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.

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

I. IDPH License ID Number: 0034678

Facility Name: BRIA OF BELLEVILLE

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

County: ST CLAIR

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

HFS ID Number:

Date of Initial License for Current Owners: 09/88

Type of Ownership:

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

In the event there are further questions about this report, please contact:
Name: 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 1/1/2020 to 12/31/2020 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

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

Officer or Administrator of Provider

(Signed) (Date)
(Type or Print Name) MARTIN WEISS
(Title) PRESIDENT

Paid Preparer

(Signed) (Date)
(Print Name and Title) KATHLEEN MCNAMARA, VICE-PRESIDENT
(Firm Name & Address) KBKB, LTD, 6201 W. HOWARD STREET SUITE 201, NILES, IL 60714
(Telephone) (847) 675-3585 Fax # (847) 675-5777

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

Facility Name & ID Number BRIA OF BELLEVILLE # 0034678 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

III. STATISTICAL DATA

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

	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	94	Skilled (SNF)	94	34,404	1
2		Skilled Pediatric (SNF/PED)			2
3	46	Intermediate (ICF)	46	16,836	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	140	TOTALS	140	51,240	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			4,605	4,605	8
9	SNF/PED					9
10	ICF	27,805	668	2,360	30,833	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	27,805	668	6,965	35,438	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 69.16%

D. How many bed reserve days during this year were paid by the Department? _____ (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 9/88

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 9/88 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 94 and days of care provided 4,605

Medicare Intermediary ADMINISTAR

IV. ACCOUNTING BASIS

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

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

Tax Year: 12/31/20 Fiscal Year: 12/31/20

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

Facility Name & ID Number BRIA OF BELLEVILLE # 0034678 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	113,569	41,258	292,367	447,194		447,194		447,194			1
2	Food Purchase		145,342		145,342		145,342		145,342			2
3	Housekeeping	122,323	16,134	160,697	299,154		299,154		299,154			3
4	Laundry	20,651	18,265	107,575	146,491		146,491		146,491			4
5	Heat and Other Utilities			164,620	164,620		164,620		164,620			5
6	Maintenance	136,579	97,280	17,624	251,483		251,483	30,758	282,241			6
7	Other (specify):*			52,561	52,561		52,561	137	52,698			7
8	TOTAL General Services	393,122	318,279	795,444	1,506,845		1,506,845	30,895	1,537,740			8
	B. Health Care and Programs											
9	Medical Director			24,817	24,817		24,817		24,817			9
10	Nursing and Medical Records	2,759,892	333,505	49,778	3,143,175		3,143,175	56,692	3,199,867			10
10a	Therapy			51,680	51,680		51,680		51,680			10a
11	Activities	83,409	5,464	3,088	91,961		91,961		91,961			11
12	Social Services	70,949	571	3,169	74,689		74,689		74,689			12
13	CNA Training											13
14	Program Transportation			150	150		150		150			14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	2,914,250	339,540	132,682	3,386,472		3,386,472	56,692	3,443,164			16
	C. General Administration											
17	Administrative	136,288		315,000	451,288		451,288	(267,636)	183,652			17
18	Directors Fees											18
19	Professional Services			231,365	231,365		231,365	(43,839)	187,526			19
20	Dues, Fees, Subscriptions & Promotions			63,884	63,884		63,884	(15,260)	48,624			20
21	Clerical & General Office Expenses	352,931	19,552	210,703	583,186		583,186	(7,835)	575,351			21
22	Employee Benefits & Payroll Taxes			527,186	527,186		527,186		527,186			22
23	Inservice Training & Education			11,219	11,219		11,219	210	11,429			23
24	Travel and Seminar			11,747	11,747		11,747	2,437	14,184			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			265,998	265,998		265,998	23,290	289,288			26
27	Other (specify):*			2,817,183	2,817,183		2,817,183	(2,780,204)	36,979			27
28	TOTAL General Administration	489,219	19,552	4,454,285	4,963,056		4,963,056	(3,088,837)	1,874,219			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,796,591	677,371	5,382,411	9,856,373		9,856,373	(3,001,250)	6,855,123			29

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

Facility Name & ID# BRIA OF BELLEVILLE **#0034678 Report Period Beginning: 1/1/2020** **Ending: 12/31/2020**

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

LINE		SCHED REF		TOTAL
1	**DIETARY**			
	DIETITIAN CONSULTANT	XVIII B 35-2	0	
	REPAIRS & MAINTENANCE		599	
	CONTRACTED DIETARY SERVICES		291,768	
				292,367
3	**HOUSEKEEPING**			
	CONTRACTED HOUSEKKEEPING SERVICES		160,697	
				160,697
4	**LAUNDRY**			
	EQUIPMENT REPAIRS & MAINTENANCE		443	
	CONTRACTED LAUNDRY SERVICES		107,132	
				107,575
5	**HEAT & OTHER UTILITIES**			
	GAS HEAT		14,451	
	ELECTRICITY		73,723	
	WATER		70,874	
	CABLE TV - LOBBY		5,572	
				164,620
6	**MAINTENANCE**			
	GROUNDS MAINTENANCE		5,956	
	PAINTING & DECORATING		0	
	BUILDING REPAIRS		0	
	MAINTENANCE TRAVEL		0	
	EQUIPMENT MAINTENANCE & REPAIR		2,672	
	ELEVATOR MAINTENANCE & REPAIR		0	
	OUTSIDE LABOR		0	
	EXTERMINATING SERVICE		0	
	FIRE SERVICE		8,996	
				17,624
7	**OTHER**			
	SCAVENGER		52,561	
	SECURITY SERVICE		0	
				52,561
9	**MEDICAL DIRECTOR**			
	MEDICAL DIRECTOR FEES		24,817	24,817

LINE		SCHED REF		TOTAL
10	**NURSING**			
	CONTRACT NURSING	XVIII C 53-2	26,266	
	LABORATORY & XRAY EXPENSE		1,426	
	PURCHASED SERVICES		0	
	PSYCHO-SOCIAL CONSULTANT	XVIII B __-2	0	
	RESTORATIVE NURSING CONSULTANT	XVIII B 38-2	13,050	
	MEDICAL RECORDS CONSULTANT	XVIII B 37-2	1,314	
	PHARMACY CONSULTANT	XVIII B 39-2	7,722	
	UTILIZATION REVIEW FEES	XVIII B __-2	0	
	PHYSICIANS	XVIII B __-2	0	
	PSYCHIATRIC	XVIII B __-2	0	
	RN CONSULTANT	XVIII B 38-2		
				49,778
10a	**THERAPY**			
	PHYSICAL THERAPY SERVICES		0	
	SPEECH THERAPY SERVICES		0	
	OCCUPATIONAL THERAPY SERVICES		0	
	REHABILITATION CONSULTANT	XVIII B __-2	0	
	PHYSICAL THERAPY CONSULTANT	XVIII B 40-2	17,001	
	OCCUPATIONAL THERAPY CONSULTAN	XVIII B 41-2	13,737	
	RESPIRATORY THERAPY CONSULTANT	XVIII B 42-2	15,793	
	SPEECH THERAPY CONSULTANT	XVIII B 43-2	5,149	
				51,680
11	**ACTIVITIES**			
	CABLE TV - PATIENT ROOMS		0	
	ACTIVITY REHAB CONSULTANT	XVIII B 44-2	3,088	
				3,088
12	**SOCIAL SERVICES**			
	SOCIAL REHABILITATION SERVICES		0	
	SOCIAL REHABILITATION CONSULTANT	XVIII B 45-2	3,169	
	SOCIAL WORKER	XVIII B 45-2	0	
				3,169
13	**NURSE AIDE TRAINING**			
	NURSE AIDE TRAINING COSTS	XIII	0	0

