FOR BHF USE

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

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

I. IDPH License ID Number: 0052035

Facility Name: BRIA OF FOREST EDGE

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

County: COOK

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

HFS ID Number:

Date of Initial License for Current Owners: 11/1/12

Type of Ownership:

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

In the event there are further questions about this report, please contact:
Name: 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) 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, 6201 W. HOWARD STREET SUITE 201, NILES, IL 60714
(Telephone) (847) 675-3585 Fax # (847) 675-3585

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

Facility Name & ID Number BRIA OF FOREST EDGE # 0052035 Report Period Beginning: 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	218	Skilled (SNF)	218	79,788	1
2		Skilled Pediatric (SNF/PED)			2
3	110	Intermediate (ICF)	110	40,260	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	328	TOTALS	328	120,048	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF			4,072	4,072	8
9	SNF/PED					9
10	ICF	86,713	13	597	87,323	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	86,713	13	4,669	91,395	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 76.13%

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 11/1/12

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

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 112 and days of care provided 4,072

Medicare Intermediary NATIONAL GOVERNMENT SERVICE

IV. ACCOUNTING BASIS

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

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

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

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

Facility Name & ID Number BRIA OF FOREST EDGE # 0052035 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	313,591	73,313	696,955	1,083,859		1,083,859		1,083,859			1
2	Food Purchase		339,034		339,034		339,034	(326)	338,708			2
3	Housekeeping	292,101	44,920	401,101	738,122		738,122		738,122			3
4	Laundry	73,927	21,297	267,401	362,625		362,625		362,625			4
5	Heat and Other Utilities			396,102	396,102		396,102		396,102			5
6	Maintenance	205,550	159,172	155,556	520,278		520,278	1,737	522,015			6
7	Other (specify):* SECURITY	417,574		48,028	465,602		465,602	352	465,954			7
8	TOTAL General Services	1,302,743	637,736	1,965,143	3,905,622		3,905,622	1,763	3,907,385			8
	B. Health Care and Programs											
9	Medical Director			24,813	24,813		24,813		24,813			9
10	Nursing and Medical Records	5,211,557	565,429	209,540	5,986,526		5,986,526	104,814	6,091,340			10
10a	Therapy			59,775	59,775		59,775		59,775			10a
11	Activities	199,700	3,205		202,905		202,905		202,905			11
12	Social Services	543,285	10,563		553,848		553,848		553,848			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	5,954,542	579,197	294,128	6,827,867		6,827,867	104,814	6,932,681			16
	C. General Administration											
17	Administrative	225,460		1,020,000	1,245,460		1,245,460	(1,009,000)	236,460			17
18	Directors Fees											18
19	Professional Services			310,091	310,091		310,091	20,100	330,191			19
20	Dues, Fees, Subscriptions & Promotions			113,743	113,743		113,743	(25,614)	88,129			20
21	Clerical & General Office Expenses	471,531	42,297	211,867	725,695		725,695	12,731	738,426			21
22	Employee Benefits & Payroll Taxes			1,207,983	1,207,983		1,207,983		1,207,983			22
23	Inservice Training & Education			41,364	41,364		41,364	541	41,905			23
24	Travel and Seminar			10,131	10,131		10,131	1,954	12,085			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			1,016,474	1,016,474		1,016,474	56,039	1,072,513			26
27	Other (specify):*			2,057,215	2,057,215		2,057,215	(2,003,246)	53,969			27
28	TOTAL General Administration	696,991	42,297	5,988,868	6,728,156		6,728,156	(2,946,495)	3,781,661			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	7,954,276	1,259,230	8,248,139	17,461,645		17,461,645	(2,839,918)	14,621,727			29

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

Facility Name & ID# BRIA OF FOREST EDGE **#0052035 Report Period Beginning: 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		0	
	CONTRACTED DIETARY SERVICES		696,955	
				696,955
3	**HOUSEKEEPING**			
	CONTRACTED HOUSEKKEEPING SERVICES		401,101	
				401,101
4	**LAUNDRY**			
	EQUIPMENT REPAIRS & MAINTENANCE		0	
	CONTRACTED LAUNDRY SERVICES		267,401	
				267,401
5	**HEAT & OTHER UTILITIES**			
	GAS HEAT		88,307	
	ELECTRICITY		149,963	
	WATER		155,988	
	CABLE TV - LOBBY		1,844	
				396,102
6	**MAINTENANCE**			
	GROUNDS MAINTENANCE		6,849	
	PAINTING & DECORATING		0	
	BUILDING REPAIRS		0	
	MAINTENANCE TRAVEL		0	
	EQUIPMENT MAINTENANCE & REPAIR		2,101	
	ELEVATOR MAINTENANCE & REPAIR		0	
	OUTSIDE LABOR			
	EXTERMINATING SERVICE		0	
	FIRE SERVICE		56,061	
	CONTRACTED BUILDING MAINTENANCE		90,545	
				155,556
7	**OTHER**			
	SCAVENGER		48,028	
	SECURITY SERVICE		0	
				48,028
9	**MEDICAL DIRECTOR**			
	MEDICAL DIRECTOR FEES		24,813	24,813

LINE		SCHED REF		TOTAL
10	**NURSING**			
	CONTRACT NURSING	XVIII C 53-2	172,218	
	LABORATORY & XRAY EXPENSE		0	
	PURCHASED SERVICES		0	
	PSYCHO-SOCIAL CONSULTANT	XVIII B __-2	0	
	RESTORATIVE NURSING CONSULTANT	XVIII B 38-2	18,270	
	MEDICAL RECORDS CONSULTANT	XVIII B 37-2	0	
	PHARMACY CONSULTANT	XVIII B 39-2	19,052	
	UTILIZATION REVIEW FEES	XVIII B __-2	0	
	PHYSICIANS	XVIII B __-2	0	
	PSYCHIATRIC	XVIII B __-2	0	
	RN CONSULTANT	XVIII B 38-2		
				209,540
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	27,878	
	OCCUPATIONAL THERAPY CONSULTAN	XVIII B 41-2	26,521	
	RESPIRATORY THERAPY CONSULTANT	XVIII B 42-2	2,574	
	SPEECH THERAPY CONSULTANT	XVIII B 43-2	2,802	
				59,775
11	**ACTIVITIES**			
	CABLE TV - PATIENT ROOMS		0	
	ACTIVITY REHAB CONSULTANT	XVIII B 44-2	0	
				0
12	**SOCIAL SERVICES**			
	SOCIAL REHABILITATION SERVICES		0	
	SOCIAL REHABILITATION CONSULTANT	XVIII B 45-2	0	
	SOCIAL WORKER	XVIII B 45-2	0	
				0
13	**NURSE AIDE TRAINING**			
	NURSE AIDE TRAINING COSTS	XIII	0	0

