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| | | FOR BHF USE | | | | | |
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2021
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2021)

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

| | | | |
|--|--|---|--|
| I. IDPH License ID Number: <u>0053751</u> | | II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER | |
| Facility Name: <u>Symphony of South Shore</u> | | <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1/1/2021</u> to <u>12/31/2021</u> 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.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> | |
| Address: <u>2425 East 71st St</u> <u>Chicago</u> <u>60649</u> | | | |
| Number City Zip Code | | | |
| County: <u>Cook</u> | | | |
| Telephone Number: <u>(773) 721-5000</u> Fax # <u>(773) 721-6850</u> | | | |
| HFS ID Number: _____ | | | |
| Date of Initial License for Current Owners: <u>11/1/2015</u> | | | |
| Type of Ownership: | | | |
| <input type="checkbox"/> VOLUNTARY, NON-PROFIT | | <input checked="" type="checkbox"/> PROPRIETARY | |
| <input type="checkbox"/> Charitable Corp. | | <input type="checkbox"/> Individual | |
| <input type="checkbox"/> Trust | | <input type="checkbox"/> Partnership | |
| IRS Exemption Code _____ | | <input type="checkbox"/> CORPORATION | |
| | | <input type="checkbox"/> "Sub-S" Corp. | |
| | | <input checked="" type="checkbox"/> Limited Liability Co. | |
| | | <input type="checkbox"/> Trust | |
| | | <input type="checkbox"/> Other _____ | |
| In the event there are further questions about this report, please contact: | | | |
| Name: <u>Amanda Springborn</u> | | Telephone Number: <u>(314) 925-3838</u> | |
| Email Address: _____ | | | |
| | | Officer or Administrator of Provider | |
| | | (Signed) _____ (Date) _____ | |
| | | (Type or Print Name) _____ | |
| | | (Title) _____ | |
| | | (Signed) _____ (Date) _____ | |
| | | Paid Preparer | |
| | | (Print Name and Title) _____ | |
| | | (Firm Name & Address) <u>RSM US LLP</u> <u>20 N. Martingale Road, Ste. 500 Schaumburg, IL 60173</u> | |
| | | (Telephone) <u>(847) 517-7070</u> Fax # <u>(847) 517-7067</u> | |
| | | 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 Symphony of South Shore# 0053751 Report Period Beginning: 1/1/2021 Ending: 12/31/2021

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 N/A

| | 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 | <u>248</u> | Skilled (SNF) | <u>248</u> | <u>90,520</u> | 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 | <u>248</u> | TOTALS | <u>248</u> | <u>90,520</u> | 7 |

B. Census-For the entire report period.

| | 1 | 2 | 3 | 4 | 5 | |
|----|---------------|---|-------------|---------------|---------------|----|
| | Level of Care | Patient Days by Level of Care and Primary Source of Payment | | | | |
| | | Medicaid Recipient | Private Pay | Other | Total | |
| 8 | SNF | <u>55,286</u> | <u>731</u> | <u>11,484</u> | <u>67,501</u> | 8 |
| 9 | SNF/PED | | | | | 9 |
| 10 | ICF | | | | | 10 |
| 11 | ICF/DD | | | | | 11 |
| 12 | SC | | | | | 12 |
| 13 | DD 16 OR LESS | | | | | 13 |
| 14 | TOTALS | <u>55,286</u> | <u>731</u> | <u>11,484</u> | <u>67,501</u> | 14 |

C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4.) 74.57%

D. How many bed reserve days during this year were paid by the Department?

None (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?

YesG. Do pages 3 & 4 include expenses for services or
investments not directly related to patient care?YES ☐NO ☒Note : Non-allowable costs have been
eliminated in Schedule V, Column 7.

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 10/23/1998

J. Was the facility purchased or leased after January 1, 1978?

YES ☒Date 10/23/1998NO ☐

K. Was the facility certified for Medicare during the reporting year?

YES ☒NO ☐If YES, enter number
of beds certified 248 and days of care provided 4,036

Medicare Intermediary

National Government Services

IV. ACCOUNTING BASIS

ACCRUAL ☒

MODIFIED

CASH* ☐CASH* ☐

Is your fiscal year identical to your tax year?

YES ☒NO ☐Tax Year: 12/31/2021Fiscal Year: 12/31/2021

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

Facility Name & ID Number Symphony of South Shore # 0053751 Report Period Beginning: 1/1/2021 Ending: 12/31/2021
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 | 572,012 | 43,194 | 21,528 | 636,734 | | 636,734 | 983 | 637,717 | | | 1 |
| 2 | Food Purchase | | 380,747 | | 380,747 | | 380,747 | 45,881 | 426,628 | | | 2 |
| 3 | Housekeeping | 39,727 | 3,787 | 902,521 | 946,035 | | 946,035 | | 946,035 | | | 3 |
| 4 | Laundry | | 30,929 | 3,995 | 34,924 | | 34,924 | | 34,924 | | | 4 |
| 5 | Heat and Other Utilities | | | 330,273 | 330,273 | | 330,273 | 2,222 | 332,495 | | | 5 |
| 6 | Maintenance | 176,317 | | 313,728 | 490,045 | | 490,045 | 6,184 | 496,229 | | | 6 |
| 7 | Other (specify):* Mgmt Alloc of Benefi | | | | | | | 473 | 473 | | | 7 |
| 8 | TOTAL General Services | 788,056 | 458,657 | 1,572,045 | 2,818,758 | | 2,818,758 | 55,743 | 2,874,501 | | | 8 |
| | B. Health Care and Programs | | | | | | | | | | | |
| 9 | Medical Director | | | 85,876 | 85,876 | | 85,876 | | 85,876 | | | 9 |
| 10 | Nursing and Medical Records | 5,855,367 | 303,162 | 142,510 | 6,301,039 | | 6,301,039 | 2,625 | 6,303,664 | | | 10 |
| 10a | Therapy | | | | | | | | | | | 10a |
| 11 | Activities | 176,225 | | | 176,225 | | 176,225 | | 176,225 | | | 11 |
| 12 | Social Services | 169,885 | | | 169,885 | | 169,885 | | 169,885 | | | 12 |
| 13 | CNA Training | | | | | | | | | | | 13 |
| 14 | Program Transportation | | | | | | | | | | | 14 |
| 15 | Other (specify):* Covid Related Nursin | | | | | | | (818,112) | (818,112) | | | 15 |
| 16 | TOTAL Health Care and Programs | 6,201,477 | 303,162 | 228,386 | 6,733,025 | | 6,733,025 | (815,487) | 5,917,538 | | | 16 |
| | C. General Administration | | | | | | | | | | | |
| 17 | Administrative | 184,737 | | 831,405 | 1,016,142 | | 1,016,142 | (831,405) | 184,737 | | | 17 |
| 18 | Directors Fees | | | | | | | | | | | 18 |
| 19 | Professional Services | | | 471,084 | 471,084 | | 471,084 | (22,410) | 448,674 | | | 19 |
| 20 | Dues, Fees, Subscriptions & Promotions | | | 56,799 | 56,799 | | 56,799 | (8,192) | 48,607 | | | 20 |
| 21 | Clerical & General Office Expenses | 508,035 | 20,324 | (115,705) | 412,654 | | 412,654 | 173,781 | 586,435 | | | 21 |
| 22 | Employee Benefits & Payroll Taxes | | | 1,131,965 | 1,131,965 | | 1,131,965 | | 1,131,965 | | | 22 |
| 23 | Inservice Training & Education | | | | | | | | | | | 23 |
| 24 | Travel and Seminar | | | 169 | 169 | | 169 | 1,419 | 1,588 | | | 24 |
| 25 | Other Admin. Staff Transportation | | | 5,612 | 5,612 | | 5,612 | 22,482 | 28,094 | | | 25 |
| 26 | Insurance-Prop.Liab.Malpractice | | | 1,835,938 | 1,835,938 | | 1,835,938 | 4,099 | 1,840,037 | | | 26 |
| 27 | Other (specify):* Mgmt alloc of benef | | | | | | | 50,225 | 50,225 | | | 27 |
| 28 | TOTAL General Administration | 692,772 | 20,324 | 4,217,267 | 4,930,363 | | 4,930,363 | (610,001) | 4,320,362 | | | 28 |
| 29 | TOTAL Operating Expense (sum of lines 8, 16 & 28) | 7,682,305 | 782,143 | 6,017,698 | 14,482,146 | | 14,482,146 | (1,369,745) | 13,112,401 | | | 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.

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 | Supplies | Other | Total | | | | | 9 | 10 | |
| | D. Ownership | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | | |
| 30 | Depreciation | | | 212,681 | 212,681 | | 212,681 | 1,067,428 | 1,280,109 | | | 30 |
| 31 | Amortization of Pre-Op. & Org. | | | | | | | | | | | 31 |
| 32 | Interest | | | 31,159 | 31,159 | | 31,159 | 905,236 | 936,395 | | | 32 |
| 33 | Real Estate Taxes | | | 775,701 | 775,701 | | 775,701 | 5,319 | 781,020 | | | 33 |
| 34 | Rent-Facility & Grounds | | | 2,182,730 | 2,182,730 | | 2,182,730 | (933,064) | 1,249,666 | | | 34 |
| 35 | Rent-Equipment & Vehicles | | | 133,466 | 133,466 | | 133,466 | 12,271 | 145,737 | | | 35 |
| 36 | Other (specify):* | | | | | | | | | | | 36 |
| 37 | TOTAL Ownership | | | 3,335,737 | 3,335,737 | | 3,335,737 | 1,057,190 | 4,392,927 | | | 37 |
| | Ancillary Expense | | | | | | | | | | | |
| | E. Special Cost Centers | | | | | | | | | | | |
| 38 | Medically Necessary Transportation | | | 38,599 | 38,599 | | 38,599 | | 38,599 | | | 38 |
| 39 | Ancillary Service Centers | | 149,757 | 848,562 | 998,319 | | 998,319 | (2,800) | 995,519 | | | 39 |
| 40 | Barber and Beauty Shops | | | | | | | | | | | 40 |
| 41 | Coffee and Gift Shops | | | | | | | | | | | 41 |
| 42 | Provider Participation Fee | | | 521,012 | 521,012 | | 521,012 | | 521,012 | | | 42 |
| 43 | Other (specify):* Non-Allowable Cos | 203,370 | | 1,457,679 | 1,661,049 | | 1,661,049 | (1,661,049) | | | | 43 |
| 44 | TOTAL Special Cost Centers | 203,370 | 149,757 | 2,865,852 | 3,218,979 | | 3,218,979 | (1,663,849) | 1,555,130 | | | 44 |
| 45 | GRAND TOTAL COST (sum of lines 29, 37 & 44) | 7,885,675 | 931,900 | 12,219,287 | 21,036,862 | | 21,036,862 | (1,976,404) | 19,060,458 | | | 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.)

