

Facility Name & ID Number BRIA OF PALOS HILLS

0051136 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	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	150	Skilled (SNF)	150	54,900	1
2		Skilled Pediatric (SNF/PED)			2
3	53	Intermediate (ICF)	53	19,398	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	203	TOTALS	203	74,298	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF			13,490	13,490	8
9	SNF/PED					9
10	ICF	26,230	1,028	6,484	33,742	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	26,230	1,028	19,974	47,232	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 63.57%

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

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES NO

I. On what date did you start providing long term care at this location?
Date started 07/01/2010

J. Was the facility purchased or leased after January 1, 1978?
YES Date 07/01/2010 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 118 and days of care provided 13,490

Medicare Intermediary ADMINISTAR FEDERAL

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

Is your fiscal year identical to your tax year? YES 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 PALOS HILLS** # **0051136** 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 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	691,000	53,959	65,318	810,277		810,277		810,277		1
2	Food Purchase		398,031		398,031		398,031		398,031		2
3	Housekeeping	203,183	28,987	378,354	610,524		610,524		610,524		3
4	Laundry	5,643	33,098	252,238	290,979		290,979		290,979		4
5	Heat and Other Utilities			258,072	258,072		258,072		258,072		5
6	Maintenance	138,747	137,692	79,105	355,544		355,544	897	356,441		6
7	Other (specify):*			37,043	37,043		37,043	182	37,225		7
8	TOTAL General Services	1,038,573	651,767	1,070,130	2,760,470		2,760,470	1,079	2,761,549		8
	B. Health Care and Programs										
9	Medical Director			99,957	99,957		99,957		99,957		9
10	Nursing and Medical Records	5,269,753	647,287	284,239	6,201,279		6,201,279	66,834	6,268,113		10
10a	Therapy	34,128		30,627	64,755		64,755		64,755		10a
11	Activities	123,163	1,289		124,452		124,452		124,452		11
12	Social Services	172,073	7,532	625	180,230		180,230		180,230		12
13	CNA Training			25,250	25,250		25,250		25,250		13
14	Program Transportation			60	60		60		60		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	5,599,117	656,108	440,758	6,695,983		6,695,983	66,834	6,762,817		16
	C. General Administration										
17	Administrative	292,715			292,715		292,715	11,000	303,715		17
18	Directors Fees										18
19	Professional Services			686,950	686,950		686,950	(171,642)	515,308		19
20	Dues, Fees, Subscriptions & Promotions			132,360	132,360		132,360	(52,102)	80,258		20
21	Clerical & General Office Expenses	530,443	31,257	277,476	839,176		839,176	(35,668)	803,508		21
22	Employee Benefits & Payroll Taxes			862,003	862,003		862,003		862,003		22
23	Inservice Training & Education			22,768	22,768		22,768	280	23,048		23
24	Travel and Seminar			5,111	5,111		5,111	2,837	7,948		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			418,514	418,514		418,514	4,238	422,752		26
27	Other (specify):* BAD DEBTS			4,119,306	4,119,306		4,119,306	(4,091,416)	27,890		27
28	TOTAL General Administration	823,158	31,257	6,524,488	7,378,903		7,378,903	(4,332,473)	3,046,430		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	7,460,848	1,339,132	8,035,376	16,835,356		16,835,356	(4,264,560)	12,570,796		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.

LINE	V.COST CENTER EXPENSES	PAGE 3 COLUMN 3 OTHER	TOTAL
	SCHED REF		LINE
1	DIETARY		
	DIETITIAN CONSULTANT	XVIII B 35-2	54,080
	REPAIRS & MAINTENANCE		11,238
	CONTRACTED DIETARY SERVICES		0
			65,318
3	HOUSEKEEPING		
	CONTRACTED HOUSEKEEPING SERVICES		378,354
			378,354
4	LAUNDRY		
	EQUIPMENT REPAIRS & MAINTENANCE		0
	CONTRACTED LAUNDRY SERVICES		252,238
			252,238
5	HEAT & OTHER UTILITIES		
	GAS HEAT		38,791
	ELECTRICITY		138,815
	WATER		66,436
	CABLE TV - LOBBY		14,030
			258,072
6	MAINTENANCE		
	GROUNDS MAINTENANCE		29,056
	PAINTING & DECORATING		0
	BUILDING REPAIRS		0
	MAINTENANCE TRAVEL		0
	EQUIPMENT MAINTENANCE & REPAIR		8,798
	ELEVATOR MAINTENANCE & REPAIR		0
	OUTSIDE LABOR		0
	EXTERMINATING SERVICE		0
	FIRE SERVICE		41,251
			79,105
7	OTHER		
	SCAVENGER		37,043
	SECURITY SERVICE		0
			37,043
9	MEDICAL DIRECTOR		
	MEDICAL DIRECTOR FEES		99,957
			99,957

LINE	SCHED REF	TOTAL	
10	NURSING		
	CONTRACT NURSING	XVIII C 53-2	182,518
	LABORATORY & XRAY EXPENSE		4,833
	PURCHASED SERVICES		0
	PSYCHO-SOCIAL CONSULTANT	XVIII B __-2	0
	RESTORATIVE NURSING CONSULTANT	XVIII B 38-2	75,008
	MEDICAL RECORDS CONSULTANT	XVIII B 37-2	0
	PHARMACY CONSULTANT	XVIII B 39-2	9,880
	UTILIZATION REVIEW FEES	XVIII B __-2	0
	PHYSICIANS	XVIII B __-2	0
	PSYCHIATRIC	XVIII B __-2	12,000
	RN CONSULTANT	XVIII B 38-2	
			284,239
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	14,161
	OCCUPATIONAL THERAPY CONSULTANT	XVIII B 41-2	12,127
	RESPIRATORY THERAPY CONSULTANT	XVIII B 42-2	103
	SPEECH THERAPY CONSULTANT	XVIII B 43-2	4,236
			30,627
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	625
	SOCIAL WORKER	XVIII B 45-2	0
			625
13	NURSE AIDE TRAINING		
	NURSE AIDE TRAINING COSTS	XIII	25,250
			25,250

