		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.

2018
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2018)

I. IDPH License ID Number: 0043406

Facility Name: BRIA OF CHICAGO HEIGHTS (formerly WOODSIDE)

Address: 120 WEST 26TH ST (Number) SO.CHICAGO HTS. (City) 60411 (Zip Code)

County: COOK

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

HFS ID Number:

Date of Initial License for Current Owners: 11/1/1997

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: KATHLEEN MCNAMARA **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 01/01/18 to 12/31/18 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 informati 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) KATHLEEN MCNAMARA, VICE-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 CHICAGO HEIGHTS (formerly WOODSIDE) # 0043406 Report Period Beginning: 01/01/18 Ending: 12/31/18

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	64	Skilled (SNF)	64	23,360	1
2		Skilled Pediatric (SNF/PED)			2
3	48	Intermediate (ICF)	48	17,520	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	112	TOTALS	112	40,880	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			1,425	1,425	8
9	SNF/PED					9
10	ICF	32,905	93	166	33,164	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	32,905	93	1,591	34,589	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 84.61%

D. How many bed reserve days during this year were paid by the Department?
0 (Do not include bed reserve days in Section B.)

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

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

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [ ] 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 11/01/97

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 11/01/97 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 20 and days of care provided 1,425

Medicare Intermediary WPS WISCONSIN PHYSICIANS SERVICE

IV. ACCOUNTING BASIS

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

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

Tax Year: 12/31/2018 Fiscal Year: 12/31/2018

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

Facility Name & ID Number BRIA OF CHICAGO HEIGHTS (formerly W # 0043406 Report Period Beginning: 01/01/18 Ending: 12/31/18

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		93	514,809	514,902		514,902		514,902			1
2	Food Purchase		11,613		11,613		11,613		11,613			2
3	Housekeeping		2,492	196,582	199,074		199,074		199,074			3
4	Laundry		17,548	132,768	150,316		150,316		150,316			4
5	Heat and Other Utilities			127,487	127,487		127,487		127,487			5
6	Maintenance	52,335	53,914	60,625	166,874		166,874	5,475	172,349			6
7	Other (specify):* SECURITY/TRANSP	48,828		18,478	67,306		67,306	97	67,403			7
8	**TOTAL General Services**	101,163	85,660	1,050,749	1,237,572		1,237,572	5,572	1,243,144			8
	B. Health Care and Programs											
9	Medical Director			24,000	24,000		24,000		24,000			9
10	Nursing and Medical Records	2,107,007	87,329	7,754	2,202,090		2,202,090	15,030	2,217,120			10
10a	Therapy		2,637	33,394	36,031		36,031		36,031			10a
11	Activities	122,778	2,602	3,103	128,483		128,483		128,483			11
12	Social Services	109,342		1,544	110,886		110,886		110,886			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	2,339,127	92,568	69,795	2,501,490		2,501,490	15,030	2,516,520			16
	C. General Administration											
17	Administrative	89,183		152,000	241,183		241,183	(325,352)	(84,169)			17
18	Directors Fees											18
19	Professional Services			206,722	206,722		206,722	16,472	223,194			19
20	Dues, Fees, Subscriptions & Promotions			45,815	45,815		45,815	(15,680)	30,135			20
21	Clerical & General Office Expenses	219,407	24,636	305,002	549,045		549,045	17,755	566,800			21
22	Employee Benefits & Payroll Taxes			440,327	440,327		440,327		440,327			22
23	Inservice Training & Education			8,253	8,253		8,253	500	8,753			23
24	Travel and Seminar			8,328	8,328		8,328	2,356	10,684			24
25	Other Admin. Staff Transportation							(3,382)	(3,382)			25
26	Insurance-Prop.Liab.Malpractice			93,820	93,820		93,820	22,607	116,427			26
27	Other (specify):*			99,600	99,600		99,600	(83,945)	15,655			27
28	**TOTAL General Administration**	308,590	24,636	1,359,867	1,693,093		1,693,093	(368,669)	1,324,424			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	2,748,880	202,864	2,480,411	5,432,155		5,432,155	(348,067)	5,084,088			29

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**
NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number BRIA OF CHICAGO HEIGHTS (formerly WOODSIDE) #0043406 Report Period Beginning: 01/01/18 Ending: 12/31/18

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			3,448	3,448		3,448	223,622	227,070			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			68,472	68,472		68,472	112,295	180,767			32
33	Real Estate Taxes			(104,728)	(104,728)		(104,728)	381,908	277,180			33
34	Rent-Facility & Grounds			732,000	732,000		732,000	(732,000)				34
35	Rent-Equipment & Vehicles			31,397	31,397		31,397	1,595	32,992			35
36	Other (specify):* **Office Rent**			9,600	9,600		9,600	20,391	29,991			36
37	**TOTAL Ownership**			740,189	740,189		740,189	7,811	748,000			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		39,383	236,520	275,903		275,903		275,903			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			262,194	262,194		262,194		262,194			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**		39,383	498,714	538,097		538,097		538,097			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	2,748,880	242,247	3,719,314	6,710,441		6,710,441	(340,256)	6,370,185			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 CHICAGO HEIGHTS (formerly WOODSIDE) # 0043406 Report Period Beginning: 01/01/18 Ending: 12/31/18