| | NON-ALLOWABLE EXPENSES | 1 Amount | 2 Refer- ence | 3 BHF USE ONLY | |
|----|--|----------------|---------------------|----------------------|----|
| 1 | Day Care | \$ | | \$ | 1 |
| 2 | Other Care for Outpatients | | | | 2 |
| 3 | Governmental Sponsored Special Programs | (818,661) | 15 | | 3 |
| 4 | Non-Patient Meals | 45,881 | 2 | | 4 |
| 5 | Telephone, TV & Radio in Resident Rooms | (21,706) | 43 | | 5 |
| 6 | Rented Facility Space | | | | 6 |
| 7 | Sale of Supplies to Non-Patients | | | | 7 |
| 8 | Laundry for Non-Patients | | | | 8 |
| 9 | Non-Straightline Depreciation | 153,883 | 30 | | 9 |
| 10 | Interest and Other Investment Income | (15,365) | 32 | | 10 |
| 11 | Discounts, Allowances, Rebates & Refunds | | | | 11 |
| 12 | Non-Working Officer's or Owner's Salary | | | | 12 |
| 13 | Sales Tax | (646) | 43 | | 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 | (35,797) | 43 | | 18 |
| 19 | Entertainment | | | | 19 |
| 20 | Contributions | | | | 20 |
| 21 | Owner or Key-Man Insurance | | | | 21 |
| 22 | Special Legal Fees & Legal Retainers | | | | 22 |
| 23 | Malpractice Insurance for Individuals | | | | 23 |
| 24 | Bad Debt | (1,287,434) | 43 | | 24 |
| 25 | Fund Raising, Advertising and Promotional | (875) | 43 | | 25 |
| 26 | Income Taxes and Illinois Personal Property Replacement Tax | (12,603) | 43 | | 26 |
| 27 | CNA Training for Non-Employees | | | | 27 |
| 28 | Yellow Page Advertising | | | | 28 |
| 29 | Other-Attach Schedule See PG5A | (871,164) | Var. | | 29 |
| 30 | SUBTOTAL (A): (Sum of lines 1-29) | \$ (2,864,487) | | \$ | 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) | 888,083 | | 34 |
| 35 | Other- Attach Schedule | | | 35 |
| 36 | SUBTOTAL (B): (sum of lines 31-35) | \$ 888,083 | | 36 |
| 37 | (sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B)) | \$ (1,976,404) | | 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. | | X | \$ | | 38 |
| 39 | | | | | | 39 |
| 40 | Gift and Coffee Shops | | X | | | 40 |
| 41 | Barber and Beauty Shops | | X | | | 41 |
| 42 | Laboratory and Radiology | | X | | | 42 |
| 43 | Prescription Drugs | | X | | | 43 |
| 44 | | | | | | 44 |
| 45 | Other-Attach Schedule | | X | | | 45 |
| 46 | Other-Attach Schedule | | X | | | 46 |
| 47 | TOTAL (C): (sum of lines 38-46) | | | \$ | | 47 |

| NON-ALLOWABLE EXPENSES | | Amount | Sch. V Line Reference | |
|------------------------|--|--------------|--------------------------|----|
| 1 | Nonallowable marketing events | \$ (132,895) | 43 | 1 |
| 2 | Laboratory Costs | (20,225) | 43 | 2 |
| 3 | X-Ray Costs | (14,998) | 43 | 3 |
| 4 | Theft and Damage Loss | (4,608) | 43 | 4 |
| 5 | Lobbying Expense | (17,737) | 20 | 5 |
| 6 | Admissions | (101,629) | 43 | 6 |
| 7 | Community & Guest Relations | (16,914) | 43 | 7 |
| 8 | Nonallowable Legal | (35,947) | 19 | 8 |
| 9 | To remove Professional Fees collections | (6,772) | 43 | 9 |
| 10 | To remove non allowable Branding/Mktg | (11,126) | 19 | 10 |
| 11 | Amusement Tax-Administrative | (2,715) | 43 | 11 |
| 12 | Chicago Use Tax-Administrative | (976) | 43 | 12 |
| 13 | Travel and Entertainment Expenses-Administrative | (256) | 43 | 13 |
| 14 | Adjust rent expense | (504,366) | 34 | 14 |
| 15 | | | | 15 |
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| 46 | | | | 46 |
| 47 | | | | 47 |
| 48 | | | | 48 |
| 49 | Total | (871,164) | | 49 |

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 | | See Page 6-Supplemental | | 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 | Rental Income | \$ 488,605 | South Shore Propco LLC | 100% | \$ | (488,605) | 1 |
| 2 | V | 19 | Professional Fees | | South Shore Propco LLC | 100% | 8,725 | 8,725 | 2 |
| 3 | V | 30 | Depreciation | | South Shore Propco LLC | 100% | 881,747 | 881,747 | 3 |
| 4 | V | 32 | Amortization | | South Shore Propco LLC | 100% | 56,080 | 56,080 | 4 |
| 5 | V | 32 | Interest Expense | | South Shore Propco LLC | 100% | 920,601 | 920,601 | 5 |
| 6 | V | | | | | 100% | | | 6 |
| 7 | V | | | | | | | | 7 |
| 8 | V | | | | | | | | 8 |
| 9 | V | | | | | | | | 9 |
| 10 | V | | | | | | | | 10 |
| 11 | V | | | | | | | | 11 |
| 12 | V | | | | | | | | 12 |
| 13 | V | | | | | | | | 13 |
| 14 | Total | | | \$ 488,605 | | | \$ 1,867,153 | \$ * 1,378,548 | 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 | <u>1</u> Dietary | \$ | MAESTRO CONSULTING SERVICES LLC | | \$ 951 | \$ 951 15 |
| 16 | V | <u>2</u> Dietary | | MAESTRO CONSULTING SERVICES LLC | | 32 | 32 16 |
| 17 | V | <u>5</u> Utilities | | MAESTRO CONSULTING SERVICES LLC | | 2,222 | 2,222 17 |
| 18 | V | <u>6</u> Maintenance Expenses | | MAESTRO CONSULTING SERVICES LLC | | 6,184 | 6,184 18 |
| 19 | V | <u>7</u> Employee Benefits - Maintenance | | MAESTRO CONSULTING SERVICES LLC | | 473 | 473 19 |
| 20 | V | <u>10</u> Clinical Salaries | | MAESTRO CONSULTING SERVICES LLC | | 1,105 | 1,105 20 |
| 21 | V | <u>10</u> Contract Nursing | | MAESTRO CONSULTING SERVICES LLC | | 2,153 | 2,153 21 |
| 22 | V | <u>15</u> Employee Benefits - Clinical | | MAESTRO CONSULTING SERVICES LLC | | 549 | 549 22 |
| 23 | V | <u>17</u> Administrative - Other | 831,405 | MAESTRO CONSULTING SERVICES LLC | | 0 | (831,405) 23 |
| 24 | V | <u>19</u> Professional Fees | | MAESTRO CONSULTING SERVICES LLC | | 31,126 | 31,126 24 |
| 25 | V | <u>20</u> Dues, Fees, Subscriptions, Etc. | | MAESTRO CONSULTING SERVICES LLC | | 9,545 | 9,545 25 |
| 26 | V | <u>21</u> Clerical & General Salaries | | MAESTRO CONSULTING SERVICES LLC | | 101,004 | 101,004 26 |
| 27 | V | <u>21</u> Clerical & General Expenses | | MAESTRO CONSULTING SERVICES LLC | | 57,589 | 57,589 27 |
| 28 | V | <u>24</u> Seminars and Education | | MAESTRO CONSULTING SERVICES LLC | | 1,419 | 1,419 28 |
| 29 | V | <u>25</u> Transportation | | MAESTRO CONSULTING SERVICES LLC | | 22,482 | 22,482 29 |
| 30 | V | <u>26</u> Insurance | | MAESTRO CONSULTING SERVICES LLC | | 4,099 | 4,099 30 |
| 31 | V | <u>27</u> Employee Benefits - Administrative | | MAESTRO CONSULTING SERVICES LLC | | 50,225 | 50,225 31 |
| 32 | V | <u>30</u> Depreciation | | MAESTRO CONSULTING SERVICES LLC | | 31,798 | 31,798 32 |
| 33 | V | <u>32</u> Interest Expense | | MAESTRO CONSULTING SERVICES LLC | | 0 | 0 33 |
| 34 | V | <u>33</u> Real Estate Tax | | MAESTRO CONSULTING SERVICES LLC | | 5,319 | 5,319 34 |
| 35 | V | <u>34</u> Building Rental | | MAESTRO CONSULTING SERVICES LLC | | 3,827 | 3,827 35 |
| 36 | V | <u>35</u> Equipment Rental | | MAESTRO CONSULTING SERVICES LLC | | 8,580 | 8,580 36 |
| 37 | V | <u>35</u> Auto Lease | | MAESTRO CONSULTING SERVICES LLC | | 4,818 | 4,818 37 |
| 38 | V | | | | | | |
| 39 | Total | | \$ 831,405 | | | \$ 345,500 | \$ * (485,905) 39 |

* 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 Schedule V | 2 Line | 3 Cost Per General Ledger | 4 | 5 Cost to Related Organization | 6 | 7 | 8 Difference: | |
|-----------------|-----------|---------------------------|-----------------------------|--------------------------------|-----------------------------------|--|--|----|
| | | Item | Amount | Name of Related Organization | Percent of Ownership | Operating Cost of Related Organization | Adjustments for Related Organization Costs (7 minus 4) | |
| 15 | V | 10 | Nursing and Medical Records | \$ 1,590 | Integra Healthcare Equipment, LLC | \$ 1,351 | \$ (239) | 15 |
| 16 | V | 35 | Rent-Equipment and Vehicles | 7,512 | Integra Healthcare Equipment, LLC | 6,385 | (1,127) | 16 |
| 17 | V | | | | | | | 17 |
| 18 | V | | | | | | | 18 |
| 19 | V | | | | | | | 19 |
| 20 | V | | | | | | | 20 |
| 21 | V | | | | | | | 21 |
| 22 | V | | | | | | | 22 |
| 23 | V | | | | | | | 23 |
| 24 | V | | | | | | | 24 |
| 25 | V | | | | | | | 25 |
| 26 | V | | | | | | | 26 |
| 27 | V | | | | | | | 27 |
| 28 | V | | | | | | | 28 |
| 29 | V | | | | | | | 29 |
| 30 | V | | | | | | | 30 |
| 31 | V | | | | | | | 31 |
| 32 | V | | | | | | | 32 |
| 33 | V | | | | | | | 33 |
| 34 | V | | | | | | | 34 |
| 35 | V | | | | | | | 35 |
| 36 | V | | | | | | | 36 |
| 37 | V | | | | | | | 37 |
| 38 | V | | | | | | | 38 |
| 39 | Total | | \$ 9,102 | | | \$ 7,736 | \$ * (1,366) | 39 |

* 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.

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 | | 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 | 10 | Nursing Supplies | \$ 524 | MedWiz of Illinois LLC | | \$ 445 | \$ (79) | 15 |
| 16 | V | 39 | Pharmacy Costs | 17,187 | MedWiz of Illinois LLC | | 14,609 | (2,578) | 16 |
| 17 | V | 35 | Equipment Rental | | MedWiz of Illinois LLC | | | | 17 |
| 18 | V | 39 | IV Therapy | 1,482 | MedWiz of Illinois LLC | | 1,260 | (222) | 18 |
| 19 | V | 10 | Pharmacy Consultant | 2,100 | MedWiz of Illinois LLC | | 1,785 | (315) | 19 |
| 20 | V | | | | | | | | 20 |
| 21 | V | | | | | | | | 21 |
| 22 | V | | | | | | | | 22 |
| 23 | V | | | | | | | | 23 |
| 24 | V | | | | | | | | 24 |
| 25 | V | | | | | | | | 25 |
| 26 | V | | | | | | | | 26 |
| 27 | V | | | | | | | | 27 |
| 28 | V | | | | | | | | 28 |
| 29 | V | | | | | | | | 29 |
| 30 | V | | | | | | | | 30 |
| 31 | V | | | | | | | | 31 |
| 32 | V | | | | | | | | 32 |
| 33 | V | | | | | | | | 33 |
| 34 | V | | | | | | | | 34 |
| 35 | V | | | | | | | | 35 |
| 36 | V | | | | | | | | 36 |
| 37 | V | | | | | | | | 37 |
| 38 | V | | | | | | | | 38 |
| 39 | Total | | | \$ 21,293 | | | \$ 18,099 | \$ * (3,194) | 39 |