V.COST CENTER EXPENSES

PAGE 3 COLUMN 3 OTHER

LINE		SCHED REF	TOTAL
14	PROGRAM TRANSPORTATION		
	PATIENT TRANSPORTATION		60
			60
17	ADMINISTRATIVE		
	MANAGEMENT FEES	XIX B	0
18	DIRECTORS FEES		
	DIRECTORS FEES		0
19	PROFESSIONAL SERVICES		
	DATA PROCESSING	XIX C	14,045
	ADMINISTRATIVE CONSULTANTS	XIX C	0
	PROFESSIONAL FEES	XIX C	492,905
	BOOKKEEPING/ADMINISTRATIVE SERVICES		180,000
			686,950
20	FEES,SUBSCRIPTIONS,PROMOTIONS		
	ENTERTAINMENT & MARKETING	VI 19 XIX F	0
	ADV & PROMO-NON PATIENT RELATED	VI 25 XIX F	36,083
	EMPLOYEE WANT ADS	XIX F	33,909
	CONTRIBUTIONS	VI 20 XIX F	6,500
	DUES & SUBSCRIPTIONS	XIX F	25,031
	LICENSES & PERMITS	XIX F	8,359
	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	14,639
	HEALTH CARE WORKER BACKGROUND CHECKS	XIX F	30
	PATIENT BACKGROUND CHECKS	XIX F	7,809
			132,360
21	CLERICAL & GENERAL OFFICE EXPENSES		
	BANK CHARGES (INCLUDES NO OVERDRAFT CHARGES)		8,237
	EQUIPMENT REPAIR & MAINTENANCE		193,595
	OUTSIDE CLERICAL SERVICES		0
	PENALTIES / OVERDRAFT CHARGES	VI 18	1,545
	HOME OFFICE EXPENSE		0
	THEFT & DAMAGE LOSS		0
	TELEPHONE		74,032
	MESSENGER SERVICE		67
			277,476

LINE		SCHED REF	TOTAL
22	EMPLOYEE BENEFITS & PAYROLL TAXES		
	FICA TAXES	XIX D	559,478
	UNEMPLOYMENT COMPENSATION	XIX D	49,457
	WORKERS COMPENSATION INSURANCE	XIX D	163,857
	HOSPITALIZATION INSURANCE	XIX D	57,434
	EMPLOYEE BENEFITS - OTHER	XIX D	31,777
	EMPLOYEE PHYSICAL EXAMS	XIX D	0
	INSURANCE - EXECUTIVE LIFE	VI 21/XIX D	0
	PENSION/PROFIT SHARING PLANS	XIX D	0
			862,003
23	INSERVICE TRAINING & EDUCATION		
	EDUCATION & SEMINARS		22,768
			22,768
24	TRAVEL & SEMINARS		
	EDUCATION & SEMINARS	XIX G	0
	TRAVEL	XIX G	5,111
			5,111
25	ADMIN. STAFF TRANSPORTATION		
	TRANSPORTATION - STAFF		0
			0
26	INSURANCE - PROP. LIAB & MALPRACTICE		
	GENERAL INSURANCE		418,514
			418,514
27	OTHER		
	BAD DEBTS	VI 24	4,119,306
			4,119,306

GRAND TOTAL COLUMN 3 OTHER

8,035,376

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			43,072	43,072		43,072	960,800	1,003,872			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			27,430	27,430		27,430	992,774	1,020,204			32
33	Real Estate Taxes			886,360	886,360		886,360		886,360			33
34	Rent-Facility & Grounds			2,077,178	2,077,178		2,077,178	(2,077,178)				34
35	Rent-Equipment & Vehicles			80,782	80,782		80,782	2,705	83,487			35
36	Other (specify):* RENT PARKING			18,000	18,000		18,000		18,000			36
37	TOTAL Ownership			3,132,822	3,132,822		3,132,822	(120,899)	3,011,923			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		869,692	1,358,504	2,228,196		2,228,196		2,228,196			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			323,139	323,139		323,139		323,139			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		869,692	1,681,643	2,551,335		2,551,335		2,551,335			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	7,460,848	2,208,824	12,849,841	22,519,513		22,519,513	(4,385,459)	18,134,054			45

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

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.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	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	90,512	30		9
10	Interest and Other Investment Income	(27,494)	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	(17,850)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees		20		17
18	Fines and Penalties	(1,545)	21		18
19	Entertainment				19
20	Contributions	(21,139)	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	(4,119,306)	27		24
25	Fund Raising, Advertising and Promotional	(36,083)	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	(150,301)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (4,283,206)		\$	30

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	2	
		Amount	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)	(102,253)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (102,253)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (4,385,459)		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	2	3	4	
		Yes	No	Amount	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

BHF USE ONLY							
48		49		50		51	

BRIA OF PALOS HILLS

ID# 0051136

Report Period Beginning: 1/1/2020

Ending: 12/31/2020

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	MARKETING SALARIES	\$ (150,301)	21	1
2				2
3				3
4				4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(150,301)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number BRIA OF PALOS HILLS

