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

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                                             |                     |                            |                     |                          |                      |                          |                              |                                                                                                        |                                                         |                          |       |                          |             |                          |        |                                 |  |                          |             |                          |             |  |  |                                     |               |  |  |  |  |                          |                       |  |  |  |  |                          |       |  |  |  |  |                          |             |  |  |  |  |
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| <b>I. IDPH License ID Number:</b> <u>0054015</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                        | <b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |                                             |                     |                            |                     |                          |                      |                          |                              |                                                                                                        |                                                         |                          |       |                          |             |                          |        |                                 |  |                          |             |                          |             |  |  |                                     |               |  |  |  |  |                          |                       |  |  |  |  |                          |       |  |  |  |  |                          |             |  |  |  |  |
| <b>Facility Name:</b> <u>Symphony at the Tillers</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                        | <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1/1/2020</u> to <u>12/31/2020</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> |                             |                                             |                     |                            |                     |                          |                      |                          |                              |                                                                                                        |                                                         |                          |       |                          |             |                          |        |                                 |  |                          |             |                          |             |  |  |                                     |               |  |  |  |  |                          |                       |  |  |  |  |                          |       |  |  |  |  |                          |             |  |  |  |  |
| <b>Address:</b> <u>4390 Route 71</u> <u>Oswego</u> <u>60543</u><br>Number City Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                                             |                     |                            |                     |                          |                      |                          |                              |                                                                                                        |                                                         |                          |       |                          |             |                          |        |                                 |  |                          |             |                          |             |  |  |                                     |               |  |  |  |  |                          |                       |  |  |  |  |                          |       |  |  |  |  |                          |             |  |  |  |  |
| <b>County:</b> <u>Kendall</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                                             |                     |                            |                     |                          |                      |                          |                              |                                                                                                        |                                                         |                          |       |                          |             |                          |        |                                 |  |                          |             |                          |             |  |  |                                     |               |  |  |  |  |                          |                       |  |  |  |  |                          |       |  |  |  |  |                          |             |  |  |  |  |
| <b>Telephone Number:</b> <u>(630) 554-1001</u> <b>Fax #</b> <u>(630) 554-1668</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                                             |                     |                            |                     |                          |                      |                          |                              |                                                                                                        |                                                         |                          |       |                          |             |                          |        |                                 |  |                          |             |                          |             |  |  |                                     |               |  |  |  |  |                          |                       |  |  |  |  |                          |       |  |  |  |  |                          |             |  |  |  |  |
| <b>HFS ID Number:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                                             |                     |                            |                     |                          |                      |                          |                              |                                                                                                        |                                                         |                          |       |                          |             |                          |        |                                 |  |                          |             |                          |             |  |  |                                     |               |  |  |  |  |                          |                       |  |  |  |  |                          |       |  |  |  |  |                          |             |  |  |  |  |
| <b>Date of Initial License for Current Owners:</b> <u>12/1/2015</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                        | <table><tr><td rowspan="4"><b>Officer or Administrator of Provider</b></td><td>(Signed) _____</td></tr><tr><td>(Type or Print Name) _____</td></tr><tr><td>(Title) _____</td></tr><tr><td>(Signed) _____</td></tr><tr><td rowspan="4"><b>Paid Preparer</b></td><td>(Date) _____</td></tr><tr><td>(Print Name and Title) _____</td></tr><tr><td>(Firm Name &amp; Address) <u>RSM US LLP</u><br/><u>20 N. Martingale Road, Ste. 500 Schaumburg, IL 60173</u></td></tr><tr><td>(Telephone) <u>(847) 517-7070</u> Fax # ( 847 )517-7067</td></tr></table>                         |                             | <b>Officer or Administrator of Provider</b> | (Signed) _____      | (Type or Print Name) _____ | (Title) _____       | (Signed) _____           | <b>Paid Preparer</b> | (Date) _____             | (Print Name and Title) _____ | (Firm Name & Address) <u>RSM US LLP</u><br><u>20 N. Martingale Road, Ste. 500 Schaumburg, IL 60173</u> | (Telephone) <u>(847) 517-7070</u> Fax # ( 847 )517-7067 |                          |       |                          |             |                          |        |                                 |  |                          |             |                          |             |  |  |                                     |               |  |  |  |  |                          |                       |  |  |  |  |                          |       |  |  |  |  |                          |             |  |  |  |  |
| <b>Officer or Administrator of Provider</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (Signed) _____                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                                             |                     |                            |                     |                          |                      |                          |                              |                                                                                                        |                                                         |                          |       |                          |             |                          |        |                                 |  |                          |             |                          |             |  |  |                                     |               |  |  |  |  |                          |                       |  |  |  |  |                          |       |  |  |  |  |                          |             |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (Type or Print Name) _____                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                                             |                     |                            |                     |                          |                      |                          |                              |                                                                                                        |                                                         |                          |       |                          |             |                          |        |                                 |  |                          |             |                          |             |  |  |                                     |               |  |  |  |  |                          |                       |  |  |  |  |                          |       |  |  |  |  |                          |             |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (Title) _____                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                                             |                     |                            |                     |                          |                      |                          |                              |                                                                                                        |                                                         |                          |       |                          |             |                          |        |                                 |  |                          |             |                          |             |  |  |                                     |               |  |  |  |  |                          |                       |  |  |  |  |                          |       |  |  |  |  |                          |             |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (Signed) _____                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                                             |                     |                            |                     |                          |                      |                          |                              |                                                                                                        |                                                         |                          |       |                          |             |                          |        |                                 |  |                          |             |                          |             |  |  |                                     |               |  |  |  |  |                          |                       |  |  |  |  |                          |       |  |  |  |  |                          |             |  |  |  |  |
| <b>Paid Preparer</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (Date) _____                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                                             |                     |                            |                     |                          |                      |                          |                              |                                                                                                        |                                                         |                          |       |                          |             |                          |        |                                 |  |                          |             |                          |             |  |  |                                     |               |  |  |  |  |                          |                       |  |  |  |  |                          |       |  |  |  |  |                          |             |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (Print Name and Title) _____                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                                             |                     |                            |                     |                          |                      |                          |                              |                                                                                                        |                                                         |                          |       |                          |             |                          |        |                                 |  |                          |             |                          |             |  |  |                                     |               |  |  |  |  |                          |                       |  |  |  |  |                          |       |  |  |  |  |                          |             |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (Firm Name & Address) <u>RSM US LLP</u><br><u>20 N. Martingale Road, Ste. 500 Schaumburg, IL 60173</u> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                                             |                     |                            |                     |                          |                      |                          |                              |                                                                                                        |                                                         |                          |       |                          |             |                          |        |                                 |  |                          |             |                          |             |  |  |                                     |               |  |  |  |  |                          |                       |  |  |  |  |                          |       |  |  |  |  |                          |             |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (Telephone) <u>(847) 517-7070</u> Fax # ( 847 )517-7067                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                                             |                     |                            |                     |                          |                      |                          |                              |                                                                                                        |                                                         |                          |       |                          |             |                          |        |                                 |  |                          |             |                          |             |  |  |                                     |               |  |  |  |  |                          |                       |  |  |  |  |                          |       |  |  |  |  |                          |             |  |  |  |  |
| <b>Type of Ownership:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                                             |                     |                            |                     |                          |                      |                          |                              |                                                                                                        |                                                         |                          |       |                          |             |                          |        |                                 |  |                          |             |                          |             |  |  |                                     |               |  |  |  |  |                          |                       |  |  |  |  |                          |       |  |  |  |  |                          |             |  |  |  |  |
| <table><tr><td><input type="checkbox"/></td><td><b>VOLUNTARY,NON-PROFIT</b></td><td><input checked="" type="checkbox"/></td><td><b>PROPRIETARY</b></td><td><input type="checkbox"/></td><td><b>GOVERNMENTAL</b></td></tr><tr><td><input type="checkbox"/></td><td>Charitable Corp.</td><td><input type="checkbox"/></td><td>Individual</td><td><input type="checkbox"/></td><td>State</td></tr><tr><td><input type="checkbox"/></td><td>Trust</td><td><input type="checkbox"/></td><td>Partnership</td><td><input type="checkbox"/></td><td>County</td></tr><tr><td><b>IRS Exemption Code</b> _____</td><td></td><td><input type="checkbox"/></td><td>Corporation</td><td><input type="checkbox"/></td><td>Other _____</td></tr><tr><td></td><td></td><td><input checked="" type="checkbox"/></td><td>"Sub-S" Corp.</td><td></td><td></td></tr><tr><td></td><td></td><td><input type="checkbox"/></td><td>Limited Liability Co.</td><td></td><td></td></tr><tr><td></td><td></td><td><input type="checkbox"/></td><td>Trust</td><td></td><td></td></tr><tr><td></td><td></td><td><input type="checkbox"/></td><td>Other _____</td><td></td><td></td></tr></table> |                                                                                                        | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>VOLUNTARY,NON-PROFIT</b> | <input checked="" type="checkbox"/>         | <b>PROPRIETARY</b>  | <input type="checkbox"/>   | <b>GOVERNMENTAL</b> | <input type="checkbox"/> | Charitable Corp.     | <input type="checkbox"/> | Individual                   | <input type="checkbox"/>                                                                               | State                                                   | <input type="checkbox"/> | Trust | <input type="checkbox"/> | Partnership | <input type="checkbox"/> | County | <b>IRS Exemption Code</b> _____ |  | <input type="checkbox"/> | Corporation | <input type="checkbox"/> | Other _____ |  |  | <input checked="" type="checkbox"/> | "Sub-S" Corp. |  |  |  |  | <input type="checkbox"/> | Limited Liability Co. |  |  |  |  | <input type="checkbox"/> | Trust |  |  |  |  | <input type="checkbox"/> | Other _____ |  |  |  |  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>VOLUNTARY,NON-PROFIT</b>                                                                            | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>PROPRIETARY</b>          | <input type="checkbox"/>                    | <b>GOVERNMENTAL</b> |                            |                     |                          |                      |                          |                              |                                                                                                        |                                                         |                          |       |                          |             |                          |        |                                 |  |                          |             |                          |             |  |  |                                     |               |  |  |  |  |                          |                       |  |  |  |  |                          |       |  |  |  |  |                          |             |  |  |  |  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Charitable Corp.                                                                                       | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Individual                  | <input type="checkbox"/>                    | State               |                            |                     |                          |                      |                          |                              |                                                                                                        |                                                         |                          |       |                          |             |                          |        |                                 |  |                          |             |                          |             |  |  |                                     |               |  |  |  |  |                          |                       |  |  |  |  |                          |       |  |  |  |  |                          |             |  |  |  |  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Trust                                                                                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Partnership                 | <input type="checkbox"/>                    | County              |                            |                     |                          |                      |                          |                              |                                                                                                        |                                                         |                          |       |                          |             |                          |        |                                 |  |                          |             |                          |             |  |  |                                     |               |  |  |  |  |                          |                       |  |  |  |  |                          |       |  |  |  |  |                          |             |  |  |  |  |
| <b>IRS Exemption Code</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                        | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Corporation                 | <input type="checkbox"/>                    | Other _____         |                            |                     |                          |                      |                          |                              |                                                                                                        |                                                         |                          |       |                          |             |                          |        |                                 |  |                          |             |                          |             |  |  |                                     |               |  |  |  |  |                          |                       |  |  |  |  |                          |       |  |  |  |  |                          |             |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                        | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | "Sub-S" Corp.               |                                             |                     |                            |                     |                          |                      |                          |                              |                                                                                                        |                                                         |                          |       |                          |             |                          |        |                                 |  |                          |             |                          |             |  |  |                                     |               |  |  |  |  |                          |                       |  |  |  |  |                          |       |  |  |  |  |                          |             |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                        | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Limited Liability Co.       |                                             |                     |                            |                     |                          |                      |                          |                              |                                                                                                        |                                                         |                          |       |                          |             |                          |        |                                 |  |                          |             |                          |             |  |  |                                     |               |  |  |  |  |                          |                       |  |  |  |  |                          |       |  |  |  |  |                          |             |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                        | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Trust                       |                                             |                     |                            |                     |                          |                      |                          |                              |                                                                                                        |                                                         |                          |       |                          |             |                          |        |                                 |  |                          |             |                          |             |  |  |                                     |               |  |  |  |  |                          |                       |  |  |  |  |                          |       |  |  |  |  |                          |             |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                        | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Other _____                 |                                             |                     |                            |                     |                          |                      |                          |                              |                                                                                                        |                                                         |                          |       |                          |             |                          |        |                                 |  |                          |             |                          |             |  |  |                                     |               |  |  |  |  |                          |                       |  |  |  |  |                          |       |  |  |  |  |                          |             |  |  |  |  |
| <b>In the event there are further questions about this report, please contact:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                                             |                     |                            |                     |                          |                      |                          |                              |                                                                                                        |                                                         |                          |       |                          |             |                          |        |                                 |  |                          |             |                          |             |  |  |                                     |               |  |  |  |  |                          |                       |  |  |  |  |                          |       |  |  |  |  |                          |             |  |  |  |  |
| <b>Name:</b> <u>Amanda Springborn</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                        | <b>Telephone Number:</b> <u>(314) 925-3838</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                                             |                     |                            |                     |                          |                      |                          |                              |                                                                                                        |                                                         |                          |       |                          |             |                          |        |                                 |  |                          |             |                          |             |  |  |                                     |               |  |  |  |  |                          |                       |  |  |  |  |                          |       |  |  |  |  |                          |             |  |  |  |  |
| <b>Email Address:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                                             |                     |                            |                     |                          |                      |                          |                              |                                                                                                        |                                                         |                          |       |                          |             |                          |        |                                 |  |                          |             |                          |             |  |  |                                     |               |  |  |  |  |                          |                       |  |  |  |  |                          |       |  |  |  |  |                          |             |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                        | <b>MAIL TO: BUREAU OF HEALTH FINANCE<br/>ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES<br/>201 S. Grand Avenue East<br/>Springfield, IL 62763-0001<br/>Phone # (217) 782-1630</b>                                                                                                                                                                                                                                                                                                                                                                                           |                             |                                             |                     |                            |                     |                          |                      |                          |                              |                                                                                                        |                                                         |                          |       |                          |             |                          |        |                                 |  |                          |             |                          |             |  |  |                                     |               |  |  |  |  |                          |                       |  |  |  |  |                          |       |  |  |  |  |                          |             |  |  |  |  |

Facility Name & ID Number    Symphony at the Tillers

#    0054015      Report Period Beginning:    1/1/2020      Ending: 12/31/2020

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days,  
(must agree with license). Date of change in licensed beds      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>105</u>                         | Skilled (SNF)               | <u>105</u>                   | <u>38,430</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>105</u>                         | TOTALS                      | <u>105</u>                   | <u>38,430</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>8,493</u>                                                | <u>5,849</u> | <u>9,288</u> | <u>23,630</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>8,493</u>                                                | <u>5,849</u> | <u>9,288</u> | <u>23,630</u> | 14 |

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.)      61.49%

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?