Facility Name & ID# BRIA OF BELLEVILLE **#0034678 Report Period Beginning: 1/1/2020** **Ending: 12/31/2020**

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

LINE		SCHED REF		TOTAL
14	**PROGRAM TRANSPORTATION**			
	PATIENT TRANSPORTATION		150	
				150
17	**ADMINISTRATIVE**			
	MANAGEMENT FEES	XIX B	315,000	315,000
	DIRECTORS FEES			
18	DIRECTORS FEES		0	0
19	**PROFESSIONAL SERVICES**			
	DATA PROCESSING	XIX C	7,733	
	ADMINISTRATIVE CONSULTANTS	XIX C	0	
	PROFESSIONAL FEES	XIX C	161,632	
	BOOKKEEPING/ADMINISTRATIVE SERVICES		62,000	
				231,365
20	**FEES,SUBSCRIPTIONS,PROMOTIONS**			
	ENTERTAINMENT & MARKETING	VI 19 XIX F	0	
	ADV & PROMO-NON PATIENT RELATED	VI 25 XIX F	7,024	
	EMPLOYEE WANT ADS	XIX F	22,179	
	CONTRIBUTIONS	VI 20 XIX F	0	
	DUES & SUBSCRIPTIONS	XIX F	15,542	
	LICENSES & PERMITS	XIX F	3,977	
	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	12,195	
	HEALTH CARE WORKER BACKGROUND CHECKS	XIX F	567	
	PATIENT BACKGROUND CHECKS	XIX F	2,400	
				63,884
21	**CLERICAL & GENERAL OFFICE EXPENSES**			
	BANK CHARGES (INCLUDES NO OVERDRAFT CHARGES)		4,139	
	EQUIPMENT REPAIR & MAINTENANCE		115,110	
	OUTSIDE CLERICAL SERVICES		0	
	PENALTIES / OVERDRAFT CHARGES	VI 18	57,325	
	HOME OFFICE EXPENSE		0	
	THEFT & DAMAGE LOSS		0	
	TELEPHONE		30,680	
	MESSENGER SERVICE		3,449	
				210,703

LINE		SCHED REF		TOTAL
22	**EMPLOYEE BENEFITS & PAYROLL TAXES**			
	FICA TAXES	XIX D	286,160	
	UNEMPLOYMENT COMPENSATION	XIX D	27,959	
	WORKERS COMPENSATION INSURANCE	XIX D	104,133	
	HOSPITALIZATION INSURANCE	XIX D	88,707	
	EMPLOYEE BENEFITS - OTHER	XIX D	20,227	
	EMPLOYEE PHYSICAL EXAMS	XIX D	0	
	INSURANCE - EXECUTIVE LIFE	VI 21/XIX D	0	
	PENSION/PROFIT SHARING PLANS	XIX D	0	
				527,186
23	INSERVICE TRAINING & EDUCATION			
	EDUCATION & SEMINARS		11,219	
				11,219
24	**TRAVEL & SEMINARS**			
	EDUCATION & SEMINARS	XIX G	0	
	TRAVEL	XIX G	11,747	
				11,747
25	ADMIN. STAFF TRANSPORTATION			
	TRANSPORTATION - STAFF		0	
				0
26	INSURANCE - PROP. LIAB & MALPRACTICE			
	GENERAL INSURANCE		265,998	
				265,998
27	**OTHER**			
	BAD DEBTS	VI 24	2,817,183	
				2,817,183

GRAND TOTAL COLUMN 3 OTHER **5,382,411**

Facility Name & ID Number BRIA OF BELLEVILLE #0034678 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4	5	6	7	8	9	10	
	D. Ownership											
30	Depreciation			9,974	9,974		9,974	219,938	229,912			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			806	806		806	157,514	158,320			32
33	Real Estate Taxes			2,530	2,530		2,530	65,832	68,362			33
34	Rent-Facility & Grounds			480,000	480,000		480,000	(480,000)				34
35	Rent-Equipment & Vehicles			43,072	43,072		43,072	11,643	54,715			35
36	Other (specify):* STORAGE			4,998	4,998		4,998	20,437	25,435			36
37	**TOTAL Ownership**			541,380	541,380		541,380	(4,636)	536,744			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		172,490	899,950	1,072,440		1,072,440		1,072,440			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			278,716	278,716		278,716		278,716			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**		172,490	1,178,666	1,351,156		1,351,156		1,351,156			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	3,796,591	849,861	7,102,457	11,748,909		11,748,909	(3,005,886)	8,743,023			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

Facility Name & ID Number BRIA OF BELLEVILLE # 0034678 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Reference	3 BHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				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	76,776	30		9
10	Interest and Other Investment Income	(6,879)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax		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	(57,325)	21		18
19	Entertainment		20		19
20	Contributions	(12,195)	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	(2,817,183)	27		24
25	Fund Raising, Advertising and Promotional	(7,024)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising		20		28
29	Other-Attach Schedule SEE PAGE 5A	(67,499)	22		29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (2,891,329)		$	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)	(114,557)		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (114,557)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (3,005,886)		37

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

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

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

BRIA OF BELLEVILLE

ID# 0034678

Report Period Beginning: 1/1/2020

Ending: 12/31/2020

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	MARKETING SALARIES	$ (67,499)	21	1
2				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**	(67,499)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number BRIA OF BELLEVILLE # 0034678 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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	30,085	0	673	0	0	0	0	0	0	0	30,758	6
7	Other (specify):*	0	0	0	137	0	0	0	0	0	0	0	137	7
8	**TOTAL General Services**	0	30,085	0	810	0	0	0	0	0	0	0	30,895	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	56,692	0	0	0	0	0	0	0	56,692	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	56,692	0	0	0	0	0	0	0	56,692	16
	C. General Administration													
17	Administrative	0	0	(273,136)	5,500	0	0	0	0	0	0	0	(267,636)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	12,340	2,176	(58,355)	0	0	0	0	0	0	0	(43,839)	19
20	Fees, Subscriptions & Promotions	(19,219)	0	118	3,841	0	0	0	0	0	0	0	(15,260)	20
21	Clerical & General Office Expenses	(124,824)	0	28,861	88,128	0	0	0	0	0	0	0	(7,835)	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	210	0	0	0	0	0	0	0	210	23
24	Travel and Seminar	0	0	309	2,128	0	0	0	0	0	0	0	2,437	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	18,042	2,068	3,180	0	0	0	0	0	0	0	23,290	26
27	Other (specify):*	(2,817,183)	0	16,053	20,926	0	0	0	0	0	0	0	(2,780,204)	27
28	**TOTAL General Administration**	(2,961,226)	30,382	(223,551)	65,558	0	0	0	0	0	0	0	(3,088,837)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(2,961,226)	60,467	(223,551)	123,060	0	0	0	0	0	0	0	(3,001,250)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number BRIA OF BELLEVILLE # 0034678 **Report Period Beginning:** 1/1/2020 **Ending:** 12/31/2020

