

		FOR BHF USE					

LL1

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

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

I. IDPH License ID Number: <u>0055665</u>		II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER	
Facility Name: <u>SYMPHONY ENCORE (California Gardens)</u>		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. Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.	
Address: <u>2829 S California Bv</u> <u>Chicago</u> <u>60608</u>			
Number City Zip Code			
County: <u>Cook</u>			
Telephone Number: <u>(773) 847-8061</u> Fax # <u>(773) 847-1603</u>			
HFS ID Number: _____			
Date of Initial License for Current Owners: <u>7/1/1994</u>			
Type of Ownership:			
☐ VOLUNTARY, NON-PROFIT			
☐ Charitable Corp.			
☐ Trust			
IRS Exemption Code _____			
☒ PROPRIETARY			
☐ Individual			
☐ Partnership			
☐ Corporation			
☐ "Sub-S" Corp.			
☒ Limited Liability Co.			
☐ Trust			
☐ Other _____			
In the event there are further questions about this report, please contact:			
Name: <u>Amanda Springborn</u>			
Telephone Number: <u>(314) 925-3838</u>			
Email Address: _____			
		Officer or Administrator of Provider	
		(Signed) _____ (Date) _____	
		(Type or Print Name) _____	
		(Title) _____	
		(Signed) _____ (Date) _____	
		Paid Preparer	
		(Print Name and Title) _____	
		(Firm Name & Address) <u>RSM US LLP</u> <u>20 N. Martingale Road, Ste. 500 Schaumburg, IL 60173</u>	
		(Telephone) <u>(847) 517-7070</u> Fax # (847)517-7067	
		MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630	

Facility Name & ID Number SYMPHONY ENCORE (California Gardens) # 0055665 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>297</u>	Skilled (SNF)	<u>297</u>	<u>108,702</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>297</u>	TOTALS	<u>297</u>	<u>108,702</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>51,261</u>	<u>366</u>	<u>41,315</u>	<u>92,942</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>51,261</u>	<u>366</u>	<u>41,315</u>	<u>92,942</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 85.50%

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 07/01/2014

J. Was the facility purchased or leased after January 1, 1978?
YES ☒ Date 07/01/2014 NO ☐

K. Was the facility certified for Medicare during the reporting year?
YES ☒ NO ☐ If YES, enter number of beds certified 297 and days of care provided 1,418

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

MODIFIED

ACCRUAL ☒ 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.

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY	
		Salary/Wage	Supplies	Other	Total					9	10
	A. General Services	1	2	3	4	5	6	7	8		
1	Dietary	433,911	53,734	36,319	523,964		523,964	1,341	525,305		1
2	Food Purchase		486,265		486,265		486,265		486,265		2
3	Housekeeping	41,191	15,870	743,581	800,642		800,642		800,642		3
4	Laundry	-	35,165	3,295	38,460		38,460		38,460		4
5	Heat and Other Utilities			285,392	285,392		285,392	2,492	287,884		5
6	Maintenance	333,912	-	146,689	480,601		480,601	4,795	485,396		6
7	Other (specify):* Mgmt Alloc of Benefi	-	-	-				356	356		7
8	TOTAL General Services	809,014	591,034	1,215,276	2,615,324		2,615,324	8,984	2,624,308		8
	B. Health Care and Programs										
9	Medical Director	-	-	36,000	36,000		36,000		36,000		9
10	Nursing and Medical Records	6,003,373	204,343	47,945	6,255,661		6,255,661	208,664	6,464,325		10
10a	Therapy	-	-	-							10a
11	Activities	112,423	-	-	112,423		112,423		112,423		11
12	Social Services	201,436	-	-	201,436		201,436		201,436		12
13	CNA Training	-	-	-							13
14	Program Transportation	-	-	-							14
15	Other (specify):* Mgmt Alloc of Benefi	-	-	-				60,077	60,077		15
16	TOTAL Health Care and Programs	6,317,232	204,343	83,945	6,605,520		6,605,520	268,741	6,874,261		16
	C. General Administration										
17	Administrative	140,349	-	844,969	985,318		985,318	(844,969)	140,349		17
18	Directors Fees			-							18
19	Professional Services			444,081	444,081		444,081	25,170	469,251		19
20	Dues, Fees, Subscriptions & Promotions			57,711	57,711		57,711	(8,929)	48,782		20
21	Clerical & General Office Expenses	262,167	14,968	35,206	312,341		312,341	213,257	525,598		21
22	Employee Benefits & Payroll Taxes			1,124,742	1,124,742		1,124,742		1,124,742		22
23	Inservice Training & Education			-							23
24	Travel and Seminar			475	475		475	527	1,002		24
25	Other Admin. Staff Transportation		-	2,457	2,457		2,457	9,611	12,068		25
26	Insurance-Prop.Liab.Malpractice			1,066,269	1,066,269		1,066,269	1,781	1,068,050		26
27	Other (specify):* Mgmt Alloc of Benefits			-				41,871	41,871		27
28	TOTAL General Administration	402,516	14,968	3,575,910	3,993,394		3,993,394	(561,681)	3,431,713		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	7,528,762	810,345	4,875,131	13,214,238		13,214,238	(283,956)	12,930,282		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 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			86,038	86,038		86,038	103,795	189,833			30
31	Amortization of Pre-Op. & Org.			-								31
32	Interest			1,378	1,378		1,378	(1,329)	49			32
33	Real Estate Taxes			730,587	730,587		730,587	8,371	738,958			33
34	Rent-Facility & Grounds			242,712	242,712		242,712	4,475	247,187			34
35	Rent-Equipment & Vehicles			107,517	107,517		107,517	8,274	115,791			35
36	Other (specify):*			-								36
37	TOTAL Ownership			1,168,232	1,168,232		1,168,232	123,586	1,291,818			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation	-	-	23,011	23,011		23,011	(24)	22,987			38
39	Ancillary Service Centers	-	117,556	456,480	574,036		574,036	(3,345)	570,691			39
40	Barber and Beauty Shops	-	-	-								40
41	Coffee and Gift Shops	-	-	-								41
42	Provider Participation Fee			718,604	718,604		718,604		718,604			42
43	Other (specify):* Non-Allowable Cos	225,622	-	209,440	435,062		435,062	(435,062)				43
44	TOTAL Special Cost Centers	225,622	117,556	1,407,535	1,750,713		1,750,713	(438,431)	1,312,282			44
	GRAND TOTAL COST											
45	(sum of lines 29, 37 & 44)	7,754,384	927,901	7,450,898	16,133,183		16,133,183	(598,801)	15,534,382			45

