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: 0051540

Facility Name: BRIA OF GENEVA

Address: 1101 EAST STATE ST (Number) GENEVA (City) 60134 (Zip Code)

County: KANE

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

HFS ID Number:

Date of Initial License for Current Owners: 7/8/11

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) MEMBER

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 GENEVA # 0051540 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	107	Skilled (SNF)	107	39,162	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	107	TOTALS	107	39162	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			6,477	6,477	8
9	SNF/PED					9
10	ICF	18,257	2,029	3,073	23,359	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	18,257	2,029	9,550	29,836	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 76.19%

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 7/1/01

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 7/1/01 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 107 and days of care provided 6,477

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 GENEVA # 0051540 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	262,580	29,981	110,026	402,587		402,587		402,587			1
2	Food Purchase		218,781		218,781		218,781		218,781			2
3	Housekeeping	51,653	13,838	129,256	194,747		194,747		194,747			3
4	Laundry		101,489	36,106	137,595		137,595		137,595			4
5	Heat and Other Utilities			110,409	110,409		110,409		110,409			5
6	Maintenance	81,925	82,625	31,791	196,341		196,341	567	196,908			6
7	Other (specify):*			28,344	28,344		28,344	115	28,459			7
8	**TOTAL General Services**	396,158	446,714	445,932	1,288,804		1,288,804	682	1,289,486			8
	B. Health Care and Programs											
9	Medical Director			14,813	14,813		14,813		14,813			9
10	Nursing and Medical Records	2,411,312	275,626	839,346	3,526,284		3,526,284	51,874	3,578,158			10
10a	Therapy			7,675	7,675		7,675		7,675			10a
11	Activities	165,637	8,566		174,203		174,203		174,203			11
12	Social Services	63,797	3,001	1,601	68,399		68,399		68,399			12
13	CNA Training			3,800	3,800		3,800		3,800			13
14	Program Transportation			1,128	1,128		1,128		1,128			14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	2,640,746	287,193	868,363	3,796,302		3,796,302	51,874	3,848,176			16
	C. General Administration											
17	Administrative	151,394		504,000	655,394		655,394	(493,000)	162,394			17
18	Directors Fees											18
19	Professional Services			350,649	350,649		350,649	(72,231)	278,418			19
20	Dues, Fees, Subscriptions & Promotions			79,055	79,055		79,055	(22,392)	56,663			20
21	Clerical & General Office Expenses	293,236	28,089	200,403	521,728		521,728	(21,259)	500,469			21
22	Employee Benefits & Payroll Taxes			487,626	487,626		487,626		487,626			22
23	Inservice Training & Education			6,602	6,602		6,602	177	6,779			23
24	Travel and Seminar			3,451	3,451		3,451	1,349	4,800			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			253,609	253,609		253,609	6,288	259,897			26
27	Other (specify):*			1,638,643	1,638,643		1,638,643	(1,621,025)	17,618			27
28	**TOTAL General Administration**	444,630	28,089	3,524,038	3,996,757		3,996,757	(2,222,093)	1,774,664			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	3,481,534	761,996	4,838,333	9,081,863		9,081,863	(2,169,537)	6,912,326			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 GENEVA **#0051540 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	108,983	
	REPAIRS & MAINTENANCE		1,043	
	CONTRACTED DIETARY SERVICES		0	
				110,026
3	**HOUSEKEEPING**			
	CONTRACTED HOUSEKKEEPING SERVICES		129,256	
				129,256
4	**LAUNDRY**			
	EQUIPMENT REPAIRS & MAINTENANCE		1,652	
	CONTRACTED LAUNDRY SERVICES		34,454	
				36,106
5	**HEAT & OTHER UTILITIES**			
	GAS HEAT		20,148	
	ELECTRICITY		55,037	
	WATER		27,866	
	CABLE TV - LOBBY		7,358	
				110,409
6	**MAINTENANCE**			
	GROUNDS MAINTENANCE		18,856	
	PAINTING & DECORATING		0	
	BUILDING REPAIRS		0	
	MAINTENANCE TRAVEL		0	
	EQUIPMENT MAINTENANCE & REPAIR		0	
	ELEVATOR MAINTENANCE & REPAIR		0	
	OUTSIDE LABOR		0	
	EXTERMINATING SERVICE		0	
	FIRE SERVICE		12,935	
				31,791
7	**OTHER**			
	SCAVENGER		28,344	
	SECURITY SERVICE		0	
				28,344
9	**MEDICAL DIRECTOR**			
	MEDICAL DIRECTOR FEES		14,813	14,813

LINE		SCHED REF		TOTAL
10	**NURSING**			
	CONTRACT NURSING	XVIII C 53-2	791,804	
	LABORATORY & XRAY EXPENSE		200	
	PURCHASED SERVICES		0	
	PSYCHO-SOCIAL CONSULTANT	XVIII B __-2	0	
	RESTORATIVE NURSING CONSULTANT	XVIII B 38-2	32,030	
	MEDICAL RECORDS CONSULTANT	XVIII B 37-2	0	
	PHARMACY CONSULTANT	XVIII B 39-2	6,312	
	UTILIZATION REVIEW FEES	XVIII B __-2	0	
	PHYSICIANS	XVIII B __-2	0	
	PSYCHIATRIC	XVIII B __-2	9,000	
	RN CONSULTANT	XVIII B 38-2		
				839,346
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	4,039	
	OCCUPATIONAL THERAPY CONSULTAN	XVIII B 41-2	2,107	
	RESPIRATORY THERAPY CONSULTANT	XVIII B 42-2	655	
	SPEECH THERAPY CONSULTANT	XVIII B 43-2	874	
				7,675
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	1,601	
	SOCIAL WORKER	XVIII B 45-2	0	
				1,601
13	**NURSE AIDE TRAINING**			
	NURSE AIDE TRAINING COSTS	XIII	3,800	3,800