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	76,776	139,158	804	3,200	0	0	0	0	0	0	0	219,938	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(6,879)	147,115	0	17,278	0	0	0	0	0	0	0	157,514	32
33	Real Estate Taxes	0	65,832	0	0	0	0	0	0	0	0	0	65,832	33
34	Rent-Facility & Grounds	0	(480,000)	0	0	0	0	0	0	0	0	0	(480,000)	34
35	Rent-Equipment & Vehicles	0	0	9,614	2,029	0	0	0	0	0	0	0	11,643	35
36	Other (specify):*	0	20,437	0	0	0	0	0	0	0	0	0	20,437	36
37	**TOTAL Ownership**	69,897	(107,458)	10,418	22,507	0	0	0	0	0	0	0	(4,636)	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)**	(2,891,329)	(46,991)	(213,133)	145,567	0	0	0	0	0	0	0	(3,005,886)	45

Facility Name & ID Number BRIA OF BELLEVILLE # 0034678 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Use Page 6-Supplemental as necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
SEE PG6-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	34	RENT	$ 480,000	LINCOLN ASSOCIATES, L.P.		$	$ (480,000)	1
2	V	30	DEPRECIATION				139,158	139,158	2
3	V	32	INTEREST EXPENSE				143,814	143,814	3
4	V	32	AMORT LOAN COST				3,301	3,301	4
5	V	33	REAL ESTATE TAXES				65,832	65,832	5
6	V	36	MIP INSURANCE				20,437	20,437	6
7	V	26	INSURANCE				18,042	18,042	7
8	V	19	PROFESSIONAL FEES				12,340	12,340	8
9	V	6	MAINTENANCE				30,085	30,085	9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$ 480,000			$ 433,009	$ * (46,991)	14

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

Facility Name & ID Number BRIA OF BELLEVILLE # 0034678 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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	$ 315,000	WEISS MANAGEMENT GROUP, INC.		$	$ (315,000)	15
16	V								16
17	V	17	ADMINISTRATIVE SALARIES				41,864	41,864	17
18	V	19	PROFESSIONAL FEES				2,176	2,176	18
19	V	20	LICENSES & PERMITS				118	118	19
20	V	21	OFFICE EXPENSES				28,861	28,861	20
21	V	24	TRANSPORTATION				309	309	21
22	V	26	INSURANCE				2,068	2,068	22
23	V	27	EMPLOYEE BENEFITS				16,053	16,053	23
24	V	30	DEPRECIATION (SL)				804	804	24
25	V	35	AUTO LEASE				9,614	9,614	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			$ 315,000			$ 101,867	$ * (213,133)	39

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

Facility Name & ID Number BRIA OF BELLEVILLE # 0034678 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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	19	BOOKKEEPING/ADM SERVICES	$ 62,000	BRIA HEALTH SERVICES, LLC		$	$ (62,000)	15
16	V								16
17	V	17	CFO SALARY-A.WEINFELD				5,500	5,500	17
18	V	10	SALARIES-MEDICARE/NURSING				26,473	26,473	18
19	V	10	SALARIES-REGIONAL DIR RELATED PARTIES				26,215	26,215	19
20	V	21	SALARIES-CLERICAL RELATED PARTIES				3,842	3,842	20
21	V	21	SALARIES-CLERICAL				69,217	69,217	21
22	V	6	MAINTENANCE				673	673	22
23	V	7	SCAVENGER				137	137	23
24	V	10	NURSING CONSULTANT & SUPPLIES				4,004	4,004	24
25	V	19	PROFESSIONAL FEES				3,645	3,645	25
26	V	20	DUES,FEES,SUBSCRIPTIONS				3,841	3,841	26
27	V	21	OFFICE EXPENSE				15,069	15,069	27
28	V	23	SEMINARS				210	210	28
29	V	24	TRAVEL				2,128	2,128	29
30	V	26	INSURANCE				3,180	3,180	30
31	V	27	EMPLOYEE BENEFITS				20,926	20,926	31
32	V	30	DEPRECIATION				3,200	3,200	32
33	V	32	INTEREST				17,278	17,278	33
34	V	35	AUTO LEASE				1,222	1,222	34
35	V	35	EQUIPMENT RENTAL				807	807	35
36	V								36
37	V								37
38	V								38
39	Total			$ 62,000			$ 207,567	$ * 145,567	39

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

Facility Name & ID Number BRIA OF BELLEVILLE # 0034678 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

VII. RELATED PARTIES

A. (Continued) **Enter below the names of ALL owners and related organizations (parties) as defined in the instructions.**

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	MARTIN J. WEISS	50.98	BRIA OF CAHOKIA	CAHOKIA	WEISS MGMT			1
2	DANIEL WEISS	12.31			GROUP, INC	SKOKIE	MANAGEMENT/	2
3	GARY WEINTRAUB	14.45	BRIA OF FOREST EDGE	CHICAGO			CLERICAL	3
4	ILANA FINN	4.69			BRIA HEALTH			4
5	SUZANNE KOENIG	9.18	BRIA OF GENEVA	GENEVA	SERVICES, LLC	SKOKIE	MANAGEMENT	5
6	NATAN WEISS	8.39					SERVICES	6
7			LAKE PARK CENTER	WAUKEGAN	LINCOLN ASSO-			7
8					CIATES, L.P.	SKOKIE	REAL ESTATE	8
9			BRIA OF CHICAGO HEIGHTS	SOUTH CHICAGO				9
10				HEIGHTS				10
11								11
12			BRIA OF PALOS HILLS	PALOS HILLS				12
13								13
14			BRIA OF RIVER OAKS	BURNHAM				14
15								15
16			BRIA OF WESTMONT	WESTMONT				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 BELLEVILLE # 0034678 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	ALLOCATIONS FROM WEISS MANAGEMENT GROUP:								$		1
2	MARTIN WEISS	PRESIDENT	ADMINISTRATIC	45.10	SEE	15	38.00	SALARY	22,500	17-7	2
3					ATTACHED						3
4	DANIEL WEISS	MANAGER	MANAGEMENT	12.31	SCHEDULE	4	10.00	SALARY	7,000	17-7	4
5											5
6	NATAN WEISS	CFO	FINANCE/MGMT	8.39		4	10.00	SALARY	14,500	17-7	6
7											7
8	ALLOCATIONS FROM BRIA HEALTH SERVICES LLC:										8
9											9
10	DANIEL WEISS	SHAREHOLDER	REGIONAL DIR	12.31		4	10.00	SALARY	6,640	17-7	10
11											11
12											12
13								TOTAL	$ 50,640		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION.