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

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.
In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(26,127)	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	67,427	30		9
10	Interest and Other Investment Income	(1,378)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(6,378)	2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(42,919)	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	(87,987)	43		24
25	Fund Raising, Advertising and Promotional				25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See PG5A	(314,623)	Var		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (416,485)		\$	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 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(182,316)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (182,316)		36
(sum of SUBTOTALS)				
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (598,801)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference
38	Medically Necessary Transport.		X	\$	38
39					39
40	Gift and Coffee Shops		X		40
41	Barber and Beauty Shops		X		41
42	Laboratory and Radiology		X		42
43	Prescription Drugs		X		43
44					44
45	Other-Attach Schedule		X		45
46	Other-Attach Schedule		X		46
47	TOTAL (C): (sum of lines 38-46)			\$	47

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Nonallowable marketing events	\$ (179,912)	43	1
2	Laboratory Costs	(23,461)	43	2
3	X-Ray Costs	(11,978)	43	3
4	Theft and Damage Loss	(2,306)	43	4
5	Admissions	(49,494)	43	5
6	Nonallowable Legal	(9,019)	19	6
7	Misc. Income	(3,446)	21	7
8	Adjust real estate taxes	1,828	33	8
9	To remove non allowable Branding Mktg	(10,682)	19	9
10	To remove non allowable Lobbying	(18,545)	20	10
11	To remove non-allowable professional fees	(7,608)	19	11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(314,623)		49

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Use Page 6-Supplemental as necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Page 6-Supplemental		See Page 6-Supplemental		See Page 6-Supplemental		

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

YES

NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: 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 & ID Number SYMPHONY ENCORE (California Gardens)