Facility Name & ID# BRIA OF GENEVA **#0051540 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		1,128	
				1,128
17	**ADMINISTRATIVE**			
	MANAGEMENT FEES	XIX B	504,000	504,000
	DIRECTORS FEES			
18	DIRECTORS FEES		0	0
19	**PROFESSIONAL SERVICES**			
	DATA PROCESSING	XIX C	6,917	
	ADMINISTRATIVE CONSULTANTS	XIX C	0	
	PROFESSIONAL FEES	XIX C	251,732	
	BOOKKEEPING/ADMINISTRATIVE SERVICES		92,000	
				350,649
20	**FEES,SUBSCRIPTIONS,PROMOTIONS**			
	ENTERTAINMENT & MARKETING	VI 19 XIX F	0	
	ADV & PROMO-NON PATIENT RELATED	VI 25 XIX F	16,260	
	EMPLOYEE WANT ADS	XIX F	30,109	
	CONTRIBUTIONS	VI 20 XIX F	0	
	DUES & SUBSCRIPTIONS	XIX F	16,005	
	LICENSES & PERMITS	XIX F	5,260	
	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	9,366	
	HEALTH CARE WORKER BACKGROUND CHECKS	XIX F	538	
	PATIENT BACKGROUND CHECKS	XIX F	1,517	
				79,055
21	**CLERICAL & GENERAL OFFICE EXPENSES**			
	BANK CHARGES (INCLUDES NO OVERDRAFT CHARGES)		24,266	
	EQUIPMENT REPAIR & MAINTENANCE		114,039	
	OUTSIDE CLERICAL SERVICES		0	
	PENALTIES / OVERDRAFT CHARGES	VI 18	0	
	HOME OFFICE EXPENSE		0	
	THEFT & DAMAGE LOSS		0	
	TELEPHONE		59,090	
	MESSENGER SERVICE		3,008	
				200,403

LINE		SCHED REF		TOTAL
22	**EMPLOYEE BENEFITS & PAYROLL TAXES**			
	FICA TAXES	XIX D	259,027	
	UNEMPLOYMENT COMPENSATION	XIX D	16,347	
	WORKERS COMPENSATION INSURANCE	XIX D	110,381	
	HOSPITALIZATION INSURANCE	XIX D	52,452	
	EMPLOYEE BENEFITS - OTHER	XIX D	49,419	
	EMPLOYEE PHYSICAL EXAMS	XIX D	0	
	INSURANCE - EXECUTIVE LIFE	VI 21/XIX D	0	
	PENSION/PROFIT SHARING PLANS	XIX D	0	
				487,626
23	INSERVICE TRAINING & EDUCATION			
	EDUCATION & SEMINARS		6,602	
				6,602
24	**TRAVEL & SEMINARS**			
	EDUCATION & SEMINARS	XIX G	0	
	TRAVEL	XIX G	3,451	
				3,451
25	ADMIN. STAFF TRANSPORTATION			
	TRANSPORTATION - STAFF		0	
				0
26	INSURANCE - PROP. LIAB & MALPRACTICE			
	GENERAL INSURANCE		253,609	
				253,609
27	**OTHER**			
	BAD DEBTS	VI 24	1,638,643	
				1,638,643

GRAND TOTAL COLUMN 3 OTHER **4,838,333**

Facility Name & ID Number BRIA OF GENEVA #0051540 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			137,499	137,499		137,499	208,293	345,792			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			5,775	5,775		5,775	268,130	273,905			32
33	Real Estate Taxes							134,002	134,002			33
34	Rent-Facility & Grounds			738,000	738,000		738,000	(738,000)				34
35	Rent-Equipment & Vehicles			11,841	11,841		11,841	1,709	13,550			35
36	Other (specify):* STORAGE			4,920	4,920		4,920	50,421	55,341			36
37	**TOTAL Ownership**			898,035	898,035		898,035	(75,445)	822,590			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		240,933	828,349	1,069,282		1,069,282		1,069,282			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			204,065	204,065		204,065		204,065			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**		240,933	1,032,414	1,273,347		1,273,347		1,273,347			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	3,481,534	1,002,929	6,768,782	11,253,245		11,253,245	(2,244,982)	9,008,263			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 GENEVA # 0051540 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	(59,290)	30		9
10	Interest and Other Investment Income	(9,025)	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				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	(9,366)	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	(1,638,643)	27		24
25	Fund Raising, Advertising and Promotional	(16,260)	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	(96,506)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (1,829,090)		$	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)	(415,892)		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (415,892)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (2,244,982)		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 GENEVA