0051136

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	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
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	897	0	0	0	0	0	0	0	0	897	6
7	Other (specify):*	0	0	182	0	0	0	0	0	0	0	0	182	7
8	TOTAL General Services	0	0	1,079	0	0	0	0	0	0	0	0	1,079	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	66,834	0	0	0	0	0	0	0	0	66,834	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	66,834	0	0	0	0	0	0	0	0	66,834	16
	C. General Administration													
17	Administrative	0	0	11,000	0	0	0	0	0	0	0	0	11,000	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	3,500	(175,142)	0	0	0	0	0	0	0	0	(171,642)	19
20	Fees, Subscriptions & Promotions	(57,222)	0	5,120	0	0	0	0	0	0	0	0	(52,102)	20
21	Clerical & General Office Expenses	(151,846)	0	116,178	0	0	0	0	0	0	0	0	(35,668)	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	280	0	0	0	0	0	0	0	0	280	23
24	Travel and Seminar	0	0	2,837	0	0	0	0	0	0	0	0	2,837	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	0	4,238	0	0	0	0	0	0	0	0	4,238	26
27	Other (specify):*	(4,119,306)	0	27,890	0	0	0	0	0	0	0	0	(4,091,416)	27
28	TOTAL General Administration	(4,328,374)	3,500	(7,599)	0	0	0	0	0	0	0	0	(4,332,473)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(4,328,374)	3,500	60,314	0	0	0	0	0	0	0	0	(4,264,560)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number BRIA OF PALOS HILLS

0051136

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	90,512	866,023	4,265	0	0	0	0	0	0	0	0	960,800	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(45,344)	1,015,089	23,029	0	0	0	0	0	0	0	0	992,774	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	(2,077,178)	0	0	0	0	0	0	0	0	0	(2,077,178)	34
35	Rent-Equipment & Vehicles	0	0	2,705	0	0	0	0	0	0	0	0	2,705	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	45,168	(196,066)	29,999	0	0	0	0	0	0	0	0	(120,899)	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)	(4,283,206)	(192,566)	90,313	0	0	0	0	0	0	0	0	(4,385,459)	45

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. 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	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 RENT	\$ 2,077,178	PM NURSING & REHAB		\$	(2,077,178)	1
2	V	30 DEPRECIATION				866,023	866,023	2
3	V	32 INTEREST EXPENSE				974,969	974,969	3
4	V	19 PROFESSIONAL FEES				3,500	3,500	4
5	V	32 AMORTIZATION				40,120	40,120	5
6	V							6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 2,077,178			\$ 1,884,612	\$ * (192,566)	14

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

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. 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	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	19 BOOKKEEPING/ADM SERVICES	\$ 180,000	BRIA HEALTH SERVICES, LLC		\$	\$ (180,000)
16	V						
17	V	17 CFO SALARY-A.WEINFELD				11,000	11,000
18	V	10 SALARIES-MEDICARE/NURSING				35,283	35,283
19	V	10 SALARIES-REGIONAL DIR RELATED PARTIES				26,215	26,215
20	V	21 SALARIES-CLERICAL RELATED PARTIES				3,842	3,842
21	V	21 SALARIES-CLERICAL				92,253	92,253
22	V	6 MAINTENANCE				897	897
23	V	7 SCAVENGER				182	182
24	V	10 NURSING CONSULTANT & SUPPLIES				5,336	5,336
25	V	19 PROFESSIONAL FEES				4,858	4,858
26	V	20 DUES,FEES,SUBSCRIPTIONS				5,120	5,120
27	V	21 OFFICE EXPENSE				20,083	20,083
28	V	23 SEMINARS				280	280
29	V	24 TRAVEL				2,837	2,837
30	V	26 INSURANCE				4,238	4,238
31	V	27 EMPLOYEE BENEFITS				27,890	27,890
32	V	30 DEPRECIATION				4,265	4,265
33	V	32 INTEREST				23,029	23,029
34	V	35 AUTO LEASE				1,629	1,629
35	V	35 EQUIPMENT RENTAL				1,076	1,076
36	V						
37	V						
38	V						
39	Total		\$ 180,000			\$ 270,313	\$ * 90,313

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

Facility Name & ID Number

BRIA OF PALOS HILLS

0051136

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	16.67	BRIA OF CAHOKIA	CAHOKIA	WEISS MGMT	SKOKIE	MANAGEMENT/	1
2	NATAN WEISS	16.67			GROUP, INC		CLERICAL	2
3	AVRUM WEINFELD	16.67	BRIA OF BELLEVILLE	BELLEVILLE				3
4	DEANNA KAPLAN	49.99			BRIA HEALTH	SKOKIE	MANAGEMENT	4
5			BRIA OF CHICAGO HEIGHTS	SOUTH CHICAGO	SERVICES, LLC		SERVICES	5
6				HEIGHTS				6
7					PM NURSING &	SKOKIE	REAL ESTATE	7
8			BRIA OF FOREST EDGE	CHICAGO	REHAB			8
9								9
10			BRIA OF GENEVA	GENEVA				10
11								11
12			LAKE PARK CENTER	WAUKEGAN				12
13								13
14			BRIA OF RIVER OAKS	BURNHAM				14
15								15
16			BRIA OF WESTMONT	WESTMONT				16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

Facility Name & ID Number

BRIA OF PALOS HILLS

0051136

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	9	
					Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**				
Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Hours	Percent	Description	Amount	Schedule V. Line & Column Reference		
1	ALLOCATIONS FROM BRIA HEALTH SERVICES LLC:							\$		1	
2	AVRUM WEINFELD	SHAREHOLDER	ADMINISTRATIV	16.67	SEE	4	10.00	SALARY	11,000	17-+7	2
3					ATTACHED						3
4					SCHEDULE						4
5											5
6	ALLOCATIONS FROM WESS MANAGEMENT GROUP:										6
7	DANIEL WEISS	SHAREHOLDER	ADMINISTRATIV	16.67		4	10.00	SALARY	7,000	17-7	7
8											8
9	NATAN WEISS	CFO	FINANCE/MGMT	16.67		4	10.00	SALARY	14,500	17-7	9
10											10
11											11
12											12
13								TOTAL	\$ 32,500		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 PALOS HILLS