Facility Name & ID# BRIA OF FOREST EDGE **#0052035 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		0	
				0
17	**ADMINISTRATIVE**			
	MANAGEMENT FEES	XIX B	1,020,000	1,020,000
	DIRECTORS FEES			
18	DIRECTORS FEES		0	0
19	**PROFESSIONAL SERVICES**			
	DATA PROCESSING	XIX C	16,962	
	ADMINISTRATIVE CONSULTANTS	XIX C	0	
	PROFESSIONAL FEES	XIX C	291,129	
	BOOKKEEPING/ADMINISTRATIVE SERVICES		2,000	
				310,091
20	**FEES,SUBSCRIPTIONS,PROMOTIONS**			
	ENTERTAINMENT & MARKETING	VI 19 XIX F	0	
	ADV & PROMO-NON PATIENT RELATED	VI 25 XIX F	9,909	
	EMPLOYEE WANT ADS	XIX F	38,003	
	CONTRIBUTIONS	VI 20 XIX F	0	
	DUES & SUBSCRIPTIONS	XIX F	32,304	
	LICENSES & PERMITS	XIX F	4,500	
	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	25,612	
	HEALTH CARE WORKER BACKGROUND CHECKS	XIX F	250	
	PATIENT BACKGROUND CHECKS	XIX F	3,165	
				113,743
21	**CLERICAL & GENERAL OFFICE EXPENSES**			
	BANK CHARGES (INCLUDES NO OVERDRAFT CHARGES)		3,605	
	EQUIPMENT REPAIR & MAINTENANCE		180,815	
	OUTSIDE CLERICAL SERVICES		0	
	PENALTIES / OVERDRAFT CHARGES	VI 18	0	
	HOME OFFICE EXPENSE		0	
	THEFT & DAMAGE LOSS		0	
	TELEPHONE		26,296	
	MESSENGER SERVICE		1,151	
				211,867

LINE		SCHED REF		TOTAL
22	**EMPLOYEE BENEFITS & PAYROLL TAXES**			
	FICA TAXES	XIX D	596,536	
	UNEMPLOYMENT COMPENSATION	XIX D	67,852	
	WORKERS COMPENSATION INSURANCE	XIX D	200,128	
	HOSPITALIZATION INSURANCE	XIX D	315,694	
	EMPLOYEE BENEFITS - OTHER	XIX D	27,773	
	EMPLOYEE PHYSICAL EXAMS	XIX D	0	
	INSURANCE - EXECUTIVE LIFE	VI 21/XIX D	0	
	PENSION/PROFIT SHARING PLANS	XIX D	0	
				1,207,983
23	INSERVICE TRAINING & EDUCATION			
	EDUCATION & SEMINARS		41,364	
				41,364
24	**TRAVEL & SEMINARS**			
	EDUCATION & SEMINARS	XIX G	0	
	TRAVEL	XIX G	10,131	
				10,131
25	ADMIN. STAFF TRANSPORTATION			
	TRANSPORTATION - STAFF		0	
				0
26	INSURANCE - PROP. LIAB & MALPRACTICE			
	GENERAL INSURANCE		1,016,474	
				1,016,474
27	**OTHER**			
	BAD DEBTS	VI 24	2,057,215	
				2,057,215

GRAND TOTAL COLUMN 3 OTHER **8,248,139**

Facility Name & ID Number BRIA OF FOREST EDGE #0052035 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			62,555	62,555		62,555	743,619	806,174			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			37,071	37,071		37,071	645,055	682,126			32
33	Real Estate Taxes							886,889	886,889			33
34	Rent-Facility & Grounds			2,406,128	2,406,128		2,406,128	(2,406,128)				34
35	Rent-Equipment & Vehicles			34,680	34,680		34,680	5,234	39,914			35
36	Other (specify):* RENT OFFICE			26,400	26,400		26,400	73,738	100,138			36
37	**TOTAL Ownership**			2,566,834	2,566,834		2,566,834	(51,593)	2,515,241			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		93,023	768,601	861,624		861,624		861,624			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			710,702	710,702		710,702		710,702			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**		93,023	1,479,303	1,572,326		1,572,326		1,572,326			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	7,954,276	1,352,253	12,294,276	21,600,805		21,600,805	(2,891,511)	18,709,294			45

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

Facility Name & ID Number BRIA OF FOREST EDGE # 0052035 Report Period Beginning: 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	(6,484)	30		9
10	Interest and Other Investment Income	(18,790)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(326)	2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties		21		18
19	Entertainment				19
20	Contributions	(25,612)	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	(2,057,215)	27		24
25	Fund Raising, Advertising and Promotional	(9,909)	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 PAGE 5A	(212,020)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (2,330,356)		$	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)	(561,155)		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (561,155)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (2,891,511)		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 FOREST EDGE

ID# 0052035

Report Period Beginning: 1/1/2020

Ending: 12/31/2020

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	MARKETING SALARY	$ (208,485)	21	1
2	MARKETING TRAVEL	(3,535)	24	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**	(212,020)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number BRIA OF FOREST EDGE # 0052035 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	(326)	0	0	0	0	0	0	0	0	0	0	(326)	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	0	1,737	0	0	0	0	0	0	0	0	1,737	6
7	Other (specify):*	0	0	352	0	0	0	0	0	0	0	0	352	7
8	**TOTAL General Services**	(326)	0	2,089	0	0	0	0	0	0	0	0	1,763	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	104,814	0	0	0	0	0	0	0	0	104,814	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	104,814	0	0	0	0	0	0	0	0	104,814	16
	C. General Administration													
17	Administrative	0	0	(1,009,000)	0	0	0	0	0	0	0	0	(1,009,000)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	12,700	7,400	0	0	0	0	0	0	0	0	20,100	19
20	Fees, Subscriptions & Promotions	(35,521)	0	9,907	0	0	0	0	0	0	0	0	(25,614)	20
21	Clerical & General Office Expenses	(208,485)	0	221,216	0	0	0	0	0	0	0	0	12,731	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	541	0	0	0	0	0	0	0	0	541	23
24	Travel and Seminar	(3,535)	0	5,489	0	0	0	0	0	0	0	0	1,954	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	47,839	8,200	0	0	0	0	0	0	0	0	56,039	26
27	Other (specify):*	(2,057,215)	0	53,969	0	0	0	0	0	0	0	0	(2,003,246)	27
28	**TOTAL General Administration**	(2,304,756)	60,539	(702,278)	0	0	0	0	0	0	0	0	(2,946,495)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(2,305,082)	60,539	(595,375)	0	0	0	0	0	0	0	0	(2,839,918)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number BRIA OF FOREST EDGE # 0052035 **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	(6,484)	741,851	8,252	0	0	0	0	0	0	0	0	743,619	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(18,790)	619,284	44,561	0	0	0	0	0	0	0	0	645,055	32
33	Real Estate Taxes	0	886,889	0	0	0	0	0	0	0	0	0	886,889	33
34	Rent-Facility & Grounds	0	(2,406,128)	0	0	0	0	0	0	0	0	0	(2,406,128)	34
35	Rent-Equipment & Vehicles	0	0	5,234	0	0	0	0	0	0	0	0	5,234	35
36	Other (specify):*	0	73,738	0	0	0	0	0	0	0	0	0	73,738	36
37	**TOTAL Ownership**	(25,274)	(84,366)	58,047	0	0	0	0	0	0	0	0	(51,593)	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)**	(2,330,356)	(23,827)	(537,328)	0	0	0	0	0	0	0	0	(2,891,511)	45

Facility Name & ID Number BRIA OF FOREST EDGE # 0052035 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 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	34	RENT	$ 1,776,962	BEVERLY PAVILION LLC		$	$ (1,776,962)	1
2	V	19	PROFESSIONAL FEES				12,700	12,700	2
3	V	26	INSURANCE - PROPERTY				47,839	47,839	3
4	V	30	DEPRECIATION-SL				713,172	713,172	4
5	V	32	INTERST				619,284	619,284	5
6	V	33	REAL ESTATE TAXES				886,889	886,889	6
7	V	36	M.I.P. INSURANCE				73,738	73,738	7
8	V								8
9	V	34	RENT	2,406,128	PRESIDENTIAL PAVILION LLC			(2,406,128)	9
10	V	34	RENT				1,776,962	1,776,962	10
11	V	30	DEPRECIATION-SL				28,679	28,679	11
12	V								12
13	V								13
14	Total			$ 4,183,090			$ 4,159,263	$ * (23,827)	14