ID# 0051540

Report Period Beginning: 1/1/2020

Ending: 12/31/2020

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	MARKETING SALARIES	$ (96,063)	21	1
2	MARKETING TRAVEL	(443)	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**	(96,506)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number BRIA OF GENEVA # 0051540 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	0	567	0	0	0	0	0	0	0	0	567	6
7	Other (specify):*	0	0	115	0	0	0	0	0	0	0	0	115	7
8	**TOTAL General Services**	0	0	682	0	0	0	0	0	0	0	0	682	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	51,874	0	0	0	0	0	0	0	0	51,874	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	51,874	0	0	0	0	0	0	0	0	51,874	16
	C. General Administration													
17	Administrative	0	0	(493,000)	0	0	0	0	0	0	0	0	(493,000)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	16,700	(88,931)	0	0	0	0	0	0	0	0	(72,231)	19
20	Fees, Subscriptions & Promotions	(25,626)	0	3,234	0	0	0	0	0	0	0	0	(22,392)	20
21	Clerical & General Office Expenses	(96,063)	0	74,804	0	0	0	0	0	0	0	0	(21,259)	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	177	0	0	0	0	0	0	0	0	177	23
24	Travel and Seminar	(443)	0	1,792	0	0	0	0	0	0	0	0	1,349	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	3,611	2,677	0	0	0	0	0	0	0	0	6,288	26
27	Other (specify):*	(1,638,643)	0	17,618	0	0	0	0	0	0	0	0	(1,621,025)	27
28	**TOTAL General Administration**	(1,760,775)	20,311	(481,629)	0	0	0	0	0	0	0	0	(2,222,093)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(1,760,775)	20,311	(429,073)	0	0	0	0	0	0	0	0	(2,169,537)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number BRIA OF GENEVA # 0051540 **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	(59,290)	264,889	2,694	0	0	0	0	0	0	0	0	208,293	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(9,025)	262,608	14,547	0	0	0	0	0	0	0	0	268,130	32
33	Real Estate Taxes	0	134,002	0	0	0	0	0	0	0	0	0	134,002	33
34	Rent-Facility & Grounds	0	(738,000)	0	0	0	0	0	0	0	0	0	(738,000)	34
35	Rent-Equipment & Vehicles	0	0	1,709	0	0	0	0	0	0	0	0	1,709	35
36	Other (specify):*	0	50,421	0	0	0	0	0	0	0	0	0	50,421	36
37	**TOTAL Ownership**	(68,315)	(26,080)	18,950	0	0	0	0	0	0	0	0	(75,445)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	**TOTAL Special Cost Centers**	0	0	0	0	0	0	0	0	0	0	0	0	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(1,829,090)	(5,769)	(410,123)	0	0	0	0	0	0	0	0	(2,244,982)	45

Facility Name & ID Number BRIA OF GENEVA # 0051540 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	$ 738,000	GENEVA STATE STREET, LLC		$	$ (738,000)	1
2	V	32	INTEREST				255,217	255,217	2
3	V	32	AMORT LOAN COST				7,391	7,391	3
4	V	33	REAL ESTATE TAXES				134,002	134,002	4
5	V	30	DEPRECIATION (SL)				264,889	264,889	5
6	V	36	INSURANCE-MIP				50,421	50,421	6
7	V	26	INSURANCE-HAZARD				3,611	3,611	7
8	V	19	PROFESSIONAL FEES				16,700	16,700	8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$ 738,000			$ 732,231	$ * (5,769)	14

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

Facility Name & ID Number BRIA OF GENEVA # 0051540 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	$ 504,000	BRIA HEALTH SERVICES, LLC		$	$ (504,000)	15
16	V	19	BKKPND/ADMIN SERVICES	92,000				(92,000)	16
17	V								17
18	V	17	CFO SALARY-A.WEINFELD				11,000	11,000	18
19	V	10	SALARIES-MEDICARE/NURSING				22,288	22,288	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				58,275	58,275	22
23	V	6	MAINTENANCE				567	567	23
24	V	7	SCAVENGER				115	115	24
25	V	10	NURSING CONSULTANT & SUPPLIES				3,371	3,371	25
26	V	19	PROFESSIONAL FEES				3,069	3,069	26
27	V	20	DUES,FEES,SUBSCRIPTIONS				3,234	3,234	27
28	V	21	OFFICE EXPENSE				12,687	12,687	28
29	V	23	SEMINARS				177	177	29
30	V	24	TRAVEL				1,792	1,792	30
31	V	26	INSURANCE				2,677	2,677	31
32	V	27	EMPLOYEE BENEFITS				17,618	17,618	32
33	V	30	DEPRECIATION				2,694	2,694	33
34	V	32	INTEREST				14,547	14,547	34
35	V	35	AUTO LEASE				1,029	1,029	35
36	V	35	EQUIPMENT RENTAL				680	680	36
37	V								37
38	V								38
39	Total			$ 596,000			$ 185,877	$ * (410,123)	39

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

Facility Name & ID Number BRIA OF GENEVA # 0051540 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	DANIEL WEISS	33.3	BRIA OF BELLEVILLE	BELLEVILLE	WEISS MGMT	SKOKIE	MANAGEMENT/	1
2					GROUP, INC		CLERICAL	2
3	NATAN WEISS	33.4	BRIA OF PALOS HILLS	PALOS HILLS				3
4					BRIA HEALTH	SKOKIE	MANAGEMENT	4
5	AVRUM WEINFELD	33.3	BRIA OF CHICAGO HEIGHTS	SOUTH CHICAGO	SERVICES, LLC		SERVICES	5
6				HEIGHTS				6
7					GENEVA STATE	SKOKIE	REAL ESTATE	7
8			LAKE PARK CENTER	WAUKEGAN	STREET, LLC			8
9								9
10			BRIA OF WESTMONT	WESTMONT				10
11								11
12			BRIA OF FOREST EDGE	CHICAGO				12
13								13
14			BRIA OF RIVER OAKS	BURNHAM				14
15								15
16			BRIA OF CAHOKIA	CAHOKIA				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 GENEVA # 0051540 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 BRIA HEALTH SERVICES LLC:								$		1
2	AVRUM WEINFELD	SHAREHOLDER	ADMINISTRATIV	33.30	SEE	4	10.00	SALARY	11,000	17-7	2
3					ATTACHED						3
4	DANIEL WEISS	SHAREHOLDER	REGIONAL DIR	33.40	SCHEDULE	4	10.00	SALARY	6,640	17-7	4
5											5
6	ALLOCATIONS FROM WESS MANAGEMENT GROUP:										6
7	DANIEL WEISS	SHAREHOLDER	ADMINISTRATIV	33.40		4	10.00	SALARY	7,000	17-7	7
8											8
9	NATAN WEISS	CFO	FINANCE/MGMT	33.30		4	40.00	SALARY	14,500	17-7	9
10											10
11											11
12											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 GENEVA # 0051540 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	29,836	22,288	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	29,836	58,275	5
6	6	MAINTENANCE	CENSUS DAYS	476,457	9	9,053		29,836	567	6
7	7	SCAVENGER	CENSUS DAYS	476,457	9	1,836		29,836	115	7
8	10	NURSING CONSULTANT & SUPPI	CENSUS DAYS	476,457	9	53,827		29,836	3,371	8
9	19	PROFESSIONAL FEES	CENSUS DAYS	476,457	9	49,003		29,836	3,069	9
10	20	DUES,FEES,SUBSCRIPTIONS	CENSUS DAYS	476,457	9	51,648		29,836	3,234	10
11	21	OFFICE EXPENSE	CENSUS DAYS	476,457	9	202,594		29,836	12,687	11
12	23	SEMINARS	CENSUS DAYS	476,457	9	2,822		29,836	177	12
13	24	TRAVEL	CENSUS DAYS	476,457	9	28,614		29,836	1,792	13
14	26	INSURANCE	CENSUS DAYS	476,457	9	42,750		29,836	2,677	14
15	27	EMPLOYEE BENEFITS	CENSUS DAYS	476,457	9	281,347		29,836	17,618	15
16	30	DEPRECIATION	CENSUS DAYS	476,457	9	43,023		29,836	2,694	16
17	32	INTEREST	CENSUS DAYS	476,457	9	232,306		29,836	14,547	17
18	35	AUTO LEASE	CENSUS DAYS	476,457	9	16,432		29,836	1,029	18
19	35	EQUIPMENT RENTAL	CENSUS DAYS	476,457	9	10,854		29,836	680	19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 2,754,866	$ 1,728,757		$ 185,877	25

