapy,radiology,lab,other Other (specify): MEDICAL SUPPLIES					19,973	26,471		19,973 26,471	13
14	TOTAL			$		$ 761,512	$ 164,665		$ 926,177	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 FOREST EDGE **#** 0052035 **Report Period Beginning:** 01/01/2016 **Ending:** 12/31/2016

XV. BALANCE SHEET - Unrestricted Operating Fund. **As of** 12/31/2016 **(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	$ 175,891	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (360,000))	5,661,509		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	192,942		6
7	Other Prepaid Expenses	3,281		7
8	Accounts Receivable (owners or related parties)	241,485		8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 6,275,108	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	316,384		16
17	Accumulated Depreciation (book methods)	(239,984)		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): Due From Presidential	704,742		23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 781,142	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 7,056,250	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 1,483,641	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	2,650,000		29
30	Accrued Salaries Payable	118,837		30
31	Accrued Taxes Payable (excluding real estate taxes)	25,488		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	NOTE PAYABLE	56,766		36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 4,334,732	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	269,725		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)**	$ 269,725	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 4,604,457	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 2,451,793	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 7,056,250	$	48

***(See instructions.)**

Facility Name & ID Number BRIA OF FOREST EDGE # 0052035 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 2,289,230	1
2	Restatements (describe):		2
3	Rounding	1	3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 2,289,231	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	1,362,562	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	(1,200,000)	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe) OUT OF PERIOD EXPENSES		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ 162,562	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)**	$ 2,451,793	24 *

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

Facility Name & ID Number BRIA OF FOREST EDGE # 0052035 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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	$ 17,952,345	1
2	Discounts and Allowances for all Levels	( )	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 17,952,345	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	134,552	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 134,552	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***	6,825	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 6,825	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)**	$ 18,093,722	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	3,131,150	31
32	Health Care	5,595,633	32
33	General Administration	3,808,688	33
	B. Capital Expense		
34	Ownership	2,516,223	34
	C. Ancillary Expense		
35	Special Cost Centers	926,177	35
36	Provider Participation Fee	747,682	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 16,725,553	40
41	**Income before Income Taxes (line 30 minus line 40)****	1,368,169	41
42	**Income Taxes**	(5,607)	42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 1,362,562	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 14,106,464	44
45	Private Pay - Net Inpatient Revenue	23,936	45
46	Medicare - Net Inpatient Revenue	3,379,736	46
47	Other-(specify) HOSPICE/INSURANCE/ETC	135,645	47
48	Other-(specify) Managed Care	306,564	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 17,952,345	49

****TAX RETURN PREPARED ON CASH BASIS**

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

** **Does this agree with taxable income (loss) per Federal Income Tax Return? NO** If not, please attach a reconciliation.**

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

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

Facility Name & ID Number BRIA OF FOREST EDGE # 0052035 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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	1,866	2,091	$ 110,604	$ 52.90	1
2	Assistant Director of Nursing	1,589	1,725	66,357	38.47	2
3	Registered Nurses	16,238	18,360	524,738	28.58	3
4	Licensed Practical Nurses	65,871	73,169	1,732,559	23.68	4
5	CNAs & Orderlies	156,572	166,132	1,827,563	11.00	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,645	1,753	28,052	16.00	9
10	Activity Assistants	15,738	18,322	201,847	11.02	10
11	Social Service Workers	17,964	19,070	264,350	13.86	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants					15
16	Dishwashers					16
17	Maintenance Workers	5,079	5,658	84,684	14.97	17
18	Housekeepers					18
19	Laundry					19
20	Administrator	1,978	2,091	137,954	65.98	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	16,505	17,533	295,709	16.87	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	4,811	4,811	60,253	12.52	31
32	Other Health C: MDS , Nursing Cle	8,522	8,987	275,766	30.68	32
33	Other(specify) Security	22,871	24,080	262,611	10.91	33
34	TOTAL (lines 1 - 33)	337,249	363,782	$ 5,873,047 *	$ 16.14	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	56,001	9-3	36
37	Medical Records Consultant	N	390	10-3	37
38	Nurse Consultant	T	0	10-3	38
39	Pharmacist Consultant	H	25,584	10-3	39
40	Physical Therapy Consultant	L	41,127	10a-3	40
41	Occupational Therapy Consultant	Y	31,240	10a-3	41
42	Respiratory Therapy Consultant		16,796	10a-3	42
43	Speech Therapy Consultant	F	0	10a-3	43
44	Activity Consultant	E	574	11-3	44
45	Social Service Consultant	E	0	12-3	45
46	Other(specify)	S			46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 171,712		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses		$ 0	10-3	50
51	Licensed Practical Nurses		0	10-3	51
52	Certified Nurse Assistants/Aides		0	10-3	52
53	TOTAL (lines 50 - 52)		$		53