Facility Name & ID Number BRIA OF BELLEVILLE # 0034678 Report Period Beginning: 1/1/2020 Ending: 2/31/2020

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: WEISS MANAGEMENT GROUP, INC
Street Address: 5151 CHURCH STREET
City / State / Zip Code: SKOKIE, IL 60077
Phone Number: (847) 674-5794
Fax Number: (847) 674-5794

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	17	ADMINISTRATIVE SALARIES	PATIENT CENSUS	74,492	2	$ 88,000	$ 88,000	35,438	$ 41,864	1
2	19	PROFESSIONAL FEES	PATIENT CENSUS	74,492	2	4,575		35,438	2,176	2
3	20	LICENSES & PERMITS	PATIENT CENSUS	74,492	2	249		35,438	118	3
4	21	OFFICE EXPENSES	PATIENT CENSUS	74,492	2	60,666	60,000	35,438	28,861	4
5	24	TRANSPORTATION	PATIENT CENSUS	74,492	2	650		35,438	309	5
6	26	INSURANCE	PATIENT CENSUS	74,492	2	4,347		35,438	2,068	6
7	27	EMPLOYEE BENEFITS	PATIENT CENSUS	74,492	2	33,743		35,438	16,053	7
8	30	DEPRECIATION (SL)	PATIENT CENSUS	74,492	2	1,690		35,438	804	8
9	35	AUTO LEASE	PATIENT CENSUS	74,492	2	20,210		35,438	9,614	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					$ 214,130	$ 148,000		$ 101,867	25

Facility Name & ID Number BRIA OF BELLEVILLE # 0034678 Report Period Beginning: 1/1/2020 Ending: 2/31/2020

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: BRIA HEALTH SERVICES, LLC
Street Address: 5151 CHURCH STREET
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		$ 5,500	1
2	10	SALARIES-MEDICARE/NURSING	CENSUS DAYS	476,457	9	355,924	355,924	35,438	26,473	2
3	10	SALARIES-REGIONAL DIR RELA	wghtd avr hours		9	235,935	235,935		26,215	3
4	21	SALARIES-CLERICAL RELATED	wghtd avr hours		9	107,288	107,288		3,842	4
5	21	SALARIES-CLERICAL	CENSUS DAYS	476,457	9	930,610	930,610	35,438	69,217	5
6	6	MAINTENANCE	CENSUS DAYS	476,457	9	9,053		35,438	673	6
7	7	SCAVENGER	CENSUS DAYS	476,457	9	1,836		35,438	137	7
8	10	NURSING CONSULTANT & SUPPI	CENSUS DAYS	476,457	9	53,827		35,438	4,004	8
9	19	PROFESSIONAL FEES	CENSUS DAYS	476,457	9	49,003		35,438	3,645	9
10	20	DUES,FEES,SUBSCRIPTIONS	CENSUS DAYS	476,457	9	51,648		35,438	3,841	10
11	21	OFFICE EXPENSE	CENSUS DAYS	476,457	9	202,594		35,438	15,069	11
12	23	SEMINARS	CENSUS DAYS	476,457	9	2,822		35,438	210	12
13	24	TRAVEL	CENSUS DAYS	476,457	9	28,614		35,438	2,128	13
14	26	INSURANCE	CENSUS DAYS	476,457	9	42,750		35,438	3,180	14
15	27	EMPLOYEE BENEFITS	CENSUS DAYS	476,457	9	281,347		35,438	20,926	15
16	30	DEPRECIATION	CENSUS DAYS	476,457	9	43,023		35,438	3,200	16
17	32	INTEREST	CENSUS DAYS	476,457	9	232,306		35,438	17,278	17
18	35	AUTO LEASE	CENSUS DAYS	476,457	9	16,432		35,438	1,222	18
19	35	EQUIPMENT RENTAL	CENSUS DAYS	476,457	9	10,854		35,438	807	19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 2,754,866	$ 1,728,757		$ 207,567	25

Facility Name & ID Number BRIA OF BELLEVILLE # 0034678 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related**		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: THE LINCOLN ASSOCIATION, LLC						$	$			$	1
2	BEECH STREET CAPITAL		X	MORTGAGE		09/01/13	4,528,900	3,654,106	4/1/39	3.8700	143,814	2
3	AMORT LOAN COST		X	AMORT OVER LIFE			84,735	60,528			3,301	3
4												4
5												5
	Working Capital											
6	BANK FINANCIAL	X		WORKING CAPITAL	DEMAND					PRIME+	806	6
7												7
8	RELATED PARTY ALLOCATION										17,278	8
9	TOTAL Facility Related						$ 4,613,635	$ 3,714,634			$ 165,199	9
	B. Non-Facility Related*											
10												10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$	14
15	TOTALS (line 9+line14)						$ 4,613,635	$ 3,714,634			$ 165,199	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ 20,437 Line # 36

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

Facility Name & ID Number BRIA OF BELLEVILLE # 0034678 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2019 report.	**Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$ 63,592	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.)		$ 66,920	2
3. Under or (over) accrual (line 2 minus line 1).		$ 3,328	3
4. Real Estate Tax accrual used for 2020 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 65,034	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**		$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For Tax Year.** **(Attach a copy of the real estate tax appeal board's decision.)**		$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		$ 68,362	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2015	64,699	8
	2016	63,730	9
	2017	66,179	10
	2018	65,436	11
	2019	66,920	12

FOR BHF USE ONLY

13	FROM R. E. TAX STATEMENT FOR 2019	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**
   This denial must be no more than four years old at the time the cost report is filed.

2019 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME BRIA OF BELLEVILLE COUNTY ST CLAIR

FACILITY IDPH LICENSE NUMBER 0034678

CONTACT PERSON REGARDING THIS REPORT KATHLEEN MCNAMARA

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 2019 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2019.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	08-20.0-204-014	NURSING HOME	$ 1,279.98	$ 1,279.98
2.	08-20.0-204-015	NURSING HOME	$ 1,250.14	$ 1,250.14
3.	08-20.0-207-025	NURSING HOME	$ 2,420.38	$ 2,420.38
4.	08-20.0-210-028	NURSING HOME	$ 297.96	$ 297.96
5.	08-20.0-210-029	NURSING HOME	$ 61,671.76	$ 61,671.76
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 66,920.22	$ 66,920.22

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 copies of the original 2019 tax bills which were listed in Section A to this statement. Be sure to use the 2019 tax bill which is normally paid during 2020.

PLEASE NOTE: ***Payment information from the Internet*** or otherwise is ***not considered acceptable tax bill documentation*** . Facilities located in Cook County are required to provide copies of their original **second installment** tax bill.

Facility Name & ID Number BRIA OF BELLEVILLE # 0034678 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

X. BUILDING AND GENERAL INFORMATION:

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

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

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

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

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

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

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

1. Total Amount Incurred: _____ 2. Number of Years Over Which it is Being Amortized: _____

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

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

XI. OWNERSHIP COSTS:

A. Land.

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

Facility Name & ID Number BRIA OF BELLEVILLE # 0034678 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