Facility Name & ID Number BRIA OF GENEVA # 0051540 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: GENEVA STATE STREET, LLC						$	$			$	1
2	CAMBRIDGE REALTY CAPI	X		MORTGAGE		11/1/16	8,310,000	7,684,485	9/1/49	3.2900	255,517	2
3	LOAN COST	X		AMORT OVER 5 YEARS			243,911	212,499			7,391	3
4												4
5												5
	Working Capital											
6	THE PRIVATE BANK	X		WORKING CAPITAL	DEMAND	8/1/11	150,000			PRIME+	5,775	6
7												7
8	RELATED PARTY ALLOCATION										14,547	8
9	TOTAL Facility Related						$ 8,703,911	$ 7,896,984			$ 283,230	9
	B. Non-Facility Related*											
10												10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$	14
15	TOTALS (line 9+line14)						$ 8,703,911	$ 7,896,984			$ 283,230	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ 50,421 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 GENEVA # 0051540 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.**	$ 111,095	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.)		$ 121,939	2
3. Under or (over) accrual (line 2 minus line 1).		$ 10,844	3
4. Real Estate Tax accrual used for 2020 report. (Detail and explain your calculation of this accrual on the lines below.)		$	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.		$ 10,844	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:		
2015	119,011	8
2016	142,096	9
2017	141,876	10
2018	109,995	11
2019	121,939	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 GENEVA COUNTY KANE

FACILITY IDPH LICENSE NUMBER 0051540

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.	12-02-429-005	NURSING HOME	$ 2,109.94	$ 2,109.94
2.	12-02-429-009	NURSING HOME	$ 95,369.68	$ 95,369.68
3.	12-02-429-014	OFFICE BUILDING	$ 10,940.72	$ 10,940.72
4.	12-02-429-015	OFFICE BUILDING	$ 13,518.26	$ 13,518.26
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 121,938.60	$ 121,938.60

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 GENEVA # 0051540 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 36,000 B. General Construction Type: Exterior BRICK Frame _____ Number of Stories 2

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

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

D. Does the Operating Entity? [ ] (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		2013	$ 700,000	1
2	OFFICE BUIDING		2013	60,000	2
3	TOTALS			$ 760,000	3