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

Facility Name & ID Number BRIA OF FOREST EDGE # 0052035 Report Period Beginning: 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	$ 1,020,000	BRIA HEALTH SERVICES		$	$ (1,020,000)	15
16	V	19	BKKPND/ADMIN SERVICES	2,000				(2,000)	16
17	V								17
18	V	17	CFO SALARY-A.WEINFELD				11,000	11,000	18
19	V	10	SALARIES-MEDICARE/NURSING				68,274	68,274	19
20	V	10	SALARIES-REGIONAL DIR RELATED PARTIES				26,215	26,215	20
21	V	21	SALARIES-CLERICAL RELATED PARTIES				3,842	3,842	21
22	V	21	SALARIES-CLERICAL				178,512	178,512	22
23	V	6	MAINTENANCE				1,737	1,737	23
24	V	7	SCAVENGER				352	352	24
25	V	10	NURSING CONSULTANT & SUPPLIES				10,325	10,325	25
26	V	19	PROFESSIONAL FEES				9,400	9,400	26
27	V	20	DUES,FEES,SUBSCRIPTIONS				9,907	9,907	27
28	V	21	OFFICE EXPENSE				38,862	38,862	28
29	V	23	SEMINARS				541	541	29
30	V	24	TRAVEL				5,489	5,489	30
31	V	26	INSURANCE				8,200	8,200	31
32	V	27	EMPLOYEE BENEFITS				53,969	53,969	32
33	V	30	DEPRECIATION				8,252	8,252	33
34	V	32	INTEREST				44,561	44,561	34
35	V	35	AUTO LEASE				3,152	3,152	35
36	V	35	EQUIPMENT RENTAL				2,082	2,082	36
37	V								37
38	V								38
39	Total			$ 1,022,000			$ 484,672	$ * (537,328)	39

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

Facility Name & ID Number BRIA OF FOREST EDGE # 0052035 Report Period Beginning: 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	AVRUM WEINFELD	23.75	BRIA OF CAHOKIA	CAHOKIA				1
2								2
3	DANIEL WEISS	23.75	BRIA OF RIVER OAKS	BURNHAM	IME REALTY CORP	SKOKIE	MGMT CONSULT	3
4								4
5	NATAN WEISS	23.75	BRIA OF BELLEVILLE	BELLEVILLE				5
6								6
7	FRED BERKOVITS	23.75	BRIA OF GENEVA	GENEVA	BRIA HEALTH		MANAGEMENT	7
8					SERVICES, LLC	SKOKIE		8
9	DOV SEGAL	5	BRIA OF WESTMONT	WESTMONT				9
10					BEVERLY PAVILION		REAL ESTATE	10
11			BRIA OF CHICAGO HEIGHTS	SOUTH CHICAGO	LLC	SKOKIE		11
12				HEIGHTS				12
13								13
14			BRIA OF PALOS HEIGHTS	PALOS HILLS				14
15								15
16			LAKE PARK	WAUKEGAN				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 FOREST EDGE # 0052035 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	ALLOCATIOM FR BRIA HEALTH SERVICES								$		1
2					SEE						2
3	AVRUM WEINFELD	SHAREHOLDER	ADMINISTRATIV	23.75	ATTACHED	4	10.00	SALARY	11,000	17-7	3
4					SCHEDULE						4
5	DANIEL WEISS	SHAREHOLDER	REGIONAL DIR	23.75		4	10.00		6,640	17-7	5
6											6
7											7
8											8
9	ALLOCATIONS FROM WESS MANAGEMENT GROUP:										9
10	DANIEL WEISS	SHAREHOLDER	ADMINISTRATIV	23.75		4	10.00		7,000	17-7	10
11											11
12	NATAN WEISS	CFO	FINANCE/MGMT	23.75		4	10.00		14,500	17-7	12
13								TOTAL	$ 39,140		13

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

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

Facility Name & ID Number BRIA OF FOREST EDGE # 0052035 Report Period Beginning: 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		$ 11,000	1
2	10	SALARIES-MEDICARE/NURSING	CENSUS DAYS	476,457	9	355,924	355,924	91,395	68,274	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	91,395	178,512	5
6	6	MAINTENANCE	CENSUS DAYS	476,457	9	9,053		91,395	1,737	6
7	7	SCAVENGER	CENSUS DAYS	476,457	9	1,836		91,395	352	7
8	10	NURSING CONSULTANT & SUPPI	CENSUS DAYS	476,457	9	53,827		91,395	10,325	8
9	19	PROFESSIONAL FEES	CENSUS DAYS	476,457	9	49,003		91,395	9,400	9
10	20	DUES,FEES,SUBSCRIPTIONS	CENSUS DAYS	476,457	9	51,648		91,395	9,907	10
11	21	OFFICE EXPENSE	CENSUS DAYS	476,457	9	202,594		91,395	38,862	11
12	23	SEMINARS	CENSUS DAYS	476,457	9	2,822		91,395	541	12
13	24	TRAVEL	CENSUS DAYS	476,457	9	28,614		91,395	5,489	13
14	26	INSURANCE	CENSUS DAYS	476,457	9	42,750		91,395	8,200	14
15	27	EMPLOYEE BENEFITS	CENSUS DAYS	476,457	9	281,347		91,395	53,969	15
16	30	DEPRECIATION	CENSUS DAYS	476,457	9	43,023		91,395	8,252	16
17	32	INTEREST	CENSUS DAYS	476,457	9	232,306		91,395	44,561	17
18	35	AUTO LEASE	CENSUS DAYS	476,457	9	16,432		91,395	3,152	18
19	35	EQUIPMENT RENTAL	CENSUS DAYS	476,457	9	10,854		91,395	2,082	19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 2,754,866	$ 1,728,757		$ 484,672	25

Facility Name & ID Number BRIA OF FOREST EDGE # 0052035 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	HUD - CAMBRIDGE - BEVERLY		X	MORTGAGE		6/01/12	$ 17,721,500	$ 15,191,952	05/01/43	0.0395	$ 606,293	1
2	CAMBRIDGE		X	ACQUISITION COST			215,966	91,954			7,853	2
3	LOAN COST		X	AMORTIZE OVER LIFE OF LOAN			154,141	108,508			5,138	3
4	SANDRA SEGAL			WORKING CAPITAL		11/12	150,000	34,942	11/22	0.0500	2,208	4
5	BENNLE WEINFELD			WORKING CAPITAL		11/12	200,000	172,838	11/22	0.1409	24,761	5
	Working Capital											
6	MB FINANCIAL			WORKING CAPITAL		11/12	3,000,000			PRIME+	10,102	6
7												7
8	RELATED PARTY ALLOCATION										44,561	8
9	TOTAL Facility Related						$ 21,441,607	$ 15,600,194			$ 700,916	9
	B. Non-Facility Related*											
10												10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$	14
15	TOTALS (line 9+line14)						$ 21,441,607	$ 15,600,194			$ 700,916	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ 76,738 Line # 36

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

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

Facility Name & ID Number BRIA OF FOREST EDGE # 0052035 Report Period Beginning: 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.**	$ 592,939	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.)		$ 736,233	2
3. Under or (over) accrual (line 2 minus line 1).		$ 143,294	3
4. Real Estate Tax accrual used for 2020 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 743,595	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.		$ 886,889	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2015	481,021	8
	2016	529,981	9
	2017	565,083	10
	2018	587,068	11
	2019	736,233	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 FOREST EDGE COUNTY COOK