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	8,556	30		9
10	Interest and Other Investment Income	(22,943)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest	(16)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties		21		18
19	Entertainment				19
20	Contributions	(5,280)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(99,600)	27		24
25	Fund Raising, Advertising and Promotional	(14,860)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule SEE PG 5A	(58,657)	22		29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (192,800)		$	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)	(147,456)		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (147,456)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (340,256)		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 CHICAGO HEIGHTS (formerly WOODSIDE)

ID# 0043406

Report Period Beginning: 01/01/18

Ending: 12/31/18

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	MARKETING SALARY	$ (55,275)	21	1
2	MARKETING TRAVEL	(3,382)	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**	(58,657)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number BRIA OF CHICAGO HEIGHTS (formerly WOODSIDE) # 0043406 Report Period Beginning: 01/01/18 Ending: 12/31/18

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	4,861	0	614	0	0	0	0	0	0	0	5,475	6
7	Other (specify):*	0	0	0	97	0	0	0	0	0	0	0	97	7
8	**TOTAL General Services**	0	4,861	0	711	0	0	0	0	0	0	0	5,572	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	15,030	0	0	0	0	0	0	0	15,030	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	15,030	0	0	0	0	0	0	0	15,030	16
	C. General Administration													
17	Administrative	0	0	(126,102)	(199,250)	0	0	0	0	0	0	0	(325,352)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	12,700	740	3,032	0	0	0	0	0	0	0	16,472	19
20	Fees, Subscriptions & Promotions	(20,140)	0	0	4,460	0	0	0	0	0	0	0	(15,680)	20
21	Clerical & General Office Expenses	(55,275)	0	36	72,994	0	0	0	0	0	0	0	17,755	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	500	0	0	0	0	0	0	0	500	23
24	Travel and Seminar	0	0	0	2,356	0	0	0	0	0	0	0	2,356	24
25	Other Admin. Staff Transportation	(3,382)	0	0	0	0	0	0	0	0	0	0	(3,382)	25
26	Insurance-Prop.Liab.Malpractice	0	20,780	0	1,827	0	0	0	0	0	0	0	22,607	26
27	Other (specify):*	(99,600)	0	2,029	13,626	0	0	0	0	0	0	0	(83,945)	27
28	**TOTAL General Administration**	(178,397)	33,480	(123,297)	(100,455)	0	0	0	0	0	0	0	(368,669)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(178,397)	38,341	(123,297)	(84,714)	0	0	0	0	0	0	0	(348,067)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number BRIA OF CHICAGO HEIGHTS (formerly WOODSIDE) # 0043406 Report Period Beginning: 01/01/18 Ending: 12/31/18

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	8,556	212,292	0	2,774	0	0	0	0	0	0	0	223,622	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(22,959)	114,195	0	21,059	0	0	0	0	0	0	0	112,295	32
33	Real Estate Taxes	0	381,908	0	0	0	0	0	0	0	0	0	381,908	33
34	Rent-Facility & Grounds	0	(732,000)	0	0	0	0	0	0	0	0	0	(732,000)	34
35	Rent-Equipment & Vehicles	0	0	0	1,595	0	0	0	0	0	0	0	1,595	35
36	Other (specify):*	0	20,391	0	0	0	0	0	0	0	0	0	20,391	36
37	**TOTAL Ownership**	(14,403)	(3,214)	0	25,428	0	0	0	0	0	0	0	7,811	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)**	(192,800)	35,127	(123,297)	(59,286)	0	0	0	0	0	0	0	(340,256)	45

Facility Name & ID Number BRIA OF CHICAGO HEIGHTS (formerly WOODSIDE) # 0043406 Report Period Beginning: 01/01/18 Ending: 12/31/18

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	19	ACCOUNTING FEES	$	MST REAL ESTATE LLC		$ 12,700	$ 12,700	1
2	V	26	HAZARD INSURANCE		" "		20,780	20,780	2
3	V	34	RENT	732,000	" "			(732,000)	3
4	V	30	SL DEPRECIATION		" "		212,292	212,292	4
5	V	32	INTEREST		" "		108,358	108,358	5
6	V	32	AMORT LOAN COST		" "		5,837	5,837	6
7	V	33	REAL ESTATE TAX		" "		381,908	381,908	7
8	V	36	MIP INSURANCE		" "		20,391	20,391	8
9	V	6	REPAIR & MAINTENANCE				4,861	4,861	9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$ 732,000			$ 767,127	$ * 35,127	14