Yes

G. 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      12/1/2015

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

YES

☒

Date

12/1/15

NO

☐

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

YES

☒

NO

☐

If YES, enter number

of beds certified

105

and days of care provided

5,336

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:      12/31/2020

Fiscal Year:      12/31/2020

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

Facility Name & ID Number Symphony at the Tillers # 0054015 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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

|     | Operating Expenses                                               | Costs Per General Ledger |               |            |            | Reclass-<br>ification<br>5 | Reclassified<br>Total<br>6 | Adjust-<br>ments<br>7 | Adjusted<br>Total<br>8 | FOR BHF USE ONLY |     |
|-----|------------------------------------------------------------------|--------------------------|---------------|------------|------------|----------------------------|----------------------------|-----------------------|------------------------|------------------|-----|
|     |                                                                  | Salary/Wage<br>1         | Supplies<br>2 | Other<br>3 | Total<br>4 |                            |                            |                       |                        | 9                | 10  |
|     | <b>A. General Services</b>                                       |                          |               |            |            |                            |                            |                       |                        |                  |     |
| 1   | Dietary                                                          | 297,188                  | 27,310        | 24,860     | 349,358    |                            | 349,358                    | 474                   | 349,832                |                  | 1   |
| 2   | Food Purchase                                                    |                          | 164,391       |            | 164,391    |                            | 164,391                    | 22,738                | 187,129                |                  | 2   |
| 3   | Housekeeping                                                     | 37,700                   | 3,879         | 192,429    | 234,008    |                            | 234,008                    |                       | 234,008                |                  | 3   |
| 4   | Laundry                                                          | 10,464                   | 6,177         | 3,053      | 19,694     |                            | 19,694                     |                       | 19,694                 |                  | 4   |
| 5   | Heat and Other Utilities                                         |                          |               | 118,363    | 118,363    |                            | 118,363                    | 881                   | 119,244                |                  | 5   |
| 6   | Maintenance                                                      | 76,522                   | -             | 93,725     | 170,247    |                            | 170,247                    | 5,592                 | 175,839                |                  | 6   |
| 7   | Other (specify):* <b>Mgmt Alloc of Benefi</b>                    | -                        | -             | -          |            |                            |                            | 126                   | 126                    |                  | 7   |
| 8   | <b>TOTAL General Services</b>                                    | 421,874                  | 201,757       | 432,430    | 1,056,061  |                            | 1,056,061                  | 29,811                | 1,085,872              |                  | 8   |
|     | <b>B. Health Care and Programs</b>                               |                          |               |            |            |                            |                            |                       |                        |                  |     |
| 9   | Medical Director                                                 | -                        | -             | 46,800     | 46,800     |                            | 46,800                     |                       | 46,800                 |                  | 9   |
| 10  | Nursing and Medical Records                                      | 2,750,444                | 166,684       | 14,249     | 2,931,377  |                            | 2,931,377                  | 73,582                | 3,004,959              |                  | 10  |
| 10a | Therapy                                                          | -                        | -             | -          |            |                            |                            |                       |                        |                  | 10a |
| 11  | Activities                                                       | 70,773                   | -             | -          | 70,773     |                            | 70,773                     |                       | 70,773                 |                  | 11  |
| 12  | Social Services                                                  | 97,279                   | -             | -          | 97,279     |                            | 97,279                     |                       | 97,279                 |                  | 12  |
| 13  | CNA Training                                                     | -                        | -             | -          |            |                            |                            |                       |                        |                  | 13  |
| 14  | Program Transportation                                           | -                        | -             | -          |            |                            |                            |                       |                        |                  | 14  |
| 15  | Other (specify):* <b>Mgmt Alloc of Benefi</b>                    | -                        | -             | -          |            |                            |                            | 21,239                | 21,239                 |                  | 15  |
| 16  | <b>TOTAL Health Care and Programs</b>                            | 2,918,496                | 166,684       | 61,049     | 3,146,229  |                            | 3,146,229                  | 94,821                | 3,241,050              |                  | 16  |
|     | <b>C. General Administration</b>                                 |                          |               |            |            |                            |                            |                       |                        |                  |     |
| 17  | Administrative                                                   | 125,447                  | -             | 429,922    | 555,369    |                            | 555,369                    | (429,922)             | 125,447                |                  | 17  |
| 18  | Directors Fees                                                   |                          |               | -          |            |                            |                            |                       |                        |                  | 18  |
| 19  | Professional Services                                            |                          |               | 279,099    | 279,099    |                            | 279,099                    | 7,069                 | 286,168                |                  | 19  |
| 20  | Dues, Fees, Subscriptions & Promotions                           |                          |               | 40,322     | 40,322     |                            | 40,322                     | (3,574)               | 36,748                 |                  | 20  |
| 21  | Clerical & General Office Expenses                               | 219,127                  | 15,116        | 66,850     | 301,093    |                            | 301,093                    | 42,944                | 344,037                |                  | 21  |
| 22  | Employee Benefits & Payroll Taxes                                |                          |               | 532,319    | 532,319    |                            | 532,319                    |                       | 532,319                |                  | 22  |
| 23  | Inservice Training & Education                                   |                          |               | -          |            |                            |                            |                       |                        |                  | 23  |
| 24  | Travel and Seminar                                               |                          |               | 874        | 874        |                            | 874                        | 186                   | 1,060                  |                  | 24  |
| 25  | Other Admin. Staff Transportation                                |                          | -             | -          |            |                            |                            | 3,398                 | 3,398                  |                  | 25  |
| 26  | Insurance-Prop.Liab.Malpractice                                  |                          |               | 485,156    | 485,156    |                            | 485,156                    | 630                   | 485,786                |                  | 26  |
| 27  | Other (specify):* <b>Mgmt Alloc of Benefits</b>                  |                          |               | -          |            |                            |                            | 14,803                | 14,803                 |                  | 27  |
| 28  | <b>TOTAL General Administration</b>                              | 344,574                  | 15,116        | 1,834,542  | 2,194,232  |                            | 2,194,232                  | (364,466)             | 1,829,766              |                  | 28  |
| 29  | <b>TOTAL Operating Expense<br/>(sum of lines 8, 16 &amp; 28)</b> | 3,684,944                | 383,557       | 2,328,021  | 6,396,522  |                            | 6,396,522                  | (239,834)             | 6,156,688              |                  | 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<br>5 | Reclassified<br>Total<br>6 | Adjust-ments<br>7 | Adjusted<br>Total<br>8 | FOR BHF USE ONLY |    |    |
|----|-------------------------------------------|-------------------------|---------------|------------|------------|------------------------|----------------------------|-------------------|------------------------|------------------|----|----|
|    |                                           | Salary/Wage<br>1        | Supplies<br>2 | Other<br>3 | Total<br>4 |                        |                            |                   |                        | 9                | 10 |    |
|    | <b>D. Ownership</b>                       |                         |               |            |            |                        |                            |                   |                        |                  |    |    |
| 30 | Depreciation                              |                         |               | 12,070     | 12,070     |                        | 12,070                     | 122,672           | 134,742                |                  |    | 30 |
| 31 | Amortization of Pre-Op. & Org.            |                         |               | -          |            |                        |                            |                   |                        |                  |    | 31 |
| 32 | Interest                                  |                         |               | 6,785      | 6,785      |                        | 6,785                      | (194)             | 6,591                  |                  |    | 32 |
| 33 | Real Estate Taxes                         |                         |               | 122,817    | 122,817    |                        | 122,817                    | 5,552             | 128,369                |                  |    | 33 |
| 34 | Rent-Facility & Grounds                   |                         |               | 242,712    | 242,712    |                        | 242,712                    | 1,582             | 244,294                |                  |    | 34 |
| 35 | Rent-Equipment & Vehicles                 |                         |               | 87,774     | 87,774     |                        | 87,774                     | 4,083             | 91,857                 |                  |    | 35 |
| 36 | Other (specify):*                         |                         |               | -          |            |                        |                            |                   |                        |                  |    | 36 |
| 37 | <b>TOTAL Ownership</b>                    |                         |               | 472,158    | 472,158    |                        | 472,158                    | 133,695           | 605,853                |                  |    | 37 |
|    | <b>Ancillary Expense</b>                  |                         |               |            |            |                        |                            |                   |                        |                  |    |    |
|    | <b>E. Special Cost Centers</b>            |                         |               |            |            |                        |                            |                   |                        |                  |    |    |
| 38 | Medically Necessary Transportation        | -                       | -             | 15,200     | 15,200     |                        | 15,200                     |                   | 15,200                 |                  |    | 38 |
| 39 | Ancillary Service Centers                 | -                       | 163,826       | 959,319    | 1,123,145  |                        | 1,123,145                  |                   | 1,123,145              |                  |    | 39 |
| 40 | Barber and Beauty Shops                   | -                       | -             | -          |            |                        |                            |                   |                        |                  |    | 40 |
| 41 | Coffee and Gift Shops                     | -                       | -             | -          |            |                        |                            |                   |                        |                  |    | 41 |
| 42 | Provider Participation Fee                |                         |               | 168,153    | 168,153    |                        | 168,153                    |                   | 168,153                |                  |    | 42 |
| 43 | Other (specify):* <b>Non-Allowable Co</b> | 106,976                 | -             | 205,873    | 312,849    |                        | 312,849                    | (312,849)         |                        |                  |    | 43 |
| 44 | <b>TOTAL Special Cost Centers</b>         | 106,976                 | 163,826       | 1,348,545  | 1,619,347  |                        | 1,619,347                  | (312,849)         | 1,306,498              |                  |    | 44 |
|    | <b>GRAND TOTAL COST</b>                   |                         |               |            |            |                        |                            |                   |                        |                  |    |    |
| 45 | (sum of lines 29, 37 & 44)                | 3,791,920               | 547,383       | 4,148,724  | 8,488,027  |                        | 8,488,027                  | (418,988)         | 8,069,039              |                  |    | 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<br>Amount  | 2<br>Refer-<br>ence | 3<br>BHF USE<br>ONLY |    |
|----|----------------------------------------------------------------|--------------|---------------------|----------------------|----|
| 1  | Day Care                                                       | \$           |                     | \$                   | 1  |
| 2  | Other Care for Outpatients                                     |              |                     |                      | 2  |
| 3  | Governmental Sponsored Special Programs                        |              |                     |                      | 3  |
| 4  | Non-Patient Meals                                              | 22,738       | 3                   |                      | 4  |
| 5  | Telephone, TV & Radio in Resident Rooms                        | (9,821)      | 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                                  | 109,815      | 30                  |                      | 9  |
| 10 | Interest and Other Investment Income                           | (211)        | 32                  |                      | 10 |
| 11 | Discounts, Allowances, Rebates & Refunds                       |              |                     |                      | 11 |
| 12 | Non-Working Officer's or Owner's Salary                        |              |                     |                      | 12 |
| 13 | Sales Tax                                                      |              |                     |                      | 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                                            | (12,336)     | 43                  |                      | 18 |
| 19 | Entertainment                                                  |              |                     |                      | 19 |
| 20 | Contributions                                                  | (4,500)      | 43                  |                      | 20 |
| 21 | Owner or Key-Man Insurance                                     |              |                     |                      | 21 |
| 22 | Special Legal Fees & Legal Retainers                           |              |                     |                      | 22 |
| 23 | Malpractice Insurance for Individuals                          |              |                     |                      | 23 |
| 24 | Bad Debt                                                       | (71,139)     | 43                  |                      | 24 |
| 25 | Fund Raising, Advertising and Promotional                      |              |                     |                      | 25 |
| 26 | Income Taxes and Illinois Personal<br>Property Replacement Tax | (20,348)     | 43                  |                      | 26 |
| 27 | CNA Training for Non-Employees                                 |              |                     |                      | 27 |
| 28 | Yellow Page Advertising                                        |              |                     |                      | 28 |
| 29 | Other-Attach Schedule See PG5A                                 | (239,695)    | Var.                |                      | 29 |
| 30 | SUBTOTAL (A): (Sum of lines 1-29)                              | \$ (225,497) |                     | \$                   | 30 |

| BHF USE ONLY |  |    |  |    |  |    |  |
|--------------|--|----|--|----|--|----|--|
| 48           |  | 49 |  | 50 |  | 51 |  |
|              |  |    |  |    |  |    |  |