FACILITY IDPH LICENSE NUMBER 0052035

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.	20-31-108-044-0000	NURSING HOME	$ 736,233.02	$ 736,233.02
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 736,233.02	$ 736,233.02

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 FOREST EDGE # 0052035 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

X. BUILDING AND GENERAL INFORMATION:

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

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

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

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

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

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

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

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

3. Current Period Amortization: 4. Dates Incurred:

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

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1			2005	$ 1,500,000	1
2					2
3	TOTALS			$ 1,500,000	3

Facility Name & ID Number BRIA OF FOREST EDGE # 0052035 Report Period Beginning: 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	328		2005	2005	$ 17,449,000	$ 634,509	27.5	$ 634,509	$	$ 9,385,446	4
5											5
6											6
7	BRIA ALLOC				138,734	3,696		3,696			7
8											8
	Improvement Type**										
9	AWNINGS			2001	10,500	382	27.5	382		7,306	9
10	FENCE			2001	2,100		15			2,100	10
11	ELEVATOR			2001	18,340	667	27.5	667		12,756	11
12	ALARM			2001	5,686	207	27.5	207		3,959	12
13	WINDOWS			2001	4,149	151	27.5	151		2,888	13
14	BOILER			2001	3,000	109	27.5	109		1,867	14
15	FURNISHINGWALLPAPER & BORDERS			2001	12,953		5			12,953	15
16	KITCHEN SINK & DRAIN			2001	2,525	92	27.5	92		1,759	16
17	DOORS			2001	15,100	549	27.5	549		10,489	17
18	ELEVATOR			2002	222,811	8,102	27.5	8,102		153,938	18
19	FENCE			2002	3,100		15			3,100	19
20	DOORS & LOCKS			2002	21,741	791	27.5	791		14,930	20
21	SHOWER ROOMS			2002	4,669	170	27.5	170		3,110	21
22	ALARM AND SPRINKLER			2002	11,881	432	27.5	432		7,901	22
23	EJECTOR & SEWEGE PUMP			2002	14,604	531	27.5	531		9,713	23
24	ROOF DRAIN			2002	3,100	113	27.5	113		2,095	24
25	FURNISHING - CARPETS AND DRAPERIES			2002	91,494		5			91,494	25
26	ELEVATIR			2003	110,562	4,020	27.5	4,020		71,523	26
27	PARKING LOT			2003	64,182		15			64,182	27
28	FIRE ALARM SYSTEM			2003	25,000	909	27.5	909		15,945	28
29	ROOF			2003	26,500	964	27.5	964		16,830	29
30	EXTERIOR WALL			2003	9,796	356	27.5	356		6,186	30
31	SINKS			2003	3,146	114	27.5	114		2,000	31
32	BUILT IN WARDROBE			2003	19,398	705	27.5	705		12,191	32
33	REBUILD A/C & HEATING RETURN FAN			2004	4,700	171	27.5	171		2,886	33
34	FIRE ALARM SYSTEM			2004	13,201	480	27.5	480		8,060	34
35	BUILT IN WARDROBE			2004	21,807	793	27.5	793		13,118	35
36				2004	61,620	2,241	27.5	2,241		36,510	36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number BRIA OF FOREST EDGE # 0052035 Report Period Beginning: 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	DOORS	2004	$ 2,995	$ 109	27.5	$ 109	$	$ 1,767	37
38	BOILER REPAIR	2004	5,650	206	27.5	206		3,304	38
39	HOT WATER HEATER	2004	5,756	209	27.5	209		3,780	39
40	FLOOR TILING	2004	5,326	194	27.5	194		3,112	40
41	REMODEL BATHROOM	2005	6,080	221	27.5	221		3,435	41
42	DOORS	2005	4,506	164	27.5	164		2,549	42
43	FLOOR TILING	2005	1,536	56	27.5	56		870	43
44	2 WATER BOILERS	2005	99,047	3,602	27.5	3,602		55,081	44
45	CONCRETE PATIO	2005	3,015	75	15	75		3,015	45
46	SHOWER	2006	3,040	111	27.5	111		1,614	46
47	DUCT WORK	2006	5,600	204	27.5	204		2,967	47
48	A/C COOLING TOWER	2006	13,161	479	27.5	479		6,486	48
49	FIRE ALARM - BEVERLY	2007	273,534	9,946	27.5	9,946		134,272	49
50	COOLING TOWERS - BEVERLY	2007	121,905	4,433	27.5	4,433		59,845	50
51	SHOWERS - BEVERLY	2007	12,160	442	27.5	442		5,967	51
52	AIR CLEANERS - BEVERLY	2007	10,851	395	27.5	395		5,332	52
53	CONCRETE WORK - BEVERLY	2007	5,100	185	27.5	185		2,590	53
54	SHOWERS - BEVERLY	2008	9,120	333	27.5	333		4,240	54
55	DOORS - BEVERLY	2008	4,520	164	27.5	164		2,125	55
56	BOLIER - BEVERLY	2008	5,295	193	27.5	193		2,404	56
57	FLOORS - BEVERLY	2008	6,260	228	27.5	228		2,803	57
58	ROOFING - BEVERLY	2008	3,800	138	27.5	138		1,685	58
59	EXTERIOR WALL - BEVERLY	2008	20,000	727	27.5	727		8,754	59
60	ROOFING - BEVERLY	2009	10,333	375	27.5	375		4,384	60
61	CAULK JOINTS - BEVERLY	2010	28,450	1,035	27.5	1,035		10,911	61
62	MECHANICAL ROOM - BEVERLY	2010	19,450	707	27.5	707		7,276	62
63	WELDING - BEVERLY	2010	3,587	130	27.5	130		1,316	63
64	ROOF - BEVERLY	2010	2,925	106	27.5	106		1,073	64
65	STEEL DOOR - BEVERLY	2011	1,275	46	27.5	46		450	65
66	CONTROLLE R- ANNUNCIATOR - BEVERLY	2011	6,649	242	27.5	242		2,128	66
67	CONCRETE - SIDEWALK - BEVERLY	2011	2,375	86	27.5	86		849	67
68	BACKFLOW REPAIR - BEVERLY	2011	4,550	165	27.5	165		1,519	68
69	ELECTRICAL - BEVERLY	2012	4,347	158	27.5	158		1,402	69
70	TOTAL (lines 4 thru 69)		$ 19,107,597	$ 687,118		$ 687,118	$	$ 10,326,540	70