* 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 | 22 | Workers Compensation | \$ 144,371 | Maple Leaf Insurance | | \$ 144,371 | \$ | 15 |
| 16 | V | | | | | | | | 16 |
| 17 | V | | | | | | | | 17 |
| 18 | V | | | | | | | | 18 |
| 19 | V | | | | | | | | 19 |
| 20 | V | | | | | | | | 20 |
| 21 | V | | | | | | | | 21 |
| 22 | V | | | | | | | | 22 |
| 23 | V | | | | | | | | 23 |
| 24 | V | | | | | | | | 24 |
| 25 | V | | | | | | | | 25 |
| 26 | V | | | | | | | | 26 |
| 27 | V | | | | | | | | 27 |
| 28 | V | | | | | | | | 28 |
| 29 | V | | | | | | | | 29 |
| 30 | V | | | | | | | | 30 |
| 31 | V | | | | | | | | 31 |
| 32 | V | | | | | | | | 32 |
| 33 | V | | | | | | | | 33 |
| 34 | V | | | | | | | | 34 |
| 35 | V | | | | | | | | 35 |
| 36 | V | | | | | | | | 36 |
| 37 | V | | | | | | | | 37 |
| 38 | V | | | | | | | | 38 |
| 39 | Total | | | \$ 144,371 | | | \$ 144,371 | \$ * 0 | 39 |

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

Facility Name & ID Number

Symphony of South Shore

0053751

Report Period Beginning:

1/1/2021

Ending:

12/31/2021

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 | Symcare Healthcare LLC | 0.9999 | SYMPHONY ENCORE | CHICAGO | MAESTRO CONSULT | LINCOLNWOOD | MANAGEMENT | 1 |
| 2 | Symcare HMG LLC | 0.0001 | SYMPHONY OF MAPLE CREST | BELVIDERE | 7257 N. LINCOLN AV | LINCOLNWOOD | BUILDING RENTA | 2 |
| 3 | | | SYMPHONY OF NORTHWOODS | BELVIDERE | MAPLELEAF INSUR | GRAND CAYMAN | LIABILITY/WORK | 3 |
| 4 | | | SYCAMORE VILLAGE | SWANSEA | INTEGRA HEALTHC | ELMHURST | DME & MEDICAL | 4 |
| 5 | | | SYMPHONY ARIA | HILLSIDE | INTEGRA RESPIRAT | ELMHURST | RESPIRATORY SE | 5 |
| 6 | | | SYMPHONY AT 87TH STREET | CHICAGO | LIFELINE AMBULAN | CHICAGO | AMBULANCE | 6 |
| 7 | | | SYMPHONY AT MIDWAY | CHICAGO | CONCERTO DIALYS | CHICAGO | DIALYSIS | 7 |
| 8 | | | SYMPHONY AT THE TILLERS | OSWEGO | SOUTH SHORE PROI | CHICAGO | REAL ESTATE | 8 |
| 9 | | | SYMPHONY OF BRONZEVILLE | CHICAGO | MEDWIZ OF ILLINO | WOODRIDGE | PHARMACY | 9 |
| 10 | | | SYMPHONY OF BUFFALO GROVE | BUFFALO GROVE | | | | 10 |
| 11 | | | SYMPHONY OF CHESTERTON | CHESTERTON, IN | | | | 11 |
| 12 | | | SYMPHONY OF CHICAGO WEST | CHICAGO | | | | 12 |
| 13 | | | SYMPHONY OF CRESTWOOD | CRESTWOOD | | | | 13 |
| 14 | | | SYMPHONY OF CROWN POINT | CROWN POINT, IN | | | | 14 |
| 15 | | | SYMPHONY OF DYER | DYER, IN | | | | 15 |
| 16 | | | SYMPHONY OF EVANSTON | EVANSTON | | | | 16 |
| 17 | | | SYMPHONY OF GLENDALE | GLENDALE, WI | | | | 17 |
| 18 | | | SYMPHONY OF HANOVER PARK | HANOVER PARK | | | | 18 |
| 19 | | | SALUD WELLNESS | JOLIET | | | | 19 |
| 20 | | | SYMPHONY OF LINCOLN PARK | CHICAGO | | | | 20 |
| 21 | | | SYMPHONY OF MORGAN PARK | CHICAGO | | | | 21 |
| 22 | | | SYMPHONY OF ORCHARD VALLEY | AURORA | | | | 22 |
| 23 | | | SYMPHONY RESIDENCES OF LINCOLN PAR | CHICAGO | | | | 23 |
| 24 | | | WOODCARE V INC | BRIGHTON, MI | | | | 24 |
| 25 | | | CLIFFSIDE COMPANY LLC | ST. JOSEPH, MI | | | | 25 |
| 26 | | | SYMPHONY APPLEWOOD | WOODHAVEN, MI | | | | 26 |
| 27 | | | SYMPHONY LINDEN | LINDEN, MI | | | | 27 |
| 28 | | | SYMPHONY TRI-CITIES | BAY CITY, MI | | | | 28 |
| 29 | | | SYMPHONY PALOS PARK | PALOS PARK | | | | 29 |
| 30 | | | | | | | | 30 |

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 Name | 2 Title | 3 Function | 4 Ownership Interest | 5 Compensation Received From Other Nursing Homes* | 6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week | | 7 Compensation Included in Costs for this Reporting Period** | | 8 Schedule V. Line & Column Reference | |
|----|--|----------------|-------------------|-----------------------------|--|--|---------|---|--------|--|----|
| | | | | | | Hours | Percent | Description | Amount | | |
| 1 | | | | | | | | | \$ | | 1 |
| 2 | | | | | | | | | | | 2 |
| 3 | No owners receive compensation from this facility. | | | | | | | | | | 3 |
| 4 | | | | | | | | | | | 4 |
| 5 | | | | | | | | | | | 5 |
| 6 | | | | | | | | | | | 6 |
| 7 | | | | | | | | | | | 7 |
| 8 | | | | | | | | | | | 8 |
| 9 | | | | | | | | | | | 9 |
| 10 | | | | | | | | | | | 10 |
| 11 | | | | | | | | | | | 11 |
| 12 | | | | | | | | | | | 12 |
| 13 | | | | | | | | TOTAL | \$ | | 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 Symphony of South Shore # 0053751 Report Period Beginning: 1/1/2021 Ending: 2/31/2021

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
Street Address
City / State / Zip Code
Phone Number
Fax Number

()

()

| | 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 | | N/A | | | | \$ | \$ | | | 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 | TOTALS | | | | | \$ | \$ | | \$ | 25 |

Facility Name & ID Number Symphony of South Shore# 0053751 Report Period Beginning: 1/1/2021 Ending: 2/31/2021

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 MAESTRO CONSULTING SERVICES LLC
 Street Address 7257 N. LINCOLN AVENUE
 City / State / Zip Code LINCOLNWOOD, IL 60712
 Phone Number (847) 933-2600
 Fax Number (847) 933-2601

| | 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 | 1 | Dietary Salaries | Bed Days Available | 1,617,415 | 28 | \$ 16,997 | \$ 16,997 | 90,520 | \$ 951 | 1 |
| 2 | 1 | Dietary Expenses | Bed Days Available | 1,617,415 | 28 | 578 | | 90,520 | 32 | 2 |
| 3 | 5 | Utilities | Bed Days Available | 1,617,415 | 28 | 39,697 | | 90,520 | 2,222 | 3 |
| 4 | 6 | Maintenance Expenses | Bed Days Available | 1,617,415 | 28 | 110,497 | | 90,520 | 6,184 | 4 |
| 5 | 7 | Employee Benefits - Dietary/Maint | Bed Days Available | 1,617,415 | 28 | 8,452 | | 90,520 | 473 | 5 |
| 6 | 10 | Clinical Salaries | Bed Days Available | 1,617,415 | 28 | 19,745 | 19,745 | 90,520 | 1,105 | 6 |
| 7 | 10 | Clinical Expenses | Bed Days Available | 1,617,415 | 28 | 38,476 | | 90,520 | 2,153 | 7 |
| 8 | 15 | Employee Benefits - Clinical | Bed Days Available | 1,617,415 | 28 | 9,818 | | 90,520 | 549 | 8 |
| 9 | 19 | Professional Fees | Bed Days Available | 1,617,415 | 28 | 556,162 | | 90,520 | 31,126 | 9 |
| 10 | 20 | Dues, Fees, Subscriptions, Etc. | Bed Days Available | 1,617,415 | 28 | 170,554 | | 90,520 | 9,545 | 10 |
| 11 | 21 | Clerical & General Salaries | Bed Days Available | 1,617,415 | 28 | 1,804,738 | 1,804,738 | 90,520 | 101,004 | 11 |
| 12 | 21 | Clerical & General Expenses | Bed Days Available | 1,617,415 | 28 | 1,029,001 | | 90,520 | 57,589 | 12 |
| 13 | 24 | Seminars and Education | Bed Days Available | 1,617,415 | 28 | 25,357 | | 90,520 | 1,419 | 13 |
| 14 | 25 | Transportation | Bed Days Available | 1,617,415 | 28 | 401,717 | | 90,520 | 22,482 | 14 |
| 15 | 26 | Insurance | Bed Days Available | 1,617,415 | 28 | 73,240 | | 90,520 | 4,099 | 15 |
| 16 | 27 | Employee Benefits - Administrative | Bed Days Available | 1,617,415 | 28 | 897,417 | | 90,520 | 50,225 | 16 |
| 17 | 30 | Depreciation | Bed Days Available | 1,617,415 | 28 | 568,170 | | 90,520 | 31,798 | 17 |
| 18 | 33 | Real Estate Tax | Bed Days Available | 1,617,415 | 28 | 95,041 | | 90,520 | 5,319 | 18 |
| 19 | 34 | Building Rental | Bed Days Available | 1,617,415 | 28 | 68,380 | | 90,520 | 3,827 | 19 |
| 20 | 35 | Equipment Rental | Bed Days Available | 1,617,415 | 28 | 153,307 | | 90,520 | 8,580 | 20 |
| 21 | 35 | Auto Lease | Bed Days Available | 1,617,415 | 28 | 86,081 | | 90,520 | 4,818 | 21 |
| 22 | | | | | | | | | | 22 |
| 23 | | | | | | | | | | 23 |
| 24 | | | | | | | | | | 24 |
| 25 | TOTALS | | | | | \$ 6,173,425 | \$ 1,841,480 | | \$ 345,500 | 25 |

Facility Name & ID Number Symphony of South Shore# 0053751 Report Period Beginning: 1/1/2021 Ending: 2/31/2021

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

Integra Healthcare Equipment, LLC

Street Address

747 Church Road

City / State / Zip Code

Elmhurst, IL 60126

Phone Number

(630) 834-3700

Fax Number

(630) 834-1500

| 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 | 10 | Nursing and Medical Records | Direct Allocation | | \$ | \$ | | 1,351 | 1 |
| 2 | 35 | Rent-Equipment and Vehicles | Direct Allocation | | | | | 6,385 | 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 | TOTALS | | | | \$ | \$ | | 7,736 | 25 |

Facility Name & ID Number Symphony of South Shore# 0053751 Report Period Beginning: 1/1/2021 Ending: 2/31/2021

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

MedWiz of Illinois LLC

Street Address

940 S Frontage Rd, Suite 400

City / State / Zip Code

Woodridge, IL 60517

Phone Number

(630) 866-6400

Fax Number

()

| | 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 | 10 | Nursing Supplies | Direct Allocation | | | \$ | \$ | | \$ 445 | 1 |
| 2 | 39 | Pharmacy Costs | Direct Allocation | | | | | | 14,609 | 2 |
| 3 | 35 | Equipment Rental | Direct Allocation | | | | | | | 3 |
| 4 | 39 | IV Therapy | Direct Allocation | | | | | | 1,260 | 4 |
| 5 | 10 | Pharmacy Consultant | Direct Allocation | | | | | | 1,785 | 5 |
| 6 | | | | | | | | | | 6 |
| 7 | | | | | | | | | | 7 |
| 8 | | | | | | | | | | 8 |
| 9 | | | | | | | | | | 9 |
| 10 | | | | | | | | | | 10 |
| 11 | | | | | | | | | | 11 |
| 12 | | | | | | | | | | 12 |
| 13 | | | | | | | | | | 13 |
| 14 | | | | | | | | | | 14 |
| 15 | | | | | | | | | | 15 |
| 16 | | | | | | | | | | 16 |
| 17 | | | | | | | | | | 17 |
| 18 | | | | | | | | | | 18 |
| 19 | | | | | | | | | | 19 |
| 20 | | | | | | | | | | 20 |
| 21 | | | | | | | | | | 21 |
| 22 | | | | | | | | | | 22 |
| 23 | | | | | | | | | | 23 |
| 24 | | | | | | | | | | 24 |
| 25 | TOTALS | | | | | \$ | \$ | | \$ 18,099 | 25 |

Facility Name & ID Number Symphony of South Shore# 0053751 Report Period Beginning: 1/1/2021 Ending: 2/31/2021

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

Maple Leaf Insurance

Street Address

PO Box 69, 720 West Bay Rd.