XI. OWNERSHIP COSTS (continued)

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	152			1988	$ 2,011,351	$	31.5	$ 5,693	$ 5,693	$ 1,920,039	4
5				2003	1,249,221	45,426	27.5	45,426		793,062	5
6											6
7											7
8	RELATED PARTY ALLOCATION				53,793	1,433		1,433		1,433	8
	Improvement Type**										
9	VARIOUS			1990	11,158	354	31.5	354		10,714	9
10	VARIOUS			1993	6,676	171	39	171		5,489	10
11	VARIOUS			1994	7,797	200	39	200		6,258	11
12	VARIOUS			1995	13,072	335	39	335		9,607	12
13	CARPET			1996	907	23	39	23		604	13
14	BILLBOARD			1996	900	23	39	23		607	14
15	SMOKE DETECTORS			1996	602	15	39	15		400	15
16	PARKING LOT			1996	8,006	205	39	205		5,510	16
17	AWNING			1996	905	23	39	23		622	17
18	CARPETING			1996	1,512	39	39	39		1,067	18
19	DOOR LOCKS			1997	2,100	54	39	54		1,354	19
20	WALL PAPER			1997	2,012	52	39	52		1,314	20
21	HANDRAIL			1997	3,217	83	39	83		2,021	21
22	FIRE ALARM SYSTEM			1998	11,636	298	39	298		6,847	22
23	WALLPAPER & HANDRAILS FOR NURSING STATION			1998	9,227	236	39	236		5,429	23
24	PAINTING/WALLPAPERING			1998	2,988	77	39	77		1,769	24
25	REPLACE PVC PIPE IN BASEMENT			1998	1,074	28	39	28		643	25
26	WALLPAPER, HANDRAILS, CRASHRAILS, CORNER GUARD			1999	6,144	158	39	158		3,086	26
27	INSTALLED A NEW DURO-LAST ROOF			1999	56,400	1,446	39	1,446		28,192	27
28	WALLPAPER			2000	14,896	382	39	382		8,385	28
29	SEWER LINE REPAIR			2000	11,743	301	39	301		6,164	29
30	AIR CONDITIONING UNITS			2000	8,848	227	39	227		4,648	30
31	CONDENSING UNIT ON FREEZER			2000	2,693	69	39	69		1,416	31
32	NEW NURSES STATION			2000	20,379	522	39	522		10,711	32
33	FIRE ALARM SYSTEM			2000	1,826	47	39	47		964	33
34	HOT WATER SYSTEM			2000	3,849	99	39	99		3,044	34
35	TILED FLOORS			2000	54,185	1,389	39	1,389		28,484	35
36				2000	18,490	474	39	474		9,715	36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number BRIA OF BELLEVILLE # 0034678 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	INSTALLED A/C UNITS FOR RESIDENT ROOMS	2000	$ 13,369	$	20	$	$	$ 13,369	37
38	WALLPAPERING, FLOORING,CARPENTING	2001	35,921	1,306	27.5	1,306		25,468	38
39	ROOF	2001	47,500	1,727	27.5	1,727		33,677	39
40	AIR CONDITIONERS,HEATERS, SPEAKERS	2001	9,154	334	27.5	334		6,512	40
41	ELECTRICAL WORK	2001	12,200	444	27.5	444		8,658	41
42	RECEPTION STATION	2001	11,356	413	27.5	413		8,053	42
43	WINDOW TREATMENTS, CUBICLE TRACK,DOORS	2001	54,533	1,983	27.5	1,983		38,668	43
44	EXTENSIVE WORK	2001	37,603	1,366	27.5	1,366		26,638	44
45	RESIDENT ROOMS-PAINTING, CLOSET, CORRID. DOORS	2002	31,159		20	1,558	1,558	29,602	45
46	RENOVATIONS TO THE SHOWER & STORAGE ROOM	2002	6,853	249	27.5	249		4,659	46
47	INSTALLATION OF THE NEW GENERATOR SET CONTROI	2002	17,036	619	27.5	619		11,581	47
48	INSTALL STEP RAILS FOR SIDEWALK AREA, FRONT ENTI	2002	7,245	263	27.5	263		4,920	48
49	LANDSCAPING	2004	7,759		15			7,759	49
50	REPLACEMENT WINDOWS	2004	32,853		20	1,643	1,643	27,931	50
51	INSTALL CONCRETE DUMSTER PAD AND DRIVE	2004	6,270		20	314	314	5,338	51
52	REMODELING SHOWER ROOM-FLOOR &WALL CERAMIC	2004	105,250		20	5,263	5,263	89,471	52
53	WALL AIR CONDITIONS	2005	3,190	116	27.5	116		1,793	53
54	FLOORING, WALLCOVERING-2 RESTROOMS	2005	2,528	92	27.5	92		1,422	54
55	FURNISH AND INSTALL FIRE RATED DOORS & FRAMES	2005	30,429	1,106	27.5	1,106		17,098	55
56	EXCAVATING AND POURING CONCRETE SIDEWALKS	2005	9,450	344	27.5	344		5,317	56
57	INSTALL RAILS, REPLACEMENT WINDOWS	2005	8,406	306	27.5	306		4,730	57
58	INSTALL ALARM SYSTEM	2005	39,496	1,436	27.5	1,436		22,198	58
59	NURSE CALL SYSTEM	2005	18,665	679	27.5	679		10,496	59
60	LOBBY AREA, VESTIBULE-FLOORING	2006	17,906		5			17,906	60
61	AIR CONDITIONERS	2007	7,968		5			7,968	61
62	RESIDENT ROOMS - HINGET DOORS-NO CROWN	2007	57,309	2,084	27.5	2,084		28,047	62
63	PARKING LOT AND FENCE	2007	5,125	342	15	342		4,531	63
64	REPLACED 3 COMPRESSORS IN RTU'S	2007	3,914	142	27.5	142		1,911	64
65	PAINTING	2007	9,986		5			9,986	65
66	GARDEN	2007	60,172	2,188	15	4,012	1,824	52,064	66
67	ROOF REPLACEMENT-ACTIVITY CENTER	2008	5,400	196	27.5	196		2,458	67
68	PAINTING - 30 ROOMS	2008	2,550		5			2,550	68
69	CONFERENCE ROOM-INSTALLATION OF CERAMIC TILE	2008	2,877	105	27.5	105		1,343	69
70	TOTAL (lines 4 thru 69)		$ 4,319,039	$ 72,029		$ 88,324	$ 16,295	$ 3,413,720	70