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

Facility Name & ID Number BRIA OF FOREST EDGE # 0052035 Report Period Beginning: 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		$ 19,107,597	$ 687,118		$ 687,118	$	$ 10,326,540	1
2	VINYL FENCE AND GATE	2012	7,400	269	27.5	269		2,320	2
3	SOUTH ROOF FLASHING - BEVERLY	2012	4,350	158	27.5	158		1,350	3
4	KITCHEN IMPROVEMENT - BEVERLY	2012	2,640	96	27.5	96		812	4
5	SIDEWALK - BEVERLY	2012	2,150	78	27.5	78		660	5
6	NORTH ROOF FLASHING - BEVERLY	2012	1,950	71	27.5	71		601	6
7	SPRINKLER MODIFICATIONS	2012	17,530	637	27.5	637		5,229	7
8	FIRE DAMPERS, CEILING, ELECTRICAL WORK - BEVERL	2012	49,679	1,807	27.5	1,807		14,832	8
9	COMPLETE REBUILD OF CHILLER - BEVERLY	2013	42,700	1,553	27.5	1,553		12,230	9
10	WIRING FOR SATELLITE - BEVERLY	2013	13,325	485	27.5	485		3,739	10
11	FIRE SPRINKLERS - BEVERLY	2013	16,686	607	27.5	607		4,628	11
12	BOILER REBUILD - BEVERLY	2013	8,550	311	27.5	311		2,320	12
13	INSTALL DOOR PACKAGE ON 3 ELEVATORS - BEVERLY	2013	36,000	1,309	27.5	1,309		9,436	13
14	WALK IN FREEZER NEW CONDENSING UNIT - BEVERLY	2013	7,307	266	27.5	266		1,917	14
15									15
16	COMM AWNING WITH NAME	2013	9,200	204	7	204		9,198	16
17									17
18									18
19	REPLACE ELEVATOR ENCODER & MACHINE BEARINGS	2014	18,060	657	27.5	657		4,407	19
20									20
21	1ST FLOOR DAY RM - GLASS WALLS , DOORS & GUARDS	2014	9,998	364	27.5	364		2,442	21
22	1ST FLOOR - REMOVE VCT AND INSTALL CARPET TILE	2014	20,810	757	27.5	757		5,078	22
23	LOBBY - REMOVE WALL AND INSTALL NEW GLASS								23
24	WALL , DOORS AND ACOUSTICAL CEILING	2014	87,162	3,170	27.5	3,170		21,265	24
25	1ST FLR VESTIBULE,RECEPTION SECURITY STATION								25
26	AND CORRIDOR - PAINT ,WALL COVERING & SIGNAGE	2014	21,335	776	27.5	776		5,206	26
27	1ST FLR VESTIBULE,RECEPTION SECURITY STATION								27
28	AND CORRIDOR - MILL WORK,ELCTRICAL	2014	10,083	367	27.5	367		2,462	28
29	ELEVATOR - WALLCOVERING AND NEW CEILING	2014	24,569	893	27.5	893		5,991	29
30	REFRESHMENT STAND	2014	2,500	91	27.5	91		610	30
31	GUEST BATHRMS & SMOKING PATIO - DOORS & FRAME	2014	8,657	315	27.5	315		2,113	31
32	2ND FLOOR - REBUILD 2 TUB ROOMS	2014	30,531	1,110	27.5	1,110		7,354	32
33									33
34	TOTAL (lines 1 thru 33)		$ 19,560,769	$ 703,469		$ 703,469	$	$ 10,452,740	34

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

Facility Name & ID Number BRIA OF FOREST EDGE # 0052035 Report Period Beginning: 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		$ 19,560,769	$ 703,469		$ 703,469	$	$ 10,452,740	1
2	SMOKING PATIO - REMOVE OLD FLR AND WALL AND								2
3	INSTALL NEW FLOOR AND WALLS	2014	5,037	183	27.5	183		1,228	3
4	NURSES STATION - NURSES STATION , ELECTRICAL ,								4
5	BUILT IN CABINETS AND COUNTER TOPS	2014	27,118	986	27.5	986		6,614	5
6	2ND FLOOR CORRIDOR & GREAT ROOM - NEW								6
7	ACOUSTICAL CEILING & LIGHTING	2014	26,708	971	27.5	971		6,514	7
8	2ND FLOOR GREAT ROOM - REMOVE OLD GLASS WALL								8
9	INSTALL NEW STUD WALL	2014	5,700	207	27.5	207		1,389	9
10	2ND FLOOR CORRIDOR & GREAT ROOM - WALL								10
11	COVERINGS	2014	25,444	925	27.5	925		6,205	11
12	2ND FLOOR - VCT AND COVE BASE REMOVAL AND								12
13	OF NEW FLOORING AND CHAIR RAILS	2014	45,077	1,639	27.5	1,639		10,995	13
14	3RD FLOOR - DEMOLISH & REBUILD THE SHOWER	2014	16,540	601	27.5	601		3,932	14
15	AREAS IN BOTH 3RD FLOOR TUB RMS.REBUILD								15
16	INCLUDES TILES, PLUMBING FIXTURES, AND TRIMS								16
17	ALL WINDOWS OF BUILDING TO BE RECAULKED	2014	30,880	1,123	27.5	1,123		7,066	17
18	FIRE SPRINKLERS - ELEVATOR AND SECOND FLOOR	2014	8,600	313	27.5	313		1,943	18
19	18 SMOKE DETECT ELEVATOR & VARIOUS LOCATION	2014	3,191	116	27.5	116		730	19
20	CONCRETE PILLARS	2014	6,800	247	27.5	247		1,533	20
21	INSTALL 2 DAMPERS ON THE MAIN AIR SUPPLY AND	2014	5,480	199	27.5	199		1,235	21
22	RETURN DUCTS								22
23	INSTALL NEW BOILER SECTIONS	2014	11,724	426	27.5	426		2,609	23
24	4 TH FLOOR TUB ROOM REMOVE OLD FLOOR AND	2014	4,430	161	27.5	161		1,013	24
25	DRAIN INSTALL NEW								25
26	AWNING	2014	6,520	237	27.5	237		1,531	26
27									27
28	1ST FLOOR THERAPY ROOM								28
29	REMOVAL OF EXISTING COVE BASE & VCT	2015	13,694	498	27.5	498		2,884	29
30	PREP & INSTALL OF NEW VINYL & CARPET								30
31	FLOORING & COVE BASE								31
32	FRAME NEW WALLS FOR VESTIBULE , STORAGE,	2015	10,992	400	27.5	400		2,316	32
33	AND WORK STATION, PROVIDE SEPARATE								33
34	TOTAL (lines 1 thru 33)		$ 19,814,704	$ 712,701		$ 712,701	$	$ 10,512,477	34