City / State / Zip Code

Grand Caymna, KY1-1102

Phone Number

(

Fax Number

(

| | 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 | 22 | Workers Compensation | Direct Allocation | | | \$ | \$ | | \$ 144,371 | 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 | TOTALS | | | | | \$ | \$ | | \$ 144,371 | 25 |

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 | Omnicare | | X | Pharmacy Services | 67,444 | 11/27/2017 | \$ 2,170,337 | \$ - | 10/20/2020 | 0.07500 | \$ | 1 |
| 2 | LifeMed | X | | Pharmacy Services | 38,731 | 1/1/2018 | 6,197,033 | 189,193 | 01/01/2024 | 0.07500 | | 2 |
| 3 | Select Rehab | | X | Operational | 159,503 | 12/31/2018 | 12,216,125 | 565,017 | 12/31/2023 | 0.00200 | | 3 |
| 4 | Integra | X | | Medical Supplies/rental | 50,680 | 7/1/2019 | 1,162,530 | - | 6/30/2021 | 0.04380 | | 4 |
| 5 | Master Sym3 SNF Realty, LLC | X | | Bridge Loan | Varies | 6/1/2021 | 9,663,539 | 3,382,239 | 6/1/2026 | 0.05000 | | 5 |
| | Working Capital | | | | | | | | | | | |
| 6 | National Government Services | | X | Medicare AAP | 55,785 | 4/7/2020 | 1,338,848 | 811,997 | 4/7/2023 | | | 6 |
| 7 | State of Illinois | | X | Advance Payment | - | 5/1/2019 | 699,100 | 699,100 | 8/1/2021 | | | 7 |
| 8 | See Sch 9A | | | | | | 50,556,005 | 18,738,505 | | | 821,953 | 8 |
| 9 | TOTAL Facility Related | | | | \$372,143.40 | | \$ 84,003,517 | \$ 24,386,051 | | | \$ 951,760 | 9 |
| | B. Non-Facility Related* | | | | | | | | | | | |
| 10 | | | | | | | | | | | | 10 |
| 11 | | | | | | | | | | | | 11 |
| 12 | | | | | | | | Interest Income offset | | | (15,365) | 12 |
| 13 | | | | | | | | | | | | 13 |
| 14 | TOTAL Non-Facility Related | | | | | | \$ | \$ | | | \$ (15,365) | 14 |
| 15 | TOTALS (line 9+line14) | | | | | | \$ 84,003,517 | \$ 24,386,051 | | | \$ 936,395 | 15 |

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

* 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: Symphony of South Shore
IDPH License ID Number: 0053751
Fiscal Year End: 12/31/2021

Schedule 9A

IX. Interest Expense and Real Estate Tax Expense

| 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 | | | | | | | \$ | | | | | \$ | 1 |
| 2 | | | | | | | | | | | | | 2 |
| 3 | | | | | | | | | | | | | 3 |
| 4 | | | | | | | | | | | | | 4 |
| 5 | | | | | | | | | | | | | 5 |
| | Working Capital | | | | | | | | | | | | |
| 6 | CIBC Bank USA | | X | Payroll & Other Exp. | 26,767 | 4/28/2021 | 1,606,005 | 1,606,005 | 4/28/2026 | 0.0100 | | | 6 |
| 7 | X- Caliber Funding LLC | | X | Mortgage | 453,819 | 06/01/21 | 48,950,000 | 17,132,500 | 06/06/24 | 5%+LIBOR | 821,953 | | 7 |
| 8 | | | | | | | | | | | | | 8 |
| 9 | TOTAL Facility Related | | | | \$480,585.46 | | \$ 50,556,005 | \$ 18,738,505 | | | \$ 821,953 | | 9 |
| | B. Non-Facility Related* | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | 10 |
| 11 | | | | | | | | | | | | | 11 |
| 12 | | | | | | | | | | | | | 12 |
| 13 | | | | | | | | | | | | | 13 |
| 14 | TOTAL Non-Facility Related | | | | \$0.00 | | \$ - | \$ - | | | \$ - | | 14 |

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 2020 report. | | | | \$ | 664,954 | 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.) | | 2020 | | \$ | 709,682 | 2 |
| 3. Under or (over) accrual (line 2 minus line 1). | | | | \$ | 44,728 | 3 |
| 4. Real Estate Tax accrual used for 2021 report. (Detail and explain your calculation of this accrual on the lines below.) | | | | \$ | 730,973 | 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 |
| | | | Alloc. Fr. Mgmt. Co. | | 5,319 | |
| 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. | | | | \$ | 781,020 | 7 |
| Real Estate Tax History: | | | | | | |
| Real Estate Tax Bill for Calendar Year: | | 2016 | 644,843 | 8 | | |
| | | 2017 | 684,218 | 9 | | |
| | | 2018 | 712,749 | 10 | | |
| | | 2019 | 640,052 | 11 | | |
| | | 2020 | 709,682 | 12 | | |
| Accrual Calculation : | | | | | | |
| Real estate taxes paid \$709,682 X 1.03% = \$730,973 | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| | | | |
|----|---------------------------------------|----|----|
| | FOR BHF USE ONLY | | |
| 13 | FROM R. E. TAX STATEMENT FOR 2020 | \$ | 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.

2020 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Symphony Of South Shore COUNTY Cook
FACILITY IDPH LICENSE NUMBER 0053751
CONTACT PERSON REGARDING THIS REPORT Ari Krupp
TELEPHONE 410-258-7363 FAX #: N/A

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2020 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 2020.

| (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>21-30-101-023-0000</u> | <u>Long Term Care Property</u> | \$ <u>227,297.40</u> | \$ <u>227,297.40</u> |
| 2. <u>21-30-101-003-0000</u> | <u>Long Term Care Property</u> | \$ <u>37,437.92</u> | \$ <u>37,437.92</u> |
| 3. <u>21-30-101-004-0000</u> | <u>Long Term Care Property</u> | \$ <u>128,463.19</u> | \$ <u>128,463.19</u> |
| 4. <u>21-30-101-014-0000</u> | <u>Long Term Care Property</u> | \$ <u>240,697.62</u> | \$ <u>240,697.62</u> |
| 5. <u>21-30-101-022-0000</u> | <u>Long Term Care Property</u> | \$ <u>75,785.82</u> | \$ <u>75,785.82</u> |
| 6. <u>10-27-319-028-0000</u> | <u>Home Office Allocation</u> | \$ <u>94,157.86</u> | \$ <u>5,319.00</u> |
| 7. _____ | _____ | \$ _____ | \$ _____ |
| 8. _____ | _____ | \$ _____ | \$ _____ |
| 9. _____ | _____ | \$ _____ | \$ _____ |
| 10. _____ | _____ | \$ _____ | \$ _____ |
| TOTALS | | \$ <u><u>803,839.81</u></u> | \$ <u><u>715,000.95</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? X YES _____ 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 2020 tax bills which were listed in Section A to this statement. Be sure to use the 2020 tax bill which is normally paid during 2021.

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

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 80,865

B. General Construction Type: Exterior Brick Frame Steel Number of Stories 4

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

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

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

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

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

None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? ☐ YES ☒ 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 | 2 | 3 | 4 | |
|----------|--|-------------|---------------|-------------------|----------|
| | Use | Square Feet | Year Acquired | Cost | |
| 1 | <u>Allocated from Maestro 7257 Linco</u> | <u>-</u> | <u>2004</u> | <u>\$ 8,955</u> | <u>1</u> |
| 2 | <u>RE Allocation- Propco LLC</u> | | | <u>376,099</u> | <u>2</u> |
| 3 | TOTALS | | | <u>\$ 385,054</u> | <u>3</u> |

HFS 3745 (N-4-99)

IL478-2471

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 | | | | | \$ | \$ - | | \$ - | \$ | \$ | 4 | |
| 5 | RE Allocation- Propco LLC | | 2021 | | 13,515,356 | - | 30 | 398,055 | 398,055 | 398,055 | 5 | |
| 6 | | | | | | - | | - | | | 6 | |
| 7 | | | | | | - | | - | | | 7 | |
| 8 | | | | | | - | | - | | | 8 | |
| | Improvement Type** | | | | | | | | | | | |
| 9 | Various | | | 1998 | 78,106 | - | 20 | - | | 78,106 | 9 | |
| 10 | Various | | | 1999 | 88,720 | - | 20 | - | | 88,720 | 10 | |
| 11 | Various | | | 2000 | 72,602 | - | 20 | - | | 72,602 | 11 | |
| 12 | Various | | | 2001 | 45,629 | - | 20 | 829 | 829 | 45,629 | 12 | |
| 13 | Various | | | 2002 | 11,757 | - | 20 | - | | 11,756 | 13 | |
| 14 | Various | | | 2003 | 16,299 | - | 20 | - | | 16,299 | 14 | |
| 15 | Various | | | 2004 | 62,649 | - | 20 | - | | 62,649 | 15 | |
| 16 | Various | | | 2005 | 10,333 | - | 20 | | | 10,333 | 16 | |
| 17 | Various | | | 2006 | 72,736 | - | 20 | 753 | 753 | 72,736 | 17 | |
| 18 | Various | | | 2007 | 176,978 | - | 20 | - | | 176,978 | 18 | |
| 19 | Various | | | 2008 | 131,853 | - | 20 | - | | 131,853 | 19 | |
| 20 | Various | | | 2009 | 477,567 | - | 20 | - | | 477,567 | 20 | |
| 21 | Various | | | 2010 | 138,348 | - | 20 | 5,606 | 5,606 | 138,348 | 21 | |
| 22 | Various | | | 2011 | 211,126 | - | 20 | 10,556 | 10,556 | 193,270 | 22 | |
| 23 | Various | | | 2012 | 39,292 | - | 20 | 1,965 | 1,965 | 28,758 | 23 | |
| 24 | Various | | | 2013 | 744,877 | - | 20 | 37,244 | 37,244 | 366,028 | 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 | |