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

Facility Name & ID Number BRIA OF BELLEVILLE # 0034678 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 4,319,039	$ 72,029		$ 88,324	$ 16,295	$ 3,413,720	1
2	GRADING PARKING LOT	2008	1,473	98	15	98		1,250	2
3	DOOR GUARDS - VARIOUS DIFFERENT AREAS	2008	4,672	170	27.5	170		2,146	3
4	WALL AIR CONDITIONS	2009	5,187		5			5,187	4
5	INSTALL NEW COMPRESSOR,CRANK CASE HEATER	2009	3,195	116	27.5	116		1,349	5
6	INSTALL SIDEWALL EXHAUST DUST FAN	2009	8,048	293	27.5	293		3,382	6
7	CERAMIC TILE, HANDRAILS, CUSTOM NURSING STATION	2009	114,376	4,159	27.5	4,159		48,348	7
8	WALLCOVERING, CARPET, PAINTING, BLINDS, CURTAINS	2009	29,344		5			29,344	8
9	WALL AIR CONDITIONS	2010	4,581		5			4,581	9
10	INSTALL STEEL DOOR	2010	10,694	389	27.5	389		4,036	10
11	FIRE PROTECTION WORK-SPRINKLERS PHASE 1	2010	97,653	3,551	27.5	3,551		35,954	11
12	FIRE PROTECTION WORK-SPRINKLERS PHASE 2	2011	97,652	3,551	27.5	3,551		32,403	12
13	WING CORRIDORS-FLOORING,WALLCOVERING,	2011	67,587	2,458	27.5	2,458		24,478	13
14	HANDRAILS,BUNPER GUARDS,SIGNAGE,WALL PROTECTION								14
15	INSTALL NEW CARRIER RTU	2011	4,517	164	27.5	164		1,565	15
16	PAINTING-100 & 200 HALL, LODGING, NURSES STATION	2011	44,405		5			44,405	16
17	WALL AIR CONDITIONS	2011	7,698		5			7,698	17
18	WALL AIR CONDITIONS	2012	4,194		5			4,194	18
19	REPLACED ROOF TOP UNIT & 5 TON CONDENSING UNIT	2012	9,995	363	27.5	363		3,070	19
20	INSTALL NEW PLASTIC CEMENT, CAP,COTTON MEMBRA-								20
21	NE ON EPDM ROOF	2012	2,595	94	27.5	94		834	21
22	PARKING LOT IMPROVMENTS; CONCRETE PATIO AND								22
23	DRAINAGE	2012	72,786	4,852	15	4,852		39,220	23
24	INSTALLED A 240CFM EXHAUST FAN ON A CURB OVER								24
25	THE NURSES STATION	2013	3,044	111	27.5	111		883	25
26	LOBBY; OFFICES-CARPET INSTALLATION; WALL BASE								26
27	INSTALLATION	2013	7,824	285	27.5	285		2,197	27
28	SEAL COAT PARKING LOT AND STRIPE PARKING SPACES	2013	3,000	200	15	200		1,533	28
29	100, 200, 300, 400 WINGS- CORRIDOR, RESIDENT ROOMS,								29
30	RESIDENT BATHSROOMS-FLOORING	2013	164,523	5,983	27.5	5,983		42,130	30
31	INSTALLATION OF NURSING STATION; AREA BETWEEN 100								31
32	& 200 WINGS;CORRIDOR, RESIDENT ROOM IN CENTER-								32
33	CUSTOM PVT INSTALLATION	2014	75,482	2,745	27.5	2,745		17,957	33
34	TOTAL (lines 1 thru 33)		$ 5,163,564	$ 101,611		$ 117,906	$ 16,295	$ 3,771,864	34

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

Facility Name & ID Number BRIA OF BELLEVILLE # 0034678 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		$ 5,163,564	$ 101,611		$ 117,906	$ 16,295	$ 3,771,864	1
2	100 & 200 WINGS RESIDENT BATHS-INSTALLATION OF								2
3	CERAMIC TILE; ACTIVITY ROOM-COVE BASE & PVT INS-								3
4	TALLATION; BUILD 2 NEW WALLS WITH METAL	2014	51,277	1,865	27.5	1,865		11,889	4
5	INSTALL A FIRESTONE TPO ROOFING SYSTEM, GRAVE								5
6	GUARD,ROOF FLASHING OVER THE TOP FLANGE	2014	23,186	843	27.5	843		5,304	6
7	INSTALL NEW SIGN & CABINET TO EXISTING STRUCTUR	2014	5,737	382	15	382		2,388	7
8	LOBBY, 100 WING: CORRIDOR, NURSE STATION, RESIDENT ROOMS & BATHS, DINING &LIVING .ADMINISTRATOR, ADMISSIONS OFFIC								8
9	INSTALLATION OF CARPET TILE, WALLCOVERING, SIGNAGE, HANDRAIL AND BUMPER GUARD, INSTALL METAL FRAMES & WOOD								9
10	DOORS, INSTALL NEW PVT AND COVE BASE,CUSTOM DRESSERS & WARDROBES, HEADWALL & DIVIDER UNITS,OVERBED LIGHTS,								10
11	WALL SCONCE, CURTAINS & BLINDS,PAINT WALLS, DOORFRAMES AND CEILINGS, INSTALL NEW CERAMIC AND WALL TILE, DEMO								11
12	WALL BETWEEN ROOM 101 & 103, CAP ALL PLUMBING IN BATHROOM, CHANGE CONCRETE, INSTALL NEW LIGHT FIXTURES, DRY-								12
13	WALL, CUSTOM KITCHENETTE, RECEPTION DESK	2015	328,421	11,943	27.5	11,943		66,184	13
14	VESTIBULE, THERAPY CORRIDOR, 100 WING SPA, 100 WING GUEST BATHROOM:								14
15	WALLCOVERING, MILLWORK BASE, TILE, HANDRAIL	2015	9,839	358	27.5	358		2,133	15
16	INSTALL INTERIOR SIGNAGE-150 NORTH 27TH STREET	2015	4,264	284	15	284		1,657	16
17	ADDITION: THERAPY ROOM, FRONT ENTRIES, NEW								17
18	BATHROOMS/SHOWER ROOM	2015	424,500	15,436	27.5	15,436		85,541	18
19	GUEST BATHROOM, ACTIVITY ROOM CORRIDOR,VESTIBULE:								19
20	INSTALL NEW CERAMIC FLOOR, PVT & MILWORK BASE	2015	25,003	909	27.5	909		5,265	20
21	100/200 NURSE CALL SYSTEM RE-WIRE	2016	12,948	471	27.5	471		2,100	21
22	FURNISH AND INSTALLATION OF 400A FEEDER OVER								22
23	HEAD ON ROOF FROM MDP TO SUB PANEL	2016	9,500	345	27.5	345		1,423	23
24	200,500 WING CORRIDOR, ADMISSIONS OFFICE-SIGNAGE,								24
25	INSTALL NEW CERAMIC TILE, WALLCOVERING	2016	6,584	239	27.5	239		1,066	25
26	INSTALLED NEW CARRIER DUCTLESS MINI SPLIT UNIT	2017	7,285	265	27.5	265		872	26
27	INSTALLED A NEW GAF TPO ROOFING SYSTEM	2018	164,475	5,981	27.5	5,981		15,202	27
28	REMOVE AND REPLACE DUET WORK ON ROOFTOP UNIT	2018	19,521	710	27.5	710		1,745	28
29	REMOVED AND INSTALLED NEW HOT WATER BOILER	2019	11,195	407	27.5	390	(17)	780	29
30	INSTALLED NEW WATER PIPE. PVC BOXES	2019	22,805	829	27.5	656	(173)	1,312	30
31	INSTALL AN UNDERGROUND FEED	2019	5,106	186	27.5	116	(70)	232	31
32	DIALYSIS ROOM - ELECTRIC WORK	2019	10,704	389	27.5	211	(178)	422	32
33									33
34	TOTAL (lines 1 thru 33)		$ 6,305,914	$ 143,453		$ 159,310	$ 15,857	$ 3,977,379	34

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

Facility Name & ID Number BRIA OF BELLEVILLE # 0034678 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 480,088	$ 7,112	$ 68,031	$ 60,919	3-10	$ 336,859	71
72	Current Year Purchases							72
73	Fully Depreciated Assets	274,850					274,850	73
74	RELATED PARTY SL DEPRECIATION		2,571	2,571				74
75	TOTALS	$ 754,938	$ 9,683	$ 70,602	$ 60,919		$ 611,709	75

D. Vehicle Costs. (See instructions.)*

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

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 7,301,001	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 153,136	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 229,912	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 76,776	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 4,630,588	85

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

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

G. Construction-in-Progress

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

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

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

Facility Name & ID Number BRIA OF BELLEVILLE # 0034678 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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: $ 21,849 Description: SEE SCHEDULE ATTACHED
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	FACILITY	2015 FORD T350HD	$ 982.50	$ 2,948	17
18	FACILITY	2020 FORD ELKHART	#######	18,275	18
19		SHUTTLE BUS			19
20					20
21	TOTAL		$ #######	$ 21,223	21