0055665

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	100.00%	\$ 1,341	\$ 1,341	15
16	V	5	UTILITIES		MAESTRO CONSULTING SERVICES LLC	100.00%	2,492	2,492	16
17	V	6	MAINTENANCE SALARIES		MAESTRO CONSULTING SERVICES LLC	100.00%			17
18	V	6	MAINTENANCE EXPENSES		MAESTRO CONSULTING SERVICES LLC	100.00%	4,795	4,795	18
19	V	7	EMPLOYEE BENEFITS - MAINTENANCE		MAESTRO CONSULTING SERVICES LLC	100.00%	356	356	19
20	V	10	CLINICAL SALARIES		MAESTRO CONSULTING SERVICES LLC	100.00%	208,855	208,855	20
21	V	10	CONTRACT NURSING		MAESTRO CONSULTING SERVICES LLC	100.00%	201	201	21
22	V	15	EMPLOYEE BENEFITS - CLINICAL		MAESTRO CONSULTING SERVICES LLC	100.00%	60,077	60,077	22
23	V	17	ADMINISTRATIVE - OTHER	844,969	MAESTRO CONSULTING SERVICES LLC	100.00%		(844,969)	23
24	V	19	PROFESSIONAL FEES		MAESTRO CONSULTING SERVICES LLC	100.00%	52,479	52,479	24
25	V	20	DUES, FEES, SUBSCRIPTIONS, ETC.		MAESTRO CONSULTING SERVICES LLC	100.00%	9,616	9,616	25
26	V	21	CLERICAL & GENERAL SALARIES		MAESTRO CONSULTING SERVICES LLC	100.00%	145,564	145,564	26
27	V	21	CLERICAL & GENERAL EXPENSES		MAESTRO CONSULTING SERVICES LLC	100.00%	71,139	71,139	27
28	V	24	SEMINARS AND EDUCATION		MAESTRO CONSULTING SERVICES LLC	100.00%	527	527	28
29	V	25	TRANSPORTATION		MAESTRO CONSULTING SERVICES LLC	100.00%	9,611	9,611	29
30	V	26	INSURANCE		MAESTRO CONSULTING SERVICES LLC	100.00%	1,781	1,781	30
31	V	27	EMPLOYEE BENEFITS - ADMINISTRATIVE		MAESTRO CONSULTING SERVICES LLC	100.00%	41,871	41,871	31
32	V	30	DEPRECIATION		MAESTRO CONSULTING SERVICES LLC	100.00%	36,368	36,368	32
33	V	32	INTEREST EXPENSE		MAESTRO CONSULTING SERVICES LLC	100.00%	49	49	33
34	V	33	REAL ESTATE TAX		MAESTRO CONSULTING SERVICES LLC	100.00%	6,543	6,543	34
35	V	34	BUILDING RENTAL		MAESTRO CONSULTING SERVICES LLC	100.00%	4,475	4,475	35
36	V	35	EQUIPMENT RENTAL		MAESTRO CONSULTING SERVICES LLC	100.00%	12,893	12,893	36
37	V	35	AUTO LEASE		MAESTRO CONSULTING SERVICES LLC	100.00%	7,418	7,418	37
38	V								38
39	Total			\$ 844,969			\$ 678,451	\$ * (166,518)	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	Nursing Supplies	\$ 2,612	Integra Healthcare Equipment	19.00%	\$ 2,220	\$ (392)	15
16	V	35	Equipment Rental	80,249	Integra Healthcare Equipment	19.00%	68,212	(12,037)	16
17	V	39	Oxygen Supplies	16,851	Integra Healthcare Equipment	19.00%	14,323	(2,528)	17
18	V	39	Respiratory Consultant	5,444	Integra Healthcare Equipment	19.00%	4,627	(817)	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			\$ 105,156			\$ 89,382	\$ * (15,774)	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	38	Transportation	\$ 159	Lifeline Ambulance	4.00%	\$ 135	\$ (24)	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 159			\$ 135	\$ * (24)	39

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

VII. RELATED PARTIES (continued)

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

☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	22	Workers Compensation	\$ 151,850	MAPLE LEAF INSURANCE	100.00%	\$ 151,850	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 151,850			\$ 151,850	\$ * 0	39

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

Facility Name & ID Number SYMPHONY ENCORE (California Gardens)# 0055665

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	Drake Louis Enterprise, LLC	62.5	SYMPHONY OF SOUTH SHORE	CHICAGO	MAESTRO CONSUL	LINCOLNWOOD	MANAGEMENT	1
2	Fairhome Trust	25	MAPLECREST CARE CENTRE	BELVIDERE	7257 N. LINCOLN AV	LINCOLNWOOD	BUILDING RENTA	2
3	Benoit Holdings, LLC	12.5	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	CALIFORNIA GARD	CHICAGO	BUILDING COMP	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 CROWN POINT	CROWN POINT, IN				15
16			SYMPHONY OF DYER					16
17			SYMPHONY OF EVANSTON	DYER, IN				17
18			SYMPHONY OF GLENDALE	EVANSTON				18
19			SYMPHONY OF HANOVER PARK	GLENDALE, WI				19
20			SYMPHONY OF JOLIET	HANOVER PARK				20
21			SYMPHONY OF LINCOLN PARK	CHICAGO				21
22			SYMPHONY OF MORGAN PARK	CHICAGO				22
23			SYMPHONY OF ORCHARD VALLEY	AURORA				23
24			SYMPHONY RESIDENCES OF LINCOLN PA	CHICAGO				24
25			WOODCARE V INC	BRIGHTON, MI				25
26			CLIFFSIDE COMPANY LLC	ST. JOSEPH, MI				26
27			SYMPHONY APPLEWOOD	WOODHAVEN, MI				27
28			SYMPHONY LINDEN	LINDEN, MI				28
29			SYMPHONY TRI-CITIES	BAY CITY, MI				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 ENCORE (California Gardens)# 0055665

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	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	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 ENCORE (California Gardens)# 0055665