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

Facility Name & ID Number BRIA OF CHICAGO HEIGHTS (formerly WOODSIDE) # 0043406 Report Period Beginning: 01/01/18 Ending: 12/31/18

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	$ 152,000	DA WESTMONT		$	$ (152,000)	15
16	V	17	OFFICER SALARIES-A. WEINFELD				12,949	12,949	16
17	V	17	OFICER SALARIES-D. WEISS				12,949	12,949	17
18	V	19	ACCOUNTING FEES				740	740	18
19	V	21	OFFICE EXPENSES				36	36	19
20	V	27	PAYROLL TAXES				2,029	2,029	20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								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			$ 152,000			$ 28,703	$ * (123,297)	39

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

Facility Name & ID Number BRIA OF CHICAGO HEIGHTS (formerly WOODSIDE) # 0043406 Report Period Beginning: 01/01/18 Ending: 12/31/18

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	BOOKKEEPING/ADMINISTRATIVE	$ 210,250	BRIA HEALTH SERVICES		$	$ (210,250)	15
16	V	17	CFO SALARY-A.WEINFELD		" "		11,000	11,000	16
17	V	10	SALARIES-MEDICARE/NURSING		" "		14,548	14,548	17
18	V	21	SALARIES-PURCHASING D.SEGAL		" "		15,580	15,580	18
19	V	21	SALARIES-CLERICAL RELATED PARTIES		" "		1,626	1,626	19
20	V	21	SALARIES-CLERICAL		" "		44,915	44,915	20
21	V	6	MAINTENANCE		" "		614	614	21
22	V	7	SCAVENGER		" "		97	97	22
23	V	10	NURSING CONSULTANT		" "		482	482	23
24	V	19	PROFESSIONAL FEES		" "		3,032	3,032	24
25	V	20	DUES,FEES,SUBSCRIPTIONS		" "		4,460	4,460	25
26	V	21	OFFICE EXPENSE		" "		10,873	10,873	26
27	V	23	SEMINARS		" "		500	500	27
28	V	24	TRAVEL		" "		2,356	2,356	28
29	V	26	INSURANCE		" "		1,827	1,827	29
30	V	27	EMPLOYEE BENEFITS		" "		13,626	13,626	30
31	V	30	DEPRECIATION		" "		2,774	2,774	31
32	V	32	INTEREST		" "		21,059	21,059	32
33	V	35	AUTO LEASE		" "		867	867	33
34	V	35	EQUIPMENT RENTAL		" "		728	728	34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 210,250			$ 150,964	$ * (59,286)	39

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

Facility Name & ID Number BRIA OF CHICAGO HEIGHTS (formerly WOODSIDE) # 0043406 Report Period Beginning: 01/01/18 Ending: 12/31/18

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	Avrum Weinfeld	42.5%	Bria of Cahokia (formerly Atrium)	Cahokia	IME Realty Corp	Skokie	Home Office Building	1
2	Daniel Weiss	42.5%	Bria of Forest Edge	Chicago	MST Real Estate LLC	South Chicago Heights	Rental Real Estate	2
3	Michael Rosen	5%	Bria of Geneva	Geneva	DA Westmont, Inc	Skokie	Mgt Consulting	3
4	Dov Segal	5%	Lake Park	Waukegan	Bria Health Services LL	Skokie	Consulting	4
5	Sandra Segal	5%	Bria of Palos Hills	Palos Hills	Weiss Mgt	Skokie	Mgt Consulting	5
6			Bria of River Oaks	Burnham				6
7			Bria of Westmont	Westmont				7
8			Bria of Belleville	Belleville				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

Facility Name & ID Number BRIA OF CHICAGO HEIGHTS (formerly ' # 0043406 Report Period Beginning: 01/01/18 Ending: 12/31/18

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									$		1
2				SEE ATTACHED RELATED PARTY SCHEDULES							2
3	AVRUM WEINFELD - BRIA HLTH SVC - CFO		ADMIN	42.50		4	10.00	SALARY	11,000	17-7	3
4	AVRUM WEINFELD - DA WESTMONT - OFFICER							" "	15,000	17-7	4
5	DANIEL WEISS - DA WESTMONT - OFFICER			42.50		4	10.00	" "	20,000	17-7	5
6	DANIEL WEISS - WEISS MGT		ADMIN					" "	12,000	17-7	6
7	NATAN WEISS - WEISS MGT		ADMIN			4	10.00	" "	12,000	17-7	7
8	ADDITIONAL ALLOCATIONS FROM BRIA HEALTH SERVICES LLC:										8
9	DOV SEGAL	SALARY	PURCHASING	5.00		4	10.00	SALARY	15,580	21-7	9
10	MICHAEL WEISS	SALARY	CLERICAL			5	12.50	" "	12,500	21-7	10
11	CHAVA BIRNBAUM	SALARY	CLERICAL			2	5.88	" "	1,626	21-7	11
12											12
13								TOTAL	$ 99,706		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 CHICAGO HEIGHTS (formerly WOODSIDE) # 0043406 Report Period Beginning: 01/01/18 Ending: 12/31/18