Facility Name & ID Number BRIA OF FOREST EDGE # 0052035 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
BIRN,PHILIP	ADMINISTRATOR	0	$ 137,954
	ASST ADMIN		0
	OTHER ADMIN		0
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 137,954

B. Administrative - Other

Description		Amount
BRIA HEALTH CARE SERVICES	MANAGEMENT FEE	$ 984,000
TOTAL (agree to Schedule V, line 17, col. 3)		$ 984,000
(Attach a copy of any management service agreement)		

C. Professional Services

Vendor/Payee	Type	Amount
		$
SEE SCHEDULE ATTACHED		
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 244,411

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 88,009
Unemployment Compensation Insurance	129,204
FICA Taxes	443,477
Employee Health Insurance	221,343
Employee Meals	54,900
Illinois Municipal Retirement Fund (IMRF)*	
EMPLOYEE BENEFITS - OTHER	16,587
EMPLOYEE PHYSICAL EXAMS	0
PENSION/PROFIT SHARING PLANS	937
INSURANCE - EXECUTIVE LIFE	0
INSURANCE - EXECUTIVE LIFE VI 21	0
TOTAL (agree to Schedule V, line 22, col.8)	$ 954,457

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	$ 0
Advertising: Employee Recruitment	8,103
Health Care Worker Background Check	2,250
(Indicate # of checks performed 225)	
Patient Background Checks 63	3,130
TRUST/FRANCHISE/CONTRIB/ETC	12,940
MARKETING/ADV/PROMO	35,993
LICENSES/DUES/SUBSCRIPTIONS	33,367
MGMT CO ALLOC	19,034
TRUST/FRANCHISE/CONTRIB/ETC	(12,940)
Less: Public Relations Expense	(0)
Non-allowable advertising	(35,993)
Yellow page advertising	(0)
TOTAL (agree to Sch. V, line 20, col. 8)	$ 65,884

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
	0
RELATED PARTY- MNGMNT CO	11,291
Seminar Expense	
	5,179
non-allowed	(3,205)
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 13,265

* Attach copy of IMRF notifications

**See instructions.

BRIA OF FOREST EDGE
SCHEDULE-LEGAL
12/31/2016

LEGAL FEES
PAGE 21XIX.C.