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 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	1	DIETARY	AVAIL. CENSUS DAYS	1,642,974	27	\$ 20,720	\$ 19,367	108,702	\$ 1,371	1
2	5	UTILITIES	AVAIL. CENSUS DAYS	1,642,974	27	37,663		108,702	2,492	2
3	6	MAINTENANCE SALARIES	AVAIL. CENSUS DAYS	1,642,974	27			108,702		3
4	6	MAINTENANCE EXPENSES	AVAIL. CENSUS DAYS	1,642,974	27	72,471		108,702	4,795	4
5	7	EMPLOYEE BENEFITS - MAIN	AVAIL. CENSUS DAYS	1,642,974	27	5,383		108,702	356	5
6	10	CLINICAL SALARIES	AVAIL. CENSUS DAYS	1,642,974	27	3,156,734	3,156,734	108,702	208,855	6
7	10	CONTRACT NURSING	AVAIL. CENSUS DAYS	1,642,974	27	3,034		108,702	201	7
8	15	EMPLOYEE BENEFITS - CLIN	AVAIL. CENSUS DAYS	1,642,974	27	908,028		108,702	60,077	8
9	17	ADMINISTRATIVE MANAGEM	AVAIL. CENSUS DAYS	1,642,974	27			108,702		9
10	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS	1,642,974	27	793,188		108,702	52,479	10
11	20	DUES, FEES, SUBSCRIPTIONS	AVAIL. CENSUS DAYS	1,642,974	27	145,343		108,702	9,616	11
12	21	CLERICAL & GENERAL SALA	AVAIL. CENSUS DAYS	1,642,974	27	2,200,120	2,200,120	108,702	145,564	12
13	21	CLERICAL & GENERAL EXPE	AVAIL. CENSUS DAYS	1,642,974	27	1,075,235		108,702	71,139	13
14	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS	1,642,974	27	7,970		108,702	527	14
15	25	TRANSPORTATION	AVAIL. CENSUS DAYS	1,642,974	27	145,272		108,702	9,611	15
16	26	INSURANCE	AVAIL. CENSUS DAYS	1,642,974	27	26,926		108,702	1,781	16
17	27	EMPLOYEE BENEFITS - ADM	AVAIL. CENSUS DAYS	1,642,974	27	632,860		108,702	41,871	17
18	30	DEPRECIATION	AVAIL. CENSUS DAYS	1,642,974	27	549,679		108,702	36,368	18
19	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS	1,642,974	27	738		108,702	49	19
20	33	REAL ESTATE TAX	AVAIL. CENSUS DAYS	1,642,974	27	98,893		108,702	6,543	20
21	34	BUILDING RENTAL	AVAIL. CENSUS DAYS	1,642,974	27	67,631		108,702	4,475	21
22	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS	1,642,974	27	194,869		108,702	12,893	22
23	35	AUTO LEASE	AVAIL. CENSUS DAYS	1,642,974	27	112,113		108,702	7,418	23
24										24
25	TOTALS					\$ 10,254,870	\$ 5,376,221		\$ 678,481	25

Facility Name & ID Number SYMPHONY ENCORE (California Gardens)# 0055665

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 Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	10	Nursing Supplies	Direct Allocation		\$	\$		\$ 2,220	1
2	35	Equipment rental	Direct Allocation					68,212	2
3	39	Oxygen Supplies	Direct Allocation					14,323	3
4	39	Respiratory Consultant	Direct Allocation					4,627	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				\$	\$		\$ 89,382	25

Facility Name & ID Number SYMPHONY ENCORE (California Gardens)# 0055665

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

Lifeline Ambulance LLC

Street Address

2424 S. Wabash Avenue

City / State / Zip Code

Chicago, IL 60616

Phone Number

(312) 949-9595

Fax Number

(312) 949-9262

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	38	Transportation	Direct Allocation			\$	\$		\$ 135	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					\$	\$		\$ 135	25

Facility Name & ID Number SYMPHONY ENCORE (California Gardens) # 0055665 Report Period Beginning: 1/1/2020 Ending: 2/31/2020

VIII. ALLOCATION OF INDIRECT COSTS

- A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐
- B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization Maple Leaf Insurance
Street Address PO Box 69, 720 West Bay Rd
City / State / Zip Code Grand Cayman, KY1-1102
Phone Number (
Fax Number (

1	2	3	4	5	6	7	8	9	
Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary	Facility	Allocation	
Line	Item	(i.e.,Days, Direct Cost,	Total Units	Subunits Being	Cost Being	Cost Contained	Units	(col.8/col.4)x col.6	
Reference		Square Feet)		Allocated Among	Allocated	in Column 6			
1	22	Workers Compensation	Direct Allocation		\$	\$		\$ 151,850	1
2	26	Liability Insurance	Direct Allocation						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				\$	\$		\$ 151,850	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							\$		\$			\$	1
2													2
3													3
4													4
5													5
	Working Capital												
6	National Government Services		X	Medicare AAP	12,785	4/7/2020	306,840	306,840	4/7/2023	0.0000	-		6
7													7
8													8
9	TOTAL Facility Related				\$12,785.00		\$ 306,840	\$ 306,840			\$		9
	B. Non-Facility Related*												
10	Cyber Ins											169	10
11	Worthy Ins											1,209	11
12								Interest Income Offset				(1,378)	12
13								Maestro Allocation				49	13
14	TOTAL Non-Facility Related						\$	\$			\$	49	14
15	TOTALS (line 9+line14)						\$ 306,840	\$ 306,840			\$	49	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 California Gardens N & Reh C COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0055665

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 nursin 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) Tax Applicable to Nursing Home
Tax Index Number	Property Description	Total Tax	
1. 16-25-401-015-0000	Long Term Care Property	\$ 638,759.36	\$ 638,759.36
2. 10-27-319-028-0000	Allocated from Maestro Consulting	\$ 85,535.22	\$ 6,543.00
3.		\$	\$
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$ 724,294.58	\$ 645,302.36

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: 72,844

B. General Construction Type: Exterior BrickFrame SteelNumber of Stories 4

C. Does the Operating Entity?

☐ (a) Own the Facility☒ (b) Rent from a Related Organization.☐ (c) Rent from Completely Unrelated Organization.