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: 5151 CHURCH ST
City / State / Zip Code: SKOKIE, IL 60077
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	wghtd avr hours		9	$ 99,000	$ 99,000		$ 11,000	1
2	10	SALARIES-MEDICARE/NURSING	CENSUS DAYS	516,944	9	217,425	217,425	34,589	14,548	2
3	21	SALARIES-PURCHASING D.SEGA	wghtd avr hours		9	148,012	148,012		15,580	3
4	21	SALARIES-CLERICAL RELATED	wghtd avr hours		9	41,826	41,826		1,626	4
5	21	SALARIES-CLERICAL	CENSUS DAYS	516,944	9	671,273	671,273	34,589	44,915	5
6	6	MAINTENANCE	CENSUS DAYS	516,944	9	9,177		34,589	614	6
7	7	SCAVENGER	CENSUS DAYS	516,944	9	1,451		34,589	97	7
8	10	NURSING CONSULTANT	CENSUS DAYS	516,944	9	7,200		34,589	482	8
9	19	PROFESSIONAL FEES	CENSUS DAYS	516,944	9	45,319		34,589	3,032	9
10	20	DUES,FEES,SUBSCRIPTIONS	CENSUS DAYS	516,944	9	66,654		34,589	4,460	10
11	21	OFFICE EXPENSE	CENSUS DAYS	516,944	9	162,507		34,589	10,873	11
12	23	SEMINARS	CENSUS DAYS	516,944	9	7,477		34,589	500	12
13	24	TRAVEL	CENSUS DAYS	516,944	9	35,214		34,589	2,356	13
14	26	INSURANCE	CENSUS DAYS	516,944	9	27,300		34,589	1,827	14
15	27	EMPLOYEE BENEFITS	CENSUS DAYS	516,944	9	203,639		34,589	13,626	15
16	30	DEPRECIATION	CENSUS DAYS	516,944	9	41,469		34,589	2,774	16
17	32	INTEREST	CENSUS DAYS	516,944	9	314,739		34,589	21,059	17
18	35	AUTO LEASE	CENSUS DAYS	516,944	9	12,960		34,589	867	18
19	35	EQUIPMENT RENTAL	CENSUS DAYS	516,944	9	10,875		34,589	728	19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 2,123,517	$ 1,177,536		$ 150,964	25

Facility Name & ID Number BRIA OF CHICAGO HEIGHTS (formerly WOODSIDE) # 0043406 Report Period Beginning: 01/01/18 Ending: 12/31/18

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: DA WESTMONT
Street Address: 5151 CHURCH ST
City / State / Zip Code: SKOKIE, IL 60077
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	OFFICER SALARIES-A. WEINFEL	CENSUS DAYS	160,275	3	$ 60,000	$ 60,000	34,589	$ 12,949	1
2	17	OFICER SALARIES-D. WEISS	CENSUS DAYS	160,275	3	60,000	60,000	34,589	12,949	2
3	19	ACCOUNTING FEES	CENSUS DAYS	160,275	3	3,430		34,589	740	3
4	21	OFFICE EXPENSES	CENSUS DAYS	160,275	3	168		34,589	36	4
5	27	PAYROLL TAXES	CENSUS DAYS	160,275	3	9,400		34,589	2,029	5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 132,998	$ 120,000		$ 28,703	25

Facility Name & ID Number BRIA OF CHICAGO HEIGHTS (formerly V # 0043406 Report Period Beginning: 01/01/18 Ending: 12/31/18

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	RELATED PARTY: MST REAL ESTATE LLC						$	$			$	1
2	CAPITAL ONE		X	ACQUISITION COST		4/1/13	93,490	47,820	10/1/35		3,436	2
3	CAPITAL ONE		X	MORTGAGE		4/1/13	4,529,600	3,659,885	10/1/35	2.9000	108,358	3
4	LOAN COSTS		X	AMORTIZE OVER LIFE OF LOAN			53,822	40,016			2,401	4
5												5
	Working Capital											
6	MB FINANCIAL		X	WORKING CAPITAL	DEMAND	04/12	1,101,000			PRIME+	68,455	6
7				INSURANCE							17	7
8	RELATED PARTY ALLOCATION - BRIA										21,059	8
9	TOTAL Facility Related						$ 5,777,912	$ 3,747,721			$ 203,726	9
	B. Non-Facility Related*											
10				R/E/T LATE FEE							16	10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$ 16	14
15	TOTALS (line 9+line14)						$ 5,777,912	$ 3,747,721			$ 203,742	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ 20,392 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 CHICAGO HEIGHTS (formerly WOODSIDE) # 0043406 Report Period Beginning: 01/01/18 Ending: 12/31/18

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2017 report. **Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$	351,228	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.)	$	366,568	2
3. Under or (over) accrual (line 2 minus line 1).	$	15,340	3
4. Real Estate Tax accrual used for 2018 report. (Detail and explain your calculation of this accrual on the lines below.)	$	366,568	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 $ 104,728 For 2014 Tax Year. (Attach a copy of the real estate tax appeal board's decision.)**	$	(104,728)	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	$	277,180	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:		
2013	347,760	8
2014	354,370	9
2015	350,962	10
2016	351,228	11
2017	366,568	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 2017 TAX BILL.