Facility Name & ID Number BRIA OF GENEVA # 0051540 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	107		2013		$ 6,117,660	$ 222,460	27.5	$ 222,460	$	$ 1,668,331	4
5	OFFICE		2013		135,450	3,473	39	3,473		27,587	5
6											6
7											7
8	RELATED PARTY ALLOCATION				45,290	1,207		1,207			8
	Improvement Type**										
9	REPLACE D/F SIGN INCLUDES NEW ROUND LOGO			2011	6,414	428	15	428		3,995	9
10	REPLACE THE 3 RTU'S			2011	11,900	433	27.5	433		3,951	10
11	INSTALL TRACO NX SERIES DOUBLE HUNG WINDOWS			2012	109,415	3,979	27.5	3,979		33,987	11
12	INSTALL 29 EACH SLEEVE UNITS			2012	34,000	1,236	27.5	1,236		10,455	12
13	NORTH/SOUTH, EAST/WEST RESIDENT ROOMS; FRONT			2012	209,990	7,636	27.5	7,636		63,952	13
14	WAITING AREA, NORTH/SOUTH CORRIDOR, NURSING										14
15	STATION, OFFICES, SALON, VESTIBULE, CONFERENCE										15
16	ROOM, GUEST BATHROOMS:FLOORING,HANDRAIL,										16
17	WALLCOVERING,DRYWALL,CERAMIC TILE										17
18	PAINTING WALLS , CEILINGS AND WINDOW FRAMES -			2012	29,527		5			29,527	18
19	LEVEL 1, HALLWAY, LEVEL 2, BATHROOMS,5 OFFICES										19
20	WINDOW TREATMENTS UPPER FLOOR ONLY			2012	29,696		5			29,696	20
21	INTERIOR SIGNAGE			2012	2,717	181	15	181		1,493	21
22	VESTIBULE, LOBBY, LOWER LEVEL RESIDENT ROOMS:										22
23	WALL BASE INSTALLATION, FLOORING			2013	54,274	1,974	27.5	1,974		14,887	23
24	INSTALL ELEVEN NEW 20 AMPERE CIRCUITS AND OUTLETS										24
25	FOR PTEC UNITS IN ROOM #S 302-3012			2013	11,000	400	27.5	400		3,150	25
26	FURNISH & INSTALLED (2) PEDESTRIAN ENTRY DOORS										26
27	AND FRAME			2013	9,400	342	27.5	342		2,608	27
28	NORTH AND SOUTH PARKING LOT:GRAIND & PATCH,										28
29	ASPHALTING,SEALCOATING, STRIPING,CRACK FILLING			2013	10,879	725	15	725		5,498	29
30	PAINTING OUTSIDE OF THE BUILDING: SOFFITS, WOODS,										30
31	DOORS,METAL FENCES AND COLLUMS.			2013	8,100		5			8,100	31
32	LOWER LEVEL CORRIDOR HANDRAIL, DOORS HANDRAIL			2013	25,489	927	27.5	927		6,991	32
33	THE BASEMENT: INSTALL NEW RAILINGS, BAMPERS,										33
34	CONERGUARDS, DOORS KICK PLATE			2013	15,043	547	27.5	547		4,125	34
35	LAUNDRY ROOM:BUILD NEW WALLS WITH NEW METAL										35
36				2013	2,500	91	27.5	91		679	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 GENEVA # 0051540 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 NEW MULE-HIDE TPO ROOF SYSTEM & NEW		$	$		$	$	$	37
38	JOHNS MANSVILLE MODIFIELD BITUMEN	2013	6,675	243	27.5	243		1,772	38
39	WIRE UP 22 ROOMS ON BASEMENT LEVEL	2013	4,950	180	27.5	180		1,283	39
40	PASSENGER ELEVATOR-REPLACE CONTROLLER; PROVIDE								40
41	NEW HOISTWAY WIRING, TANK, MOTOR, PUMP & VALVI	2014	59,400	2,160	27.5	2,160		15,030	41
42	LOWER LEVEL RESIDENT ROOMS, SOLARIUM, DINING								42
43	ROOM-WINDOW TREATMENTS	2014	18,771		5			18,771	43
44	REMODEL DINING ROOM IN BASEMENT-INSTALL NEW								44
45	CORNER GUARDS,OUTLETS, LIGHT FIXTURS,WALLCOVE-								45
46	RING, HANDRAILS, CELLING TILE	2014	62,892	2,287	27.5	2,287		15,533	46
47	INSTALL FIVE NEW 20 AMPERE CIRCUITS AND OUTLETS								47
48	FOR PTEC UNITS IN ROOM #201,203,205,207,204	2014	5,000	182	27.5	182		1,236	48
49	LOWER LEVEL DINING ROOM-WALLCOVERING,								49
50	FLOORING	2014	13,278	483	27.5	483		3,280	50
51	LOWER LEVEL SOLARIUM AND CORRIDOR-FLOORING	2014	6,621	241	27.5	241		1,577	51
52	REMODEL SHOWER ROOM IN BASEMONT-DRYWALL,								52
53	SOFFITS, COVER WITH PLASTIC 2 DOORS	2014	11,650	424	27.5	424		2,738	53
54	REINFORCE THE FIRE WALL ABOVE THE FIRE DOOR IN								54
55	THE NORTHWEST AND EAST SIDE OF THE BUILDING	2014	16,600	604	27.5	604		3,901	55
56	INSTALLED DELAYED EGRESS MAGNETLE LOCKS	2016	4,275	155	27.5	155		730	56
57	SHOWER ROOMS: INSTALL FLOOR TILE, WALL TILE,								57
58	PAINTING, CEILING , DOOR FRAME, REPLACE DRAIN	2016	64,506	2,346	27.5	2,346		9,873	58
59	PARKING LOT: GRIND ASPHALT, PRIME AND POVE,								59
60	INSTALL CONCRETE RINGS AT CATCH BASINS	2016	23,900	1,593	15	1,593		6,505	60
61	INSTALL SLIDING PATIO DOOR	2016	7,400	247	15	247		4,812	61
62	DECK: INSTALL HAND RAILS, PLANTER BOXES, BENCH								62
63	SEATS AND DECK BOARDS	2016	5,098	170	15	170		3,314	63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 7,179,760	$ 257,354		$ 257,354	$	$ 2,009,367	70

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

Facility Name & ID Number BRIA OF GENEVA # 0051540 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		$ 7,179,760	$ 257,354		$ 257,354	$	$ 2,009,367	1
2	RELATED PARTY - GENEVA STATE STREET, LLC								2
3	1ST FLOOR CLOSETS-INSTALLED FLUSH BOLTS,								3
4	CLOSERS AND COORDINATORS	2015	6,811	248	27.5	248		496	4
5	WIRE UP 31 ROOMS ON BASEMENT LEVEL	2015	6,975	254	27.5	254		508	5
6	MAIN HALL 100, 2 WINGS & COMMON LOUNGE:								6
7	INSTALL LVT AND BASE PER LAYOUT PLAN	2015	45,588	1,658	27.5	1,658		3,316	7
8	ELEVATOR: REPLACED PANELS, INSTALL COFFERRED								8
9	CEILING, NEW HANDRAILS & BUMPER	2015	7,000	255	27.5	255		510	9
10	INSTALLED NEW ALUMINIUM COATING, TPO FLAT ROOF								10
11	OVER THE KITCHEN AND DINING AREA ON WEST SIDE	2017	55,150	2,005	27.5	2,005		4,010	11
12	REPLACEMENT ROOF TOP HVAC UNIT	2018	10,900	396	27.5	396		792	12
13	REMOVE AND REPLACE FRONT PORCH	2018	67,800	4,520	27.5	4,520		9,040	13
14	PAINTING: DINING AND RESIDENTS ROOMS, BUILDING,								14
15	FITRST FLOOR WINDOWS,THERAPY GYM	2018	29,520	5,904	5	5,904		11,808	15
16	RESIDENT BATHS-FLOORING	2018	70,720	2,572	27.5	2,572		5,144	16
17	100 & 200 WING RESIDENT ROOMS-LVT, PAINTING,TILE,	2020	176,086	5,869	30	5,869		5,869	17
18	CEILING FIXTURES,NEW POWER OUTLET AND CABLE								18
19	RE-BUILDING TREE BRICK WALLS, SPOT TUCK-POINTIN	2020	15,575	260	15	260		260	19
20	AND REPLACE ONE WINDOW SILL ON MAIN BUILDING								20
21	DINING ROOM - FLOORING, PAINTING,TILE, LIGHTS	2020	76,194	212	30	212		212	21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 7,748,079	$ 281,507		$ 281,507	$	$ 2,051,332	34