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<br>Amount  | 2<br>Reference |
|----|--------------------------------------------------------------|--------------|----------------|
| 31 | Non-Paid Workers-Attach Schedule*                            | \$           | 31             |
| 32 | Donated Goods-Attach Schedule*                               |              | 32             |
| 33 | Amortization of Organization &<br>Pre-Operating Expense      |              | 33             |
| 34 | Adjustments for Related Organization<br>Costs (Schedule VII) | (193,491)    | 34             |
| 35 | Other- Attach Schedule                                       |              | 35             |
| 36 | SUBTOTAL (B): (sum of lines 31-35)                           | \$ (193,491) | 36             |
|    | (sum of SUBTOTALS                                            |              |                |
| 37 | TOTAL ADJUSTMENTS (A) and (B) )                              | \$ (418,988) | 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<br>Yes | 2<br>No | 3<br>Amount | 4<br>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<br>Reference |    |
|------------------------|---------------------------------------------|-------------|--------------------------|----|
| 1                      | Nonallowable marketing events               | \$ (50,988) | 43                       | 1  |
| 2                      | Laboratory Costs                            | (69,486)    | 43                       | 2  |
| 3                      | X-Ray Costs                                 | (29,846)    | 43                       | 3  |
| 4                      | Theft and Damage Loss                       | (2,689)     | 43                       | 4  |
| 5                      | Lobbying Expense                            | (6,974)     | 20                       | 5  |
| 6                      | Misc. Income                                | (13,320)    | 21                       | 6  |
| 7                      | Admissions                                  | (59,560)    | 43                       | 7  |
| 8                      | To Expense LHI under \$2,500                | 3,897       | 6                        | 8  |
| 9                      | Legal Fees                                  | (3,374)     | 19                       | 9  |
| 10                     | Allocation from Oswego Landholding-Bad Debt | 0           | 43                       | 10 |
| 11                     | Real Estate Taxes                           | 3,239       | 33                       | 11 |
| 12                     | Nonallowable Branding                       | (4,853)     | 19                       | 12 |
| 13                     | Community & Guest Relations                 | (2,484)     | 43                       | 13 |
| 14                     | Nonallowable Marketing                      | (3,257)     | 19                       | 14 |
| 15                     |                                             |             |                          | 15 |
| 16                     |                                             |             |                          | 16 |
| 17                     |                                             |             |                          | 17 |
| 18                     |                                             |             |                          | 18 |
| 19                     |                                             |             |                          | 19 |
| 20                     |                                             |             |                          | 20 |
| 21                     |                                             |             |                          | 21 |
| 22                     |                                             |             |                          | 22 |
| 23                     |                                             |             |                          | 23 |
| 24                     |                                             |             |                          | 24 |
| 25                     |                                             |             |                          | 25 |
| 26                     |                                             |             |                          | 26 |
| 27                     |                                             |             |                          | 27 |
| 28                     |                                             |             |                          | 28 |
| 29                     |                                             |             |                          | 29 |
| 30                     |                                             |             |                          | 30 |
| 31                     |                                             |             |                          | 31 |
| 32                     |                                             |             |                          | 32 |
| 33                     |                                             |             |                          | 33 |
| 34                     |                                             |             |                          | 34 |
| 35                     |                                             |             |                          | 35 |
| 36                     |                                             |             |                          | 36 |
| 37                     |                                             |             |                          | 37 |
| 38                     |                                             |             |                          | 38 |
| 39                     |                                             |             |                          | 39 |
| 40                     |                                             |             |                          | 40 |
| 41                     |                                             |             |                          | 41 |
| 42                     |                                             |             |                          | 42 |
| 43                     |                                             |             |                          | 43 |
| 44                     |                                             |             |                          | 44 |
| 45                     |                                             |             |                          | 45 |
| 46                     |                                             |             |                          | 46 |
| 47                     |                                             |             |                          | 47 |
| 48                     |                                             |             |                          | 48 |
| 49                     | Total                                       | (239,695)   |                          | 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<br>OWNERS             |             | 2<br>RELATED NURSING HOMES |      | 3<br>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: Adjustments for Related Organization Costs (7 minus 4) |    |
|------------|-------|------|---------------------------|--------|--------------------------------|----------------------|----------------------------------------|----------------------------------------------------------------------|----|
| Schedule V |       | Line | Item                      | Amount | Name of Related Organization   | Percent of Ownership | Operating Cost of Related Organization |                                                                      |    |
| 1          | V     |      | N/A                       | \$     |                                |                      | \$                                     | \$                                                                   | 1  |
| 2          | V     |      |                           |        |                                |                      |                                        |                                                                      | 2  |
| 3          | V     |      |                           |        |                                |                      |                                        |                                                                      | 3  |
| 4          | V     |      |                           |        |                                |                      |                                        |                                                                      | 4  |
| 5          | V     |      |                           |        |                                |                      |                                        |                                                                      | 5  |
| 6          | V     |      |                           |        |                                |                      |                                        |                                                                      | 6  |
| 7          | V     |      |                           |        |                                |                      |                                        |                                                                      | 7  |
| 8          | V     |      |                           |        |                                |                      |                                        |                                                                      | 8  |
| 9          | V     |      |                           |        |                                |                      |                                        |                                                                      | 9  |
| 10         | V     |      |                           |        |                                |                      |                                        |                                                                      | 10 |
| 11         | V     |      |                           |        |                                |                      |                                        |                                                                      | 11 |
| 12         | V     |      |                           |        |                                |                      |                                        |                                                                      | 12 |
| 13         | V     |      |                           |        |                                |                      |                                        |                                                                      | 13 |
| 14         | Total |      |                           | \$     |                                |                      | \$                                     | \$ * 0                                                               | 14 |

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

Facility Name &amp; ID Number

Symphony at the Tillers

# 0054015

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

## VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ 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     | 1    | DIETARY                            | \$         | MAESTRO CONSULTING SERVICES LLC | 100%                 | \$ 474                                 | \$ 474                                                 | 15 |
| 16         | V     | 5    | UTILITIES                          |            | MAESTRO CONSULTING SERVICES LLC | 100%                 | 881                                    | 881                                                    | 16 |
| 17         | V     | 6    | MAINTENANCE SALARIES               |            | MAESTRO CONSULTING SERVICES LLC | 100%                 | 0                                      |                                                        | 17 |
| 18         | V     | 6    | MAINTENANCE EXPENSES               |            | MAESTRO CONSULTING SERVICES LLC | 100%                 | 1,695                                  | 1,695                                                  | 18 |
| 19         | V     | 7    | EMPLOYEE BENEFITS - MAINTENANCE    |            | MAESTRO CONSULTING SERVICES LLC | 100%                 | 126                                    | 126                                                    | 19 |
| 20         | V     | 10   | CLINICAL SALARIES                  |            | MAESTRO CONSULTING SERVICES LLC | 100%                 | 73,838                                 | 73,838                                                 | 20 |
| 21         | V     | 10   | CONTRACT NURSING                   |            | MAESTRO CONSULTING SERVICES LLC | 100%                 | 71                                     | 71                                                     | 21 |
| 22         | V     | 15   | EMPLOYEE BENEFITS - CLINICAL       |            | MAESTRO CONSULTING SERVICES LLC | 100%                 | 21,239                                 | 21,239                                                 | 22 |
| 23         | V     | 17   | ADMINISTRATIVE OTHER               | 429,922    | MAESTRO CONSULTING SERVICES LLC | 100%                 | 0                                      | (429,922)                                              | 23 |
| 24         | V     | 19   | PROFESSIONAL FEES                  |            | MAESTRO CONSULTING SERVICES LLC | 100%                 | 18,553                                 | 18,553                                                 | 24 |
| 25         | V     | 20   | DUES, FEES, SUBSCRIPTIONS, ETC.    |            | MAESTRO CONSULTING SERVICES LLC | 100%                 | 3,400                                  | 3,400                                                  | 25 |
| 26         | V     | 21   | CLERICAL & GENERAL SALARIES        |            | MAESTRO CONSULTING SERVICES LLC | 100%                 | 51,462                                 | 51,462                                                 | 26 |
| 27         | V     | 21   | CLERICAL & GENERAL EXPENSES        |            | MAESTRO CONSULTING SERVICES LLC | 100%                 | 25,150                                 | 25,150                                                 | 27 |
| 28         | V     | 24   | SEMINARS AND EDUCATION             |            | MAESTRO CONSULTING SERVICES LLC | 100%                 | 186                                    | 186                                                    | 28 |
| 29         | V     | 25   | TRANSPORTATION                     |            | MAESTRO CONSULTING SERVICES LLC | 100%                 | 3,398                                  | 3,398                                                  | 29 |
| 30         | V     | 26   | INSURANCE                          |            | MAESTRO CONSULTING SERVICES LLC | 100%                 | 630                                    | 630                                                    | 30 |
| 31         | V     | 27   | EMPLOYEE BENEFITS - ADMINISTRATIVE |            | MAESTRO CONSULTING SERVICES LLC | 100%                 | 14,803                                 | 14,803                                                 | 31 |
| 32         | V     | 30   | DEPRECIATION                       |            | MAESTRO CONSULTING SERVICES LLC | 100%                 | 12,857                                 | 12,857                                                 | 32 |
| 33         | V     | 32   | INTEREST EXPENSE                   |            | MAESTRO CONSULTING SERVICES LLC | 100%                 | 17                                     | 17                                                     | 33 |
| 34         | V     | 33   | REAL ESTATE TAX                    |            | MAESTRO CONSULTING SERVICES LLC | 100%                 | 2,313                                  | 2,313                                                  | 34 |
| 35         | V     | 34   | BUILDING RENTAL                    |            | MAESTRO CONSULTING SERVICES LLC | 100%                 | 1,582                                  | 1,582                                                  | 35 |
| 36         | V     | 35   | EQUIPMENT RENTAL                   |            | MAESTRO CONSULTING SERVICES LLC | 100%                 | 4,558                                  | 4,558                                                  | 36 |
| 37         | V     | 35   | AUTO LEASE                         |            | MAESTRO CONSULTING SERVICES LLC | 100%                 | 2,622                                  | 2,622                                                  | 37 |
| 38         | V     |      |                                    |            |                                 |                      |                                        |                                                        | 38 |
| 39         | Total |      |                                    | \$ 429,922 |                                 |                      | \$ 239,855                             | \$ * (190,067)                                         | 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     | 10   | DME & Medical Supplies    | \$ 2,183  | Integra Healthcare Equipment   | 19%                  | \$ 1,856                               | \$ (327)                                               | 15 |
| 16         | V     | 35   | Equipment Rental          | 20,649    | Integra Healthcare Equipment   | 19%                  | 17,552                                 | (3,097)                                                | 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 |      |                           | \$ 22,832 |                                |                      | \$ 19,408                              | \$ * (3,424)                                           | 39 |

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

Facility Name &amp; ID Number

Symphony at the Tillers

# 0054015

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

## VII. RELATED PARTIES

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

|    | 1<br>OWNERS                 |             | 2<br>RELATED NURSING HOMES        |                 | 3<br>OTHER RELATED BUSINESS ENTITIES |              |                  |    |
|----|-----------------------------|-------------|-----------------------------------|-----------------|--------------------------------------|--------------|------------------|----|
|    | Name                        | Ownership % | Name                              | City            | Name                                 | City         | Type of Business |    |
| 1  | DRAKE LOUIS ENTERPRISE, LLC | 70          | SYMPHONY OF CALIFORNIA GARDENS    | CHICAGO         | MAESTRO CONSUL                       | LINCOLNWOOD  | MANAGEMENT       | 1  |
| 2  | FAIRHOME TRUST              | 20          | MAPLECREST CARE CENTRE            | BELVIDERE       | 7257 N. LINCOLN AV                   | LINCOLNWOOD  | BUILDING RENTA   | 2  |
| 3  | BENOIT HOLDINGS, LLC        | 10          | NORTHWOODS CARE CENTRE            | BELVIDERE       | MAPLELEAF INSUR                      | GRAND CAYMAN | LIABILITY/WORK   | 3  |
| 4  |                             |             | SYCAMORE VILLAGE                  | SWANSEA         | INTEGRA HEALTHC                      | ELMHURST     | DME & MEDICAL    | 4  |
| 5  |                             |             | SYMPHONY ARIA                     | HILLSIDE        | INTEGRA RESPIRA                      | ELMHURST     | RESPIRATORY SH   | 5  |
| 6  |                             |             | SYMPHONY AT 87TH STREET           | CHICAGO         | LIFELINE AMBULA                      | CHICAGO      | AMBULANCE        | 6  |
| 7  |                             |             | SYMPHONY AT MIDWAY                | CHICAGO         |                                      |              |                  | 7  |
| 8  |                             |             | SYMPHONY AT THE TILLERS           | OSWEGO          |                                      |              |                  | 8  |
| 9  |                             |             | SYMPHONY OF BRONZEVILLE           | CHICAGO         |                                      |              |                  | 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 |                             |             | SYMPHONY OF JOLIET                | 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 PA | 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 |                             |             |                                   |                 |                                      |              |                  | 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                                                  | 2     | 3        | 4                  | 5                                               | 6                                                                             |         | 7                                                          |        | 8                                   |    |
|----|----------------------------------------------------|-------|----------|--------------------|-------------------------------------------------|-------------------------------------------------------------------------------|---------|------------------------------------------------------------|--------|-------------------------------------|----|
|    | Name                                               | Title | Function | Ownership Interest | Compensation Received From Other Nursing Homes* | Average Hours Per Work Week Devoted to this Facility and % of Total Work Week |         | Compensation Included in Costs for this Reporting Period** |        | Schedule V. Line & Column Reference |    |
|    |                                                    |       |          |                    |                                                 | Hours                                                                         | Percent | Description                                                | Amount |                                     |    |
| 1  | No owners receive compensation from this facility. |       |          |                    |                                                 |                                                                               |         |                                                            | \$     |                                     | 1  |
| 2  |                                                    |       |          |                    |                                                 |                                                                               |         |                                                            |        |                                     | 2  |
| 3  |                                                    |       |          |                    |                                                 |                                                                               |         |                                                            |        |                                     | 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 at the Tillers# 0054015