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2017	$	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.**

2017 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME BRIA OF CHICAGO HEIGHTS (formerly WOODSIDE) COUNTY COOK

FACILITY IDPH LICENSE NUMBER 0043406

CONTACT PERSON REGARDING THIS REPORT KATHLEEN HAMMERTON

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 2017 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 2017.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	32-29-401-011-0000	NURSING HOME	$ 364,539.25	$ 364,539.25
2.	32-29-401-021-0000	NURSING HOME-PARKING LOT	$ 1,763.75	$ 1,763.75
3.	32-29-401-027-0000	NURSING HOME-PARKING LOT	$ 265.16	$ 265.16
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 366,568.16	$ 366,568.16

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 2017 tax bills which were listed in Section A to this statement. Be sure to use the 2017 tax bill which is normally paid during 2018.

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 CHICAGO HEIGHTS (formerly WOODSIDE) # 0043406 Report Period Beginning: 01/01/18 Ending: 12/31/18

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 28,900 B. General Construction Type: Exterior CONCRETE Frame METAL/CONCRETE Number of Stories 2

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. [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).

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	RELATED PARTY:NURSING HOME		2004	$ 229,826	1
2	PARKING LOT		2013	16,749	2
3	TOTALS			$ 246,575	3

Facility Name & ID Number BRIA OF CHICAGO HEIGHTS (formerly WOODSIDE) # 0043406 Report Period Beginning: 01/01/18 Ending: 12/31/18

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	RELATED PARTY-MST REAL ESTATE LLC:				$	$		$	$	$	4
5	112		2004		4,142,702	150,629	27.5	150,629		2,215,522	5
6											6
7	RELATED PARTY ALLOCATIONS				48,393	1,365		1,365			7
8											8
	Improvement Type**										
9	CEILING LIGHTING			1997	3,746	96	39	96		2,028	9
10	WATER SOFTENING SYSTEM			1997	6,926	178	39	178		3,760	10
11	FLOORING			1997	3,910	100	39	100		2,104	11
12	FLOORING / DOORS / WINDOWS			1998	29,194	748	39	748		15,434	12
13	ROOF			1998	84,450	2,165	39	2,165		45,198	13
14	DUMBWAITER/FAUCETS/CABINETS/WALLPAP./CUB.CURT.			1998	30,915	793	39	793		16,564	14
15	PAINTING / DECORATING			1998	15,111	387	39	387		7,950	15
16	FLOORING / DOORS / BATHROOM FIXTURES			1999	11,198	288	39	288		5,740	16
17	CHAIN LINK FENCE			1999	5,100	131	39	131		2,549	17
18	FLOOR TILES/COVE BASE			2000	22,766	828	27.5	828		15,697	18
19	PAIR OF ALUMINUM DOORS			2000	2,193	80	27.5	80		1,503	19
20	PLUMBING			2000	9,913	360	27.5	360		6,525	20
21	PLUMBING / VANITY / SINK / FLOORING			2001	37,788	1,374	27.5	1,374		24,360	21
22	PAVING			2002	18,562	675	27.5	675		11,166	22
23	BATHROOM SINKS			2002	3,888	141	27.5	141		2,262	23
24	BATHROOM SINKS			2003	7,776	283	27.5	283		4,516	24
25	FLOORING / CARPETING & TILE			2003	13,887	504	27.5	504		7,677	25
26	ROOF			2003	7,800	284	27.5	284		4,437	26
27	FENCE			2003	9,500	308	15	308		9,500	27
28	WINDOWS			2004	46,880	1,705	27.5	1,705		24,936	28
29	SPRINKLER SYSTEM / ELECTRICAL / ROOF AC / TILING			2007	298,345	10,849	27.5	10,849		128,802	29
30	ADDL FIRE SAFETY/TANK/GENERATOR/SECURITY SYST			2008	73,619	2,677	27.5	2,677		29,336	30
31	ROLLING SHUTTER			2008	3,970	144	27.5	144		1,530	31
32	BUILT-IN CABINETRY			2008	6,200	413	15	413		4,337	32
33	CANOPY			2009	6,500	236	27.5	236		2,173	33
34	SLIDING PATIO DOORS			2010	6,951	253	27.5	253		2,203	34
35	FLAT ROOF			2011	110,200	4,007	27.5	4,007		30,553	35
36	ROOFTOP A/C			2011	3,906	142	27.5	142		1,071	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 CHICAGO HEIGHTS (formerly WOODSIDE) # 0043406 Report Period Beginning: 01/01/18 Ending: 12/31/18