INVOICE DATE	FIRM NAME	AMOUNT	DESCRIPTION OF SERVICE
1/31/2016	STONE, MCGUIRE & SIEGEL	506.25	GENERAL COUNSELING
2/29/2016	STONE, MCGUIRE & SIEGEL	1,085.00	GENERAL COUNSELING
3/31/2016	STONE, MCGUIRE & SIEGEL	623.75	GENERAL COUNSELING
4/30/2016	STONE, MCGUIRE & SIEGEL	1,644.10	GENERAL COUNSELING
5/31/2016	STONE, MCGUIRE & SIEGEL	613.75	GENERAL COUNSELING
6/30/2016	STONE, MCGUIRE & SIEGEL	437.50	GENERAL COUNSELING
7/31/2016	STONE, MCGUIRE & SIEGEL	876.25	GENERAL COUNSELING
8/31/2016	STONE, MCGUIRE & SIEGEL	3,162.63	GENERAL COUNSELING
9/30/2016	STONE, MCGUIRE & SIEGEL	807.50	GENERAL COUNSELING
10/31/2016	STONE, MCGUIRE & SIEGEL	987.50	GENERAL COUNSELING
11/30/2016	STONE, MCGUIRE & SIEGEL	821.25	GENERAL COUNSELING
12/31/2016	STONE, MCGUIRE & SIEGEL	1,018.75	GENERAL COUNSELING
3/11/2016	MEYERS & FLOWERS	1,760.00	GUARDIANSHIP
3/11/2016	MEYERS & FLOWERS	363.60	GUARDIANSHIP
3/11/2016	MEYERS & FLOWERS	60.00	GUARDIANSHIP
3/11/2016	MEYERS & FLOWERS	219.00	GUARDIANSHIP
4/19/2016	MEYERS & FLOWERS	1,465.63	GUARDIANSHIP
4/19/2016	MEYERS & FLOWERS	1,322.90	GUARDIANSHIP
4/19/2016	MEYERS & FLOWERS	159.00	GUARDIANSHIP
4/19/2016	MEYERS & FLOWERS	37.40	GUARDIANSHIP
4/19/2016	MEYERS & FLOWERS	219.00	GUARDIANSHIP
4/19/2016	MEYERS & FLOWERS	219.00	GUARDIANSHIP
5/31/2016	MEYERS & FLOWERS	750.00	GUARDIANSHIP
5/31/2016	MEYERS & FLOWERS	2,388.00	GUARDIANSHIP
5/31/2016	MEYERS & FLOWERS	500.00	GUARDIANSHIP
5/31/2016	MEYERS & FLOWERS	37.22	GUARDIANSHIP
6/14/2016	MEYERS & FLOWERS	1,812.50	GUARDIANSHIP
8/31/2016	MEYERS & FLOWERS	(500.00)	GUARDIANSHIP
7/29/2016	VANEK,LARSON & KOLB LLC	219.00	GUARDIANSHIP
7/29/2016	VANEK,LARSON & KOLB LLC	992.50	GUARDIANSHIP
9/30/2016	VANEK,LARSON & KOLB LLC	500.00	GUARDIANSHIP
9/30/2016	VANEK,LARSON & KOLB LLC	500.00	GUARDIANSHIP
9/30/2016	VANEK,LARSON & KOLB LLC	1,550.00	GUARDIANSHIP
9/30/2016	VANEK,LARSON & KOLB LLC	244.00	GUARDIANSHIP
10/31/2016	VANEK,LARSON & KOLB LLC	507.57	GUARDIANSHIP
12/1/2016	VANEK,LARSON & KOLB LLC	1,362.58	GUARDIANSHIP
1/1/2016	LANER & MUCHIN	5,817.12	WELFARE BENEFITS AND NEGOTIATIONS
2/1/2016	LANER & MUCHIN	3,564.75	WELFARE BENEFITS AND NEGOTIATIONS
3/1/2016	LANER & MUCHIN	4,770.35	2015 SEIU NEGOTIATIONS
4/1/2016	LANER & MUCHIN	575.00	2015 SEIU NEGOTIATIONS
7/1/2016	LANER & MUCHIN	4,156.25	2015 SEIU NEGOTIATIONS
8/1/2016	LANER & MUCHIN	2,018.75	2015 SEIU NEGOTIATIONS
9/1/2016	LANER & MUCHIN	1,190.00	2015 SEIU NEGOTIATIONS
11/18/2015	SKIDELSKY & ASSOCIATES	220.00	2014 SPECIFIC OBJECTIONS
3/10/2016	SKIDELSKY & ASSOCIATES	30,097.20	2015 TRIENNIAL REAL ESTATE ASSESSMENT AND TAXES
10/12/2016	THOMPSON COBURN LLP	1,305.00	LINE OF CREDIT LOAN
11/22/2016	THOMPSON COBURN LLP	497.50	LINE OF CREDIT LOAN
12/29/2016	FIELD AND GOLDBERG	311.50	GENERAL COUNSELING
3/31/2016	LONNY BEN OGUS ATTORNEY AT LAW	1,829.50	GENERAL COUNSELING
10/28/2016	LONNY BEN OGUS ATTORNEY AT LAW	3,352.50	GENERAL COUNSELING
11/7/2016	CT LIEN SOLUTIONS	260.00	FEDERAL, STATE LIEN & JUDGMENT LIEN
		89,238.55	

Facility Name & ID Number BRIA OF FOREST EDGE # 0052035 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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. **ICLTC $ 25,766**

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

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

(5) Have you properly capitalized all major repairs and equipment purchases? **YES**
What was the average life used for new equipment added during this period? **10 YR**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ 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 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. $ **747,682**
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. $ **54,900** 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 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