*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

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 | | | \$ | - | | \$ | | \$ | 37 |
| 38 | | | | - | | - | | | 38 |
| 39 | | | | - | | - | | | 39 |
| 40 | | | | - | | - | | | 40 |
| 41 | | | | - | | - | | | 41 |
| 42 | | | | - | | - | | | 42 |
| 43 | | | | - | | - | | | 43 |
| 44 | | | | - | | - | | | 44 |
| 45 | | | | - | | - | | | 45 |
| 46 | | | | - | | - | | | 46 |
| 47 | | | | - | | - | | | 47 |
| 48 | | | | - | | - | | | 48 |
| 49 | | | | - | | - | | | 49 |
| 50 | | | | - | | - | | | 50 |
| 51 | | | | - | | - | | | 51 |
| 52 | | | | - | | - | | | 52 |
| 53 | | | | - | | - | | | 53 |
| 54 | | | | - | | - | | | 54 |
| 55 | | | | - | | - | | | 55 |
| 56 | | | | - | | - | | | 56 |
| 57 | | | | - | | - | | | 57 |
| 58 | | | | - | | - | | | 58 |
| 59 | | | | - | | - | | | 59 |
| 60 | | | | - | | - | | | 60 |
| 61 | | | | - | | - | | | 61 |
| 62 | | | | - | | - | | | 62 |
| 63 | | | | - | | - | | | 63 |
| 64 | | | | - | | - | | | 64 |
| 65 | | | | - | | - | | | 65 |
| 66 | | | | - | | - | | | 66 |
| 67 | | | | - | | - | | | 67 |
| 68 | | | | - | | - | | | 68 |
| 69 | | | | - | | - | | | 69 |
| 70 | TOTAL (lines 4 thru 69) | | \$ 15,894,227 | \$ | | \$ 455,008 | \$ 455,008 | \$ 2,369,684 | 70 |

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

Facility Name & ID Number Symphony of South Shore

0053751

Report Period Beginning:

1/1/2021

Ending:

12/31/2021

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 | |
| 1 | Totals from Page 12A, Carried Forward | | \$ 15,894,227 | \$ | | \$ 455,008 | \$ 455,008 | \$ 2,369,684 | 1 |
| 2 | Brackets, Window Sills In Bistro & Dining Room | 2014 | 5,610 | - | 20 | 281 | 281 | 2,244 | 2 |
| 3 | Cabinets, Studs, Drywall For Therapy Room | 2014 | 2,970 | - | 20 | 148 | 148 | 1,175 | 3 |
| 4 | Electrical Work - Therapy Room | 2014 | 9,800 | - | 20 | 490 | 490 | 3,879 | 4 |
| 5 | Signs & Banners For Entire 1St Floor | 2014 | 2,554 | - | 20 | 128 | 128 | 1,681 | 5 |
| 6 | Treatment In Resident Rooms, Surface Top In Dinnig Room | 2014 | 139,380 | - | 20 | 6,969 | 6,969 | 52,848 | 6 |
| 7 | 5 Wanderguard Complete System | 2014 | 14,754 | - | 20 | 738 | 738 | 5,656 | 7 |
| 8 | 1 Fire Alarm System Device, 1 Replaced Tamper Panel Trouble Bel | 2014 | 7,755 | - | 20 | 388 | 388 | 2,811 | 8 |
| 9 | Electrical Work In Parking Lot, Install New Cameras In The Parki | 2014 | 6,020 | - | 20 | 301 | 301 | 2,132 | 9 |
| 10 | Install 10 New Security Cameras. | 2014 | 5,170 | - | 20 | - | | 5,170 | 10 |
| 11 | Pump Repair & Replace Motor For Water Heater | 2014 | 2,818 | - | 20 | 141 | 141 | 1,104 | 11 |
| 12 | Repair Pipe In Dietary Area | 2014 | 2,850 | - | 20 | 143 | 143 | 1,010 | 12 |
| 13 | Remove & Install New Vinyl Plank & Base | 2014 | 7,750 | - | 20 | 388 | 388 | 2,714 | 13 |
| 14 | Commercial Water Heater | 2015 | 7,841 | - | 20 | 392 | 392 | 2,744 | 14 |
| 15 | Installed New Pump For Boiler | 2015 | 4,490 | - | 20 | 224 | 224 | 1,570 | 15 |
| 16 | Install New Recirculating Pump For Boiler | 2015 | 4,068 | - | 20 | 203 | 203 | 1,424 | 16 |
| 17 | Repaired Pump Valves | 2015 | 2,794 | - | 20 | 140 | 140 | 979 | 17 |
| 18 | Parking Lot Work | 2015 | 365,310 | - | 20 | 18,266 | 18,266 | 127,860 | 18 |
| 19 | Wall Mount Charging Station | 2015 | 3,684 | - | 20 | 184 | 184 | 1,289 | 19 |
| 20 | Camera / Indoor Keypads / Electrical In Kitchen | 2016 | 2,560 | - | 20 | 128 | 128 | 768 | 20 |
| 21 | Kitchen Improvements - New Walls, Flooring | 2016 | 4,670 | - | 20 | 234 | 234 | 1,401 | 21 |
| 22 | Plumbing Service / Piping | 2016 | 8,150 | - | 20 | 408 | 408 | 2,445 | 22 |
| 23 | Kitchen Improvements - Drywall & Trim | 2016 | 6,500 | - | 20 | 325 | 325 | 1,950 | 23 |
| 24 | Install 2 New Hand Washing | 2016 | 12,800 | - | 20 | 640 | 640 | 3,840 | 24 |
| 25 | Fan Motors | 2016 | 5,848 | - | 20 | 292 | 292 | 1,754 | 25 |
| 26 | Booster System - New Motor, Seals, Gauges | 2016 | 3,266 | - | 20 | 163 | 163 | 979 | 26 |
| 27 | Restore South Side Of Garage Roof By Patch/New Frame/Pour Con | 2016 | 2,700 | - | 20 | 135 | 135 | 810 | 27 |
| 28 | Repair Boilers - Vacuum,Piping,Electricals,Controls,Air Intakes/Va | 2016 | 4,498 | - | 20 | 225 | 225 | 1,349 | 28 |
| 29 | Facade Stucco Repairs | 2017 | 27,700 | - | 20 | 1,385 | 1,385 | 6,925 | 29 |
| 30 | New Motor For Boiler Room Fans | 2017 | 6,044 | - | 20 | 302 | 302 | 1,511 | 30 |
| 31 | Architectual Services - Exchange Parking | 2017 | 3,140 | - | 20 | 157 | 157 | 785 | 31 |
| 32 | Install Cast Iron P-Trap, Repair Collapsed Pipe | 2017 | 5,450 | - | 20 | 273 | 273 | 1,363 | 32 |
| 33 | Wiring Single Drop, Meraki Swi | 2017 | 11,982 | - | 20 | 599 | 599 | 2,996 | 33 |
| 34 | TOTAL (lines 1 thru 33) | | \$ 16,595,153 | \$ | | \$ 489,796 | \$ 489,796 | \$ 2,616,850 | 34 |

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

Facility Name & ID Number Symphony of South Shore

0053751

Report Period Beginning:

1/1/2021

Ending:

12/31/2021

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

| 1 | Improvement Type** | 3 Year Constructed | 4 Cost | 5 Current Book Depreciation | 6 Life in Years | 7 Straight Line Depreciation | 8 Adjustments | 9 Accumulated Depreciation | |
|----|---|--------------------------|---------------|-----------------------------------|-----------------------|------------------------------------|------------------|----------------------------------|----|
| 1 | Totals from Page 12B, Carried Forward | | \$ 16,595,153 | \$ | | \$ 489,796 | \$ 489,796 | \$ 2,616,850 | 1 |
| 2 | Installation Of New Phone System | 2017 | 39,475 | - | 20 | 1,974 | 1,974 | 9,869 | 2 |
| 3 | 48P Meraki Poe Switches, 5Yr L | 2017 | 14,210 | - | 20 | 711 | 711 | 3,554 | 3 |
| 4 | Install 20 Oem Motors And Actuator, 1 Thremostat And Mounting | 2017 | 6,785 | - | 20 | 339 | 339 | 1,696 | 4 |
| 5 | Cat6 Wiring Single Drop, Merak | 2017 | 5,991 | - | 20 | 300 | 300 | 1,498 | 5 |
| 6 | Door Installation - Frame, Insulated Door, Hinges, Closer, Entry Lo | 2017 | 4,156 | - | 20 | 208 | 208 | 1,039 | 6 |
| 7 | Werner plumbing - RPZ installation all sinks in buildings | 2018 | 40,860 | 2,043 | 20 | 2,043 | | 8,000 | 7 |
| 8 | Pumps & Motors - boiler room Lower level | 2018 | 7,437 | 1,369 | 20 | 372 | (997) | 3,482 | 8 |
| 9 | Replace and install EX Fan - roof - Kitchen exhaust | 2018 | 12,314 | 1,152 | 20 | 616 | (536) | 3,535 | 9 |
| 10 | Doors - main kitchen - lower level | 2018 | 3,152 | 157 | 20 | 158 | 1 | 570 | 10 |
| 11 | Northern Weatherguard HVAC - chiller replacement exterior of bu | 2018 | 113,312 | 10,777 | 20 | 5,666 | (5,111) | 32,885 | 11 |
| 12 | Lower level PT room renovation, plumbing painting, flooring, | 2019 | 628,016 | 46,687 | 20 | 31,401 | (15,286) | 109,489 | 12 |
| 13 | carpet, electricity. | | | - | | - | | | 13 |
| 14 | Concrete-Remove and install retaining wall, new sidewalk, | 2019 | 26,280 | 4,824 | 20 | 1,314 | (3,510) | 7,452 | 14 |
| 15 | replace asphalt in entrance, new fence. | | | - | | - | | | 15 |
| 16 | Signs-Entrance and patio doors, vinyl windows, subbrella material | 2019 | 9,724 | 907 | 20 | 486 | (421) | 1,879 | 16 |
| 17 | Landscaping-Lawn and flower beds maintenance and fertilizer | 2019 | 5,020 | 921 | 20 | 251 | (670) | 1,423 | 17 |
| 18 | Repair damaged flooring-Rooms 315 & 317 | 2019 | 4,934 | 116 | 20 | 247 | 131 | 609 | 18 |
| 19 | Architect Fees | 2019 | 30,975 | 2,369 | 20 | 1,549 | (820) | 5,467 | 19 |
| 20 | Patient rooms 55-Paint, electrical, bathroom plumbing | 2019 | 91,750 | 7,017 | 20 | 4,588 | (2,430) | 16,192 | 20 |
| 21 | Exterior vestibule panels signs for south shore windows with logo | 2019 | 6,900 | 528 | 20 | 345 | (183) | 1,218 | 21 |
| 22 | Patient rooms 55-Paint, electrical, bathroom plumbing | 2019 | 98,400 | 7,526 | 20 | 4,920 | (2,606) | 17,366 | 22 |
| 23 | Repairs to Garage lentil | 2019 | 52,700 | 4,031 | 20 | 2,635 | (1,396) | 9,301 | 23 |
| 24 | New Vinyl flooring LVT Nursing station & Elevator | 2019 | 5,916 | 452 | 20 | 296 | (156) | 1,044 | 24 |
| 25 | 3rd floor dining room vinyl base and flooring. | 2019 | 10,605 | 811 | 20 | 530 | (281) | 1,872 | 25 |
| 26 | Replace water heater | 2019 | 19,859 | 2,705 | 20 | 993 | (1,712) | 4,691 | 26 |
| 27 | Furnish and install new valve on Elevator #2 | 2019 | 5,150 | 148 | 20 | 258 | 109 | 663 | 27 |
| 28 | Boiler repair-couplings, brackets, inducer, igniter, control board | 2019 | 6,339 | - | 20 | 317 | 317 | 792 | 28 |
| 29 | Replace metal juntion box to the side of the parking garage | 2020 | 20,057 | 754 | 20 | 754 | | 1,686 | 29 |
| 30 | Replaced outlet valve | 2020 | 7,150 | 1,430 | 20 | 1,430 | | 2,278 | 30 |
| 31 | Elevator Kit-double door, single door, install, train | 2020 | 20,137 | 4,027 | 20 | 4,027 | | 4,754 | 31 |
| 32 | | | | | | - | | | 32 |
| 33 | | | | | | | | | 33 |
| 34 | TOTAL (lines 1 thru 33) | | \$ 17,892,758 | \$ 100,752 | | \$ 558,520 | \$ 457,768 | \$ 2,871,153 | 34 |