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

Facility Name & ID Number BRIA OF FOREST EDGE # 0052035 Report Period Beginning: 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 12C, Carried Forward		$ 19,814,704	$ 712,701		$ 712,701	$	$ 10,512,477	1
2	SWITCHING FOR VESTIBULE LIGHTING AND								2
3	6 NEW OUTLETS AND INSTALL DRYWALL ,								3
4	TAPE JOINTS, SMOOTH AND PRIME READY FOR								4
5	FINISHES								5
6	FURNISH & INSTALL NEW CEILING & LIGHTING	2015	15,140	551	27.5	551		3,191	6
7	CEILING TO BE 2X2 FIRE RATED LIGHTING TO BE								7
8	DIRECT INDIRECT RECESSED LIGHTING								8
9	PREP WALLS , INSTALL WALLCOVERING & PAINT	2015	4,569	202	7	202		2,689	9
10	MIRROR WALL 16'11"W X 8'H WITH	2015	2,640	96	27.5	96		556	10
11	CRACK ISOLATION MEMBRANE								11
12	CUSTOM CHARTING STATION WITH 4 LOCKING	2015	9,780	355	27.5	355		2,057	12
13	UPPER CABINETS , 3 PEDESTALS 2 LATERAL FILES								13
14	LAMINATED TOP WITH GRANITE TRANS TOP								14
15	FREIGHT & TAX FOR THERAPY ROOM PROJECT	2015	5,330	194	27.5	194		1,123	15
16	BUILD WALL WITH DOOR OPENING FOR NEW	2015	4,270	155	27.5	155		898	16
17	THERAPY RM , INSTALL NEW DRY WALL, TAPE								17
18	JOINTS , SAND SMOOTH & PRIME, INSTALL PAIR								18
19	OF DOUBLE DOORS								19
20	WINDOW TREATMENTS -CORNICE ROLLER SHADE	2015	6,354	280	7	280		3,738	20
21	CUBICLE CURTAINS WITH SUSPENDED TRACK	2015	1,920	88	7	88		1,135	21
22	SIGNAGE ON ENTRY & THERAPY RECEPTION AREA	2015	6,796	306	7	306		4,011	22
23	SECURITY SYSTEM IN 2ND FLOOR TO 7TH FLOOR								23
24	STAIR WELL DOORS	2015	24,564	893	27.5	893		4,725	24
25	INSTALLED AS PER CODE ONE ROPE GRIPPER.	2016	36,711	1,335	27.5	1,335		6,397	25
26	SERVICE ELEVATOR- FURNISHED AND INSTALLED NEW ALUMINUM DIAMOND PLATE; REPAIRED PLYWOOD FLOORING IF NECESSAI								26
27	ADJUST AND RETURN CAR TO SERVICE	2016	5,300	193	27.5	193		925	27
28	ROOM 212 AND ROOM 214- REMOVE PLUMBING FIXTURES AND HARDWARE FROM BATHROOMS IN BOTH ROOMS. CAP OFF PLUMBIN(								28
29	INSIDE WALLS AND PLUG TOILET DRAINS. REMOVE OVERBED LIGHTS, CUBLICLE TRACKS, WALL BETWEEN BATHROOMS, CLOSETS								29
30	AND WALL BETWEEN TWO ROOMS. REMOVE AND REROUTE EXISTING ELECTRIC AFTER WALL REMOVAL. PATCH & SAND WALLS A]								30
31	AWININGS								31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 19,938,078	$ 717,349		$ 717,349	$	$ 10,543,922	34

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

Facility Name & ID Number BRIA OF FOREST EDGE # 0052035 Report Period Beginning: 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 12D, Carried Forward		$ 19,938,078	$ 717,349		$ 717,349	$	$ 10,543,922	1
2	WALLS REMOVAL. PREP FOR NEW FINISHES. NURSE CALLS BY OTHERS. FURNISH & INSTALL NEW DOOR & FRAME FOR NEW STORA(								2
3	CLOSET.	2016	14,987	545	27.5	545		2,521	3
4	MODIFY FIRE SPRINKLERS, REMOVE EXISTING LINES FOR DEMO OF THE WALL BETWEEN ROOM 212 & ROOM 214. INSTALL 6 NEW								4
5	HEADS IN THE MIDDLE OF THE ROOM. REMOVE EXISTING LINES FOR DEMO OF THE BATHROOM AND WARDROBE CLOSETS. ADD 2 N								5
6	HEADS UNDER THE SOFFIT	2016	10,332	376	27.5	376		1,739	6
7	ROOMS 212 AND 214- EXISTING COVE BASE AND VCT REMOVAL, PREP FLOOR AND VCT1 AND VCT2 INSTALLATION, CUSTOM PVT								7
8	INSTALLATION, MILLWORK BASE INSTALLATION	2016	3,467	126	27.5	126		583	8
9	ROOM 212 AND 214- WINDOW TREATMENTS INCLUDING 2 CORNICES & 4 ROLLER SHADES &								9
10	INSTALLATION	2016	3,094	112	27.5	112		518	10
11									11
12	AWININGS	2016	5,950	397	15	397		1,787	12
13	INSTALLED NEW CEILING TILE AND LIGHTS; REMOVE A	2016	4,677	170	27.5	170		786	13
14	REPLACE EXISTING DOOR								14
15	EXTEND WALL IN PHYSICAL THERAPY ROOM TO MEET	2016	2,540	92	27.5	92		372	15
16	THE EXTERIOR GLASS WALL.								16
17	REPLACEMENT OF SIDEWALK IN REAR PARK OF THE BU	2017	4,800	320	15	320		1,120	17
18	SIDEWALK REMOVAL AND REPAIR AT THE REAR OF THI	2017	5,600	373	15	373		1,306	18
19	REMOVE AND REPLACE REAE CONCRETE STAIRS	2017	7,950	530	15	530		1,855	19
20	EJECTOR PUMP REPLACEMENT: EXISTING PUMP HAS A	2017	8,900	324	27.5	324		1,148	20
21	BAD PUMP MOTOR AND PUMPHOUSING BOLTING IS								21
22	STRIPPED PREVENTING PUMP FROM PRIMING. ALSO								22
23	FLOAT SYSTEM USED FOR BOTH PUMPS HAS FAILED AND								23
24	REQUIRED REPLACEMENT TO PROVIDE AND REPLACE THE								24
25	LEFT PUMP WITH A NEW OF EQUAL SIZE AND APPLICATION.								25
26	ALSO REPLACE THE PIPING CIRCUIT, THE GATE VALVE,								26
27	CHECK VALVE AND FLOAT BALL W/ROD								27
28	8 FEET TALL CEDAR FENCE	2018	13,500	900	15	900		2,250	28
29	INSTALL ELEVATOR DOOR EQUIPMENT	2019	26,711	971	27.5	971		1,578	29
30	PARKIN LOT-REPLACE CONCRETE/ASPHALT, SEAL COAT	2019	11,074	738	15	738		1,107	30
31	PAINTING COMMON AREA/BATHROOMS, HANDRAILS	2019	20,825	4,165	5	4,165		6,248	31
32	NORTH WING ROOF-APPLIED AN ELASTOMERIC COATIN	2019	22,950	835	27.5	835		1,218	32
33	2ND,3RD,4TH,5TH,6TH,7TH FLOOR-WINDOW TREATMENT	2019	88,159	17,632	5	17,632		26,448	33
34	TOTAL (lines 1 thru 33)		$ 20,193,594	$ 745,955		$ 745,955	$	$ 10,596,506	34

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

Facility Name & ID Number BRIA OF FOREST EDGE # 0052035 Report Period Beginning: 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 12E, Carried Forward		$ 20,193,594	$ 745,955		$ 745,955	$	$ 10,596,506	1
2	INSTALL NEW HOIST ROPES ON PASSENGER CARS	2020	34,117	672	27.5	672		672	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
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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)		$ 20,227,711	$ 746,627		$ 746,627	$	$ 10,597,178	34

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

Facility Name & ID Number BRIA OF FOREST EDGE # 0052035 Report Period Beginning: 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	$ 445,427	$ 9,235	$ 44,543	$ 35,308	10 YRS	$ 210,959	71
72	Current Year Purchases							72
73	Fully Depreciated Assets							73
74	RELATED PARTY		4,556	4,556				74
75	TOTALS	$ 445,427	$ 13,791	$ 49,099	$ 35,308		$ 210,959	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			2020	$ 52,240	$ 52,240	$ 10,448	$ (41,792)	5	$ 10,448	76
77										77
78										78
79										79
80	TOTALS			$ 52,240	$ 52,240	$ 10,448	$ (41,792)		$ 10,448	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 22,225,378	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 812,658	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 806,174	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ (6,484)	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 10,818,585	85	

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

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

G. Construction-in-Progress

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

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

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

Facility Name & ID Number BRIA OF FOREST EDGE # 0052035 Report Period Beginning: 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: $ 16,505 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 VAN	2020 FORD E350 BUS	$ #######	$ 18,175	17
18					18
19					19
20					20
21	TOTAL		$ #######	$ 18,175	21

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

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

Facility Name & ID Number BRIA OF FOREST EDGE # 0052035 Report Period Beginning: 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.