Report Period Beginning:

1/1/2020Ending: 2/31/2020

## VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

| 1<br>Schedule V<br>Line<br>Reference | 2<br>Item | 3<br>Unit of Allocation<br>(i.e.,Days, Direct Cost,<br>Square Feet) | 4<br>Total Units | 5<br>Number of<br>Subunits Being<br>Allocated Among | 6<br>Total Indirect<br>Cost Being<br>Allocated | 7<br>Amount of Salary<br>Cost Contained<br>in Column 6 | 8<br>Facility<br>Units | 9<br>Allocation<br>(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 at the Tillers# 0054015

Report Period Beginning:

1/1/2020Ending: 2/31/2020

## VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization 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          | 2                         | 3                        | 4           | 5               | 6              | 7                | 8        | 9                    |    |
|----|------------|---------------------------|--------------------------|-------------|-----------------|----------------|------------------|----------|----------------------|----|
|    | Schedule V |                           | Unit of Allocation       |             | Number of       | Total Indirect | Amount of Salary |          | Allocation           |    |
|    | Line       |                           | (i.e.,Days, Direct Cost, |             | Subunits Being  | Cost Being     | Cost Contained   | Facility | (col.8/col.4)x col.6 |    |
|    | Reference  | Item                      | Square Feet)             | Total Units | Allocated Among | Allocated      | in Column 6      | Units    |                      |    |
| 1  | 1          | DIETARY                   | AVAIL. CENSUS DAYS       | 1,642,974   | 27              | \$ 20,270      | \$ 19,367        | 38,430   | \$ 474               | 1  |
| 2  | 5          | UTILITIES                 | AVAIL. CENSUS DAYS       | 1,642,974   | 27              | 37,663         |                  | 38,430   | 881                  | 2  |
| 3  | 6          | MAINTENANCE SALARIES      | AVAIL. CENSUS DAYS       | 1,642,974   | 27              |                |                  | 38,430   |                      | 3  |
| 4  | 6          | MAINTENANCE EXPENSES      | AVAIL. CENSUS DAYS       | 1,642,974   | 27              | 72,471         |                  | 38,430   | 1,695                | 4  |
| 5  | 7          | EMPLOYEE BENEFITS - MAIN  | AVAIL. CENSUS DAYS       | 1,642,974   | 27              | 5,383          |                  | 38,430   | 126                  | 5  |
| 6  | 10         | CLINICAL SALARIES         | AVAIL. CENSUS DAYS       | 1,642,974   | 27              | 3,156,734      | 3,156,734        | 38,430   | 73,838               | 6  |
| 7  | 10         | CONTRACT NURSING          | AVAIL. CENSUS DAYS       | 1,642,974   | 27              | 3,034          |                  | 38,430   | 71                   | 7  |
| 8  | 15         | EMPLOYEE BENEFITS - CLIN  | AVAIL. CENSUS DAYS       | 1,642,974   | 27              | 908,028        |                  | 38,430   | 21,239               | 8  |
| 9  | 17         | ADMINISTRATIVE OTHER      | AVAIL. CENSUS DAYS       | 1,642,974   | 27              |                |                  | 38,430   |                      | 9  |
| 10 | 19         | PROFESSIONAL FEES         | AVAIL. CENSUS DAYS       | 1,642,974   | 27              | 793,188        |                  | 38,430   | 18,553               | 10 |
| 11 | 20         | DUES, FEES, SUBSCRIPTIONS | AVAIL. CENSUS DAYS       | 1,642,974   | 27              | 145,343        |                  | 38,430   | 3,400                | 11 |
| 12 | 21         | CLERICAL & GENERAL SALA   | AVAIL. CENSUS DAYS       | 1,642,974   | 27              | 2,200,120      | 2,200,120        | 38,430   | 51,462               | 12 |
| 13 | 21         | CLERICAL & GENERAL EXPE   | AVAIL. CENSUS DAYS       | 1,642,974   | 27              | 1,075,235      |                  | 38,430   | 25,150               | 13 |
| 14 | 24         | SEMINARS AND EDUCATION    | AVAIL. CENSUS DAYS       | 1,642,974   | 27              | 7,970          |                  | 38,430   | 186                  | 14 |
| 15 | 25         | TRANSPORTATION            | AVAIL. CENSUS DAYS       | 1,642,974   | 27              | 145,272        |                  | 38,430   | 3,398                | 15 |
| 16 | 26         | INSURANCE                 | AVAIL. CENSUS DAYS       | 1,642,974   | 27              | 26,926         |                  | 38,430   | 630                  | 16 |
| 17 | 27         | EMPLOYEE BENEFITS - ADM   | AVAIL. CENSUS DAYS       | 1,642,974   | 27              | 632,860        |                  | 38,430   | 14,803               | 17 |
| 18 | 30         | DEPRECIATION              | AVAIL. CENSUS DAYS       | 1,642,974   | 27              | 549,679        |                  | 38,430   | 12,857               | 18 |
| 19 | 32         | INTEREST EXPENSE          | AVAIL. CENSUS DAYS       | 1,642,974   | 27              | 738            |                  | 38,430   | 17                   | 19 |
| 20 | 33         | REAL ESTATE TAX           | AVAIL. CENSUS DAYS       | 1,642,974   | 27              | 98,893         |                  | 38,430   | 2,313                | 20 |
| 21 | 34         | BUILDING RENTAL           | AVAIL. CENSUS DAYS       | 1,642,974   | 27              | 67,631         |                  | 38,430   | 1,582                | 21 |
| 22 | 35         | EQUIPMENT RENTAL          | AVAIL. CENSUS DAYS       | 1,642,974   | 27              | 194,869        |                  | 38,430   | 4,558                | 22 |
| 23 | 35         | AUTO LEASE                | AVAIL. CENSUS DAYS       | 1,642,974   | 27              | 112,113        |                  | 38,430   | 2,622                | 23 |
| 24 |            |                           |                          |             |                 |                |                  |          |                      | 24 |
| 25 | TOTALS     |                           |                          |             |                 | \$ 10,254,420  | \$ 5,376,221     |          | \$ 239,855           | 25 |

Facility Name & ID Number Symphony at the Tillers# 0054015

Report Period Beginning:

1/1/2020Ending: 2/31/2020

## VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization

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<br>Line<br>Reference | Item   | Unit of Allocation<br>(i.e.,Days, Direct Cost,<br>Square Feet) | Total Units       | Number of<br>Subunits Being<br>Allocated Among | Total Indirect<br>Cost Being<br>Allocated | Amount of Salary<br>Cost Contained<br>in Column 6 | Facility<br>Units | Allocation<br>(col.8/col.4)x col.6 |    |
| 1                               | 10     | DME & Medical Supplies                                         | Direct Allocation |                                                | \$                                        | \$                                                |                   | \$ 1,856                           | 1  |
| 2                               | 35     | Equipment Rental                                               | Direct Allocation |                                                |                                           |                                                   |                   | 17,552                             | 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 |                                                                |                   |                                                | \$                                        | \$                                                |                   | \$ 19,408                          | 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             | 0.075                    | \$ 811                            | 1  |  |
| 2  | LifeMed                      | X         |    | Pharmacy Services       | 38,731                   | 1/1/2018     | 6,197,033      | 37,485                            | 1/1/2024               | 0.075                    | 3,181                             | 2  |  |
| 3  | Select Rehab                 |           | X  | Operational             | 159,503                  | 12/31/2018   | 12,216,125     | 94,300                            | 12/31/2023             | 0.002                    | 2,185                             | 3  |  |
| 4  | Integra                      | X         |    | Medical Supplies/rental | 50,680                   | 7/1/2019     | 1,162,530      | 1,145                             | 6/30/2021              | 0.043802                 | 103                               | 4  |  |
| 5  |                              |           |    |                         |                          |              |                |                                   |                        |                          |                                   | 5  |  |
|    | Working Capital              |           |    |                         |                          |              |                |                                   |                        |                          |                                   |    |  |
| 6  | National Government Services |           | X  | Medicare AAP            | 43,769                   | 4/7/2020     | 1,050,451      | 1,050,451                         | 4/7/2023               |                          |                                   | 6  |  |
| 7  |                              |           |    |                         |                          |              |                |                                   |                        |                          |                                   | 7  |  |
| 8  |                              |           |    |                         |                          |              |                |                                   |                        |                          |                                   | 8  |  |
| 9  | TOTAL Facility Related       |           |    |                         | \$360,126.86             |              | \$ 22,796,476  | \$ 1,183,381                      |                        |                          | \$ 6,280                          | 9  |  |
|    | B. Non-Facility Related*     |           |    |                         |                          |              |                |                                   |                        |                          |                                   |    |  |
| 10 | Cyber Ins                    |           |    |                         |                          |              |                |                                   |                        |                          | 59                                | 10 |  |
| 11 | Worthy Ins                   |           |    |                         |                          |              |                |                                   |                        |                          | 446                               | 11 |  |
| 12 |                              |           |    |                         |                          |              |                | Interest Income offset            |                        |                          | (211)                             | 12 |  |
| 13 |                              |           |    |                         |                          |              |                | Allocated from Oswego Landholding |                        |                          |                                   | 13 |  |
| 14 | TOTAL Non-Facility Related   |           |    |                         |                          |              | \$             | \$                                | Allocated from Maestro |                          | 17                                | 14 |  |
|    |                              |           |    |                         |                          |              |                |                                   |                        |                          | 311                               |    |  |
| 15 | TOTALS (line 9+line14)       |           |    |                         |                          |              | \$ 22,796,476  | \$ 1,183,381                      |                        |                          | \$ 6,591                          | 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.)





2019 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Symphony At The Tillers COUNTY Kendall  
FACILITY IDPH LICENSE NUMBER 0054015  
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 2019 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2019.

| (A)                          | (B)                                     | (C)                         | (D)<br><u>Tax</u><br><u>Applicable to</u><br><u>Nursing Home</u> |
|------------------------------|-----------------------------------------|-----------------------------|------------------------------------------------------------------|
| <u>Tax Index Number</u>      | <u>Property Description</u>             | <u>Total Tax</u>            |                                                                  |
| 1. <u>03-20-202-004</u>      | <u>Long Term Care Property</u>          | \$ <u>78,220.00</u>         | \$ <u>78,220.00</u>                                              |
| 2. <u>03-17-456-004</u>      | <u>Long Term Care Property</u>          | \$ <u>19,420.06</u>         | \$ <u>19,420.06</u>                                              |
| 3. <u>03-17-456-003</u>      | <u>Long Term Care Property</u>          | \$ <u>5,493.68</u>          | \$ <u>5,493.68</u>                                               |
| 4. <u>03-20-202-012</u>      | <u>Long Term Care Property</u>          | \$ <u>6,928.26</u>          | \$ <u>6,928.26</u>                                               |
| 5. <u>03-20-202-013</u>      | <u>Long Term Care Property</u>          | \$ <u>6,476.62</u>          | \$ <u>6,476.62</u>                                               |
| 6. _____                     | _____                                   | \$ _____                    | \$ _____                                                         |
| 7. <u>10-27-319-028-0002</u> | <u>Maestro - Home Office Allocation</u> | \$ <u>85,535.22</u>         | \$ <u>2,313.00</u>                                               |
| 8. _____                     | _____                                   | \$ _____                    | \$ _____                                                         |
| 9. _____                     | _____                                   | \$ _____                    | \$ _____                                                         |
| 10. _____                    | _____                                   | \$ _____                    | \$ _____                                                         |
| TOTALS                       |                                         | \$ <u><u>202,073.84</u></u> | \$ <u><u>118,851.62</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 2019 tax bills which were listed in Section A to this statement. Be sure to use the 2019 tax bill which is normally paid during 2020.