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

Facility Name & ID Number Symphony of South Shore

0053751

Report Period Beginning:

1/1/2021

Ending:

12/31/2021

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

| 1 | Improvement Type** | 3 Year Constructed | 4 Cost | 5 Current Book Depreciation | 6 Life in Years | 7 Straight Line Depreciation | 8 Adjustments | 9 Accumulated Depreciation | |
|----|--|--------------------------|---------------|-----------------------------------|-----------------------|------------------------------------|------------------|----------------------------------|----|
| 1 | Totals from Page 12C, Carried Forward | | \$ 17,892,758 | \$ 100,752 | | \$ 558,520 | \$ 457,768 | \$ 2,871,153 | 1 |
| 2 | Flooring - 2nd & 3rd floor Corridors | 2021 | 63,720 | 2,147 | | 2,147 | | 2,147 | 2 |
| 3 | Rebuilt the mixing valve failed new TMV to be installed | 2021 | 4,984 | 168 | | 168 | | 168 | 3 |
| 4 | Elevator work | 2021 | 6,560 | 93 | | 93 | | 93 | 4 |
| 5 | Re-wiring for Building, Portable AC Units for Server Rooms | 2021 | 43,495 | 493 | | 493 | | 493 | 5 |
| 6 | | | | - | | | | | 6 |
| 7 | | | | - | | | | | 7 |
| 8 | Reconcile depreciation to financial statements | | | (82,910) | | | 82,910 | | 8 |
| 9 | | | | - | | | | | 9 |
| 10 | Buildings: | | | - | | | | | 10 |
| 11 | Allocated from Maestro Consulting/7257 Lincoln | 2004 | 80,591 | - | 35 | 2,303 | 2,303 | 41,735 | 11 |
| 12 | | | | - | | | | | 12 |
| 13 | Leasehold Improvements: | | | - | | | | | 13 |
| 14 | Allocated from Maestro Consulting Services | 2003 | 656 | - | 20 | 33 | 33 | 594 | 14 |
| 15 | Allocated from Maestro Consulting Services | 2004 | 13,309 | - | 20 | 664 | 664 | 11,788 | 15 |
| 16 | Allocated from Maestro Consulting Services | 2005 | 789 | - | 20 | 40 | 40 | 665 | 16 |
| 17 | Allocated from Maestro Consulting Services | 2006 | 1,070 | - | 20 | 54 | 54 | 822 | 17 |
| 18 | Allocated from Maestro Consulting Services | 2008 | 1,128 | - | 20 | 56 | 56 | 747 | 18 |
| 19 | Allocated from Maestro Consulting Services | 2009 | 18,157 | - | 20 | 908 | 908 | 11,448 | 19 |
| 20 | Allocated from Maestro Consulting Services | 2010 | 2,790 | - | 20 | 140 | 140 | 1,606 | 20 |
| 21 | Allocated from Maestro Consulting Services | 2011 | 151 | - | 20 | 8 | 8 | 82 | 21 |
| 22 | Allocated from Maestro Consulting Services | 2012 | 168 | - | 20 | 8 | 8 | 82 | 22 |
| 23 | Allocated from Maestro Consulting Services | 2014 | 2,099 | - | 20 | 105 | 105 | 798 | 23 |
| 24 | Allocated from Maestro Consulting Services | 2015 | 590 | - | 20 | 29 | 29 | 187 | 24 |
| 25 | Allocated from Maestro Consulting Services | 2016 | 2,586 | - | 20 | 129 | 129 | 1,005 | 25 |
| 26 | Allocated from Maestro Consulting Services | 2017 | 346 | - | 20 | 17 | 17 | 86 | 26 |
| 27 | Allocated from Maestro Consulting Services | 2020 | 559 | - | 20 | 28 | 28 | 42 | 27 |
| 28 | Allocated from Maestro Consulting Services | 2021 | 449 | - | 20 | 11 | 11 | 11 | 28 |
| 29 | | | | | | | | | 29 |
| 30 | Allocated from Maestro Consulting/7257 Lincoln | 2015 | 1,270 | - | 20 | 84 | 84 | 536 | 30 |
| 31 | Allocated from Maestro Consulting/7257 Lincoln | 2005 | 7,347 | - | 20 | 263 | 263 | 6,441 | 31 |
| 32 | Allocated from Maestro Consulting/7257 Lincoln | 2004 | 1,602 | - | 20 | 80 | 80 | 1,402 | 32 |
| 33 | | | | | | | | | 33 |
| 34 | TOTAL (lines 1 thru 33) | | \$ 18,147,174 | \$ 20,743 | | \$ 566,381 | \$ 545,638 | \$ 2,954,131 | 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 | \$1,424,979 | \$180,715 | \$191,975 | \$11,260 | 10 | \$999,900 | 71 |
| 72 | Current Year Purchases | 5,860,574 | 10,440 | 494,132 | 483,692 | 3-7 | 494,132 | 72 |
| 73 | Fully Depreciated Assets | 868,200 | | | | 10 | 868,200 | 73 |
| 74 | Allocated from Maestro | 242,889 | | 26,510 | 26,510 | | 165,511 | 74 |
| 75 | TOTALS | \$8,396,642 | \$191,155 | \$712,617 | \$521,462 | | \$2,527,743 | 75 |

D. Vehicle Costs. (See instructions.)*

| | 1 Use | Model, Make and Year 2 | Year Acquired 3 | 4 Cost | Current Book Depreciation 5 | Straight Line Depreciation 6 | 7 Adjustments | Life in Years 8 | Accumulated Depreciation 9 | |
|----|-----------------------------------|---------------------------|--------------------|-----------|--------------------------------|---------------------------------|------------------|--------------------|-------------------------------|----|
| 76 | Facility Use | 2016 Ford T350HD | 2021 | \$7,406 | \$783 | \$783 | | 7 | \$783 | 76 |
| 77 | | | | | - | | | | | 77 |
| 78 | Allocated from Maestro Consulting | | 2016 | 6,778 | - | 328 | 328 | 5 | 328 | 78 |
| 79 | | | | | - | - | | | | 79 |
| 80 | TOTALS | | | \$14,184 | \$783 | \$1,111 | \$328 | | \$1,111 | 80 |

E. Summary of Care-Related Assets

| | 1 | 2 | |
|----|---|--------------|----|
| | Reference | 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) | \$26,943,054 | 81 |
| 82 | Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable) | \$212,681 | 82 |
| 83 | Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable) | \$1,280,109 | 83 |
| 84 | Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable) | \$1,067,428 | 84 |
| 85 | Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable) | \$5,482,985 | 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 | N/A | \$ | \$ | \$ | 86 |
| 87 | | | | | 87 |
| 88 | | | | | 88 |
| 89 | | | | | 89 |
| 90 | | | | | 90 |
| 91 | TOTALS | \$ | \$ | \$ | 91 |

G. Construction-in-Progress

| | Description | Cost | |
|----|-------------|----------|----|
| 92 | CIP | \$49,291 | 92 |
| 93 | | | 93 |
| 94 | | | 94 |
| 95 | | \$49,291 | 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: Invesque
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.

| | | 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: | | 248 | 5/1/2021 | \$ 1,245,839 | 15 | 15 | 3 |
| 4 | Additions | | | | | | | 4 |
| 5 | Allocated from Maestro Consulting | | | | 3,827 | | | 5 |
| 6 | | | | | | | | 6 |
| 7 | TOTAL | | 248 | | \$ 1,249,666 | | | 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:
- YESNO
- Terms:

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

15. Is Movable equipment rental included in building rental?
16. Rental Amount for movable equipment: \$ 138,185Description: See Attached Schedule
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

| | 1 Use | 2 Model Year and Make | 3 Monthly Lease Payment | 4 Rental Expense for this Period | |
|----|-----------------------------------|-----------------------------|-------------------------------|--|----|
| 17 | Facility | 2016 Ford T350HD | \$ | 2,734 | 17 |
| 18 | Allocated from Maestro Consulting | | | 4,818 | 18 |
| 19 | | | | | 19 |
| 20 | | | | | 20 |
| 21 | TOTAL | | \$ | 7,552 | 21 |

10. Effective dates of current rental agreement:

Beginning11/1/2015

Ending5/31/2021

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

| | Fiscal Year Ending | Annual Rent |
|-----|--------------------|-------------|
| 12. | 12/31/2022 | \$ - |
| 13. | 12/31/2023 | \$ - |
| 14. | 12/31/2024 | \$ - |

* 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: Symphony of South Shore
IDPH License ID Number: 0053751
Fiscal Year End: 12/31/2021

Schedule 14A

XIV. Rental Costs
Line 16 Rental Amount for Moveable Equipment

| Rental Description | Amount |
|--------------------|---------|
| Medical Equipment | 58,400 |
| Nursing Equipment | 6,313 |
| Building Equipment | 5,467 |
| Office Equipment | 60,552 |
| Integra Allocation | (1,127) |
| Maestro Allocation | 8,580 |
| Total - Line 16 | 138,185 |

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

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?

☐ YES

☒ NO

It is the policy of this facility to only hire certified nurses aides.
If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER CNA

☐

☐

☐

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER CNA

☐

☐

B. EXPENSES

ALLOCATION OF COSTS (d)

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

(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.

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

(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.

HFS 3745 (N-4-99)

IL478-2471

| XIV. SPECIAL SERVICES (Direct Cost) (See instructions.) | | | | | | | | | | |
|---|--|--|---------------------|------|---|------------|--------------------------------------|-------------------------------|--------------------------------|----|
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | |
| | Service | Schedule V Line & Column Reference | Staff | | Outside Practitioner (other than consultant) | | Supplies (Actual or Allocated) | Total Units (Column 2 + 4) | Total Cost (Col. 3 + 5 + 6) | |
| | | | Units of Service | Cost | Units | Cost | | | | |
| 1 | Licensed Occupational Therapist | L39 (C3) | hrs | \$ | 4,592 | \$ 330,599 | \$ | 4,592 | \$ 330,599 | 1 |
| 2 | Licensed Speech and Language Development Therapist | L39 (C3) | hrs | | 1,702 | 122,518 | | 1,702 | 122,518 | 2 |
| 3 | Licensed Recreational Therapist | | hrs | | | | | | | 3 |
| 4 | Licensed Physical Therapist | L39 (C3) | hrs | | 5,027 | 361,930 | | 5,027 | 361,930 | 4 |
| 5 | Physician Care | | visits | | | | | | | 5 |
| 6 | Dental Care | | visits | | | | | | | 6 |
| 7 | Work Related Program | | hrs | | | | | | | 7 |
| 8 | Habilitation | | hrs | | | | | | | 8 |
| 9 | Pharmacy | L39 (C2 & 7) | # of prescripts | | | | 143,749 | | 143,749 | 9 |
| 10 | Psychological Services (Evaluation and Diagnosis/ Behavior Modification) | | hrs | | | | | | | 10 |
| 11 | Academic Education | | hrs | | | | | | | 11 |
| 12 | Other (specify): Oxygen | L39 (C2) | | | | | 3,430 | | 3,430 | 12 |
| 13 | Other (specify): See Sch 16A | L39 (C3) | | | 481 | 34,411 | | 481 | 34,411 | 13 |
| 14 | TOTAL | | | \$ | 11,802 | \$ 849,458 | \$ 147,179 | 11,802 | \$ 996,637 | 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:

IDPH License ID Number:

Fiscal Year End:

Symphony of South Shore

0053751

12/31/2021

Schedule 16A

Line 13 Other (specify):

| Description | Operating |
|---------------------------------------|-----------|
| Inhalation Therapy Costs-Private | 293 |
| Inhalation Therapy Costs-Medicare A | 2,107 |
| Inhalation Therapy Costs-Medicaid | 8,620 |
| Other Ancillary Costs-Medicare A | 197 |
| I.V. Therapy Costs-Medicare A | 8,286 |
| I.V. Therapy Costs-Managed Care | 6,479 |
| Inhalation Therapy Costs-Managed Care | 1,261 |
| I.V. Therapy Costs-Medicaid | 7,325 |
| I.V. Therapy Costs-Private | 65 |
| Medwiz of Illinois Allocation | (222) |
| Total - Line 23 | 34,411 |

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 | \$ 2,285 | \$ 2,285 | 1 |
| 2 | Cash-Patient Deposits | 96,525 | 96,525 | 2 |
| 3 | Accounts & Short-Term Notes Receivable-Patients (less allowance 1,031,163) | 2,792,245 | 2,792,245 | 3 |
| 4 | Supply Inventory (priced at) | | | 4 |
| 5 | Short-Term Investments | | | 5 |
| 6 | Prepaid Insurance | 6,440 | 6,440 | 6 |
| 7 | Other Prepaid Expenses | 103,876 | 1,224,993 | 7 |
| 8 | Accounts Receivable (owners or related parties) | | | 8 |
| 9 | Other(specify): | | | 9 |
| 10 | TOTAL Current Assets (sum of lines 1 thru 9) | \$ 3,001,371 | \$ 4,122,488 | 10 |
| | B. Long-Term Assets | | | |
| 11 | Long-Term Notes Receivable | | | 11 |
| 12 | Long-Term Investments | | | 12 |
| 13 | Land | | 385,054 | 13 |
| 14 | Buildings, at Historical Cost | | 13,595,947 | 14 |
| 15 | Leasehold Improvements, at Historical Cost | 1,090,666 | 4,551,227 | 15 |
| 16 | Equipment, at Historical Cost | 1,378,164 | 8,410,826 | 16 |
| 17 | Accumulated Depreciation (book methods) | (658,131) | (5,482,985) | 17 |
| 18 | Deferred Charges | | | 18 |
| 19 | Organization & Pre-Operating Costs | | | 19 |
| 20 | Accumulated Amortization - Organization & Pre-Operating Costs | | | 20 |
| 21 | Restricted Funds | | | 21 |
| 22 | Other Long-Term Assets (specify): <u>Organization Cost</u> | | (447,026) | 22 |
| 23 | Other(specify): <u>See Attached Schedule</u> | 10,904,877 | 10,273,058 | 23 |
| 24 | TOTAL Long-Term Assets (sum of lines 11 thru 23) | \$ 12,715,576 | \$ 31,286,101 | 24 |
| 25 | TOTAL ASSETS (sum of lines 10 and 24) | \$ 15,716,947 | \$ 35,408,589 | 25 |

| | | 1 Operating | 2 After Consolidation* | |
|----|--|----------------|---------------------------|----|
| | C. Current Liabilities | | | |
| 26 | Accounts Payable | \$ 3,137,004 | \$ 2,758,851 | 26 |
| 27 | Officer's Accounts Payable | | | 27 |
| 28 | Accounts Payable-Patient Deposits | 101,490 | 101,490 | 28 |
| 29 | Short-Term Notes Payable | | | 29 |
| 30 | Accrued Salaries Payable | 425,085 | 425,085 | 30 |
| 31 | Accrued Taxes Payable (excluding real estate taxes) | 266,351 | 266,351 | 31 |
| 32 | Accrued Real Estate Taxes(Sch.IX-B) | 730,973 | 730,973 | 32 |
| 33 | Accrued Interest Payable | | | 33 |
| 34 | Deferred Compensation | | | 34 |
| 35 | Federal and State Income Taxes | | | 35 |
| | Other Current Liabilities(specify): | | | |
| 36 | <u>See Attached Schedule</u> | 11,613,800 | 11,655,800 | 36 |
| 37 | | | | 37 |
| 38 | TOTAL Current Liabilities (sum of lines 26 thru 37) | \$ 16,274,703 | \$ 15,938,550 | 38 |
| | D. Long-Term Liabilities | | | |
| 39 | Long-Term Notes Payable | 3,871,312 | 24,386,051 | 39 |
| 40 | Mortgage Payable | | | 40 |
| 41 | Bonds Payable | | | 41 |
| 42 | Deferred Compensation | | | 42 |
| | Other Long-Term Liabilities(specify): | | | |
| 43 | | | | 43 |
| 44 | | | | 44 |
| 45 | TOTAL Long-Term Liabilities (sum of lines 39 thru 44) | \$ 3,871,312 | \$ 24,386,051 | 45 |
| 46 | TOTAL LIABILITIES (sum of lines 38 and 45) | \$ 20,146,015 | \$ 40,324,601 | 46 |
| 47 | TOTAL EQUITY(page 18, line 24) | \$ (4,429,068) | \$ (4,916,012) | 47 |
| 48 | TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47) | \$ 15,716,947 | \$ 35,408,589 | 48 |

*(See instructions.)

Facility Name: Symphony of South Shore
IDPH License ID Number: 0053751
Fiscal Year End: 12/31/2021

Schedule 17A

XV. Balance Sheet
Line 23 Other (specify):

| Description | Operating | After Consolidation |
|---|------------|---------------------|
| Inventory | 23,041 | 23,041 |
| Clearing Account | 69,192 | 69,192 |
| Fixed Assets - Construction in Process | 49,291 | 49,291 |
| CSA I/C Related/Party Due To/From Accts | (8,993) | (8,993) |
| Due To/From - Crestwood LLC | 6,180 | 6,180 |
| Due To/From - Orchard Valley | 240 | 240 |
| Due To/From - Symcare Healthcare | 10,130,446 | 9,880,446 |
| Due to/from - Master Sym 3 SNF Propco | 5,841 | (440,646) |
| Due to/From - South Shore Propco | 378,153 | 378,153 |
| Due To/From - Ren @ South shore - OLD | 251,486 | 251,486 |
| Other Assets - Security Deposits | - | 507,675 |
| Other Assets- Escrow Deposits | - | 37,005 |
| Due To/From - South Shore | - | (378,153) |
| Due to/from - Lincoln Park Propco | - | (101,859) |
| Total - Line 23 | 10,904,877 | 10,273,058 |
| | - | - |

XV. Balance Sheet
Line 36 Other Current Liabilities (specify):

| Description | Operating | After Consolidation |
|--|------------|---------------------|
| Due To/From - Evanston Healthcare LLC | 190 | 190 |
| Due To/From - Jackson Square LLC | - | - |
| Due To/From - Symphony of Cal Gardens | 17,047 | 17,047 |
| Due To/From - Dyer LLC | 1,828 | 1,828 |
| Due To/From - Symphony Financial Services | 572 | 572 |
| Due To/From - Symcare ML | 3,221,252 | 3,221,252 |
| Due To/From - Maestro | 16,785 | 58,785 |
| Due To/From - Imperial - OLD | 1,870 | 1,870 |
| Accrued Payables | 39,710 | 39,710 |
| Accrued Payables - Professional Fees | 28,050 | 28,050 |
| Accrued Payables - Health Insurance | 97,131 | 97,131 |
| Accrued Payable - Dental Insurance | (9,814) | (9,814) |
| Accrued Payables - Vision Insurance | (1,818) | (1,818) |
| Accrued Payables - Life Insurance | 108,731 | 108,731 |
| Accrued Payables - Short Term Disability | (100,804) | (100,804) |
| Accrued Payables - Payroll Union Dues | 7,789 | 7,789 |
| Accrued Payables - 401K Deductions | 1,916 | 1,916 |
| Accrued Payables - 401K Loan Repayments | 243 | 243 |
| Accrued Payables - Heart and Soul Foundation | 165 | 165 |
| Accrued Payables - Garnishments | (9,488) | (9,488) |
| Employee Purchases | 5,991 | 5,991 |
| Fringe Benefits - Flow Through | 692 | 692 |
| Accrued Payables - Business Insurance | 632,693 | 632,693 |
| Accrued Payables - WC/GL Insurance | 597,076 | 597,076 |
| Accrued Payables - Bed Taxes | (64,044) | (64,044) |
| Accrued Payables - OIG Audit | 568,381 | 568,381 |
| Accrued Payables - Bed Taxes Add'l | 33,153 | 33,153 |
| Accrued Payables - Management Fees | (228,848) | (228,848) |
| Accrued Payables - Interest | - | - |
| Accrued Payables - Rent | (208,768) | (208,768) |
| Accrued Payables - Sales Tax | 1,647 | 1,647 |
| Sales Tax Payable - Manual | 58 | 58 |
| Deferred Rent | 125,884 | 125,884 |
| Deferred Income | 91,067 | 91,067 |
| Lease Holds Payable | - | - |
| Due to/from Symcare Healthcare | 6,637,463 | 6,637,463 |
| Total - Line 36 | 11,613,800 | 11,655,800 |
| | - | - |

XVI. STATEMENT OF CHANGES IN EQUITY

| | | 1 Total | |
|----|--|----------------|------|
| 1 | Balance at Beginning of Year, as Previously Reported | \$ (3,365,626) | 1 |
| 2 | Restatements (describe): | | 2 |
| 3 | Prior Year Adjustment | 2,562,631 | 3 |
| 4 | | | 4 |
| 5 | | | 5 |
| 6 | Balance at Beginning of Year, as Restated (sum of lines 1-5) | \$ (802,995) | 6 |
| | A. Additions (deductions): | | |
| 7 | NET Income (Loss) (from page 19, line 43) | (3,626,073) | 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) | \$ (3,626,073) | 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) | \$ (4,429,068) | 24 * |

* This must agree with page 17, line 47.

Facility Name & ID Number Symphony of South Shore

0053751

Report Period Beginning: 1/1/2021

Ending: 12/31/2021

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 | \$ 16,539,729 | 1 |
| 2 | Discounts and Allowances for all Levels | (1,870,958) | 2 |
| 3 | SUBTOTAL Inpatient Care (line 1 minus line 2) | \$ 14,668,771 | 3 |
| | B. Ancillary Revenue | | |
| 4 | Day Care | | 4 |
| 5 | Other Care for Outpatients | | 5 |
| 6 | Therapy | 1,777,063 | 6 |
| 7 | Oxygen | 2,214 | 7 |
| 8 | SUBTOTAL Ancillary Revenue (lines 4 thru 7) | \$ 1,779,277 | 8 |
| | C. Other Operating Revenue | | |
| 9 | Payments for Education | | 9 |
| 10 | Other Government Grants | 818,661 | 10 |
| 11 | CNA Training Reimbursements | | 11 |
| 12 | Gift and Coffee Shop | (10,430) | 12 |
| 13 | Barber and Beauty Care | | 13 |
| 14 | Non-Patient Meals | (35,451) | 14 |
| 15 | Telephone, Television and Radio | | 15 |
| 16 | Rental of Facility Space | | 16 |
| 17 | Sale of Drugs | 202,159 | 17 |
| 18 | Sale of Supplies to Non-Patients | | 18 |
| 19 | Laboratory | 35,098 | 19 |
| 20 | Radiology and X-Ray | 11,782 | 20 |
| 21 | Other Medical Services | 61,500 | 21 |
| 22 | Laundry | | 22 |
| 23 | SUBTOTAL Other Operating Revenue (lines 9 thru 22) | \$ 1,083,319 | 23 |
| | D. Non-Operating Revenue | | |
| 24 | Contributions | | 24 |
| 25 | Interest and Other Investment Income*** | 15,365 | 25 |
| 26 | SUBTOTAL Non-Operating Revenue (lines 24 and 25) | \$ 15,365 | 26 |
| | E. Other Revenue (specify):**** | | |
| 27 | Settlement Income (Insurance, Legal, Etc.) | | 27 |
| 28 | Other Services - Revenue-Managed Care | (135,943) | 28 |
| 28a | | | 28a |
| 29 | SUBTOTAL Other Revenue (lines 27, 28 and 28a) | \$ (135,943) | 29 |
| 30 | TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29) | \$ 17,410,789 | 30 |