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	BRIA OF CHICAGO HEIGHTS (formerly WOODSIDE):		$	$		$	$	$	37
38	DRAPERIES	2001	7,578		10			7,578	38
39	CUBICLE CURTAINS/FLOORING	2004	33,108		10			33,108	39
40	PATIO/FLOORING/TILE/LIGHTING/FIRE PANEL/ROOF AC	2005	30,694	1,116	27.5	1,116		14,864	40
41	WALL TILE / EXIT SIGNS / PLUMBING / DOORS	2006	49,079	1,784	27.5	1,784		22,598	41
42									42
43									43
44	RELATED PARTY-MST REAL ESTATE LLC-SL DEPN CONTINUED FROM PAGE 12:								44
45	ANNUNCIATOR PANEL	2011	4,350	158	27.5	158		1,165	45
46	DRIVEWAY/FRONT STEPS/FENCE	2012	10,158	369	15	677	308	4,401	46
47	CANOPY W/LOGO	2012	2,818	102	27.5	102		650	47
48	56 WINDOWS	2013	13,973	358	39	358		1,954	48
49	WIRING	2013	12,057	309	39	309		1,558	49
50	BLDG DEMOLITION & LANDFILL FOR NEW PARKING LOT	2013	32,544	2,170	15	2,170		11,121	50
51	PARKING LOT -SURVEY/RESURFACE/SEAL/STRIPE	2014	8,530	569	15	569		2,561	51
52	CORRIDORS-INSTALL NEW COLD WATER LINE & DRINKING FOUNTAINS/VCT FLOORING/CEILING TILES/CEILING LIGHT FIXTURES/DRYWALL OVE								52
53	HANDRAILS/CORNER & DOOR FRAME GUARDS	2014	145,749	5,299	27.5	5,299		24,067	53
54	INSTALL WALLCOVERING IN FRONT CORRIDOR,VESTIBULE,LOBBY/PAINT WALLS IN 9 RESIDENT RMS,BACK CORRIDOR/PUBLIC BATHROOMS, PHY								54
55	ROOM, SHOWER ROOMS	2014	90,071	3,275	27.5	3,275		14,874	55
56	RESIDENT & PUBLIC BATHROOMS - REPLACE ROTTED PIPES, WALLS, FRAMING								56
57	SWITCHES,LIGHTS	2014	40,384	1,468	27.5	1,468		6,667	57
58	RESIDENT RMS, VESTIBULE, LOBBY-LIGHT FIXTURES/REPLACE PLUMBING IN WALLS, NEW BASEBOARD HEATER COVERS/FLOORING/WALLCOVEI								58
59	TREATMENTS/WALL PATCH/THRU-BRICK LINTEL FOR PTAC	2014	30,849	1,122	27.5	1,122		5,096	59
60	CONFERENCE RM-PAINT WALLS, CARPET TILE, COVE BASE, BLINDS, DOOR GUARDS / CORRIDOR-EXIT LIGHTS, SIGNAGE / 2 CUSTOM-BUILT NURSI								60
61	WITH GRANITE TOPS	2014	36,219	1,317	27.5	1,317		5,981	61
62	RESIDENT RMS-SUSPENDED CEILINGS,CEILNG LIGHTS,LIGHT FIXTURES, TILE, FLOORING, COVE BASE, CUSTOM BUILT CLOSETS, WINDOW TREAT								62
63	BASEBOARD HEATER COVERS, LAMINATE BOTH SIDES OF DOORS, NEW DOOR LOCKSETS,CUBICLE TRACK & CURTAINS, DOOR FRAMING & CORR								63
64		2014	134,380	4,886	27.5	4,886		22,191	64
65	Create 6 thru-wall openings, electrical, & install A/C units	2014	16,969	617	27.5	617		2,597	65
66	Replace 3 Exterior side doors & concrete slab over basement door	2016	33,865	1,231	27.5	1,231		3,129	66
67	Exterior tuckpointing of 4 inner courtyards	2016	18,500	1,233	15	1,233		3,083	67
68	Replace rehab room door & basement support frame & door	2016	9,290	338	27.5	338		803	68
69	Chimney repair	2016	6,500	236	27.5	236		502	69
70	TOTAL (lines 4 thru 69)		$ 5,839,954	$ 210,100		$ 210,408	$ 308	$ 2,819,981	70

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

Facility Name & ID Number BRIA OF CHICAGO HEIGHTS (formerly WOODSIDE) # 0043406 Report Period Beginning: 01/01/18 Ending: 12/31/18