0051136

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 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	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	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	47,232	35,283	2
3	10	SALARIES-REGIONAL DIR RELA	wghtd avr hours		9	235,935		26,215	3
4	21	SALARIES-CLERICAL RELATED	wghtd avr hours		9	107,288		3,842	4
5	21	SALARIES-CLERICAL	CENSUS DAYS	476,457	9	930,610	47,232	92,253	5
6	6	MAINTENANCE	CENSUS DAYS	476,457	9	9,053	47,232	897	6
7	7	SCAVENGER	CENSUS DAYS	476,457	9	1,836	47,232	182	7
8	10	NURSING CONSULTANT & SUPPI	CENSUS DAYS	476,457	9	53,827	47,232	5,336	8
9	19	PROFESSIONAL FEES	CENSUS DAYS	476,457	9	49,003	47,232	4,858	9
10	20	DUES,FEES,SUBSCRIPTIONS	CENSUS DAYS	476,457	9	51,648	47,232	5,120	10
11	21	OFFICE EXPENSE	CENSUS DAYS	476,457	9	202,594	47,232	20,083	11
12	23	SEMINARS	CENSUS DAYS	476,457	9	2,822	47,232	280	12
13	24	TRAVEL	CENSUS DAYS	476,457	9	28,614	47,232	2,837	13
14	26	INSURANCE	CENSUS DAYS	476,457	9	42,750	47,232	4,238	14
15	27	EMPLOYEE BENEFITS	CENSUS DAYS	476,457	9	281,347	47,232	27,890	15
16	30	DEPRECIATION	CENSUS DAYS	476,457	9	43,023	47,232	4,265	16
17	32	INTEREST	CENSUS DAYS	476,457	9	232,306	47,232	23,029	17
18	35	AUTO LEASE	CENSUS DAYS	476,457	9	16,432	47,232	1,629	18
19	35	EQUIPMENT RENTAL	CENSUS DAYS	476,457	9	10,854	47,232	1,076	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 2,754,866	\$ 1,728,757		\$ 270,313	25

Facility Name & ID Number

BRIA OF PALOS HILLS

0051136

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: PM NURSING & REHAB				\$	\$			\$	1										
2	THE PRIVATE BANK	X	LOAN	\$36,300.00	2/19/15	20,750,000	18,720,200	2/19/19	PRIME+	974,969	2									
3	LOAN COSTS	X	AMORTIZATION OF LOAN COSTS			123,361	59,837			40,120	3									
4											4									
5											5									
Working Capital																				
6	BANK FINANCIAL	X	WORKING CAPITAL	DEMAND	08/01/10	750,000			PRIME+	9,580	6									
7											7									
8	RELATED PARTY ALLOCATION									23,029	8									
9	TOTAL Facility Related			\$36,300.00		\$ 21,623,361	\$ 18,780,037			\$ 1,047,698	9									
B. Non-Facility Related*																				
10	THE PRIVATE BANK		X	LOAN		2/19/15	595,000		2/18/21	3.0000	17,850	10								
11											11									
12											12									
13											13									
14	TOTAL Non-Facility Related					\$ 595,000	\$			\$ 17,850	14									
15	TOTALS (line 9+line14)					\$ 22,218,361	\$ 18,780,037			\$ 1,065,548	15									

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ _____ Line # _____

* 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.)

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

B. Real Estate Taxes

Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.

1. Real Estate Tax accrual used on 2019 report.		\$	879,731	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.)		\$	964,322	2
3. Under or (over) accrual (line 2 minus line 1).		\$	84,591	3
4. Real Estate Tax accrual used for 2020 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	985,838	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 \$ 184,069 For 16 Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$	(184,069)	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	886,360	7
Real Estate Tax History:				
Real Estate Tax Bill for Calendar Year:	2015	445,186	8	
	2016	570,020	9	
	2017	640,952	10	
	2018	860,296	11	
	2019	964,322	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:

- Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.**
- 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 PALOS HILLS COUNTY COOK

FACILITY IDPH LICENSE NUMBER 0051136

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)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>23-14-224-001-0000</u>	<u>NURSING HOME</u>	\$ <u>9,387.11</u>	\$ <u>9,387.11</u>
2. <u>23-14-224-002-0000</u>	<u>NURSING HOME</u>	\$ <u>30,243.94</u>	\$ <u>30,243.94</u>
3. <u>23-14-224-003-0000</u>	<u>NURSING HOME</u>	\$ <u>129,509.97</u>	\$ <u>129,509.97</u>
4. <u>23-14-224-004-0000</u>	<u>NURSING HOME</u>	\$ <u>129,509.97</u>	\$ <u>129,509.97</u>
5. <u>23-14-224-009-0000</u>	<u>NURSING HOME</u>	\$ <u>9,324.33</u>	\$ <u>9,324.33</u>
6. <u>23-14-224-010-0000</u>	<u>NURSING HOME</u>	\$ <u>41,211.08</u>	\$ <u>41,211.08</u>
7. <u>23-14-224-011-0000</u>	<u>NURSING HOME</u>	\$ <u>123,932.82</u>	\$ <u>123,932.82</u>
8. <u>23-14-224-012-0000</u>	<u>NURSING HOME</u>	\$ <u>107,388.19</u>	\$ <u>107,388.19</u>
9. <u>23-14-224-017-0000</u>	<u>NURSING HOME</u>	\$ <u>383,815.01</u>	\$ <u>383,815.01</u>
10. _____	_____	\$ _____	\$ _____
	TOTALS	\$ <u><u>964,322.42</u></u>	\$ <u><u>964,322.42</u></u>

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 PALOS HILLS

0051136

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 46,000 B. General Construction Type: Exterior BRICK Frame Number of Stories

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

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

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)

List entity name, type of business, square footage, and number of beds/units available (where applicable).

Blank lines for listing other business entities.

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.

Table with 5 columns: Use, Square Feet, Year Acquired, Cost, and a final column with values 1, 2, 3. Rows include NURSING HOME (2012, \$812,700) and NURSING HOME (2016, \$637,703), with a TOTALS row showing \$1,450,403.