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

D. Does the Operating Entity?

☒ (a) Own the Equipment☒ (b) Rent equipment from a Related Organization.☒ (c) Rent equipment from Completely Unrelated Organization.

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

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

none

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?

☐ YES☐ NO

If so, please complete the following:

1. Total Amount Incurred:

2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization:

4. Dates Incurred:

Nature of Costs:

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

XI. OWNERSHIP COSTS:

A. Land.	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1		-		\$	1
2	Allocated from Maestro Consulting/7257 Lincoln			10,585	2
3	TOTALS			\$ 10,585	3

Facility Name & ID Number SYMPHONY ENCORE (California Gardens)

0055665

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					\$	\$		\$	\$		4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Various			1981	4,471		20	224	224	429	9
10	Various			1982	2,319		20	116	116	338	10
11	Various			1983	10,829		20	541	541	2,121	11
12	Various			1984	1,410		20	71	71	347	12
13	Various			1985	17,805		20	890	890	1,382	13
14	Various			1986	22,863		20	1,143	1,143	7,907	14
15	Various			1987	40,100		20	2,005	2,005	15,873	15
16	Various			1988	2,787		20			2,787	16
17	Various			1989	3,024		20	151	151	1,499	17
18	Various			1990	8,652		20	433	433	4,723	18
19	Various			1991	3,892		20	195	195	2,319	19
20	Various			1993	24,138		20	1,207	1,207	16,796	20
21	Various			1994	8,195		20	410	410	6,112	21
22	Various			1995	17,230		20			17,230	22
23	Various			1996	46,848		20	7	7	46,848	23
24	Various			1997	70,702		20			70,702	24
25	Various			1998	33,854		20			33,854	25
26	Various			1999	103,092		20			103,092	26
27	Various			2000	194,600		20	1,978	1,978	194,600	27
28	Various			2001	75,921		20	3,796	3,796	74,227	28
29	Various			2002	45,162		20			45,162	29
30	Various			2003	55,404		20			55,404	30
31	Various			2004	32,888		20	1,644	1,644	24,746	31
32	Various			2005	23,434		20	1,172	1,172	22,833	32
33	Various			2006	22,990		20			22,990	33
34	Various			2008	6,857		20	343	343	4,143	34
35	Various			2009	420,531		20	21,027	21,027	261,447	35
36	Various			2010	39,979		20	1,999		38,546	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 & ID Number SYMPHONY ENCORE (California Gardens)

0055665

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

XL 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	Various	2011	\$ 31,172	\$	20	\$ 1,559	\$ 1,559	\$ 28,229	37
38	Various	2012	18,660		20	933	933	14,656	38
39	Various	2013	11,430		20	572	572	4,468	39
40	Framing & Drywall, Accoustical, Paint, Hvac For All Resident Bat	2014	139,961		20	6,998	6,998	83,977	40
41	Injection Pump	2014	3,011		20	151	151	1,782	41
42	Fire Alarm Sprinkler System Work	2014	8,771		20	439	439	4,970	42
43	Conduit And Wire, Misc Pipe Fiting Fire Alarm	2014	2,852		20	143	143	1,640	43
44	Ran Rg 59/18 Cable To 12 Existing Cameras Located In The Ceilin	2014	8,200		20	410	410	4,647	44
45	Paging Amplifier And Cables	2015	2,570		20	129	129	1,750	45
46	Remove And Install New Base In 4 Hallways	2015	7,500		20	375	375	2,250	46
47	Install New Vinyl Base In All Patient Rooms	2015	19,500		20	975	975	5,850	47
48	Solar Shades, Cornice Boards & Installation For 3Rd Floor	2015	15,658		20	522	522	15,658	48
49	Hallway Remodeling - Painting & Flooring	2015	93,800		20	4,690	4,690	28,140	49
50	Paint/Flooring/Fixtures Throughout Building	2015	169,530		20	8,477	8,477	48,741	50
51	Nexus Comm Phone System	2017	22,474		20	1,124	1,124	4,308	51
52	Top Notch Boiler Replacement	2017	7,730		20	387	387	1,418	52
53	Rescor New Pump	2017	3,244		20	162	162	540	53
54	Replace Circulating Pump	2017	3,465		20	173	173	635	54
55	Phone System Upgrade	2017	32,175		20	1,609	1,609	6,033	55
56	Galvanized Steel Insulated Door	2017	4,156		20	208	208	693	56
57	Galvanized Hollow metal frame and steel door-Laundry Room Lov	2018	6,015	300	20	301	1	822	57
58	Steel Insulated Door-Galvanized - Medical Waste Lower Level	2018	2,632	131	20	132	1	350	58
59	Replace OS&Y Globe Vaves-Sprinkler System Lower Level	2018	3,065	153	20	153	0	325	59
60	Chiller Pump & Coil Replacement-Chiller Room Lower Level	2018	248,984	12,449	20	12,449	0	36,787	60
61									61
62	Leasehold Improvements:								62
63	Various	2004	18,253		20			18,253	63
64	Various	2005	147,095		20			147,095	64
65	Interlocking Door Parts	2007	3,821		20	191	191	2,483	65
66	Clear Polish Wire Glass - 3 Rooms	2007	3,148		20	157	157	2,042	66
67	Clear Polish Wire Glass - 1 Room	2007	485		20	24	24	313	67
68	Cooling Tower	2007	36,990		20	1,850	1,850	24,049	68
69	2 Passenger Elevator	2007	6,721		20	336	336	4,368	69
70	TOTAL (lines 4 thru 69)		\$ 2,423,046	\$ 13,033		\$ 84,976	\$ 69,944	\$ 1,575,731	70