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		$ 5,839,954	$ 210,100		$ 210,408	$ 308	$ 2,819,981	1
2	PARKING LOT-CONCRETE, ASPHALT WORK,DEMO,	2018	284,609	2,372	15	2,372		2,372	2
3	FENSING, LANDSCAPE, PLUMBING,EXTERIOR ELECTRICAL								3
4	CONOPY-NEW BUILDING & CANOPY SOFFIT, PARAPET,	2018	94,269	302	39	302		302	4
5	FRAMING/CAPENTRY,MASONRY/SHINGLES/CARP								5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
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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)		$ 6,218,832	$ 212,774		$ 213,082	$ 308	$ 2,822,655	34

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

Facility Name & ID Number BRIA OF CHICAGO HEIGHTS (formerly WOODS# 0043406 Report Period Beginning: 01/01/18 Ending: 12/31/18

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	$ 115,826	$ 547	$ 8,795	$ 8,248	8-15 YRS	$ 95,883	71
72	Current Year Purchases							72
73	Fully Depreciated Assets							73
74	RELATED PARTY ALLOC		5,193	5,193				74
75	TOTALS	$ 115,826	$ 5,740	$ 13,988	$ 8,248		$ 95,883	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)	$	6,581,233	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$	218,514	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$	227,070	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$	8,556	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$	2,918,538	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 CHICAGO HEIGHTS (formerly WOODSIDE) # 0043406 Report Period Beginning: 01/01/18 Ending: 12/31/18

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 ☒ NO

16. Rental Amount for movable equipment: $ 20,521 Description: SEE ATTACHED SCHEDULE
(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 USE:		$	$	17
18	BANKING,MAINT,	2017 FORD TRANSIT VAN	898.82	10,876	18
19	MARKETING, NSG				19
20	ACTIVITIES				20
21	TOTAL		$ 898.82	$ 10,876	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 CHICAGO HEIGHTS (formerly WOODSIDE) # 0043406 Report Period Beginning: 01/01/18 Ending: 12/31/18

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 CHICAGO HEIGHTS (formerly WOODSIDE) # 0043406 Report Period Beginning: 01/01/18 Ending: 12/31/18

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

	1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	$		$ 108,557	$		$ 108,557	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			3,181			3,181	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			124,782			124,782	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				30,790		30,790	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	LAB/RADIOLOGY Other (specify): RENTALS	39-2					8,593		8,593	13
14	TOTAL			$		$ 236,520	$ 39,383		$ 275,903	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 CHICAGO HEIGHTS (formerly WOODSIDE) # 0043406 Report Period Beginning: 01/01/18 Ending: 12/31/18

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/18 (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	$ 11,104	$ 38,258	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 159,714)	4,367,378	4,367,378	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	56,451	70,545	6
7	Other Prepaid Expenses		4,973	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): ESCROWS		252,730	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 4,434,933	$ 4,733,884	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		246,575	13
14	Buildings, at Historical Cost		4,142,702	14
15	Leasehold Improvements, at Historical Cost	171,774	2,072,852	15
16	Equipment, at Historical Cost	132,428	206,317	16
17	Accumulated Depreciation (book methods)	(193,423)	(2,999,570)	17
18	Deferred Charges		87,836	18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (spe DUE FROM LLC	1,013,101		22
23	Other(specify): REPLACEMENT RESERVE		193,904	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 1,123,880	$ 3,950,616	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 5,558,813	$ 8,684,500	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 1,319,927	$ 1,323,927	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	851	851	28
29	Short-Term Notes Payable	1,550,000	1,550,000	29
30	Accrued Salaries Payable	15,870	15,870	30
31	Accrued Taxes Payable (excluding real estate taxes)	8,242	8,242	31
32	Accrued Real Estate Taxes(Sch.IX-B)		366,568	32
33	Accrued Interest Payable		8,845	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	MORTGAGE PAYABLE-CURRENT		171,172	36
37	MEMBER LOAN	100,000	100,000	37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 2,994,890	$ 3,545,475	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		3,488,713	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	DUE TO RELATED PARTIES	700,000	700,000	43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 700,000	$ 4,188,713	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 3,694,890	$ 7,734,188	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 1,863,923	$ 950,312	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 5,558,813	$ 8,684,500	48

***(See instructions.)**

Facility Name & ID Number BRIA OF CHICAGO HEIGHTS (formerly WOODSIDE) # 0043406 Report Period Beginning: 01/01/18 Ending: 12/31/18

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 1,975,506	1
2	Restatements (describe):		2
3	**PRIOR PERIOD ADJ**	(100,160)	3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 1,875,346	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(11,423)	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)**	$ (11,423)	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)**	$ 1,863,923	24 *

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

Facility Name & ID Number BRIA OF CHICAGO HEIGHTS (formerly WOOD # 0043406 Report Period Beginning: 01/01/18 Ending: 12/31/18