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4	203	2012		\$ 1,636,707	\$ 40,918	27.5	\$ 41,967	\$ 1,049	\$ 333,987
5		2016		18,665,735	622,191	27.5	678,754	56,563	3,026,112
6									
7									
8	RELATED PARTY SL DEPRECIATION			71,696	1,910		1,910		
	Improvement Type**								
9	ROOF TOP AIR CONDITION		2010	9,124					9,124
10	LOBBY: MILLWORK,CROWN MOLDING,REPLACE OUTLETS,								
11	WALLCOVERING								
12	CORRIDOR #1:CEILING TILE,HANDRAILS,PAINTING WALLS,								
13	MILLWORK								
14	CORRIDOR #2:CEILING TILE,HANDRAILS,MILLWORK,LIGHT								
15	FIXTURE								
16	THERAPY AND RESIDENT ROOMS;CEILING TILE,WINDOW								
17	TREATMENTS,FLOORING,WALLCOVERING, LIGHT FIXTURES,								
18	INSTALL NEW VCT AND COVE BASE		2010	60,347	2,194	27.5	2,194		22,304
19	SOUTH HALL, NORTH/DINING, BEATY SHOP-PAINTING		2011	12,000					12,000
20	PHONE ROOM AREA-INSTALL NEW WIREGLASS WINDOW;								
21	DINING ROOM-CEILING TILE,WALLCOVERING,CHAIR RAIL'								
22	BUILD TWO NEW WALLS;								
23	THERAPY ROOM-INSTALL NEW DOOR,PAINT WALLS;								
24	RESIDENT BATHROOMS-PAINT,CEILINGS, COVE BASE;								
25	RECETTION AREA-DEMOLISH TWO WALLS,INSTALL NEW								
26	COUNTERTOP, PAINT;								
27	ADMISSION OFFICE-BUID NEW WALL,WALLCOVERING ,PAINT								
28	INSTALLATION OF WINDOW TREATMENTS,ROLLER SHADES,								
29	CUBICLE CURTAINS		2011	35,514	1,291	27.5	1,291		12,641
30	NORTH HALL, FRONT HALL-PAINTING		2011	13,350					13,350
31	INSTALL ANTI-FREEZE SYSTEM BELOW CANOPY		2011	5,135	187	27.5	187		1,862
32	INSTALL INTELLIGENT PHOTO DETECTOR		2011	7,998	291	27.5	291		2,898
33	LOBBY-INSTALL NEW CERAMIC TILE, MILLWORK, GROUT		2011	8,537	310	27.5	310		2,958
34	PARKING LOT-PAVED WITH 1.5" OF NEW ASPHALT		2011	29,850	1,990	15	1,990		18,739
35	INSTALL FIVE DELAYED EGRESS LOCKS-DOUBLE & SINGLE		2011	8,368	304	27.5	304		2,825
36			2011	2,622	95	27.5	95		867

*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 PALOS HILLS

0051136

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	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	REROOFED PROPERTY USING SINGLE PLY MODIFIED		\$	\$		\$	\$	\$	37
38	BITUMEN; INSTALL 6 NEW RETRO FIT DRAINS	2011	35,700	1,298	27.5	1,298		11,736	38
39	INSTALLATION AND WIRING FOR WAP'S	2012	4,730	172	27.5	172		1,527	39
40	CORRIDOR-HANDRAILS, CORNER GUARDS	2012	5,225	190	27.5	190		1,670	40
41	REPLACEMENT OF A/C SOUTHEAST UNIT COMPRESSOR	2012	2,618		5			2,618	41
42	APPLIED A PATCH TO THE FIELD OR WALL FLASHINGS	2012	2,800	102	27.5	102		846	42
43	NURSES STATION; 2 BATHROOMS; NOTRH, WEST, SOUTH								43
44	CORRIDORS; CAFETERIA-INSTALL NEW CERAMIC TILE,								44
45	VCT AND MILLWORK	2013	36,893	1,342	27.5	1,342		10,680	45
46	APPLIED A PATCH TO THE FIELD USING SPMB OR WALL								46
47	FLASHING-EAST, SOUTH WING	2013	3,650	133	27.5	133		992	47
48	TUB ROOM; TRAINING TOILET; 2 SMALL SHOWER ROOMS								48
49	INSTALLATION OF CERAMIC FLOOR TILE	2013	18,583	676	27.5	676		4,929	49
50	FIRE SPRINKLER SYSTEM REPAIR-LABOT AND MATERIAL								50
51	TO COMPLETE WORK	2013	10,120	368	27.5	368		2,683	51
52	ALZHEIMERS DINING ROOM; SOUTH CORRIDOR; NORTH								52
53	SHOWER ROOM-INSTALL NEW VCT & MILLWORK	2013	26,867	977	27.5	977		7,043	53
54	REROOFED PROPERTY USING SINGLE PLY MODIFIED								54
55	BITUMEN ON FRONT PORTION OF THE CENTER AND								55
56	SOUTH WING	2013	79,040	2,874	27.5	2,874		20,717	56
57	REPLACEMENT OF A/C UNIT IN NORTH DIALYSIS ROOM	2013	8,602	313	27.5	313		2,256	57
58	INSTALL NEW FIRE ALARM SYSTEM; SMOKE DETECTOR								58
59	BASE	2013	24,108	877	27.5	877		6,322	59
60	REPLACE WITH NEW PIPE AND FITTINGS OF THE SEWER								60
61	LINE' TWO SEPARATE TRENCH EXCAVATIONS	2013	8,425	306	27.5	306		2,180	61
62	INSTALLED NEW WHITE GRANULATED SPMB FLASHING								62
63	AND GRAVEL STOP-REMOVED EXISTING ROOF	2014	10,150	369	27.5	369		2,506	63
64	NORTHEAST DINING ROOM-INSTALLATION OF BUMPER								64
65	GUARD & CHAIR RAIL	2014	3,428	125	27.5	125		849	65
66	INSTALL CONCRETE PAD DEMO; SPOT TUCKPOINT AND								66
67	RESET SILLS AROUD BLDG	2014	16,636	1,109	15	1,109		7,486	67
68	REMODEL 5 SHOWERS ROOMS: NEW TILE, WALLS,								68
69	LIGHT FIXTURES, PAINT CEILINGS, NEW FIRE DOOR	2014	44,975	1,635	27.5	1,635		10,832	69
70	TOTAL (lines 4 thru 69)		\$ 20,909,533	\$ 684,547		\$ 742,159	\$ 57,612	\$ 3,557,539	70