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

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

Facility Name & ID Number BRIA OF BELLEVILLE # 0034678 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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

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

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

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

$

D. NUMBER OF CNAs TRAINED

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

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

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

	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	$		$ 373,138	$		$ 373,138	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			109,138			109,138	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			417,674			417,674	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				110,392		110,392	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	MED.SUPPLIES/LAB/RADIOLOGY Other (specify): RENTALS	39-2 39-2					32,186 29,912		32,186 29,912	13
14	TOTAL			$		$ 899,950	$ 172,490		$ 1,072,440	14

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

STATE OF ILLINOIS

Facility Name & ID Number BRIA OF BELLEVILLE # 0034678 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2020 (last day of reporting year)

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 2,022,108	$ 2,218,166	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 158,000)	2,056,626	2,056,626	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	370,626	393,800	6
7	Other Prepaid Expenses	47,746	47,746	7
8	Accounts Receivable (owners or related parties)	213,071	4,186	8
9	Other(specify): ESCROWS		211,420	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 4,710,177	$ 4,931,944	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	172,026	478,186	13
14	Buildings, at Historical Cost		6,811,813	14
15	Leasehold Improvements, at Historical Cost	158,956	158,956	15
16	Equipment, at Historical Cost	796,439	1,377,913	16
17	Accumulated Depreciation (book methods)	(912,652)	(5,666,491)	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): LOAN COSTS		60,528	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 214,769	$ 3,220,905	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 4,924,946	$ 8,152,849	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 1,555,611	$ 1,564,081	26
27	Officer's Accounts Payable	1,180,000	1,180,000	27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable		139,668	29
30	Accrued Salaries Payable	190,396	190,396	30
31	Accrued Taxes Payable (excluding real estate taxes)	5,745	5,745	31
32	Accrued Real Estate Taxes(Sch.IX-B)		65,035	32
33	Accrued Interest Payable		11,784	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	PA LOAN	1,072,900	1,072,900	36
37	NOTE PAYABLE - PPP	714,200	714,200	37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 4,718,852	$ 4,943,809	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		3,514,438	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)**	$	$ 3,514,438	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 4,718,852	$ 8,458,247	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 206,094	$ (305,398)	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 4,924,946	$ 8,152,849	48

*(See instructions.)

Facility Name & ID Number BRIA OF BELLEVILLE # 0034678 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 1,710,458	1
2	Restatements (describe):		2
3	PRIOR	(719)	3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 1,709,739	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,503,645)	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)**	$ (1,503,645)	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)**	$ 206,094	24 *

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

Facility Name & ID Number BRIA OF BELLEVILLE # 0034678 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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

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

	I. Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 9,332,040	1
2	Discounts and Allowances for all Levels	( )	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 9,332,040	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***	6,879	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 6,879	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	STIMULUS PAYMENT	906,345	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 906,345	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 10,245,264	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,506,845	31
32	Health Care	3,386,472	32
33	General Administration	4,963,056	33
	B. Capital Expense		
34	Ownership	541,380	34
	C. Ancillary Expense		
35	Special Cost Centers	1,072,440	35
36	Provider Participation Fee	278,716	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 11,748,909	40
41	**Income before Income Taxes (line 30 minus line 40)****	(1,503,645)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (1,503,645)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 5,198,467	44
45	Private Pay - Net Inpatient Revenue	129,922	45
46	Medicare - Net Inpatient Revenue	3,152,403	46
47	Other-(specify) HOSPICE/INSURANCE/ETC	219,652	47
48	Other-(specify) MANAGED CARE	631,596	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 9,332,040	49

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

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

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

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

Facility Name & ID Number BRIA OF BELLEVILLE # 0034678 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,789	1,969	$ 97,794	$ 49.67	1
2	Assistant Director of Nursing	834	930	28,364	30.50	2
3	Registered Nurses	10,015	10,689	351,161	32.85	3
4	Licensed Practical Nurses	29,939	32,542	857,143	26.34	4
5	CNAs & Orderlies	88,522	92,657	1,251,509	13.51	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	6,757	7,091	83,409	11.76	10
11	Social Service Workers	3,562	3,705	70,949	19.15	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	8,626	8,866	113,569	12.81	15
16	Dishwashers					16
17	Maintenance Workers	5,785	6,252	136,579	21.85	17
18	Housekeepers	9,746	10,050	122,323	12.17	18
19	Laundry	1,747	1,795	20,651	11.50	19
20	Administrator	2,060	2,132	136,288	63.92	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	11,344	12,018	352,931	29.37	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	858	1,034	17,407	16.83	31
32	Other Health C: Care Plan Coord	3,840	4,333	156,514	36.12	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	185,424	196,063	$ 3,796,591 *	$ 19.36	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	24,817	9-3	36
37	Medical Records Consultant	N	1,314	10-3	37
38	Nurse Consultant	T	13,050	10-3	38
39	Pharmacist Consultant	H	7,722	10-3	39
40	Physical Therapy Consultant	L	17,001	10a-3	40
41	Occupational Therapy Consultant	Y	13,737	10a-3	41
42	Respiratory Therapy Consultant		15,793	10a-3	42
43	Speech Therapy Consultant	F	5,149	10a-3	43
44	Activity Consultant	E	3,088	11-3	44
45	Social Service Consultant	E	3,169	12-3	45
46	Other(specify)	S			46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 104,840		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	85	3,417	10-3	51
52	Certified Nurse Assistants/Aides	1,013	22,849	10-3	52
53	TOTAL (lines 50 - 52)	1,099	$ 26,266		53

Facility Name & ID Number BRIA OF BELLEVILLE # 0034678 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
STEPHANIE BIRCH	ADMINISTRATOR	0	$ 136,288
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			$ 136,288

B. Administrative - Other

Description		Amount
WEISS MANAGEMENT GROUP	MANAGEMENT FEES	$ 315,000
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)		$ 315,000

C. Professional Services

Vendor/Payee	Type	Amount
ALPHA DATA SERVICES	DATA PROCESSING	$ 135
NATIONAL DATACARE	DATA PROCESSING	1,711
PARAGON	DATA PROCESSING	5,887
KBKB, LTD	ACCOUNTING FEES	15,500
RICHARD PEELO & ASSOCIAT.	MEDICARE CONSULTANT	4,500
PERSONNEL PLANNERS	UC CONSULTANT	8,010
RESOLUTE HEALTHCARE SOL.	LTC MEDICAID PROCESS CO	2,052
BRIA HEALTH SERVICES	BOOKKEEPING/ADMIN SERV	62,000
MTS CONSULTING LLC	SALES TAX CONSULTANT	3,276
LEGAL FEES	SEE SCHEDULE	128,294
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)		$ 231,365

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 104,133
Unemployment Compensation Insurance	27,959
FICA Taxes	286,160
Employee Health Insurance	88,707
Employee Meals	0
Illinois Municipal Retirement Fund (IMRF)*	
EMPLOYEE BENEFITS - OTHER	20,227
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)	$ 527,186