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense

	I. Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 6,675,475	1
2	Discounts and Allowances for all Levels	( )	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 6,675,475	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***	22,943	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 22,943	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	VENDING COMMISSIONS	600	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 600	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 6,699,018	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,237,572	31
32	Health Care	2,501,490	32
33	General Administration	1,693,093	33
	B. Capital Expense		
34	Ownership	740,189	34
	C. Ancillary Expense		
35	Special Cost Centers	275,903	35
36	Provider Participation Fee	262,194	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 6,710,441	40
41	**Income before Income Taxes (line 30 minus line 40)****	(11,423)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (11,423)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 5,662,276	44
45	Private Pay - Net Inpatient Revenue	16,281	45
46	Medicare - Net Inpatient Revenue	863,179	46
47	Other-(specify) HOSPICE/INSURANCE/ETC	133,739	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 6,675,475	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 CHICAGO HEIGHTS (formerly WOODSIDE) # 0043406 Report Period Beginning: 01/01/18 Ending: 12/31/18

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	1,968	2,080	$ 104,314	$ 50.15	1
2	Assistant Director of Nursing	1,773	1,821	47,519	26.10	2
3	Registered Nurses	5,339	5,495	169,579	30.86	3
4	Licensed Practical Nurses	24,697	26,252	688,328	26.22	4
5	CNAs & Orderlies	62,317	66,728	892,334	13.37	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	8,778	9,272	122,778	13.24	10
11	Social Service Workers	5,697	6,052	109,342	18.07	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants					15
16	Dishwashers					16
17	Maintenance Workers	2,130	2,277	52,335	22.98	17
18	Housekeepers					18
19	Laundry					19
20	Administrator	1,912	1,977	89,183	45.11	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	10,123	10,661	219,407	20.58	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	1,897	2,115	32,401	15.32	31
32	Other Health C: MDS Coordinator	5,349	5,605	172,532	30.78	32
33	Other(specify) Tranp/Security	4,174	4,439	48,828	11.00	33
34	TOTAL (lines 1 - 33)	136,154	144,774	$ 2,748,880 *	$ 18.99	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	24,000	9-3	36
37	Medical Records Consultant	N	0	10-3	37
38	Nurse Consultant	T	0	10-3	38
39	Pharmacist Consultant	H	7,754	10-3	39
40	Physical Therapy Consultant	L	21,418	10a-3	40
41	Occupational Therapy Consultant	Y	7,221	10a-3	41
42	Respiratory Therapy Consultant		3,020	10a-3	42
43	Speech Therapy Consultant	F	1,735	10a-3	43
44	Activity Consultant	E	3,103	11-3	44
45	Social Service Consultant	E	1,544	12-3	45
46	Other(specify)	S			46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 69,795		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 CHICAGO HEIGHTS (formerly WOODSI # 0043406 Report Period Beginning: 01/01/18 Ending: 12/31/18

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
ROSEMARY OLANREWAJU	ADMINISTRATOR	0	$ 20,769
ISAAC Z PURE	ADMINISTRATOR	0	68,414
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 89,183

B. Administrative - Other

Description	Amount
DA WESTMONT - MANAGEMENT FEES	$ 152,000
TOTAL (agree to Schedule V, line 17, col. 3)	$ 152,000
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
ALPHA DATA SERVICES	DATA PROCESSING	$ 7,029
NATIONAL DATACARE	DATA PROCESSING	2,596
KBKB	ACCOUNTING	18,000
FIRST REAL ESTATE SERVICE	APPRAISAL SERVICES	2,750
RICHARD PEELO	MEDICARE COST REPORT	4,500
PERSONNEL PLANNERS	UNEMPLOYMT CONSULT	1,696
SEE LEGAL SCHEDULE ATTACHED		170,151
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 206,722

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 86,169
Unemployment Compensation Insurance	48,505
FICA Taxes	207,446
Employee Health Insurance	85,545
Employee Meals	0
Illinois Municipal Retirement Fund (IMRF)*	
EMPLOYEE BENEFITS - OTHER	12,662
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)	$ 440,327

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

Description	Line #	Amount
		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	12,944
Health Care Worker Background Check	209
(Indicate # of checks performed 16)	
Patient Background Checks 188	3,230
TRUST/FRANCHISE/CONTRIB/ETC	5,280
MARKETING/ADV/PROMO	14,860
LICENSES/DUES/SUBSCRIPTIONS	9,292
MGMT CO ALLOC	4,460
TRUST/FRANCHISE/CONTRIB/ETC	(5,280)
Less: Public Relations Expense	(0)
Non-allowable advertising	(14,860)
Yellow page advertising	(0)
TOTAL (agree to Sch. V, line 20, col. 8)	$ 30,135

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	8,328
	0
BRIA HEALTH SVCS ALLOC	2,356
Seminar Expense	0
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 10,684

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number BRIA OF CHICAGO HEIGHTS (formerly WOODSIDE) # 0043406 Report Period Beginning: 01/01/18 Ending: 12/31/18

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 $6,944 (NET OF COPE)**

(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. $ **12,605** 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. $ **262,194**
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 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