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

A. Square Feet:

39,500

B. General Construction Type:

Exterior

Brick

Frame

Steel

Number of Stories

1

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        |                                     | -           |               | \$ -     | 1 |
| 2        | Allocated from Maestro 7257 Lincoln |             |               | 3742     | 2 |
| 3        | TOTALS                              |             |               | \$ 3,742 | 3 |

Facility Name & ID Number Symphony at the Tillers# 0054015

Report Period Beginning:

1/1/2020

Ending:

12/31/2020**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

|    | 1<br>Beds*                                                             | FOR BHF USE ONLY | 2<br>Year<br>Acquired | 3<br>Year<br>Constructed | 4<br>Cost | 5<br>Current Book<br>Depreciation | 6<br>Life<br>in Years | 7<br>Straight Line<br>Depreciation | 8<br>Adjustments | 9<br>Accumulated<br>Depreciation |    |
|----|------------------------------------------------------------------------|------------------|-----------------------|--------------------------|-----------|-----------------------------------|-----------------------|------------------------------------|------------------|----------------------------------|----|
| 4  | 105                                                                    |                  |                       |                          | \$        | \$                                |                       | \$                                 | \$               |                                  | 4  |
| 5  |                                                                        |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 5  |
| 6  |                                                                        |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 6  |
| 7  |                                                                        |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 7  |
| 8  |                                                                        |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 8  |
|    | <b>Improvement Type**</b>                                              |                  |                       |                          |           |                                   |                       |                                    |                  |                                  |    |
| 9  | Carpet,Vinyl Planking Installation In Lobby                            |                  |                       | 2016                     | 16,652    |                                   | 20                    | 833                                | 833              | 4,024                            | 9  |
| 10 | Floor Repairs In Hallways On Floors 1 Through 4                        |                  |                       | 2016                     | 44,392    |                                   | 20                    | 2,220                              | 2,220            | 10,173                           | 10 |
| 11 | Electric Work - Chandelier Switch, Pendent Lights, Amp Circuit, Wiring |                  |                       | 2016                     | 4,960     |                                   | 20                    | 248                                | 248              | 496                              | 11 |
| 12 | Adjust Hvac & Undate Lighting In Nurses Station                        |                  |                       | 2016                     | 8,160     |                                   | 20                    | 408                                | 408              | 1,836                            | 12 |
| 13 | Dining & Corridor Flooring - Carpet, Vinyl Tile                        |                  |                       | 2016                     | 54,256    |                                   | 20                    | 2,713                              | 2,713            | 12,208                           | 13 |
| 14 | Stucco Installed Around Entrance, Painted Building Exterior            |                  |                       | 2016                     | 36,945    |                                   | 20                    | 1,847                              | 1,847            | 8,159                            | 14 |
| 15 | Light Fixtures & Improvements In Dining Room                           |                  |                       | 2016                     | 4,727     |                                   | 20                    | 236                                | 236              | 1,044                            | 15 |
| 16 | Install Led Lighting On Exterior Sign In Front Of Building             |                  |                       | 2016                     | 9,242     |                                   | 20                    | 462                                | 462              | 2,041                            | 16 |
| 17 | Wallpaper Installation, Painting, Handrails In Nurse Station & Guest R |                  |                       | 2016                     | 12,730    |                                   | 20                    | 637                                | 637              | 2,758                            | 17 |
| 18 | Dining Room Painting                                                   |                  |                       | 2016                     | 15,300    |                                   | 20                    | 765                                | 765              | 3,443                            | 18 |
| 19 | Floor Replacement Rms 503, 505, 302, Nurse Station, Guest Room, Loun   |                  |                       | 2016                     | 50,000    |                                   | 20                    | 2,500                              | 2,500            | 10,417                           | 19 |
| 20 | Counter Tops, Ceiling Mount Light Fixture, Fireplace, Window Treatme   |                  |                       | 2016                     | 30,137    |                                   | 20                    | 1,507                              | 1,507            | 7,158                            | 20 |
| 21 | Plumbing - Drain Line To Sink, Backflow Preventor                      |                  |                       | 2016                     | 12,157    |                                   | 20                    | 608                                | 608              | 2,786                            | 21 |
| 22 | Entry Ceiling Light, Window Valance, Cove Base, Pendant                |                  |                       | 2016                     | 25,816    |                                   | 20                    | 1,291                              | 1,291            | 6,132                            | 22 |
| 23 | Dining Room Wallpaper, Window Treatments, Light Fixtures, Tile, Wal    |                  |                       | 2016                     | 40,255    |                                   | 20                    | 2,013                              | 2,013            | 9,057                            | 23 |
| 24 | Electrical Work - 400 Wing - Replace Underground Lines                 |                  |                       | 2016                     | 4,155     |                                   | 20                    | 208                                | 208              | 953                              | 24 |
| 25 | Architectural Fees For Front Facade & Canopy                           |                  |                       | 2016                     | 21,038    |                                   | 20                    | 1,052                              | 1,052            | 4,208                            | 25 |
| 26 | Shower Room Walls & Floors In 500 Wing                                 |                  |                       | 2017                     | 6,241     |                                   | 20                    | 312                                | 312              | 1,248                            | 26 |
| 27 | Phone Installation Project                                             |                  |                       | 2017                     | 47,615    |                                   | 20                    | 2,381                              | 2,381            | 9,523                            | 27 |
| 28 | Polycom Conference Room Speaker                                        |                  |                       | 2017                     | 34,723    |                                   | 20                    | 1,736                              | 1,736            | 6,945                            | 28 |
| 29 | Security Camera System                                                 |                  |                       | 2017                     | 16,969    |                                   | 20                    | 848                                | 848              | 3,394                            | 29 |
| 30 | Architectural Services-Starbucks renovation loby                       |                  |                       | 2018                     | 21,038    | 1,052                             | 20                    | 1,052                              | (0)              | 3,156                            | 30 |
| 31 | Community Water heater replacement-Laundry-Main boiler                 |                  |                       | 2018                     | 18,480    | 797                               | 20                    | 924                                | 127              | 2,518                            | 31 |
| 32 | mechanical room                                                        |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 32 |
| 33 |                                                                        |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 33 |
| 34 |                                                                        |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 34 |
| 35 |                                                                        |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 35 |
| 36 |                                                                        |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 36 |

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

See Page 12A, Line 70 for total

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

Facility Name &amp; ID Number    Symphony at the Tillers

#    0054015

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

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

| 1  | 2                                                                  | 3                | 4          | 5                         | 6             | 7                          | 8           | 9                        |    |
|----|--------------------------------------------------------------------|------------------|------------|---------------------------|---------------|----------------------------|-------------|--------------------------|----|
|    | Improvement Type**                                                 | Year Constructed | Cost       | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation |    |
| 37 | Floor install in room and office                                   | 2018             | \$ 4,825   | \$ 241                    | 20            | \$ 241                     | \$ 0        | \$ 575                   | 37 |
| 38 | Renovations wing 500-hallway painting, filing holes,               | 2018             | 75,730     | 3,786                     | 20            | 3,787                      | 1           | 8,744                    | 38 |
| 39 | repair and repaint handrails, brackets, install wood trim,         |                  |            |                           |               |                            |             |                          | 39 |
| 40 | prime and paint frames, blinds, sprinklers, new doors,             |                  |            |                           |               |                            |             |                          | 40 |
| 41 | kitchen cabinets.                                                  |                  |            |                           |               |                            |             |                          | 41 |
| 42 | PTAC Units-6 resident units                                        | 2018             | 7,769      | 955                       | 20            | 955                        |             | 2,865                    | 42 |
| 43 | Generator Level 2 Repair                                           | 2018             | 2,551      | 128                       | 20            | 128                        | (0)         | 384                      | 43 |
| 44 | Honeywell humidity controller-split 3 coils, add refrigerant       | 2018             | 2,622      | 131                       | 20            | 131                        | 0           | 393                      | 44 |
| 45 | roof top unit that serves lobby                                    |                  |            |                           |               |                            |             |                          | 45 |
| 46 | Sprinkler work-replace 10 dry fire sprinkler heads outside canopy. | 2019             | 3,510      | 176                       | 20            | 176                        | (1)         | 176                      | 46 |
| 47 | Replace ATS-Decommission ATS, replace ATS, new startup             | 2019             | 20,315     | 1,016                     | 20            | 1,016                      | (0)         | 2,026                    | 47 |
| 48 | Remove carpet, install attic insulation, repair drywall            | 2019             | 3,500      | 175                       | 20            | 175                        |             | 300                      | 48 |
| 49 | Coat, stripe, patch, crack entire parking lot 54,758 square feet   | 2019             | 25,000     | 1,250                     | 20            | 1,250                      |             | 2,200                    | 49 |
| 50 |                                                                    |                  |            |                           |               |                            |             |                          | 50 |
| 51 | Patching, sanding, painting bathroom, kitchen, laundry room trim   | 2019             | 4,000      | 200                       | 20            | 200                        |             | 268                      | 51 |
| 52 | Radon Mitigation System-emergency generator room                   | 2019             | 7,000      | 350                       | 20            | 350                        |             | 458                      | 52 |
| 53 | 100 Yards of new carpet-Tillers rental house                       | 2019             | 2,700      | 135                       | 20            | 135                        |             | 177                      | 53 |
| 54 | Replace 1 5 ton RTU rooftop                                        | 2019             | 5,010      | 251                       | 20            | 251                        |             | 296                      | 54 |
| 55 | Replace concrete ramp on south side of building.                   | 2019             | 5,000      | 250                       | 20            | 250                        |             | 286                      | 55 |
| 56 | HVAC repair-replace ignitor mechanical room                        | 2019             | 2,563      | 128                       | 20            | 128                        |             | 131                      | 56 |
| 57 | Replace 5 ton RTU rooftop                                          | 2019             | 5,010      | 251                       | 20            | 251                        |             | 279                      | 57 |
| 58 | Repair 7 sections of fence                                         | 2019             | 3,200      | 160                       | 20            | 160                        |             | 307                      | 58 |
| 59 |                                                                    |                  |            |                           |               |                            |             |                          | 59 |
| 60 | Install 3 new TMVs hand sink, eye wash station                     | 2020             | 6,880      | 368                       | 15            | 368                        |             | 368                      | 60 |
| 61 | Shower stall-wall tiles, drywall, plumbing, new                    | 2020             | 13,550     | 716                       | 15            | 716                        |             | 716                      | 61 |
| 62 | shower system, light fixtures.                                     |                  |            |                           |               |                            |             |                          | 62 |
| 63 | Install new secondary pole-brackets and junctions                  | 2020             | 6,133      | 137                       | 15            | 137                        |             | 137                      | 63 |
| 64 | Replace corroded pipe at storage tank water heater                 | 2020             | 2,820      | 58                        | 15            | 58                         |             | 58                       | 64 |
| 65 | Install and mount eye wash stations                                | 2020             | 4,585      | 12                        | 15            | 12                         |             | 12                       | 65 |
| 66 |                                                                    |                  |            |                           |               |                            |             |                          | 66 |
| 67 |                                                                    |                  |            |                           |               |                            |             |                          | 67 |
| 68 | Reconcile to financial statement depreciation                      |                  |            | (43,034)                  |               |                            | 43,034      |                          | 68 |
| 69 |                                                                    |                  |            |                           |               |                            |             |                          | 69 |
| 70 | TOTAL (lines 4 thru 69)                                            |                  | \$ 750,260 | \$ (30,312)               |               | \$ 37,672                  | \$ 67,984   | \$ 134,829               | 70 |

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

Facility Name &amp; ID Number    Symphony at the Tillers

#    0054015

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

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

| 1  | Improvement Type**                                | 3<br>Year<br>Constructed | 4<br>Cost  | 5<br>Current Book<br>Depreciation | 6<br>Life<br>in Years | 7<br>Straight Line<br>Depreciation | 8<br>Adjustments | 9<br>Accumulated<br>Depreciation |    |
|----|---------------------------------------------------|--------------------------|------------|-----------------------------------|-----------------------|------------------------------------|------------------|----------------------------------|----|
| 1  | <b>Totals from Page 12A, Carried Forward</b>      |                          | \$ 750,260 | \$ (30,312)                       |                       | \$ 37,672                          | \$ 67,984        | \$ 134,829                       | 1  |
| 2  | <b>Buildings:</b>                                 |                          |            |                                   |                       |                                    |                  |                                  | 2  |
| 3  | <u>Allocated from Maestro 7257 Lincoln</u>        | 2004                     | 33,682     |                                   | 35                    | 962                                | 962              | 16,480                           | 3  |
| 4  |                                                   |                          |            |                                   |                       |                                    |                  |                                  | 4  |
| 5  |                                                   |                          |            |                                   |                       |                                    |                  |                                  | 5  |
| 6  |                                                   |                          |            |                                   |                       |                                    |                  |                                  | 6  |
| 7  |                                                   |                          |            |                                   |                       |                                    |                  |                                  | 7  |
| 8  | <b>Leasehold Improvements:</b>                    |                          |            |                                   |                       |                                    |                  |                                  | 8  |
| 9  | <u>Allocated from Maestro Consulting Services</u> | 2003                     | 274        |                                   | 20                    | 14                                 | 14               | 235                              | 9  |
| 10 | <u>Allocated from Maestro Consulting Services</u> | 2004                     | 5,562      |                                   | 20                    | 277                                | 277              | 4,649                            | 10 |
| 11 | <u>Allocated from Maestro Consulting Services</u> | 2005                     | 330        |                                   | 20                    | 17                                 | 17               | 261                              | 11 |
| 12 | <u>Allocated from Maestro Consulting Services</u> | 2006                     | 447        |                                   | 20                    | 22                                 | 22               | 321                              | 12 |
| 13 | <u>Allocated from Maestro Consulting Services</u> | 2008                     | 471        |                                   | 20                    | 24                                 | 24               | 289                              | 13 |
| 14 | <u>Allocated from Maestro Consulting Services</u> | 2009                     | 7,588      |                                   | 20                    | 379                                | 379              | 4,405                            | 14 |
| 15 | <u>Allocated from Maestro Consulting Services</u> | 2010                     | 1,166      |                                   | 20                    | 58                                 | 58               | 613                              | 15 |
| 16 | <u>Allocated from Maestro Consulting Services</u> | 2011                     | 63         |                                   | 20                    | 3                                  | 3                | 31                               | 16 |
| 17 | <u>Allocated from Maestro Consulting Services</u> | 2012                     | 70         |                                   | 20                    | 4                                  | 4                | 31                               | 17 |
| 18 | <u>Allocated from Maestro Consulting Services</u> | 2014                     | 877        |                                   | 20                    | 44                                 | 44               | 290                              | 18 |
| 19 | <u>Allocated from Maestro Consulting Services</u> | 2015                     | 247        |                                   | 20                    | 12                                 | 12               | 66                               | 19 |
| 20 | <u>Allocated from Maestro Consulting Services</u> | 2016                     | 1,081      |                                   | 20                    | 54                                 | 54               | 366                              | 20 |
| 21 | <u>Allocated from Maestro Consulting Services</u> | 2017                     | 145        |                                   | 20                    | 7                                  | 7                | 29                               | 21 |
| 22 | <u>Allocated from Maestro Consulting Services</u> | 2020                     | 234        |                                   | 20                    | 6                                  | 6                | 6                                | 22 |
| 23 |                                                   |                          |            |                                   |                       |                                    |                  |                                  | 23 |
| 24 | <u>Allocated from Maestro 7257 Lincoln</u>        | 2015                     | 531        |                                   | 20                    | 35                                 | 35               | 189                              | 24 |
| 25 | <u>Allocated from Maestro 7257 Lincoln</u>        | 2005                     | 3,071      |                                   | 20                    | 111                                | 111              | 2,582                            | 25 |
| 26 | <u>Allocated from Maestro 7257 Lincoln</u>        | 2004                     | 669        |                                   | 20                    | 33                                 | 33               | 552                              | 26 |
| 27 |                                                   |                          |            |                                   |                       |                                    |                  |                                  | 27 |
| 28 |                                                   |                          |            |                                   |                       |                                    |                  |                                  | 28 |
| 29 |                                                   |                          |            |                                   |                       |                                    |                  |                                  | 29 |
| 30 |                                                   |                          |            |                                   |                       |                                    |                  |                                  | 30 |
| 31 |                                                   |                          |            |                                   |                       |                                    |                  |                                  | 31 |
| 32 |                                                   |                          |            |                                   |                       |                                    |                  |                                  | 32 |
| 33 |                                                   |                          |            |                                   |                       |                                    |                  |                                  | 33 |
| 34 | <b>TOTAL (lines 1 thru 33)</b>                    |                          | \$ 806,768 | \$ (30,312)                       |                       | \$ 39,734                          | \$ 70,046        | \$ 166,224                       | 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<br>Cost | Current Book<br>Depreciation 2 | Straight Line<br>Depreciation 3 | 4<br>Adjustments | Component<br>Life 5 | Accumulated<br>Depreciation 6 |    |
|----|--------------------------|-----------|--------------------------------|---------------------------------|------------------|---------------------|-------------------------------|----|
| 71 | Purchased in Prior Years | \$813,344 | \$40,858                       | \$82,689                        | \$41,831         | 5                   | \$380,701                     | 71 |
| 72 | Current Year Purchases   | 16,211    | 1,524                          | 1,524                           |                  | 5                   | 1,524                         | 72 |
| 73 | Fully Depreciated Assets | 11,592    |                                |                                 |                  |                     | 11,592                        | 73 |
| 74 | Allocated from Maestro   | 98,501    |                                | 10,795                          | 10,795           |                     | 47,300                        | 74 |
| 75 | TOTALS                   | \$939,648 | \$42,382                       | \$95,008                        | \$52,626         |                     | \$441,117                     | 75 |