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

Description	Line #	Amount
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 1,990
Advertising: Employee Recruitment	22,179
Health Care Worker Background Check	567
(Indicate # of checks performed 13)	
Patient Background Checks 221	2,400
TRUST/FRANCHISE/CONTRIB/ETC	12,195
MARKETING/ADV/PROMO	7,024
LICENSES/DUES/SUBSCRIPTIONS	17,529
MGMT CO ALLOC	3,959
TRUST/FRANCHISE/CONTRIB/ETC	(12,195)
Less: Public Relations Expense	(0)
Non-allowable advertising	(7,024)
Yellow page advertising	(0)
TOTAL (agree to Sch. V, line 20, col. 8)	$ 48,624

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
	11,747
MGMT CO ALLOC	2,437
Seminar Expense	
	0
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 14,184

* Attach copy of IMRF notifications

**See instructions.

BRIA OF BELLEVILLE
SCHEDULE - LEGAL
12/31/2020

INVOICE DATE	FIRM NAME	DESCRIPTION OF SERVICE	AMOUNT
1/30/2020	C.N.A. INSURANCE	DEDUCTIBLE RECOVERY	8,780
2/27/2020	C.N.A. INSURANCE	DEDUCTIBLE RECOVERY	4,340
4/24/2020	C.N.A. INSURANCE	DEDUCTIBLE RECOVERY	3,172
6/24/2020	C.N.A. INSURANCE	DEDUCTIBLE RECOVERY	4,525
9/24/2020	C.N.A. INSURANCE	DEDUCTIBLE RECOVERY	2,202
12/23/2020	C.N.A. INSURANCE	DEDUCTIBLE RECOVERY	7,222
7/1/2020	DIXON & JOHNSTON PC	COURT CASE	577
1/31/2020	GARY A. WEINTRAUB, P.C.	CONSULTATIONS REGARDING COMPLIANCE WITH OBRA	2,665
2/29/2020	GARY A. WEINTRAUB, P.C.	CONSULTATIONS REGARDING COMPLIANCE WITH OBRA	2,730
3/31/2020	GARY A. WEINTRAUB, P.C.	CONSULTATIONS REGARDING COMPLIANCE WITH OBRA	2,728
4/30/2020	GARY A. WEINTRAUB, P.C.	CONSULTATIONS REGARDING COMPLIANCE WITH OBRA	2,470
5/31/2020	GARY A. WEINTRAUB, P.C.	CONSULTATIONS REGARDING COMPLIANCE WITH OBRA	2,373
7/2/2020	GARY A. WEINTRAUB, P.C.	CONSULTATIONS REGARDING COMPLIANCE WITH OBRA	2,698
8/3/2020	GARY A. WEINTRAUB, P.C.	CONSULTATIONS REGARDING COMPLIANCE WITH OBRA	2,340
8/31/2020	GARY A. WEINTRAUB, P.C.	CONSULTATIONS REGARDING COMPLIANCE WITH OBRA	2,633
9/30/2020	GARY A. WEINTRAUB, P.C.	CONSULTATIONS REGARDING COMPLIANCE WITH OBRA	2,535
10/31/2020	GARY A. WEINTRAUB, P.C.	CONSULTATIONS REGARDING COMPLIANCE WITH OBRA	2,340
11/30/2020	GARY A. WEINTRAUB, P.C.	CONSULTATIONS REGARDING COMPLIANCE WITH OBRA	2,503
12/31/2020	GARY A. WEINTRAUB, P.C.	CONSULTATIONS REGARDING COMPLIANCE WITH OBRA	2,243
3/30/2020	HEPLERBROOM LLC REFUND		(424)
12/11/2020	JACKSON LEWIS P.C.	FLAT FEE - SENSITIVITY TRAINING	1,000
1/7/2020	SANDBERG PHOENIX & VON GONTARD P.C.	COURT CASE	72
2/1/2020	SANDBERG PHOENIX & VON GONTARD P.C.	COURT CASE	529
2/11/2020	SANDBERG PHOENIX & VON GONTARD P.C.	COURT CASE	5,382
2/11/2020	SANDBERG PHOENIX & VON GONTARD P.C.	COURT CASE	14,724
3/3/2020	SANDBERG PHOENIX & VON GONTARD P.C.	COURT CASE	1,377
4/1/2020	SANDBERG PHOENIX & VON GONTARD P.C.	COURT CASE	745
5/7/2020	SANDBERG PHOENIX & VON GONTARD P.C.	COURT CASE	216
5/7/2020	SANDBERG PHOENIX & VON GONTARD P.C.	COURT CASE	1,105
7/6/2020	SANDBERG PHOENIX & VON GONTARD P.C.	COURT CASE	76
8/7/2020	SANDBERG PHOENIX & VON GONTARD P.C.	COURT CASE	505
9/8/2020	SANDBERG PHOENIX & VON GONTARD P.C.	COURT CASE	625
10/19/2020	SANDBERG PHOENIX & VON GONTARD P.C.	COURT CASE	745
10/19/2020	SANDBERG PHOENIX & VON GONTARD P.C.	COURT CASE	264
11/17/2020	SANDBERG PHOENIX & VON GONTARD P.C.	COURT CASE	48
12/11/2020	SANDBERG PHOENIX & VON GONTARD P.C.	COURT CASE	2,231
1/2/2020	SB2 INC	CLASS ACTION FOR PAYMENT OF MEDICAID CLAIMS	167
1/2/2020	SB2 INC	CLASS ACTION FOR PAYMENT OF MEDICAID CLAIMS	500
4/17/2020	SCOTT & KRAUSS LLC	DRAFT DOCUMENTS	949
1/31/2020	STONE MCGUIRE & SIEGEL	LEGAL COMPLIANCE	700
2/29/2020	STONE MCGUIRE & SIEGEL	LEGAL COMPLIANCE	700
3/31/2020	STONE MCGUIRE & SIEGEL	LEGAL COMPLIANCE	700
4/30/2020	STONE MCGUIRE & SIEGEL	LEGAL COMPLIANCE	700
5/31/2020	STONE MCGUIRE & SIEGEL	LEGAL COMPLIANCE	700
6/30/2020	STONE MCGUIRE & SIEGEL	LEGAL COMPLIANCE	700
7/31/2020	STONE MCGUIRE & SIEGEL	LEGAL COMPLIANCE	700
8/31/2020	STONE MCGUIRE & SIEGEL	LEGAL COMPLIANCE	700
9/30/2020	STONE MCGUIRE & SIEGEL	LEGAL COMPLIANCE	700
10/31/2020	STONE MCGUIRE & SIEGEL	LEGAL COMPLIANCE	700
11/30/2020	STONE MCGUIRE & SIEGEL	LEGAL COMPLIANCE	700
12/31/2020	STONE MCGUIRE & SIEGEL	LEGAL COMPLIANCE	700
3/24/2020	ALLEN N SCHWARTZ LTD	LEGAL SETTLEMENT	27,985
TOTAL			**128,294**

Facility Name & ID Number BRIA OF BELLEVILLE # 0034678 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

XX. GENERAL INFORMATION:

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

(2) Are there any dues to nursing home associations included on the cost report? YES
If YES, give association name and amount. IL COUNCIL ON LONG TERM CARE $ 14,609

(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. $ 20,318 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. $ 278,716
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?
g. Does the facility transport residents to and from day training? NO
Indicate the amount of income earned from providing such transportation during this reporting period. $ N/A

(17) Has an audit been performed by an independent certified public accounting firm? NO
Firm Name:

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

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