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

Facility Name & ID Number BRIA OF GENEVA # 0051540 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	$ 395,404	$ 3,692	$ 42,815	$ 39,123	5-10	$ 268,725	71
72	Current Year Purchases	103,593	103,593	5,180	(98,413)	10	5,180	72
73	Fully Depreciated Assets	21,794					21,794	73
74	RELATED PARTY ALLOCATION		16,290	16,290				74
75	TOTALS	$ 520,791	$ 123,575	$ 64,285	$ (59,290)		$ 295,699	75

D. Vehicle Costs. (See instructions.)*

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

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 9,028,870	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 405,082	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 345,792	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ (59,290)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 2,347,031	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 GENEVA # 0051540 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 ☒ X NO Terms: ____ *

10. Effective dates of current rental agreement:
Beginning ____
Ending ____

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

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

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

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

16. Rental Amount for movable equipment: $ 11,841 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			$	$	17
18			N/A		18
19					19
20					20
21	TOTAL		$	$	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 GENEVA # 0051540 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? [X] YES [ ] 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 [X]
- 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			3,800		3,800
9	TOTALS		$	$ 3,800	$	$ 3,800
10	SUM OF line 9, col. 1 and 2	(e)	$ 3,800			

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	6
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	6

(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 Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	39-3	hrs	$		$ 290,165	$		$ 290,165	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			97,314			97,314	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			440,870			440,870	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				149,760		149,760	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,IV THERA	39-2 39-2					52,044 39,129		52,044 39,129	13
14	TOTAL			$		$ 828,349	$ 240,933		$ 1,069,282	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 GENEVA # 0051540 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	$ 2,297,923	$ 2,428,303	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 255,000)	1,966,949	1,966,949	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	382,043	425,147	6
7	Other Prepaid Expenses	40,395	40,395	7
8	Accounts Receivable (owners or related parties)	344,021		8
9	Other(specify): ESCROWS		410,062	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 5,031,331	$ 5,270,856	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		760,000	13
14	Buildings, at Historical Cost		6,659,464	14
15	Leasehold Improvements, at Historical Cost	881,361	1,449,679	15
16	Equipment, at Historical Cost	520,791	788,291	16
17	Accumulated Depreciation (book methods)	(832,843)	(2,935,324)	17
18	Deferred Charges	11,113	11,113	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		212,499	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 580,422	$ 6,945,722	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 5,611,753	$ 12,216,578	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 1,068,284	$ 1,068,284	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable		163,302	29
30	Accrued Salaries Payable	115,324	115,324	30
31	Accrued Taxes Payable (excluding real estate taxes)	12,249	12,249	31
32	Accrued Real Estate Taxes(Sch.IX-B)		123,158	32
33	Accrued Interest Payable		21,068	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	PA LOAN	1,129,200	1,129,200	36
37	PPP LOAN	761,800	761,800	37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 3,086,857	$ 3,394,385	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		7,521,183	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)**	$	$ 7,521,183	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 3,086,857	$ 10,915,568	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 2,524,896	$ 1,301,010	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 5,611,753	$ 12,216,578	48

***(See instructions.)**

Facility Name & ID Number BRIA OF GENEVA # 0051540 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**	$ 2,715,287	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 2,715,287	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	154,609	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	(345,000)	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)**	$ (190,391)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 2,524,896	24 *

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

Facility Name & ID Number BRIA OF GENEVA # 0051540 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	$ 9,908,117	1
2	Discounts and Allowances for all Levels	( )	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 9,908,117	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***	9,025	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 9,025	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	STIMULUS PAYMENT	1,490,712	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 1,490,712	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 11,407,854	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,288,804	31
32	Health Care	3,796,302	32
33	General Administration	3,996,757	33
	B. Capital Expense		
34	Ownership	898,035	34
	C. Ancillary Expense		
35	Special Cost Centers	1,069,282	35
36	Provider Participation Fee	204,065	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 11,253,245	40
41	**Income before Income Taxes (line 30 minus line 40)****	154,609	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 154,609	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 3,835,293	44
45	Private Pay - Net Inpatient Revenue	594,746	45
46	Medicare - Net Inpatient Revenue	4,455,612	46
47	Other-(specify) HOSPICE/INSURANCE/ETC	466,026	47
48	Other-(specify) MANAGED CARE	556,440	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 9,908,117	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 GENEVA # 0051540 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	1,812	1,892	$ 96,358	$ 50.93	1
2	Assistant Director of Nursing	5,328	5,483	238,608	43.52	2
3	Registered Nurses	20,958	22,346	744,127	33.30	3
4	Licensed Practical Nurses	9,873	10,478	337,499	32.21	4
5	CNAs & Orderlies	45,595	49,291	826,917	16.78	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	9,092	9,557	165,637	17.33	10
11	Social Service Workers	2,933	3,258	63,797	19.58	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	16,553	17,554	262,580	14.96	15
16	Dishwashers					16
17	Maintenance Workers	3,494	3,793	81,925	21.60	17
18	Housekeepers	3,407	3,503	51,653	14.75	18
19	Laundry					19
20	Administrator	2,052	2,172	151,394	69.70	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	13,154	13,835	293,236	21.20	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	2,188	2,300	39,122	17.01	31
32	Other Health C: Care Plan Coord	3,477	3,612	128,681	35.63	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	139,916	149,074	$ 3,481,534 *	$ 23.35	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	$ 108,983	1-3	35
36	Medical Director	O	14,813	9-3	36
37	Medical Records Consultant	N	0	10-3	37
38	Nurse Consultant	T	32,030	10-3	38
39	Pharmacist Consultant	H	6,312	10-3	39
40	Physical Therapy Consultant	L	4,039	10a-3	40
41	Occupational Therapy Consultant	Y	2,107	10a-3	41
42	Respiratory Therapy Consultant		655	10a-3	42
43	Speech Therapy Consultant	F	874	10a-3	43
44	Activity Consultant	E	0	11-3	44
45	Social Service Consultant	E	1,601	12-3	45
46	Other(specify)	S			46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 171,414		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	4,400	$ 230,139	10-3	50
51	Licensed Practical Nurses	617	50,730	10-3	51
52	Certified Nurse Assistants/Aides	13,861	510,935	10-3	52
53	TOTAL (lines 50 - 52)	18,878	$ 791,804		53