D. Vehicle Costs. (See instructions.)\*

|    | 1<br>Use | Model, Make<br>and Year 2                  | Year<br>Acquired 3 | 4<br>Cost | Current Book<br>Depreciation 5 | Straight Line<br>Depreciation 6 | 7<br>Adjustments | Life in<br>Years 8 | Accumulated<br>Depreciation 9 |    |
|----|----------|--------------------------------------------|--------------------|-----------|--------------------------------|---------------------------------|------------------|--------------------|-------------------------------|----|
| 76 |          | Allocated from Maestro Consulting Services |                    | \$207     | \$-                            | \$-                             |                  | 5                  | \$207                         | 76 |
| 77 |          |                                            |                    |           | -                              | -                               |                  |                    |                               | 77 |
| 78 |          |                                            |                    |           | -                              | -                               |                  |                    |                               | 78 |
| 79 |          |                                            |                    |           | -                              | -                               |                  |                    |                               | 79 |
| 80 | TOTALS   |                                            |                    | \$207     | \$                             | \$                              |                  |                    | \$207                         | 80 |

E. Summary of Care-Related Assets

|    | 1<br>Reference                                                                                                                    | 2<br>Amount |    |
|----|-----------------------------------------------------------------------------------------------------------------------------------|-------------|----|
| 81 | Total Historical Cost<br>(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable) | \$1,750,365 | 81 |
| 82 | Current Book Depreciation<br>(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)             | \$12,070    | 82 |
| 83 | Straight Line Depreciation<br>(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)            | \$134,742   | 83 |
| 84 | Adjustments<br>(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)                           | \$122,672   | 84 |
| 85 | Accumulated Depreciation<br>(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)              | \$607,548   | 85 |

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

|    | 1<br>Description & Year Acquired | 2<br>Cost | Current Book<br>Depreciation 3 | Accumulated<br>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         | \$5,423 | 92 |
| 93 |             |         | 93 |
| 94 |             |         | 94 |
| 95 |             | \$5,423 | 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. ☒ YES ☐ NO

|   |                                            | 1<br>Year<br>Constructed | 2<br>Number<br>of Beds | 3<br>Original<br>Lease Date | 4<br>Rental<br>Amount | 5<br>Total Years<br>of Lease | 6<br>Total Years<br>Renewal Option* |   |
|---|--------------------------------------------|--------------------------|------------------------|-----------------------------|-----------------------|------------------------------|-------------------------------------|---|
| 3 | Original Building:                         |                          |                        | 11/1/2015                   | \$ 242,712            |                              |                                     | 3 |
| 4 | Additions                                  |                          |                        |                             |                       |                              |                                     | 4 |
| 5 | Allocated from Maestro Consulting Services |                          |                        |                             | 1,582                 |                              |                                     | 5 |
| 6 |                                            |                          |                        |                             |                       |                              |                                     | 6 |
| 7 | TOTAL                                      |                          |                        |                             | \$ 244,294            |                              |                                     | 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 N/A.

9. Option to Buy: ☐ YES ☐ NO
- Terms: \_\_\_\_\_ \*

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

15. Is Movable equipment rental included in building rental? ☐ YES ☒ NO
16. Rental Amount for movable equipment: \$ 89,235
- Description: See Attached Schedule 14A
- (Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

|    | 1<br>Use                                   | 2<br>Model Year<br>and Make | 3<br>Monthly Lease<br>Payment | 4<br>Rental Expense<br>for this Period |    |
|----|--------------------------------------------|-----------------------------|-------------------------------|----------------------------------------|----|
| 17 | Allocated from Maestro Consulting Services |                             | \$                            | \$ 2,622                               | 17 |
| 18 |                                            |                             |                               |                                        | 18 |
| 19 |                                            |                             |                               |                                        | 19 |
| 20 |                                            |                             |                               |                                        | 20 |
| 21 | TOTAL                                      |                             | \$                            | \$ 2,622                               | 21 |

10. Effective dates of current rental agreement:

Beginning 11/1/2015

Ending 10/31/2030

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

|     | Fiscal Year Ending | Annual Rent       |
|-----|--------------------|-------------------|
| 12. | <u>12/31/2021</u>  | \$ <u>225,170</u> |
| 13. | <u>12/31/2022</u>  | \$ <u>229,673</u> |
| 14. | <u>12/31/2023</u>  | \$ <u>234,267</u> |

\* 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 at the Tillers

IDPH License ID Number:

0054015

Fiscal Year End:

12/31/2020

Schedule 14A

XIV. Rental Costs

Line 16 Rental Amount for Moveable Equipment

| Rental Description | Amount  |
|--------------------|---------|
| Medical Equipment  | 31,170  |
| Nursing Equipment  | 6,267   |
| Building Equipment | 6,760   |
| Office Equipment   | 43,577  |
| Integra Allocation | (3,097) |
| Maestro Allocation | 4,558   |
| Total - Line 16    | 89,235  |



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.

| XIV. SPECIAL SERVICES (Direct Cost) (See instructions.) |                                                                                |                                          |                     |      |                                                 |            |                                      |                               |                                |    |
|---------------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------|---------------------|------|-------------------------------------------------|------------|--------------------------------------|-------------------------------|--------------------------------|----|
|                                                         | Service                                                                        | Schedule V<br>Line & Column<br>Reference | 2                   | 3    | 4                                               |            | 5                                    | 6                             | 7                              | 8  |
|                                                         |                                                                                |                                          | Units of<br>Service | Cost | Outside Practitioner<br>(other than consultant) |            | Supplies<br>(Actual or<br>Allocated) | Total Units<br>(Column 2 + 4) | Total Cost<br>(Col. 3 + 5 + 6) |    |
|                                                         |                                                                                |                                          |                     |      | Units                                           | Cost       |                                      |                               |                                |    |
| 1                                                       | Licensed Occupational Therapist                                                | 39(3)                                    | hrs                 | \$   | 4,257                                           | \$ 306,503 | \$                                   | 4,257                         | \$ 306,503                     | 1  |
| 2                                                       | Licensed Speech and Language<br>Development Therapist                          | 39(3)                                    | hrs                 |      | 1,570                                           | 113,042    |                                      | 1,570                         | 113,042                        | 2  |
| 3                                                       | Licensed Recreational Therapist                                                |                                          | hrs                 |      |                                                 |            |                                      |                               |                                | 3  |
| 4                                                       | Licensed Physical Therapist                                                    | 39(3)                                    | hrs                 |      | 5,563                                           | 400,548    |                                      | 5,563                         | 400,548                        | 4  |
| 5                                                       | Physician Care                                                                 |                                          | visits              |      |                                                 |            |                                      |                               |                                | 5  |
| 6                                                       | Dental Care                                                                    |                                          | visits              |      |                                                 |            |                                      |                               |                                | 6  |
| 7                                                       | Work Related Program                                                           |                                          | hrs                 |      |                                                 |            |                                      |                               |                                | 7  |
| 8                                                       | Habilitation                                                                   |                                          | hrs                 |      |                                                 |            |                                      |                               |                                | 8  |
| 9                                                       | Pharmacy                                                                       | 39(3&7)                                  | # of<br>prescripts  |      |                                                 |            | 155,858                              |                               | 155,858                        | 9  |
| 10                                                      | Psychological Services<br>(Evaluation and Diagnosis/<br>Behavior Modification) |                                          | hrs                 |      |                                                 |            |                                      |                               |                                | 10 |
| 11                                                      | Academic Education                                                             |                                          | hrs                 |      |                                                 |            |                                      |                               |                                | 11 |
| 12                                                      | Other (specify): Oxygen                                                        | 39(3&7)                                  |                     |      |                                                 |            | 7,968                                |                               | 7,968                          | 12 |
| 13                                                      | Other (specify): See Sch. 16A                                                  | 39(3)                                    |                     |      | 1,420                                           | 102,283    |                                      | 1,420                         | 102,283                        | 13 |
| 14                                                      | TOTAL                                                                          |                                          |                     | \$   | 12,811                                          | \$ 922,376 | \$ 163,826                           | 12,811                        | \$ 1,086,202                   | 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: Symphony at the Tillers  
IDPH License ID Number: 0054015  
Fiscal Year End: 12/31/2020

Schedule 16A

XIV. Rental Costs

Line 13 Other Special Services

| Rental Description                    | Amount  |
|---------------------------------------|---------|
| I.V. Therapy Costs-Medicaid           | 879     |
| I.V. Therapy Costs-Medicare A         | 29,679  |
| I.V. Therapy Costs-Managed Care       | 9,985   |
| I.V. Therapy Costs-Private            | 850     |
| Other Ancillary Costs-Medicare A      | 296     |
| Inhalation Therapy Costs-Medicaid     | 16,113  |
| Inhalation Therapy Costs-Medicare A   | 25,071  |
| Inhalation Therapy Costs-Managed Care | 10,935  |
| Inhalation Therapy Costs-Private      | 8,466   |
| EKG Costs - Medicare A                | 9       |
| Total - Line 16                       | 102,283 |