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.

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	$		$ 353,878	$		$ 353,878	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			99,294			99,294	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			315,429			315,429	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				57,761		57,761	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	39-2					14,677		14,677	
	Other (specify): RENTALS, IV THERA	39-2					20,585		20,585	13
14	TOTAL			$		$ 768,601	$ 93,023		$ 861,624	14

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

Facility Name & ID Number BRIA OF FOREST EDGE # 0052035 Report Period Beginning: 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	$ 2,843,864	$ 3,018,015	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 787,000)	3,016,632	3,016,632	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	1,056,443	1,113,113	6
7	Other Prepaid Expenses	54,907	54,907	7
8	Accounts Receivable (owners or related parties)	1,172,072	252,496	8
9	Other(specify): ESCROWS		809,050	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 8,143,918	$ 8,264,213	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		1,500,000	13
14	Buildings, at Historical Cost		17,449,000	14
15	Leasehold Improvements, at Historical Cost		1,647,761	15
16	Equipment, at Historical Cost	526,506	1,427,320	16
17	Accumulated Depreciation (book methods)	(510,164)	(11,948,275)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (spe Deposit on Fixed Asse	24,464	24,464	22
23	Other(specify): LOAN/CLOSING COSTS		200,462	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 40,806	$ 10,300,732	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 8,184,724	$ 18,564,945	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 1,394,374	$ 1,402,374	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable		354,330	29
30	Accrued Salaries Payable	288,982	288,982	30
31	Accrued Taxes Payable (excluding real estate taxes)	37,408	37,408	31
32	Accrued Real Estate Taxes(Sch.IX-B)		743,595	32
33	Accrued Interest Payable		50,007	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	PA LOAN	1,549,200	1,549,200	36
37	NOTE PAYABLE - PPP	1,479,185	1,479,185	37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 4,749,149	$ 5,905,081	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	207,780	207,780	39
40	Mortgage Payable		14,837,622	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)**	$ 207,780	$ 15,045,402	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 4,956,929	$ 20,950,483	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 3,227,795	$ (2,385,538)	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 8,184,724	$ 18,564,945	48

***(See instructions.)**

Facility Name & ID Number BRIA OF FOREST EDGE # 0052035 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**	$ 2,366,945	1
2	Restatements (describe):		2
3	PRIOR	(424)	3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 2,366,521	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	2,041,274	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	(1,180,000)	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)**	$ 861,274	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)**	$ 3,227,795	24 *

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

Facility Name & ID Number BRIA OF FOREST EDGE # 0052035 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	$ 20,299,783	1
2	Discounts and Allowances for all Levels	( )	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 20,299,783	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***	18,790	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 18,790	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	STIMULUS PAYMENT	3,329,400	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 3,329,400	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 23,647,973	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	3,905,622	31
32	Health Care	6,827,867	32
33	General Administration	6,728,156	33
	B. Capital Expense		
34	Ownership	2,566,834	34
	C. Ancillary Expense		
35	Special Cost Centers	861,624	35
36	Provider Participation Fee	710,702	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 21,600,805	40
41	**Income before Income Taxes (line 30 minus line 40)****	2,047,168	41
42	**Income Taxes**	(5,894)	42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 2,041,274	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 16,785,304	44
45	Private Pay - Net Inpatient Revenue	2,340	45
46	Medicare - Net Inpatient Revenue	3,164,361	46
47	Other-(specify) HOSPICE/INSURANCE/ETC	63,546	47
48	Other-(specify) MANAGED CARE	284,232	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 20,299,783	49

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

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

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

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

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

Facility Name & ID Number BRIA OF FOREST EDGE # 0052035 Report Period Beginning: 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	4,819	5,317	$ 378,741	$ 71.23	1
2	Assistant Director of Nursing	567	615	29,885	48.59	2
3	Registered Nurses	15,916	17,052	652,876	38.29	3
4	Licensed Practical Nurses	39,354	42,343	1,384,951	32.71	4
5	CNAs & Orderlies	110,993	122,159	2,039,451	16.70	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	11,094	12,353	199,700	16.17	10
11	Social Service Workers	25,872	27,131	543,285	20.02	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	17,644	18,129	313,591	17.30	15
16	Dishwashers					16
17	Maintenance Workers	7,120	7,485	205,550	27.46	17
18	Housekeepers	16,979	17,512	292,101	16.68	18
19	Laundry	3,258	3,346	73,927	22.09	19
20	Administrator	4,192	4,608	225,460	48.93	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	18,176	19,604	471,531	24.05	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	6,238	6,697	106,269	15.87	31
32	Other Health C: Care Plan Coord	13,630	14,733	619,384	42.04	32
33	Other(specify) Security	24,870	27,116	417,574	15.40	33
34	TOTAL (lines 1 - 33)	320,722	346,200	$ 7,954,276 *	$ 22.98	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	24,813	9-3	36
37	Medical Records Consultant	N	0	10-3	37
38	Nurse Consultant	T	18,270	10-3	38
39	Pharmacist Consultant	H	19,052	10-3	39
40	Physical Therapy Consultant	L	27,878	10a-3	40
41	Occupational Therapy Consultant	Y	26,521	10a-3	41
42	Respiratory Therapy Consultant		2,574	10a-3	42
43	Speech Therapy Consultant	F	2,802	10a-3	43
44	Activity Consultant	E	0	11-3	44
45	Social Service Consultant	E	0	12-3	45
46	Other(specify)	S			46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 121,910		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	88	$ 6,575	10-3	50
51	Licensed Practical Nurses	2,326	163,753	10-3	51
52	Certified Nurse Assistants/Aides	72	1,890	10-3	52
53	TOTAL (lines 50 - 52)	2,486	$ 172,218		53

Facility Name & ID Number BRIA OF FOREST EDGE # 0052035 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
JANET OLADELE	ADMINISTRATOR	0	$ 91,504
JULIE KOSMAN	ADMINISTRATOR	0	133,956
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			$ 225,460

B. Administrative - Other

Description	Amount
BRIA HEALTH CARE SERVICE MANAGEMENT FEES	$ 1,020,000
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)	$ 1,020,000

C. Professional Services

Vendor/Payee	Type	Amount
ALPHA DATA	DATA PROCESSING	$ 120
NATIONAL DATACARE CORP	DATA PROCESSING	6,081
PARAGON	DATA PROCESSING	10,762
KBKB LTD	ACCOUNTING	18,000
RICARD PEELO & ASSOCIATES	MEDICARE CONSULTANT	4,500
PERSONNEL PLANNERS	UC CONSULTANT	5,438
RESOLUTE HEALTHCARE SOL	LTC MEDICAID PROCESS	3,673
BRIA HEALTH SERVICES	BOOKKEEPING/ADMIN	2,000
US HOUSING CONSULTANTS	PRE - REAC INSPECTION	12,594
SEE LEGAL SCHEDULE ATTACHED		246,923
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)		$ 310,091

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 200,128
Unemployment Compensation Insurance	67,852
FICA Taxes	596,536
Employee Health Insurance	315,694
Employee Meals	0
Illinois Municipal Retirement Fund (IMRF)*	
EMPLOYEE BENEFITS - OTHER	27,773
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)	$ 1,207,983