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

Facility Name & ID Number SYMPHONY ENCORE (California Gardens)

0055665

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 2,423,046	\$ 13,033		\$ 84,976	\$ 71,943	\$ 1,575,731	1
2	Electrical Work	2007	17,065		20	853	853	11,943	2
3	Smoke Detectors and Standard Wire Bases	2007	3,509		20	175	175	2,451	3
4	Motor - Cooling Tower	2007	4,110		20	206	206	2,883	4
5	Tadiran IPx500 Telephone System	2008	21,467		20			21,467	5
6	Carpet; Armstrong Beckford	2008	7,103		20	355	355	4,615	6
7	Remote Annunciator Panel for Basement Generator	2008	3,852		20	193	193	2,509	7
8	Headend Installation and Home Run Wiring to Roof	2008	13,039		20			13,039	8
9	Change Heights of Outlets	2008	2,625		20	131	131	1,703	9
10	Video Monitoring System	2008	3,713		20	186	186	2,418	10
11	Outdoor Lighting	2008	8,415		20	421	421	5,473	11
12	CCTV to Monitor Floors	2008	3,469		20	173	173	2,249	12
13	Varieties of Burning Bushes	2008	8,175		20	409	409	5,317	13
14	Installation of Video Multiplexer Recorder	2008	2,710		20	136	136	1,768	14
15	Asphalt Paving Work	2008	4,350		20	218	218	2,834	15
16	Landscape Irrigation System	2008	18,000		20	900	900	11,700	16
17	New Elevator Door	2008	9,221		20	461	461	5,993	17
18	CABLE WIRING	2013	2,780		20			2,780	18
19	LAVATORY FAUCETS	2013	11,187		20	559	559	7,084	19
20	WI-FI WIRING	2013	7,500		20	375	375	7,125	20
21	HOT WATER STORAGE TANK	2013	4,202		20	210	210	1,890	21
22	VOLTAGE OUTLETS FOR KIOSKS	2013	4,625		20	231	231	3,470	22
23	14 FIRE DAMPERS	2013	8,352		20	418	418	2,506	23
24	COMPRESSOR FOR WALK-IN FREEZER	2013	4,391		20			4,391	24
25	BLINDS, CABINETS, COUNTERTOPS, VINYL FLOORING	2013	3,910		20			3,910	25
26	RECOVERED AWNING	2013	2,665		20	133	133	1,598	26
27	SPRINKLER SYSTEM	2013	3,437		20	172	172	1,889	27
28	REPLACE BOILER	2013	8,758		20	438	438	1,752	28
29	60' CAST IRON PIPING	2013	12,000		20	600	600	2,400	29
30	RADIATOR RECORE	2013	3,720		20	186	186	2,046	30
31	SEWER CLEANOUT STATION	2013	9,800		20	490	490	2,451	31
32	Furnish and Install 19 2-hr Fire Dampers at floor to floor penetrati	2013	19,600		20	980	980	7,839	32
33	Sprinkler System	2014	7,014		20	351	351	2,105	33
34	TOTAL (lines 1 thru 33)		\$ 2,667,810	\$ 13,033		\$ 94,935	\$ 81,902	\$ 1,729,328	34

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

Facility Name & ID Number SYMPHONY ENCORE (California Gardens)