| 2 | | | |
|----|--|----------------|----|
| | II. Expenses | Amount | |
| | A. Operating Expenses | | |
| 31 | General Services | 2,818,758 | 31 |
| 32 | Health Care | 6,733,025 | 32 |
| 33 | General Administration | 4,930,363 | 33 |
| | B. Capital Expense | | |
| 34 | Ownership | 3,335,737 | 34 |
| | C. Ancillary Expense | | |
| 35 | Special Cost Centers | 2,697,967 | 35 |
| 36 | Provider Participation Fee | 521,012 | 36 |
| | D. Other Expenses (specify): | | |
| 37 | | | 37 |
| 38 | | | 38 |
| 39 | | | 39 |
| 40 | TOTAL EXPENSES (sum of lines 31 thru 39)* | \$ 21,036,862 | 40 |
| 41 | Income before Income Taxes (line 30 minus line 40)** | (3,626,073) | 41 |
| 42 | Income Taxes | | 42 |
| 43 | NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42) | \$ (3,626,073) | 43 |

| III. Net Inpatient Revenue detailed by Payer Source | | | |
|---|---|---------------|----|
| 44 | Medicaid - Net Inpatient Revenue | \$ 11,855,300 | 44 |
| 45 | Private Pay - Net Inpatient Revenue | 142,027 | 45 |
| 46 | Medicare - Net Inpatient Revenue | 1,616,146 | 46 |
| 47 | Other-(specify) Hospice | 951,685 | 47 |
| 48 | Other-(specify) Managed Care/MAIP | 103,613 | 48 |
| 49 | TOTAL Inpatient Care Revenue (This total must agree to Line 3) | \$ 14,668,771 | 49 |

* 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.

^Entity is a cash basis taxpayer.

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 | 1,939 | 2,080 | \$ 140,362 | \$ 67.48 | 1 |
| 2 | Assistant Director of Nursing | 1,033 | 1,144 | 50,031 | 43.73 | 2 |
| 3 | Registered Nurses | 23,013 | 27,006 | 1,140,774 | 42.24 | 3 |
| 4 | Licensed Practical Nurses | 48,660 | 57,925 | 2,214,640 | 38.23 | 4 |
| 5 | CNAs & Orderlies | 82,725 | 100,298 | 1,948,767 | 19.43 | 5 |
| 6 | CNA Trainees | | | | | 6 |
| 7 | Licensed Therapist | | | | | 7 |
| 8 | Rehab/Therapy Aides | | | | | 8 |
| 9 | Activity Director | 1,832 | 2,140 | 50,854 | 23.77 | 9 |
| 10 | Activity Assistants | 7,015 | 7,782 | 125,371 | 16.11 | 10 |
| 11 | Social Service Workers | 5,774 | 6,269 | 169,885 | 27.10 | 11 |
| 12 | Dietician | | | | | 12 |
| 13 | Food Service Supervisor | 6,115 | 7,519 | 142,226 | 18.92 | 13 |
| 14 | Head Cook | | | | | 14 |
| 15 | Cook Helpers/Assistants | 1,560 | 1,828 | 43,074 | 23.56 | 15 |
| 16 | Dishwashers | 18,852 | 22,027 | 386,712 | 17.56 | 16 |
| 17 | Maintenance Workers | 6,300 | 6,921 | 176,317 | 25.48 | 17 |
| 18 | Housekeepers | 1,674 | 2,000 | 39,727 | 19.86 | 18 |
| 19 | Laundry | | | | | 19 |
| 20 | Administrator | 1,728 | 1,939 | 184,737 | 95.27 | 20 |
| 21 | Assistant Administrator | | | | | 21 |
| 22 | Other Administrative | | | | | 22 |
| 23 | Office Manager | 1,776 | 1,900 | 49,873 | 26.25 | 23 |
| 24 | Clerical | 20,956 | 21,570 | 387,747 | 17.98 | 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 | 5,767 | 6,983 | 137,545 | 19.70 | 31 |
| 32 | Other Health Care MDS | 5,958 | 6,957 | 223,247 | 32.09 | 32 |
| 33 | Other(specify) See Sch 20A | 11,493 | 12,276 | 273,786 | 22.30 | 33 |
| 34 | TOTAL (lines 1 - 33) | 254,170 | 296,564 | \$ 7,885,675 * | \$ 26.59 | 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 | Monthly | \$ 21,528 | L1, C3 | 35 |
| 36 | Medical Director | Monthly | 85,876 | L9, C3 | 36 |
| 37 | Medical Records Consultant | | | | 37 |
| 38 | Nurse Consultant | Monthly | 4,663 | L10, C7 | 38 |
| 39 | Pharmacist Consultant | Monthly | 22,458 | L10, C7 | 39 |
| 40 | Physical Therapy Consultant | | | | 40 |
| 41 | Occupational Therapy Consultant | | | | 41 |
| 42 | Respiratory Therapy Consultant | Monthly | 1,582 | L39, C3 | 42 |
| 43 | Speech Therapy Consultant | | | | 43 |
| 44 | Activity Consultant | | | | 44 |
| 45 | Social Service Consultant | | | | 45 |
| 46 | Other(specify) Dental | Monthly | (2,700) | L39, C3 | 46 |
| 47 | Psychiatric | Monthly | 8,260 | L10, C3 | 47 |
| 48 | | | | | 48 |
| 49 | TOTAL (lines 35 - 48) | | \$ 141,667 | | 49 |

C. CONTRACT NURSES

| | | 1 | 2 | 3 | |
|----|----------------------------------|-------------------------------|----------------------|------------------------------------|----|
| | | Number of Hrs. Paid & Accrued | Total Contract Wages | Schedule V Line & Column Reference | |
| 50 | Registered Nurses | | \$ | | 50 |
| 51 | Licensed Practical Nurses | | | | 51 |
| 52 | Certified Nurse Assistants/Aides | 3,515 | 108,967 | 10(3) | 52 |
| 53 | TOTAL (lines 50 - 52) | 3,515 | \$ 108,967 | | 53 |

Facility Name: Symphony of South Shore
IDPH License ID Number: 0053751
Fiscal Year End: 12/31/2021

Schedule 20A

XVIII. Staffing and Salary Costs
Line 32 Other Health Care (specify):

| Description | # of Hrs. Actually Worked | # of Hrs. Paid and Accrued | Total Salaries | Average Hourly Wage |
|--|---------------------------------|----------------------------------|-------------------|---------------------------|
| Human Resource Director | 1,968 | 2,240 | 70,415 | \$ 31.44 |
| Admissions Director | 9,525 | 10,036 | 203,371 | \$ 20.26 |
| | | | | |
| Total - Line 32 Other Health Care (specify): | 11,493 | 12,276 | 273,786 | |

Facility Name: Symphony of South Shore
IDPH License ID Number: 0053751
Fiscal Year End: 12/31/2021

Schedule 21C

XIX. SUPPORT SCHEDULES
C. Professional Services

| Vendor | Type | Amount |
|--|---|----------|
| Ability | Secure Exchange Managed Services | (224) |
| Allscripts LLC | Referral System | 4,818 |
| Alteryx | Data Analytics | 3,250 |
| apploi | Applicant tracking system | 602 |
| CDW Government | IT Support | 3,323 |
| Comcast Cable | Internet and cable | 21,567 |
| DataRobot, Inc. | Data Storage | 2,282 |
| Enquire Solutions LLC | Marketing solution | 949 |
| enVista, LLC | IT Support | 10,041 |
| Health Data Systems Inc | Programming | 3,057 |
| Health Financial Systems | SNF Software | 93 |
| Intellicomp Technologies Inc. | IT Support | 31,466 |
| Kronos | Payroll service | 10,521 |
| Managed Care Group LLC | IT Support | 7,850 |
| Navigator Group Purchasing, In | Data Analytics | 178 |
| Nexus Communication Technology | Phone/fax service | 10,355 |
| NICL Laboratories | Laboratory services | 200 |
| PointClickCare Technologies Inc. | Cloud based software and services | 56,995 |
| Prime Care Technologies | PBJ Reporting Module Access Fee | 2,510 |
| ReactorNet Technologies | Symphony Budget, External Spend, & A/ | 384 |
| Reputation.com | Online Reputation Management | 1,174 |
| Reside Admissions LLC | Admission Process Consulting | 4,389 |
| Scott Norton | HR Services | 515 |
| Sprout Social Inc. | Social Media Management | 2,219 |
| Strategic Healthcare Programs, | Access Fee | 4,934 |
| Striv Technologies LLC dba Striv360 | IT Support | 3,835 |
| Telemedicine Solutions, LLC | Wound Rounds Care | 18,274 |
| Third Eye Health Inc. | Data Analytics | 6,000 |
| Wencel Worldwide, Inc | Branding | 10,177 |
| RSM US LLP | Accounting | 37,514 |
| Achieve Accreditation | Accreditation | 9,989 |
| ACS Pro Global Solutions LLC | Claims audit review | 3,766 |
| ADP, LLC | Payroll service | 1,451 |
| Advanced Care Medical Speciali | Infectious Disease Consult | 14 |
| Chris George, PC | Architectural design | 8,025 |
| Corporation Service Company | Annual Filing | 1,403 |
| Cost Segregation | Cost Segregation | 3,000 |
| CVG Job | Appraisal report for 4 properties | 900 |
| Duane Morris LLP | Legal | 11,453 |
| Elrod Friedman LLP | Zoning compliance | 4,506 |
| Maestro | Maestro Allocation | 15,188 |
| McDermott | Informational tax appeal | 2,868 |
| National Datacare Corporation | Trust service charge | 4,327 |
| Omnicare | Pharmacy consult | 76 |
| Personnel Planners, Inc | Qtrly Unemployment Claims | 1,047 |
| Petty Cash - Symphony of South Shore | Misc. | 46 |
| SB2 Inc. | Legal Fees -appeal Medicaid/Medicare cl | 3,758 |
| ADR Systems of America LLC | Legal | 1,618 |
| Law Offices of Gerardo L. Dean, LLC | Legal | 6,000 |
| McCabe, Kirshner P.C. | Legal | 4,877 |
| MKB | Legal | 101,625 |
| Neil Gerber | Legal | 381 |
| Stone, Pogrand & Korey LLC | Legal | 19,118 |
| U.S. Department of Homeland Security | Legal | 6,400 |
| Total (agree to Schedule V, line 19, column 3) | | 471,084 |
| Allocated from Management CompanyLegal, accounting & professional fees | | 31,126 |
| Allocated from Management CompanyProfessional Services | | 8,725 |
| Less: Non-Allowable Marketing/Branding | | (11,126) |
| Less: Non-Allowable Legal Fees | | (35,947) |
| Covid Reallocation | | (15,188) |
| Total (agree to Schedule V, line 19, column 8) | | 448,674 |

| | | | |
|---|--|---|--|
| Facility Name & ID Number <u>Symphony of South Shore</u> | STATE OF ILLINOIS # <u>0053751</u> | Report Period Beginning: <u>1/1/2021</u> | Page 22 Ending: <u>12/31/2021</u> |
|---|--|---|--|

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. HCCI - \$ 35,473

(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? N/A

(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? 3-7 years

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ None Line N/A

(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. N/A

(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.
Renaissance at South Shore IDPH # 0042085

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 521,012
 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? No Indicate the amount. \$ N/A

(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. \$ N/A
 c. What percent of all travel expense relates to transportation of nurses and patients? 100% Ln 1
 d. Have vehicle usage logs been maintained? Adequate records have been maintained
 e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
 f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? No
g. Does the facility transport residents to and from day training? N/A
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? Yes
 Firm Name: RSM US LLP

(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