Facility Name & ID Number BRIA OF GENEVA # 0051540 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
PATRICIA LONG	ADMINISTRATOR	0	$ 151,394
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 151,394

B. Administrative - Other

Description	Amount
BRIA HEALTH SERVICES, LLC MANAGEMENT FEES	$ 504,000
TOTAL (agree to Schedule V, line 17, col. 3)	$ 504,000
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
ALPHA DATA SERVICES	DATA PROCESSING	$ 120
NATIONAL DATACARE	DATA PROCESSING	1,803
PARAGON	DATA PROCESSING	4,995
KBKB, LTD	ACCOUNTING FEE	12,200
ACHIEVE ACCREDITATION	ACCREDITATIONAL CONSUI	4,919
RICHARD PEELO & ASSPCIAT	MEDICARE CONSULTANT	4,500
PERSONNEL PLANNERS	UC CONSULTANT	3,795
BRIA HEALTH SERVICES	BOOKKEEPING/ADMIN	92,000
RESOLUTE HEALTHCARE SOL.	LTC MEDICAID PROCESS CO	4,988
GCHMO, INC.	MEDICARE CONSULTING	3,800
MTS CONSULTING LLC	SALES TAX CONSULTANT	1,989
SEE LEGAL SCHEDULE ATTACHED		215,540
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 350,649

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 110,381
Unemployment Compensation Insurance	16,347
FICA Taxes	259,027
Employee Health Insurance	52,452
Employee Meals	0
Illinois Municipal Retirement Fund (IMRF)*	
EMPLOYEE BENEFITS - OTHER	49,419
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)	$ 487,626

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

Description	Line #	Amount
		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	30,109
Health Care Worker Background Check	538
(Indicate # of checks performed 26)	
Patient Background Checks 151	1,517
TRUST/FRANCHISE/CONTRIB/ETC	9,366
MARKETING/ADV/PROMO	16,260
LICENSES/DUES/SUBSCRIPTIONS	21,265
MGMT CO ALLOC	3,234
TRUST/FRANCHISE/CONTRIB/ETC	(9,366)
Less: Public Relations Expense	(0)
Non-allowable advertising	(16,260)
Yellow page advertising	(0)
TOTAL (agree to Sch. V, line 20, col. 8)	$ 56,663

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
	3,451
MGMT CO ALLOC	1,792
Seminar Expense	
	0
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 5,243