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

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		\$ 20,909,533	\$ 684,547		\$ 742,159	\$ 57,612	\$ 3,557,539	1
2	INSTALLED NEW CONDENSING UNIT ON ROOF	2014	6,300	229	27.5	229		1,479	2
3	INSTALL ACCUTECH DEPARTURE ALERT SYSTEM FOR								3
4	FRONT & BACK DOOR; DELAY LOCKS ON DOUBLE DOOR	2014	11,599	422	27.5	422		2,655	4
5	WIRE UP 10 ROOMS	2015	3,500	127	27.5	127		746	5
6	INSTALLATION OF THE FIRE DOORS COMING FROM								6
7	THE KITCHEN	2015	3,835	139	27.5	139		759	7
8	INSTALLED CAMERA ADDITIONS AND NURSE CALL								8
9	ADDITIONS	2017	27,800	1,011	27.5	1,011		3,412	9
10	WINDOW TREATMENTS, CURTAIN, CUBICLE	2017	18,944	3,789	5	3,789		13,262	10
11	ROOF REPLACED WITH A NEW SPMB (DINING ROOM)	2018	40,000	1,455	27.5	1,455		3,456	11
12	THERAPY ROOM HVAC UPGRADE	2018	18,200	662	27.5	662		1,462	12
13	HOT WATER PERMANENT CORRECTION	2020	18,700	85	27.5	85		85	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	TOTAL (lines 1 thru 33)		\$ 21,058,411	\$ 692,466		\$ 750,078	\$ 57,612	\$ 3,584,855	34

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

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	\$ 423,607	\$ 15,625	\$ 48,525	\$ 32,900	3-10	\$ 240,296	71
72	Current Year Purchases							72
73	Fully Depreciated Assets	72,846					72,846	73
74	RELATED PARTY		205,269	205,269				74
75	TOTALS	\$ 496,453	\$ 220,894	\$ 253,794	\$ 32,900		\$ 313,142	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)	\$ 23,005,267	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 913,360	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 1,003,872	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 90,512	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 3,897,997	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.

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

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. _____ \$ _____

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: _____*

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: \$ 62,849 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	<u>FACILITY</u>	<u>2016 FORD TRANSIT</u>	\$ <u>#####</u>	\$ <u>7,398</u>	17
18					18
19	<u>FACILITY</u>	<u>2020 FORD TRANSIT VAN</u>	<u>#####</u>	<u>10,535</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>17,933</u>	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.

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.)

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. <u>CLASSROOM PORTION:</u></p> <p>IN-HOUSE PROGRAM <input checked="" type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. <u>CLINICAL PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
--	--	--

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility			Total
		1 Drop-outs	2 Completed	3 Contract	
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			25,250	25,250
8	CNA Competency Tests				
9	TOTALS	\$	\$	\$ 25,250	\$ 25,250
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	30
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	30

- (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.)

	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	\$		\$ 640,685	\$		\$ 640,685	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			111,309			111,309	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			606,510			606,510	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				489,664		489,664	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					191,788 188,240		191,788 188,240	13
14	TOTAL			\$		\$ 1,358,504	\$ 869,692		\$ 2,228,196	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.

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

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 4,819,433	\$ 5,495,699	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 480,000)	2,197,496	2,197,496	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	682,992	682,992	6
7	Other Prepaid Expenses	48,353	48,353	7
8	Accounts Receivable (owners or related parties)	47,533	47,533	8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 7,795,807	\$ 8,472,073	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		1,450,403	13
14	Buildings, at Historical Cost		20,302,442	14
15	Leasehold Improvements, at Historical Cost	684,274	684,274	15
16	Equipment, at Historical Cost	496,453	2,257,856	16
17	Accumulated Depreciation (book methods)	(700,869)	(5,647,658)	17
18	Deferred Charges	430,178	430,178	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): GOODWILL/LOAN COSTS		569,140	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 910,036	\$ 20,046,635	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 8,705,843	\$ 28,518,708	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 3,539,676	\$ 3,543,176	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	856,781		29
30	Accrued Salaries Payable	253,748	253,748	30
31	Accrued Taxes Payable (excluding real estate taxes)	28,965	28,965	31
32	Accrued Real Estate Taxes(Sch.IX-B)	985,838	985,838	32
33	Accrued Interest Payable	104,655	104,655	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	PA LOAN	1,219,600	1,219,600	36
37	NOTE PAYABLE - PPP	1,509,400	1,509,400	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 8,498,663	\$ 7,645,382	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable		23,580,560	39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	DUE TO D. WIESS	595,000	595,000	43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 595,000	\$ 24,175,560	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 9,093,663	\$ 31,820,942	46
47	TOTAL EQUITY(page 18, line 24)	\$ (387,820)	\$ (3,302,234)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 8,705,843	\$ 28,518,708	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 898,343	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 898,343	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,286,163)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (1,286,163)	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)	\$ (387,820)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number BRIA OF PALOS HILLS

0051136

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.