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	38,003
Health Care Worker Background Check	250
(Indicate # of checks performed 5)	
Patient Background Checks 240	3,165
TRUST/FRANCHISE/CONTRIB/ETC	25,612
MARKETING/ADV/PROMO	9,909
LICENSES/DUES/SUBSCRIPTIONS	34,814
MGMT CO ALLOC	9,907
TRUST/FRANCHISE/CONTRIB/ETC	(25,612)
Less: Public Relations Expense	(0)
Non-allowable advertising	(9,909)
Yellow page advertising	(0)
TOTAL (agree to Sch. V, line 20, col. 8)	$ 88,129

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
	10,131
NOT ALLOWABLE	(3,535)
MGMT ALLOC	5,489
Seminar Expense	
	0
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 12,085

* Attach copy of IMRF notifications

**See instructions.

BRIA OF FOREST EDGE
SCHEDULE - LEGAL
12/31/2020

INVOICE DATE	FIRM NAME	DESCRIPTION OF SERVICE	AMOUNT
1/20/2020	ANDERSON RASOR & PARTNERS LLP	DEFENSE OF LIABILITY SUIT	19.50
2/26/2020	ANDERSON RASOR & PARTNERS LLP	DEFENSE OF LIABILITY SUIT	97.50
3/19/2020	ANDERSON RASOR & PARTNERS LLP	DEFENSE OF LIABILITY SUIT	175.50
4/21/2020	ANDERSON RASOR & PARTNERS LLP	DEFENSE OF LIABILITY SUIT	78.00
6/25/2020	ANDERSON RASOR & PARTNERS LLP	DEFENSE OF LIABILITY SUIT	39.00
8/20/2020	ANDERSON RASOR & PARTNERS LLP	DEFENSE OF LIABILITY SUIT	592.00
8/1/2020	ANDERSON RASOR & PARTNERS LLP	DEFENSE OF LIABILITY SUIT	19.50
9/3/2020	ANDERSON RASOR & PARTNERS LLP	DEFENSE OF LIABILITY SUIT	37.00
10/21/2020	ANDERSON RASOR & PARTNERS LLP	DEFENSE OF LIABILITY SUIT	639.50
11/18/2020	ANDERSON RASOR & PARTNERS LLP	DEFENSE OF LIABILITY SUIT	195.00
1/15/2020	CUNNINGHAM, MEYER, & VEDRINE P.C	LEGAL SERVICES	2,608.09
2/18/2020	CUNNINGHAM, MEYER, & VEDRINE P.C	LEGAL SERVICES	1,701.66
1/17/2020	FEDERAL INSURANCE COMPANY	LEGAL SETTLEMENT	2,064.00
9/3/2020	CHUB GROUP OF INSURANCE CO	LEGAL SETTLEMENTS	(5,000.00)
11/24/2020	JACKSON LEWIS P.C.	CONSULTATIONS	1,774.00
12/11/2020	JACKSON LEWIS P.C.	FLAT FEE - SENSITIVITY TRAINING	1,000.00
4/30/2020	MCCABE KIRSHNER PC	PL/GL LITIGATION	3,200.00
5/31/2020	MCCABE KIRSHNER PC	PL/GL LITIGATION	3,200.00
6/30/2020	MCCABE KIRSHNER PC	PL/GL LITIGATION	3,200.00
6/30/2020	MCCABE KIRSHNER PC	PL/GL LITIGATION	3,200.00
6/1/2020	MCCABE KIRSHNER PC	PL/GL LITIGATION	1,500.00
6/1/2020	MCCABE KIRSHNER PC	PL/GL LITIGATION	1,500.00
7/7/2020	MCCABE KIRSHNER PC	ILEFILE	476.90
7/31/2020	MCCABE KIRSHNER PC	PL/GL LITIGATION	3,200.00
7/31/2020	MCCABE KIRSHNER PC	PL/GL LITIGATION	3,200.00
8/18/2020	MCCABE KIRSHNER PC	ILEFILE	476.90
8/31/2020	MCCABE KIRSHNER PC	PL/GL LITIGATION	3,200.00
9/30/2020	MCCABE KIRSHNER PC	PL/GL LITIGATION	3,200.00
10/31/2020	MCCABE KIRSHNER PC	PL/GL LITIGATION	3,200.00
11/30/2020	MCCABE KIRSHNER PC	PL/GL LITIGATION	3,200.00
12/31/2020	MCCABE KIRSHNER PC	PL/GL LITIGATION	3,200.00
6/1/2020	MICHAEL KLUPCHAK	UNION ISSUES RE: SAFETY/COVID-RELATED PROPOSALS	8,575.00
10/1/2020	MICHAEL KLUPCHAK	LABOR RELATIONS CONSULTING SERVICES	3,412.50
2/4/2020	MORRIS, MANNING & MARTIN	DEC ISSUES	30,346.80
6/19/2020	MORRIS MANNING & MARTIN	DEC ISSUES	67,256.56
6/1/2020	MUCH SHELIST	REGARDING OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION	1,271.00
10/1/2020	MUCH SHELIST	ONGOING GENERAL COUNSELING	82.00
1/2/2020	SB2 INC	CLASS ACTION FOR PAYMENT OF MEDICAID CLAIMS	166.67
1/2/2020	SB2 INC	CLASS ACTION FOR PAYMENT OF MEDICAID CLAIMS	500.00
1/15/2020	SKIDELSKY & ASSOCIATES	ASSESSMENT REDUCTION	400.00
5/1/2020	SKIDELSKY & ASSOCIATES	ASSESSMENT REDUCTION	1,210.00
1/31/2020	STONE MCGUIRE & SIEGEL	COMPLIANCE MEETINGS & EDUCATION	700.00
2/29/2020	STONE MCGUIRE & SIEGEL	COMPLIANCE MEETINGS & EDUCATION	700.00
3/31/2020	STONE MCGUIRE & SIEGEL	COMPLIANCE MEETINGS & EDUCATION	700.00
4/30/2020	STONE MCGUIRE & SIEGEL	COMPLIANCE MEETINGS & EDUCATION	700.00
5/31/2020	STONE MCGUIRE & SIEGEL	COMPLIANCE MEETINGS & EDUCATION	700.00
6/30/2020	STONE MCGUIRE & SIEGEL	COMPLIANCE MEETINGS & EDUCATION	700.00
7/31/2020	STONE MCGUIRE & SIEGEL	COMPLIANCE MEETINGS & EDUCATION	700.00
8/31/2020	STONE MCGUIRE & SIEGEL	COMPLIANCE MEETINGS & EDUCATION	700.00
9/30/2020	STONE MCGUIRE & SIEGEL	COMPLIANCE MEETINGS & EDUCATION	700.00
10/31/2020	STONE MCGUIRE & SIEGEL	COMPLIANCE MEETINGS & EDUCATION	700.00
11/30/2020	STONE MCGUIRE & SIEGEL	COMPLIANCE MEETINGS & EDUCATION	700.00
12/31/2020	STONE MCGUIRE & SIEGEL	COMPLIANCE MEETINGS & EDUCATION	700.00
6/22/2020	STOUT, RISIUS, ROSS INC	FOR PROFESSIONAL SERVICES RENDERED	6,000.00
1/8/2020	MS. ANGELA OLIVER	LEGAL SETTLEMENTS	15,000.00
1/9/2020	TPMB,LLC	LEGAL SETTLEMENTS	34,685.00
12/10/2020	ALLEN N SCHWARTZ LTD	LEGAL SETTLEMENTS	24,423.68
TOTAL			**246,923.26**

Facility Name & ID Number BRIA OF FOREST EDGE # 0052035 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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. **IL HEALTH CARE COUNCIL $ 32,304**

(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. $ **17,004** 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. $ **710,702**
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.