* Attach copy of IMRF notifications

**See instructions.

BRIA OF GENEVA
SCHEDULE - LEGAL
12/31/2020

INVOICE DATE	FIRM NAME	DESCRIPTION OF SERVICE	AMOUNT
2/10/2020	ADR SYSTEMS	MEDIATION	1,600.00
5/28/2020	CULLOTON STRATEGIES LLC	FIRST MONTH CRISIS RETAINER	15,000.00
7/6/2020	CULLOTON STRATEGIES LLC	SECOND MONTH CRISIS RETAINER	6,579.50
10/2/2020	GARY A. WEINTRAUB P.C.	LOAN MODIFICATION/LINE OF CREDIT LOAN	1,276.00
5/15/2020	GREENBERG TAURIG LLP	DRAFT/RESEARCH SETTLEMENT	656.10
5/15/2020	GREENBERG TAURIG LLP	DRAFT/RESEARCH SETTLEMENT	4,189.95
6/4/2020	GREENBERG TAURIG LLP	DRAFT/RESEARCH SETTLEMENT	3,235.50
8/11/2020	GREENBERG TAURIG LLP	DRAFT/RESEARCH SETTLEMENT	5,892.30
5/28/2020	IMMIGRATION ATTORNEYS LLP	FILING FEES	700.00
10/14/2020	JACKSON LEWIS P.C.	COURT CASE	1,330.00
12/11/2020	JACKSON LEWISH P.C.	FLAT FEE - SENSITIVITY TRAINING	1,000.00
1/31/2020	MCCABE KIRSHNER P.C.	PL/GL LITIGATION	1,500.00
2/28/2020	MCCABE KIRSHNER P.C.	PL/GL LITIGATION	1,500.00
3/31/2020	MCCABE KIRSHNER P.C.	PL/GL LITIGATION	1,500.00
4/30/2020	MCCABE KIRSHNER P.C.	PL/GL LITIGATION	1,500.00
5/31/2020	MCCABE KIRSHNER P.C.	PL/GL LITIGATION	1,500.00
5/31/2020	MCCABE KIRSHNER P.C.	PL/GL LITIGATION	4,000.00
5/31/2020	MCCABE KIRSHNER P.C.	PL/GL LITIGATION	3,200.00
6/15/2020	MCCABE KIRSHNER P.C.	BRIA RETAINER - COVID 19	15,000.00
6/1/2020	MCCABE KIRSHNER P.C.	COVID RECORD REQUEST	220.50
6/30/2020	MCCABE KIRSHNER P.C.	PL/GL LITIGATION	3,200.00
6/30/2020	MCCABE KIRSHNER P.C.	PL/GL LITIGATION	3,200.00
6/30/2020	MCCABE KIRSHNER P.C.	PL/GL LITIGATION	3,200.00
6/30/2020	MCCABE KIRSHNER P.C.	PL/GL LITIGATION	3,200.00
6/30/2020	MCCABE KIRSHNER P.C.	PL/GL LITIGATION	3,200.00
6/30/2020	MCCABE KIRSHNER P.C.	PL/GL LITIGATION	3,200.00
6/30/2020	MCCABE KIRSHNER P.C.	PL/GL LITIGATION	1,500.00
7/31/2020	MCCABE KIRSHNER P.C.	PL/GL LITIGATION	3,200.00
7/31/2020	MCCABE KIRSHNER P.C.	PL/GL LITIGATION	3,200.00
7/31/2020	MCCABE KIRSHNER P.C.	PL/GL LITIGATION	2,800.00
7/31/2020	MCCABE KIRSHNER P.C.	PL/GL LITIGATION	3,200.00
7/31/2020	MCCABE KIRSHNER P.C.	PL/GL LITIGATION	3,200.00
7/31/2020	MCCABE KIRSHNER P.C.	PL/GL LITIGATION	1,500.00
8/31/2020	MCCABE KIRSHNER P.C.	PL/GL LITIGATION	3,200.00
8/31/2020	MCCABE KIRSHNER P.C.	PL/GL LITIGATION	3,200.00
8/31/2020	MCCABE KIRSHNER P.C.	PL/GL LITIGATION	3,200.00
8/31/2020	MCCABE KIRSHNER P.C.	PL/GL LITIGATION	3,200.00
8/31/2020	MCCABE KIRSHNER P.C.	PL/GL LITIGATION	1,500.00
9/3/2020	MCCABE KIRSHNER P.C.	ILEFILE	465.58
9/30/2020	MCCABE KIRSHNER P.C.	ILEFILE	465.58
9/30/2020	MCCABE KIRSHNER P.C.	PL/GL LITIGATION	3,200.00
9/30/2020	MCCABE KIRSHNER P.C.	PL/GL LITIGATION	4,000.00
9/30/2020	MCCABE KIRSHNER P.C.	PL/GL LITIGATION	3,200.00
9/30/2020	MCCABE KIRSHNER P.C.	PL/GL LITIGATION	3,200.00
9/30/2020	MCCABE KIRSHNER P.C.	PL/GL LITIGATION	3,200.00
9/30/2020	MCCABE KIRSHNER P.C.	PL/GL LITIGATION	1,500.00
10/31/2020	MCCABE KIRSHNER P.C.	PL/GL LITIGATION	4,000.00
10/31/2020	MCCABE KIRSHNER P.C.	PL/GL LITIGATION	3,200.00
10/31/2020	MCCABE KIRSHNER P.C.	PL/GL LITIGATION	1,500.00
10/31/2020	MCCABE KIRSHNER P.C.	PL/GL LITIGATION	3,200.00
10/31/2020	MCCABE KIRSHNER P.C.	PL/GL LITIGATION	3,200.00
10/31/2020	MCCABE KIRSHNER P.C.	PL/GL LITIGATION	3,200.00
11/30/2020	MCCABE KIRSHNER P.C.	PL/GL LITIGATION	3,200.00
11/30/2020	MCCABE KIRSHNER P.C.	PL/GL LITIGATION	1,500.00
11/30/2020	MCCABE KIRSHNER P.C.	PL/GL LITIGATION	3,200.00
11/30/2020	MCCABE KIRSHNER P.C.	PL/GL LITIGATION	3,200.00
11/30/2020	MCCABE KIRSHNER P.C.	PL/GL LITIGATION	3,200.00
12/31/2020	MCCABE KIRSHNER P.C.	PL/GL LITIGATION	3,200.00
12/31/2020	MCCABE KIRSHNER P.C.	PL/GL LITIGATION	3,200.00
12/31/2020	MCCABE KIRSHNER P.C.	PL/GL LITIGATION	1,500.00
12/31/2020	MCCABE KIRSHNER P.C.	PL/GL LITIGATION	3,200.00
12/31/2020	MCCABE KIRSHNER P.C.	PL/GL LITIGATION	2,600.00
12/1/2020	MUCH SHELIST	COURT CASE	3,065.00
1/2/2020	SB2 INC	CLASS ACTION FOR PAYMENT OF MEDICAID CLAIMS	500.00
1/2/2020	SB2 INC	CLASS ACTION FOR PAYMENT OF MEDICAID CLAIMS	166.67
11/5/2020	SEYFARTH - LEGAL FEE INC 3595792	MODIFICATION OF OPERATOR LOAN	3,685.00
1/31/2020	STONE, MCGUIRE & SIEGEL	COMPLIANCE MEETINGS & EDUCATION	700.00
2/28/2020	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
5/11/2020	ROSENBERG, EISENBER & ASSOCIATES LLC	LEGAL SETTLEMENTS	10,712.50
TOTAL			**215,540.18**

Facility Name & ID Number BRIA OF GENEVA # 0051540 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 OF LONG TERM CARE $ 10,530

(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. $ 33,325 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. $ 204,065
This amount is to be recorded on line 42 of Schedule V.

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

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

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

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

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

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

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

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