1

I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 18,357,134	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 18,357,134	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***	27,494	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 27,494	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	STIMULUS PAYMENT	2,848,722	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 2,848,722	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 21,233,350	30

2

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,760,470	31
32	Health Care	6,695,983	32
33	General Administration	7,378,903	33
B. Capital Expense			
34	Ownership	3,132,822	34
C. Ancillary Expense			
35	Special Cost Centers	2,228,196	35
36	Provider Participation Fee	323,139	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 22,519,513	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,286,163)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,286,163)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 5,658,534	44
45	Private Pay - Net Inpatient Revenue	291,348	45
46	Medicare - Net Inpatient Revenue	9,396,439	46
47	Other-(specify) HOSPICE/INSURANCE/ETC	266,815	47
48	Other-(specify) MANAGED CARE	2,743,998	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 18,357,134	49

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

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

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

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

Facility Name & ID Number **BRIA OF PALOS HILLS**

0051136

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	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,928	2,166	\$ 121,789	\$ 56.23	1
2	Assistant Director of Nursing	4,863	5,371	254,177	47.32	2
3	Registered Nurses	37,664	39,920	1,393,952	34.92	3
4	Licensed Practical Nurses	31,665	33,279	1,150,720	34.58	4
5	CNAs & Orderlies	107,898	113,572	1,885,613	16.60	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	731	899	34,128	37.96	8
9	Activity Director					9
10	Activity Assistants	9,527	9,859	123,163	12.49	10
11	Social Service Workers	7,939	8,435	172,073	20.40	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	41,483	43,852	691,000	15.76	15
16	Dishwashers					16
17	Maintenance Workers	5,431	5,747	138,747	24.14	17
18	Housekeepers	14,050	14,510	203,183	14.00	18
19	Laundry	688	688	5,643	8.20	19
20	Administrator	6,152	6,513	292,715	44.94	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	19,988	21,329	530,443	24.87	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	4,559	4,845	76,026	15.69	31
32	Other Health C: Care Plan Coord	9,831	10,657	387,476	36.36	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	304,397	321,642	\$ 7,460,848 *	\$ 23.20	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	M	\$ 54,080	1-3	35
36	Medical Director	O	99,957	9-3	36
37	Medical Records Consultant	N	0	10-3	37
38	Nurse Consultant	T	75,008	10-3	38
39	Pharmacist Consultant	H	9,880	10-3	39
40	Physical Therapy Consultant	L	14,161	10a-3	40
41	Occupational Therapy Consultant	Y	12,127	10a-3	41
42	Respiratory Therapy Consultant		103	10a-3	42
43	Speech Therapy Consultant	F	4,236	10a-3	43
44	Activity Consultant	E	0	11-3	44
45	Social Service Consultant	E	625	12-3	45
46	Other(specify)	S			46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 270,177		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	685	\$ 46,361	10-3	50
51	Licensed Practical Nurses	1,428	80,396	10-3	51
52	Certified Nurse Assistants/Aides	1,448	55,761	10-3	52
53	TOTAL (lines 50 - 52)	3,560	\$ 182,518		53