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

|    |                                                                           | 1             | 2                    |    |
|----|---------------------------------------------------------------------------|---------------|----------------------|----|
|    |                                                                           | Operating     | After Consolidation* |    |
|    | <b>A. Current Assets</b>                                                  |               |                      |    |
| 1  | Cash on Hand and in Banks                                                 | \$ 6,045      | \$ 6,045             | 1  |
| 2  | Cash-Patient Deposits                                                     | 7,074         | 7,074                | 2  |
| 3  | Accounts & Short-Term Notes Receivable-Patients (less allowance 573,004 ) | 869,696       | 869,696              | 3  |
| 4  | Supply Inventory (priced at )                                             | -             | -                    | 4  |
| 5  | Short-Term Investments                                                    | -             | -                    | 5  |
| 6  | Prepaid Insurance                                                         | (45,263)      | (45,263)             | 6  |
| 7  | Other Prepaid Expenses                                                    | 246,426       | 246,426              | 7  |
| 8  | Accounts Receivable (owners or related parties)                           | -             | -                    | 8  |
| 9  | Other(specify): See Sch 17A                                               | 2,192         | 2,192                | 9  |
| 10 | <b>TOTAL Current Assets</b><br>(sum of lines 1 thru 9)                    | \$ 1,086,170  | \$ 1,086,170         | 10 |
|    | <b>B. Long-Term Assets</b>                                                |               |                      |    |
| 11 | Long-Term Notes Receivable                                                | -             | -                    | 11 |
| 12 | Long-Term Investments                                                     | -             | -                    | 12 |
| 13 | Land                                                                      | -             | 3,742                | 13 |
| 14 | Buildings, at Historical Cost                                             | -             | 33,682               | 14 |
| 15 | Leasehold Improvements, at Historical Cost                                | 129,945       | 773,086              | 15 |
| 16 | Equipment, at Historical Cost                                             | 30,533        | 939,855              | 16 |
| 17 | Accumulated Depreciation (book methods)                                   | (15,759)      | (607,548)            | 17 |
| 18 | Deferred Charges                                                          | -             | -                    | 18 |
| 19 | Organization & Pre-Operating Costs                                        | -             | -                    | 19 |
| 20 | Accumulated Amortization - Organization & Pre-Operating Costs             | -             | -                    | 20 |
| 21 | Restricted Funds                                                          | -             | -                    | 21 |
| 22 | Other Long-Term Assets (specify)                                          | -             | -                    | 22 |
| 23 | Other(specify): See Sch 17A                                               | 9,468,930     | 9,468,930            | 23 |
| 24 | <b>TOTAL Long-Term Assets</b><br>(sum of lines 11 thru 23)                | \$ 9,613,649  | \$ 10,611,747        | 24 |
| 25 | <b>TOTAL ASSETS</b><br>(sum of lines 10 and 24)                           | \$ 10,699,819 | \$ 11,697,917        | 25 |

|    |                                                                 | 1             | 2                    |    |
|----|-----------------------------------------------------------------|---------------|----------------------|----|
|    |                                                                 | Operating     | After Consolidation* |    |
|    | <b>C. Current Liabilities</b>                                   |               |                      |    |
| 26 | Accounts Payable                                                | \$ 1,400,422  | \$ 1,400,422         | 26 |
| 27 | Officer's Accounts Payable                                      | -             | -                    | 27 |
| 28 | Accounts Payable-Patient Deposits                               | 7,074         | 7,074                | 28 |
| 29 | Short-Term Notes Payable                                        | -             | -                    | 29 |
| 30 | Accrued Salaries Payable                                        | 238,426       | 238,426              | 30 |
| 31 | Accrued Taxes Payable<br>(excluding real estate taxes)          | 149,949       | 149,949              | 31 |
| 32 | Accrued Real Estate Taxes(Sch.IX-B)                             | 123,272       | 123,272              | 32 |
| 33 | Accrued Interest Payable                                        | -             | -                    | 33 |
| 34 | Deferred Compensation                                           | -             | -                    | 34 |
| 35 | Federal and State Income Taxes                                  | -             | -                    | 35 |
|    | <b>Other Current Liabilities(specify):</b>                      |               |                      |    |
| 36 | See Sch 17A                                                     | 1,504,017     | 1,504,017            | 36 |
| 37 |                                                                 | -             | -                    | 37 |
| 38 | <b>TOTAL Current Liabilities</b><br>(sum of lines 26 thru 37)   | \$ 3,423,160  | \$ 3,423,160         | 38 |
|    | <b>D. Long-Term Liabilities</b>                                 |               |                      |    |
| 39 | Long-Term Notes Payable                                         | 1,183,381     | 1,183,381            | 39 |
| 40 | Mortgage Payable                                                | -             | -                    | 40 |
| 41 | Bonds Payable                                                   | -             | -                    | 41 |
| 42 | Deferred Compensation                                           | -             | -                    | 42 |
|    | <b>Other Long-Term Liabilities(specify):</b>                    |               |                      |    |
| 43 |                                                                 | -             | -                    | 43 |
| 44 |                                                                 | -             | -                    | 44 |
| 45 | <b>TOTAL Long-Term Liabilities</b><br>(sum of lines 39 thru 44) | \$ 1,183,381  | \$ 1,183,381         | 45 |
| 46 | <b>TOTAL LIABILITIES</b><br>(sum of lines 38 and 45)            | \$ 4,606,541  | \$ 4,606,541         | 46 |
| 47 | <b>TOTAL EQUITY</b> (page 18, line 24)                          | \$ 6,093,278  | \$ 7,091,376         | 47 |
| 48 | <b>TOTAL LIABILITIES AND EQUITY</b><br>(sum of lines 46 and 47) | \$ 10,699,819 | \$ 11,697,917        | 48 |

\*(See instructions.)

Facility Name: Symphony at the Tillers  
IDPH License ID Number: 0054015  
Fiscal Year End: 12/31/2020

Schedule 17A

XV. Balance Sheet  
Line 9 Current Assets Other (specify):

| Description                          | Operating | After Consolidation |
|--------------------------------------|-----------|---------------------|
| Accounts Receivable - Employee Loans | 2,192     | 2,192               |
| Total - Line 9                       | 2,192     | 2,192               |

XV. Balance Sheet  
Line 23 Long-Term Assets Other (specify):

| Description                                       | Operating    | After Consolidation |
|---------------------------------------------------|--------------|---------------------|
| Fixed Assets - Construction in Process            | 5,423.00     | 5,423.00            |
| Other Assets - Security Deposits                  | 1,270.00     | 1,270.00            |
| CSA I/C Related/Party Due To/From Accts           | 3,704,480.00 | 3,704,480.00        |
| Due To/From - Aria LLC                            | 4,277.00     | 4,277.00            |
| Due To/From - Buffalo Grove LLC                   | 1,040.00     | 1,040.00            |
| Due To/From - Crestwood LLC                       | 199,197.00   | 199,197.00          |
| Due To/From - Decatur                             | (333.00)     | (333.00)            |
| Due To/From - Deerbrook LLC                       | (3,588.00)   | (3,588.00)          |
| Due To/From - Hanover Park                        | (235.00)     | (235.00)            |
| Due To/From - McKinley LLC                        | 50,000.00    | 50,000.00           |
| Due To/From - Sycamore LLC                        | 40,000.00    | 40,000.00           |
| Due To/From - California Gardens Nursing and Reha | 588.00       | 588.00              |
| Due To/From - Orchard Valley                      | 13,697.00    | 13,697.00           |
| Due To/From - Chesterton LLC                      | 50,000.00    | 50,000.00           |
| Due To/From - Symphony Healthcare                 | 2,351,680.00 | 2,351,680.00        |
| Due To/From - Symcare Healthcare                  | 1,484,023.00 | 1,484,023.00        |
| Due To/From - Symcare ML                          | (101,867.00) | (101,867.00)        |
| Due To/From - Oswego Landholdings                 | 784,934.00   | 784,934.00          |
| Due To/From - Aria - OLD                          | 288,157.00   | 288,157.00          |
| Due To/From - Symphony Financial Services         | 167,500.00   | 167,500.00          |
| Due To/From - SymProp                             | 6,732.00     | 6,732.00            |
| Accrued Payable - Dental Insurance                | 1,981.00     | 1,981.00            |
| Accrued Payables - Vision Insurance               | 258.00       | 258.00              |
| Accrued Payables - Payroll Union Dues             | 35.00        | 35.00               |
| Accrued Payables - Garnishments                   | 3,853.00     | 3,853.00            |
| Employee Purchases                                | (27.00)      | (27.00)             |
| Accrued Payables - Bed Taxes                      | 28,971.00    | 28,971.00           |
| Accrued Payables - Management Fees                | 177,857.00   | 177,857.00          |
| Accrued Payables - Short Term Disability          | 21,088.00    | 21,088.00           |
| Accrued Payables - Rent                           | 5,784.00     | 5,784.00            |
| Sales Tax Payable - Manual                        | 1,038.00     | 1,038.00            |
| Deferred Income                                   | 168,279.00   | 168,279.00          |
| Lease Holds Payable                               | 12,838.00    | 12,838.00           |
| Total - Line 23                                   | 9,468,930    | 9,468,930           |

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

| Description                                  | Operating | After Consolidation |
|----------------------------------------------|-----------|---------------------|
| Clearing Account                             | 1,004     | 1,004               |
| Due To/From - Evanston Healthcare LLC        | 357,500   | 357,500             |
| Due To/From - Jackson Square LLC             | 768       | 768                 |
| Due To/From - Maple Crest LLC                | 12,429    | 12,429              |
| Due To/From - Northwoods LLC                 | 1,089     | 1,089               |
| Due To/From - Symphony of Cal Gardens        | 284       | 284                 |
| Due To/From - Symphony Financial Services    | 1,937     | 1,937               |
| Due To/From - Symcare HMG                    | 385,000   | 385,000             |
| Due To/From - Symdiana Healthcare            | 112,500   | 112,500             |
| Due To/From - Maestro                        | 171,103   | 171,103             |
| Accrued Payables                             | 47,444    | 47,444              |
| Accrued Payables - Professional Fees         | 26,717    | 26,717              |
| Accrued Payables - Health Insurance          | 7,792     | 7,792               |
| Accrued Payables - Life Insurance            | 24,656    | 24,656              |
| Accrued Payables - 401K Deductions           | 3,629     | 3,629               |
| Accrued Payables - 401K Loan Repayments      | 1,281     | 1,281               |
| Accrued Payables - Heart and Soul Foundation | 77        | 77                  |
| Fringe Benefits - Flow Through               | 685       | 685                 |
| Accrued Payables - WC/GL Insurance           | 301,050   | 301,050             |
| Accrued Payables - Bed Taxes Add'l           | 7,139     | 7,139               |
| Accrued Payables - Interest                  | 1,016     | 1,016               |
| Accrued Payables - Sales Tax                 | 693       | 693                 |
| Deferred Rent                                | 38,224    | 38,224              |
| Total - Line 36                              | 1,504,017 | 1,504,017           |

XVI. STATEMENT OF CHANGES IN EQUITY

|    |                                                              | 1<br>Total   |      |
|----|--------------------------------------------------------------|--------------|------|
| 1  | Balance at Beginning of Year, as Previously Reported         | \$ 4,905,444 | 1    |
| 2  | Restatements (describe):                                     |              | 2    |
| 3  |                                                              |              | 3    |
| 4  |                                                              |              | 4    |
| 5  |                                                              |              | 5    |
| 6  | Balance at Beginning of Year, as Restated (sum of lines 1-5) | \$ 4,905,444 | 6    |
|    | A. Additions (deductions):                                   |              |      |
| 7  | NET Income (Loss) (from page 19, line 43)                    | 1,187,834    | 7    |
| 8  | Aquisitions of Pooled Companies                              |              | 8    |
| 9  | Proceeds from Sale of Stock                                  |              | 9    |
| 10 | Stock Options Exercised                                      |              | 10   |
| 11 | Contributions and Grants                                     |              | 11   |
| 12 | Expenditures for Specific Purposes                           |              | 12   |
| 13 | Dividends Paid or Other Distributions to Owners              | ( )          | 13   |
| 14 | Donated Property, Plant, and Equipment                       |              | 14   |
| 15 | Other (describe)                                             |              | 15   |
| 16 | Other (describe)                                             |              | 16   |
| 17 | TOTAL Additions (deductions) (sum of lines 7-16)             | \$ 1,187,834 | 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)            | \$ 6,093,278 | 24 * |

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

Facility Name & ID Number Symphony at the Tillers# 0054015Report Period Beginning: 1/1/2020Ending: 12/31/2020

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

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

1

|     | I. Revenue                                                | Amount       |     |
|-----|-----------------------------------------------------------|--------------|-----|
|     | <b>A. Inpatient Care</b>                                  |              |     |
| 1   | Gross Revenue -- All Levels of Care                       | \$ 8,378,222 | 1   |
| 2   | Discounts and Allowances for all Levels                   | (1,779,643)  | 2   |
| 3   | <b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>      | \$ 6,598,579 | 3   |
|     | <b>B. Ancillary Revenue</b>                               |              |     |
| 4   | Day Care                                                  | -            | 4   |
| 5   | Other Care for Outpatients                                | -            | 5   |
| 6   | Therapy                                                   | 1,706,357    | 6   |
| 7   | Oxygen                                                    | -            | 7   |
| 8   | <b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>        | \$ 1,706,357 | 8   |
|     | <b>C. Other Operating Revenue</b>                         |              |     |
| 9   | Payments for Education                                    | -            | 9   |
| 10  | Other Government Grants                                   | 1,049,758    | 10  |
| 11  | CNA Training Reimbursements                               | -            | 11  |
| 12  | Gift and Coffee Shop                                      | (6,326)      | 12  |
| 13  | Barber and Beauty Care                                    | -            | 13  |
| 14  | Non-Patient Meals                                         | (16,412)     | 14  |
| 15  | Telephone, Television and Radio                           | -            | 15  |
| 16  | Rental of Facility Space                                  | -            | 16  |
| 17  | Sale of Drugs                                             | 237,142      | 17  |
| 18  | Sale of Supplies to Non-Patients                          | -            | 18  |
| 19  | Laboratory                                                | 82,285       | 19  |
| 20  | Radiology and X-Ray                                       | 23,974       | 20  |
| 21  | Other Medical Services                                    | (13,027)     | 21  |
| 22  | Laundry                                                   | -            | 22  |
| 23  | <b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b> | \$ 1,357,394 | 23  |
|     | <b>D. Non-Operating Revenue</b>                           |              |     |
| 24  | Contributions                                             | -            | 24  |
| 25  | Interest and Other Investment Income***                   | 211          | 25  |
| 26  | <b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>   | \$ 211       | 26  |
|     | <b>E. Other Revenue (specify):****</b>                    |              |     |
| 27  | <b>Settlement Income (Insurance, Legal, Etc.)</b>         |              | 27  |
| 28  | <u>Other Income</u>                                       | 13,320       | 28  |
| 28a |                                                           | -            | 28a |
| 29  | <b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>      | \$ 13,320    | 29  |
| 30  | <b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>   | \$ 9,675,861 | 30  |

2

|    | II. Expenses                                                   | Amount       |    |
|----|----------------------------------------------------------------|--------------|----|
|    | <b>A. Operating Expenses</b>                                   |              |    |
| 31 | General Services                                               | 1,056,061    | 31 |
| 32 | Health Care                                                    | 3,146,229    | 32 |
| 33 | General Administration                                         | 2,194,232    | 33 |
|    | <b>B. Capital Expense</b>                                      |              |    |
| 34 | Ownership                                                      | 472,158      | 34 |
|    | <b>C. Ancillary Expense</b>                                    |              |    |
| 35 | Special Cost Centers                                           | 1,451,194    | 35 |
| 36 | Provider Participation Fee                                     | 168,153      | 36 |
|    | <b>D. Other Expenses (specify):</b>                            |              |    |
| 37 |                                                                |              | 37 |
| 38 |                                                                |              | 38 |
| 39 |                                                                |              | 39 |
| 40 | <b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>               | \$ 8,488,027 | 40 |
| 41 | <b>Income before Income Taxes (line 30 minus line 40)**</b>    | 1,187,834    | 41 |
| 42 | <b>Income Taxes</b>                                            |              | 42 |
| 43 | <b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b> | \$ 1,187,834 | 43 |

|    | III. Net Inpatient Revenue detailed by Payer Source                   |              |    |
|----|-----------------------------------------------------------------------|--------------|----|
| 44 | Medicaid - Net Inpatient Revenue                                      | \$ 2,101,619 | 44 |
| 45 | Private Pay - Net Inpatient Revenue                                   | 1,482,837    | 45 |
| 46 | Medicare - Net Inpatient Revenue                                      | 2,316,512    | 46 |
| 47 | Other-(specify) <u>Hospice</u>                                        | 258,380      | 47 |
| 48 | Other-(specify) <u>Managed Care</u>                                   | 439,231      | 48 |
| 49 | <b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b> | \$ 6,598,579 | 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.<br>Actually<br>Worked | # of Hrs.<br>Paid and<br>Accrued | Reporting Period<br>Total Salaries,<br>Wages | Average<br>Hourly<br>Wage |    |
| 1  | Director of Nursing                             | 1,951                           | 2,087                            | \$ 132,195                                   | \$ 63.34                  | 1  |
| 2  | Assistant Director of Nursing                   | 272                             | 280                              | 10,166                                       | 36.31                     | 2  |
| 3  | Registered Nurses                               | 24,974                          | 26,400                           | 903,269                                      | 34.21                     | 3  |
| 4  | Licensed Practical Nurses                       | 15,273                          | 17,083                           | 519,416                                      | 30.41                     | 4  |
| 5  | CNAs & Orderlies                                | 46,613                          | 53,983                           | 983,247                                      | 18.21                     | 5  |
| 6  | CNA Trainees                                    |                                 |                                  |                                              |                           | 6  |
| 7  | Licensed Therapist                              |                                 |                                  |                                              |                           | 7  |
| 8  | Rehab/Therapy Aides                             |                                 |                                  |                                              |                           | 8  |
| 9  | Activity Director                               | 1,760                           | 2,080                            | 38,491                                       | 18.51                     | 9  |
| 10 | Activity Assistants                             | 2,221                           | 2,729                            | 32,282                                       | 11.83                     | 10 |
| 11 | Social Service Workers                          | 3,688                           | 4,068                            | 97,279                                       | 23.91                     | 11 |
| 12 | Dietician                                       |                                 |                                  |                                              |                           | 12 |
| 13 | Food Service Supervisor                         | 1,904                           | 1,990                            | 65,278                                       | 32.80                     | 13 |
| 14 | Head Cook                                       |                                 |                                  |                                              |                           | 14 |
| 15 | Cook Helpers/Assistants                         | 5,624                           | 6,278                            | 111,089                                      | 17.70                     | 15 |
| 16 | Dishwashers                                     | 9,486                           | 10,157                           | 120,821                                      | 11.90                     | 16 |
| 17 | Maintenance Workers                             | 2,855                           | 3,024                            | 76,522                                       | 25.30                     | 17 |
| 18 | Housekeepers                                    | 3,084                           | 3,351                            | 37,700                                       | 11.25                     | 18 |
| 19 | Laundry                                         | 599                             | 749                              | 10,464                                       | 13.97                     | 19 |
| 20 | Administrator                                   | 1,992                           | 2,080                            | 125,447                                      | 60.31                     | 20 |
| 21 | Assistant Administrator                         |                                 |                                  |                                              |                           | 21 |
| 22 | Other Administrative                            |                                 |                                  |                                              |                           | 22 |
| 23 | Office Manager                                  | 1,836                           | 2,080                            | 42,382                                       | 20.38                     | 23 |
| 24 | Clerical                                        | 7,359                           | 5,332                            | 112,852                                      | 21.16                     | 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                                 | 3,513                           | 4,115                            | 48,461                                       | 11.78                     | 31 |
| 32 | Other Health Care <a href="#">see SCH 20A</a>   | 5,485                           | 5,900                            | 217,587                                      | 36.88                     | 32 |
| 33 | Other(specify) <a href="#">Admissions Coord</a> | 3,552                           | 2,284                            | 106,972                                      | 46.83                     | 33 |
| 34 | TOTAL (lines 1 - 33)                            | 144,041                         | 156,052                          | \$ 3,791,920 *                               | \$ 24.30                  | 34 |

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

\*\* See instructions.

**B. CONSULTANT SERVICES**

|    |                                 | 1                                      | 2                                                   | 3                                           |    |
|----|---------------------------------|----------------------------------------|-----------------------------------------------------|---------------------------------------------|----|
|    |                                 | Number<br>of Hrs.<br>Paid &<br>Accrued | Total Consultant<br>Cost for<br>Reporting<br>Period | Schedule V<br>Line &<br>Column<br>Reference |    |
| 35 | Dietary Consultant              | Monthly                                | \$ 24,860                                           | L1, C3                                      | 35 |
| 36 | Medical Director                | Monthly                                | 46,800                                              | L9, C3                                      | 36 |
| 37 | Medical Records Consultant      |                                        |                                                     |                                             | 37 |
| 38 | Nurse Consultant                | Monthly                                | 71                                                  | L10, C7                                     | 38 |
| 39 | Pharmacist Consultant           | Monthly                                | 6,487                                               | L10, C3                                     | 39 |
| 40 | Physical Therapy Consultant     |                                        |                                                     |                                             | 40 |
| 41 | Occupational Therapy Consultant |                                        |                                                     |                                             | 41 |
| 42 | Respiratory Therapy Consultant  | Monthly                                | 36,943                                              | L39, C3                                     | 42 |
| 43 | Speech Therapy Consultant       |                                        |                                                     |                                             | 43 |
| 44 | Activity Consultant             |                                        |                                                     |                                             | 44 |
| 45 | Social Service Consultant       |                                        |                                                     |                                             | 45 |
| 46 | Other(specify)                  |                                        |                                                     |                                             | 46 |
| 47 |                                 |                                        |                                                     |                                             | 47 |
| 48 |                                 |                                        |                                                     |                                             | 48 |
| 49 | TOTAL (lines 35 - 48)           |                                        | \$ 115,161                                          |                                             | 49 |

**C. CONTRACT NURSES**

|    |                                  | 1                                      | 2                          | 3                                           |    |
|----|----------------------------------|----------------------------------------|----------------------------|---------------------------------------------|----|
|    |                                  | Number<br>of Hrs.<br>Paid &<br>Accrued | Total<br>Contract<br>Wages | Schedule V<br>Line &<br>Column<br>Reference |    |
| 50 | Registered Nurses                | N/A                                    | \$                         |                                             | 50 |
| 51 | Licensed Practical Nurses        |                                        |                            |                                             | 51 |
| 52 | Certified Nurse Assistants/Aides |                                        |                            |                                             | 52 |
| 53 | TOTAL (lines 50 - 52)            |                                        | \$                         |                                             | 53 |



Facility Name: Symphony at the Tillers  
IDPH License ID Number: 0054015  
Fiscal Year End: 12/31/2020

Schedule 20A

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

| Description                                  | # of Hrs.<br>Actually<br>Worked | # of Hrs.<br>Paid and<br>Accrued | Total Salaries | Average<br>Hourly<br>Wage |
|----------------------------------------------|---------------------------------|----------------------------------|----------------|---------------------------|
|                                              |                                 |                                  |                |                           |
| MDS Coordinator                              | 3,629                           | 3,820                            | 153,694        | \$ 40.23                  |
| Human Resource Director                      | 1,856                           | 2,080                            | 63,893         | \$ 30.72                  |
|                                              |                                 |                                  |                |                           |
| Total - Line 32 Other Health Care (specify): | 5,485                           | 5,900                            | 217,587        |                           |



Facility Name: Symphony at the Tillers  
IDPH License ID Number: 0054015  
Fiscal Year End: 12/31/2020

Schedule 21C

XIX. SUPPORT SCHEDULES  
C. Professional Services

| Vendor                                                  | Type                                      | Amount  |
|---------------------------------------------------------|-------------------------------------------|---------|
| ABILITY CHOICE                                          | Secure Exchange Managed Services          | (47)    |
| Allscripts LLC                                          | Referral System                           | 2,521   |
| Alteryx, Inc.                                           | Data Analytics                            | 989     |
| apploi-applicant tracing system                         | apploi-applicant tracking system          | 76      |
| AT&T                                                    | Internet                                  | 1,251   |
| CATS- APPLICANT TRACKING SYSTEM                         | Applicant Tracking System                 | 404     |
| CDW                                                     | IT Support                                | 828     |
| Cisco Systems Capital Corp.                             | high-technology services                  | 1,223   |
| Comcast Cable                                           | Internet and cable                        | 26,244  |
| Creative Technology Solutions                           | IT Support                                | 3,036   |
| Darktrace Limited                                       | Cyber Security                            | 1,525   |
| Data Robot-Cloud Professional                           | Data Storage                              | 1,100   |
| Direct Supply Inc.                                      |                                           | 963     |
| EMMI Solutions                                          | Data Analytics                            | (180)   |
| Enquire Solutions LLC                                   | Marketing solution                        | 546     |
| ENTERPRISE IMMUNE SYSTEM                                | Immune System tracker                     | 106     |
| enVista, LLC                                            | IT Support                                | 397     |
| FORMATION HEALTHCARE                                    | Monthly Subscription Fee                  | 579     |
| Health Data Systems Inc                                 | Programming                               | 3,612   |
| Intellicomp Technologies Inc.                           | IT Support                                | 23,531  |
| IntelliLogix                                            | IT Support                                | 185     |
| KRONOS SUPPORT SERVICES                                 | Payroll service                           | 5,756   |
| Managed Care Group LLC                                  | IT Support                                | 7,100   |
| Microsoft Corp                                          | Computer service                          | 2,941   |
| Navigator Group Purchasing, In                          | Data Analytics                            | 149     |
| Nexuscomm, LLC                                          | Phone/fax service                         | 7,943   |
| PatientPing, Inc.                                       | Care Collaboration                        | 7,097   |
| Pay access                                              | Payroll                                   | 75      |
| Petty Cash - Claremont                                  | Phone                                     | 40      |
| PointClickCare Technologies Inc.                        | Cloud based software and services         | 29,157  |
| PRIME CARE TECHNOLOGIES                                 | PBJ Reporting Module Access Fee           | 2,520   |
| Reputation.com, Inc.                                    | Online Reputation Management              | 511     |
| Reside Admissions LLC                                   | Admission Process Consulting              | 2,527   |
| Scott Norton                                            | HR Services                               | 215     |
| Sprout Social Inc.                                      | Social Media Management                   | 1,209   |
| Striv Technologies LLC dba Striv360                     | IT Support                                | 2,400   |
| Team TSI Corporation                                    | Collection                                | 2,503   |
| Telemedicine Solutions, LLC                             | Wound Rounds Care                         | 6,234   |
| Third Eye Health Inc.                                   | Data Analytics                            | 4,523   |
| Wencel                                                  | Branding                                  | 4,853   |
| RSM                                                     | Accounting                                | 56,556  |
| Dane M Chetkovich                                       | Legal-Logan case                          | 9,188   |
| MKB                                                     | Legal Counsel                             | 30,879  |
| Stone, Pogrund & Korey LLC                              | Collection, guardianship etc              | 3,374   |
| Achieve Accreditation                                   | Accreditation                             | 9,015   |
| ADP, LLC                                                | Payroll service                           | 841     |
| Advanced Care Medical Specialist                        | Infectious Disease Consult                | 406     |
| Corporation Service Company                             | Annual Filing                             | 2,081   |
| Language Line Services                                  | Language lesson                           | 1,200   |
| MTS Consulting, LLC                                     | Tax Consulting                            | 1,961   |
| National Datacare Corporation                           | trust service charge                      | 1,943   |
| Personnel Planners, Inc                                 | Qtrly Unemployment Claims                 | 2,150   |
| SB2                                                     | Legal Fees -appeal Medicaid/Medicare clis | 2,711   |
| Transworld Systems Inc                                  | Collection                                | 155     |
| Total (agree to Schedule V, line 19, column 3)          |                                           | 279,099 |
| Allocated from Management Company Legal Fees            |                                           |         |
| Allocated from Management Company Professional Services |                                           | 18,553  |
| Less: Non-Allowable Legal Fees                          |                                           | (6,085) |
| Less: Non-Allowable Branding & Marketing                |                                           | (5,399) |
| Total (agree to Schedule V, line 19, column 8)          |                                           | 286,168 |

XX. GENERAL INFORMATION:

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

(2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. Health Care Council of Illinois \$13,947

(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? \_\_\_\_\_

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 5 Line 10

(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 \_\_\_\_\_ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 168,153  
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? N/A  
g. Does the facility transport residents to and from day training? No  
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A

(17) Has an audit been performed by an independent certified public accounting firm? 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.