BRIA OF PALOS HILLS

SCHEDULE - LEGAL

12/31/2020

INVOICE DATE	FIRM NAME	DESCRIPTION OF SERVICE	AMOUNT
1/30/2020	C.N.A DEDUCTIBLE RECOVERY GROUP	DEDUCTIBLE RECOVERY	6,431
1/30/2020	C.N.A DEDUCTIBLE RECOVERY GROUP	DEDUCTIBLE RECOVERY	8,014
2/27/2020	C.N.A DEDUCTIBLE RECOVERY GROUP	DEDUCTIBLE RECOVERY	39,024
3/25/2020	C.N.A DEDUCTIBLE RECOVERY GROUP	DEDUCTIBLE RECOVERY	116
4/24/2020	C.N.A DEDUCTIBLE RECOVERY GROUP	DEDUCTIBLE RECOVERY	11,273
5/29/2020	C.N.A DEDUCTIBLE RECOVERY GROUP	DEDUCTIBLE RECOVERY	8,725
6/24/2020	C.N.A DEDUCTIBLE RECOVERY GROUP	DEDUCTIBLE RECOVERY	72
6/24/2020	C.N.A DEDUCTIBLE RECOVERY GROUP	DEDUCTIBLE RECOVERY	7,621
7/23/2020	C.N.A DEDUCTIBLE RECOVERY GROUP	DEDUCTIBLE RECOVERY	68
7/23/2020	C.N.A DEDUCTIBLE RECOVERY GROUP	DEDUCTIBLE RECOVERY	6,618
8/27/2020	C.N.A DEDUCTIBLE RECOVERY GROUP	DEDUCTIBLE RECOVERY	3,626
9/24/2020	C.N.A DEDUCTIBLE RECOVERY GROUP	DEDUCTIBLE RECOVERY	6,222
9/24/2020	C.N.A DEDUCTIBLE RECOVERY GROUP	DEDUCTIBLE RECOVERY	66
9/24/2020	C.N.A DEDUCTIBLE RECOVERY GROUP	DEDUCTIBLE RECOVERY	3,144
11/30/2020	C.N.A DEDUCTIBLE RECOVERY GROUP	DEDUCTIBLE RECOVERY	4,268
1/14/2020	FEDERAL INSURANCE COMPANY	COURT CASE	2,566
4/15/2020	FEDERAL INSURANCE COMPANY	COURT CASE	760
8/5/2020	FEDERAL INSURANCE COMPANY	COURT CASE	1,370
10/5/2020	FEDERAL INSURANCE COMPANY	COURT CASE	920
2/12/2020	FERRELL LAW GROUP FOR STEVEN ROBINSON	COURT CASE	23,590
7/15/2020	GARY A. WEINTRAUB P.C.	LEGAL SERVICES FOR LOAN EXTENSIONS	2,328
11/30/2020	JACKSON LEWIS P.C.	COURT CASE	11,324
11/11/2020	JACKSON LEWIS P.C.	COURT CASE	543
12/11/2020	JACKSON LEWIS P.C.	FLAT FEE - SENSITIVITY TRAINING	1,000
10/5/2020	LEWIS BRISBOIS BISGAARD & SMITH LLP	PREP FOR COURT CASE	385
10/5/2020	LEWIS BRISBOIS BISGAARD & SMITH LLP	PREP FOR COURT CASE	1,972
1/31/2020	MCCABE KIRSHNER	PL/GL LITIGATION	2,300
1/31/2020	MCCABE KIRSHNER	PL/GL LITIGATION	3,200
1/31/2020	MCCABE KIRSHNER	PL/GL LITIGATION	3,200
2/28/2020	MCCABE KIRSHNER	PL/GL LITIGATION	2,300
2/28/2020	MCCABE KIRSHNER	PL/GL LITIGATION	3,200
2/28/2020	MCCABE KIRSHNER	PL/GL LITIGATION	3,200
3/31/2020	MCCABE KIRSHNER	PL/GL LITIGATION	3,200
3/31/2020	MCCABE KIRSHNER	PL/GL LITIGATION	2,300
3/31/2020	MCCABE KIRSHNER	PL/GL LITIGATION	3,200
4/30/2020	MCCABE KIRSHNER	PL/GL LITIGATION	2,300
4/30/2020	MCCABE KIRSHNER	PL/GL LITIGATION	3,200
4/30/2020	MCCABE KIRSHNER	PL/GL LITIGATION	3,200
5/31/2020	MCCABE KIRSHNER	PL/GL LITIGATION	3,200
5/31/2020	MCCABE KIRSHNER	PL/GL LITIGATION	2,300
5/31/2020	MCCABE KIRSHNER	PL/GL LITIGATION	3,200
6/30/2020	MCCABE KIRSHNER	PL/GL LITIGATION	2,300
6/30/2020	MCCABE KIRSHNER	PL/GL LITIGATION	3,200
6/30/2020	MCCABE KIRSHNER	PL/GL LITIGATION	3,200
7/31/2020	MCCABE KIRSHNER	PL/GL LITIGATION	3,200
7/31/2020	MCCABE KIRSHNER	PL/GL LITIGATION	2,300
7/31/2020	MCCABE KIRSHNER	PL/GL LITIGATION	3,200
8/31/2020	MCCABE KIRSHNER	PL/GL LITIGATION	3,200
8/31/2020	MCCABE KIRSHNER	PL/GL LITIGATION	2,300
8/31/2020	MCCABE KIRSHNER	PL/GL LITIGATION	3,200
9/30/2020	MCCABE KIRSHNER	PL/GL LITIGATION	3,200
9/30/2020	MCCABE KIRSHNER	PL/GL LITIGATION	2,300
10/31/2020	MCCABE KIRSHNER	PL/GL LITIGATION	1,046
10/31/2020	MCCABE KIRSHNER	PL/GL LITIGATION	2,300
10/1/2020	MCCABE KIRSHNER	PL/GL LITIGATION	7
11/30/2020	MCCABE KIRSHNER	PL/GL LITIGATION	2,300
12/31/2020	MCCABE KIRSHNER	PL/GL LITIGATION	2,300
12/9/2020	ROBBINS, SALOMON & PATT, LTD.	IRS PENALTY ABATEMENT	2,093
1/2/2020	SB2 INC	CLASS ACTION FOR PAYMENT OF MEDICAID CLAIMS	167
1/2/2020	SB2 INC	CLASS ACTION FOR PAYMENT OF MEDICAID CLAIMS	500
9/22/2020	SEYFARTH SHAW LLP	CONSTRUCTION LOAN MODIFICATION	17,756
1/15/2020	SKIDELSKY & ASSOCIATES	2018 AND 2019 REAL ESTATE ASSESSMENT AND TAX	70,400
1/7/2020	SKIDELSKY & ASSOCIATES	2014, 2015 AND 2016 VALUATION OBJECTION	63,405
1/31/2020	STONE MCGUIRE & SIEGEL	LEGAL COMPLIANCE	700
2/29/2020	STONE MCGUIRE & SIEGEL	LEGAL COMPLIANCE	700
3/31/2020	STONE MCGUIRE & SIEGEL	LEGAL COMPLIANCE	700
4/30/2020	STONE MCGUIRE & SIEGEL	LEGAL COMPLIANCE	700
5/31/2020	STONE MCGUIRE & SIEGEL	LEGAL COMPLIANCE	700
6/30/2020	STONE MCGUIRE & SIEGEL	LEGAL COMPLIANCE	700
7/31/2020	STONE MCGUIRE & SIEGEL	LEGAL COMPLIANCE	700
8/31/2020	STONE MCGUIRE & SIEGEL	LEGAL COMPLIANCE	700
9/30/2020	STONE MCGUIRE & SIEGEL	LEGAL COMPLIANCE	700
10/31/2020	STONE MCGUIRE & SIEGEL	LEGAL COMPLIANCE	700
11/30/2020	STONE MCGUIRE & SIEGEL	LEGAL COMPLIANCE	700
12/31/2020	STONE MCGUIRE & SIEGEL	LEGAL COMPLIANCE	700
2/27/2020	ALLEN SCHWARTZ LTD & CATHERINE MCKNIGHT	LEGAL SETTLEMENT	37,630
6/23/2020	LAW OFFICES OF STEVEN J MALMAN & ASSOC.	LEGAL SETTLEMENT	7,500
TOTAL			442,950

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 COUNCIL ON LONG TERM CARE \$16,371
- (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. \$ 41,146 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 X NO _____ If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.
PALOS HILLS EXTENDED CARE LLC, IDPH #0046029 07/01/2010
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 323,139
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? NO If YES, attach an explanation of the allocation.

- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? YES
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? NO For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 0 Has any meal income been offset against related costs? N/A Indicate the amount. \$ _____
- (16) Travel and Transportation
 - a. Are there costs included for out-of-state travel? NO
If YES, attach a complete explanation.
 - b. Do you have a separate contract with the Department to provide medical transportation for residents? NO If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
 - c. What percent of all travel expense relates to transportation of nurses and patients? 5%
 - d. Have vehicle usage logs been maintained? NO
 - e. Are all vehicles stored at the nursing home during the night and all other times when not in use? NO
 - f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? YES
 - g. Does the facility transport residents to and from day training? NO**
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? NO
Firm Name: _____
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? YES
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. YES
Attach invoices and a summary of services for all architect and appraisal fees.