0055665

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 2,667,810	\$ 13,033		\$ 94,935	\$ 81,902	\$ 1,729,328	1
2	Flooring - Ceramic Tiles - 3rd & 4th Floor Shower/Tub Room	2014	10,987		20	549	549	3,295	2
3	3 Elevators-Install Door Restrictors, Emergency Phones,				20				3
4	Code Data Plates, Emergency Light Battery, Alarm Bells	2014	20,951		20	1,048	1,048	6,287	4
5	3rd&4th FL Shower Room-Install Faucets, Grab Bars, Tiles	2014	28,800		20	1,440	1,440	8,640	5
6	Roof	2014	98,000		20	4,900	4,900	29,400	6
7	Parking Lot Paving	2014	28,750		20	1,438	1,438	8,627	7
8	Seal Coat patch crack fill parking lot	2019	13,400		20	670	670	1,672	8
9	Replace garbage disposal	2019	8,560		20	428	428	1,088	9
10	replace boilers pump	2019	234,468		20	11,723	11,723	17,298	10
11	New PT space-painting, electrical, patch, sand	2019	5,106		20	255	255	569	11
12	Plumbing open storage-clean out-excavate, repair concrete.	2019	7,460		20	373	373	1,010	12
13	Elevator modernization	2019	100,180		20	5,009	5,009	6,484	13
14	Drain sprinkler system, , check pipes,	2019	4,840		20	242	242	265	14
15	Lighting project-LED upgrade	2019	23,249		20	1,162	1,162	1,280	15
16	LED Upgrade	2019	9,963		20	498	498	618	16
17	Removal of boiler Insulation	2019	6,750		20	338	338	479	17
18									18
19	Replace boiler pump	2020	132,699		20	13,947	13,947	13,947	19
20	Heat system leak repairs	2020	2,996		20	373	373	373	20
21	Insulation of abated areas	2020	6,600		20	830	830	830	21
22	Repipe hot & chilled make up water system	2020	8,440		20	952	952	952	22
23	Elevator modernization	2020	10,840		20	990	990	990	23
24	Replace elevator 2 & 3 fuse, conductors electrical work	2020	18,780		20	1,723	1,723	1,723	24
25	Roof repair through 30x30 section	2020	3,650		20	285	285	285	25
26	Install, train elevator doors, panels, kits	2020	34,390		20	389	389	389	26
27									27
28									28
29									29
30	Reconcile to book depreciation			65,192			(65,192)		30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,487,669	\$ 78,225		\$ 144,497	\$ 66,272	\$ 1,835,829	34

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

Facility Name & ID Number SYMPHONY ENCORE (California Gardens)

0055665

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 3,487,669	\$ 78,225		\$ 144,497	\$ 66,272	\$ 1,835,829	1
2	Buildings:								2
3	Allocated from Maestro Consulting Services/7257 Lincoln	2004	95,273		35	2,722	2,722	46,616	3
4									4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	Allocated from Maestro Consulting Services	2003	775		20	39	39	664	9
10	Allocated from Maestro Consulting Services	2004	15,734		20	785	785	13,151	10
11	Allocated from Maestro Consulting Services	2005	933		20	47	47	740	11
12	Allocated from Maestro Consulting Services	2006	1,265		20	63	63	908	12
13	Allocated from Maestro Consulting Services	2008	1,333		20	67	67	817	13
14	Allocated from Maestro Consulting Services	2009	21,464		20	1,073	1,073	12,460	14
15	Allocated from Maestro Consulting Services	2010	3,298		20	165	165	1,733	15
16	Allocated from Maestro Consulting Services	2011	178		20	9	9	88	16
17	Allocated from Maestro Consulting Services	2012	198		20	10	10	87	17
18	Allocated from Maestro Consulting Services	2014	2,481		20	124	124	820	18
19	Allocated from Maestro Consulting Services	2015	698		20	35	35	186	19
20	Allocated from Maestro Consulting Services	2016	3,058		20	153	153	1,036	20
21	Allocated from Maestro Consulting Services	2017	408		20	19	19	80	21
22	Allocated from Maestro Consulting Services	2020	661		20	17	17	17	22
23	Allocated from Maestro Consulting Services/7257 Lincoln	2015	1,502		20	100	100	534	23
24	Allocated from Maestro Consulting Services/7257 Lincoln	2005	8,685		20	311	311	7,302	24
25	Allocated from Maestro Consulting Services/7257 Lincoln	2004	1,893		20	96	96	1,563	25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,647,506	\$ 78,225		\$ 150,332	\$ 72,107	\$ 1,924,631	34

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

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 35,581	\$ 3,595	\$ 3,595	\$	5-10	\$ 4,305	71
72	Current Year Purchases	54,586	4,218	4,218		5-10	4,218	72
73	Fully Depreciated Assets	1,445,879					1,445,879	73
74	Allocated from Maestro	278,618		30,533	30,533		133,792	74
75	TOTALS	\$ 1,814,664	\$ 7,813	\$ 38,346	\$ 30,533		\$ 1,588,194	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Facility	Goshen 12 Passenger Bus	2017	\$ 9,900	\$ -	\$ 1,155	\$ 1,155	5	\$ 4,620	76
77	Allocated from Maestro Consulting		2017	586	-	-		5	586	77
78					-	-				78
79					-	-				79
80	TOTALS			\$ 10,486	\$	\$ 1,155	\$ 1,155		\$ 5,206	80

E. Summary of Care-Related Assets

	1 Reference	2 Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 5,483,241	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 86,038	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 189,833	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 103,795	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 3,518,031	85

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

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

G. Construction-in-Progress

	Description	Cost	
92	Construction in Progress	\$ 3,650	92
93			93
94			94
95		\$ 3,650	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 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:	1977	297	5/1/2019	\$ 242,712	15	15	3
4	Additions							4
5	Allocated from Maestro Consulting				4,475			5
6								6
7	TOTAL		297		\$ 247,187			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease .

9. Option to Buy: ☐ YES ☐ NO Terms: *

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: \$ 108,373 Description: See Attached Schedule 14A
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Allocated from Maestro Consulting		\$	\$ 7,418	17
18					18
19					19
20					20
21	TOTAL		\$	\$ 7,418	21

10. Effective dates of current rental agreement:

Beginning11/1/2015

Ending10/31/1930

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

	Fiscal Year Ending	Annual Rent
12.	12/31/21	\$ 225,170
13.	12/31/22	\$ 229,673
14.	12/31/23	\$ 234,267

* 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 ENCORE (California Gardens)

IDPH License ID Number:

0055665

Fiscal Year End:

12/31/2020

Schedule 14A

XII. Rental Costs

Line 16 Rental Amount for Moveable Equipment

Rental Description	Amount
Medical Equipment	\$ 74,465
Nursing Equipment	\$ 6,458
Building Equipment	\$ 1,287
Office Equipment	\$ 25,307
Maestro Allocation	\$ 12,893
Integra Allocation	\$ (12,037)
Total - Line 16	\$ 108,373

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

C. CONTRACTUAL INCOME

ALLOCATION OF COSTS (d)

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

		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)	\$			

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

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.

(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.

(c) For in-house training programs only. Do not include fringe benefits.

(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.

(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39(3)	hrs	\$	2,076	\$ 149,507	\$	2,076	\$ 149,507	1
2	Licensed Speech and Language Development Therapist	39(3)	hrs		574	41,313		574	41,313	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39(3)	hrs		2,539	182,789		2,539	182,789	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39(2)	# of prescrpts				100,705		100,705	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Oxygen</u>	39(2&7)					14,323		14,323	12
13	Other (specify): <u>See Sch 16A</u>	39(3)			1,061	76,396		1,061	76,396	13
14	TOTAL			\$	6,250	\$ 450,005	\$ 115,028	6,250	\$ 565,033	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 ENCORE (California Gardens)
IDPH License ID Number: 0055665
Fiscal Year End: 12/31/2020

Schedule 16A

XIV. Special Services
Line 13 Other Services

	Rental Description	Amount
500103-MAID	Inhalation Therapy Costs-Medicaid	22,407
500103-MEDA	Inhalation Therapy Costs-Medicare A	1,965
500103-MNGD	Inhalation Therapy Costs-Managed Care	1,237
500103-PRVT	Inhalation Therapy Costs-Private	432
500103-VTRN	Inhalation Therapy Costs-Veteran	567
500113-MAID	I.V. Therapy Costs-Medicaid	24,519
500113-MEDA	I.V. Therapy Costs-Medicare A	7,784
500113-MNGD	I.V. Therapy Costs-Managed Care	5,556
500113-PRVT	I.V. Therapy Costs-Private	2,450
500113-VTRN	I.V. Therapy Costs-Veteran	3,079
500120-MEDA	Other Ancillary Costs-Medicare A	49
500120-PRVT	Other Ancillary Costs-Private	214
500120-VTRN	Other Ancillary Costs-Veteran	6,137
Total - Line 13		76,396

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

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ -	\$ -	1
2	Cash-Patient Deposits	181,503	181,503	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 230,851)	2,438,814	2,438,814	3
4	Supply Inventory (priced at)	-	-	4
5	Short-Term Investments	-	-	5
6	Prepaid Insurance	749	749	6
7	Other Prepaid Expenses	28,115	28,115	7
8	Accounts Receivable (owners or related parties)	-	-	8
9	Other(specify):	-	-	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,649,181	\$ 2,649,181	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	-	-	11
12	Long-Term Investments	-	-	12
13	Land	-	10,585	13
14	Buildings, at Historical Cost	-	95,273	14
15	Leasehold Improvements, at Historical Cost	629,488	3,552,233	15
16	Equipment, at Historical Cost	93,050	1,825,150	16
17	Accumulated Depreciation (book methods)	(96,814)	(3,518,031)	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 (spec CIP	3,650	3,650	22
23	Other(specify): See Attached Schedule	4,723,690	4,723,690	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 5,353,064	\$ 6,692,550	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 8,002,245	\$ 9,341,731	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 560,632	\$ 560,632	26
27	Officer's Accounts Payable	-	-	27
28	Accounts Payable-Patient Deposits	182,303	182,303	28
29	Short-Term Notes Payable	-	-	29
30	Accrued Salaries Payable	620,822	620,822	30
31	Accrued Taxes Payable (excluding real estate taxes)	386,542	386,542	31
32	Accrued Real Estate Taxes(Sch.IX-B)	959,737	959,737	32
33	Accrued Interest Payable	-	-	33
34	Deferred Compensation	-	-	34
35	Federal and State Income Taxes	-	-	35
	Other Current Liabilities(specify):			
36	See Attached Schedule	1,527,027	1,527,027	36
37		-	-	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 4,237,063	\$ 4,237,063	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	306,840	306,840	39
40	Mortgage Payable	-	-	40
41	Bonds Payable	-	-	41
42	Deferred Compensation	-	-	42
	Other Long-Term Liabilities(specify):			
43		-	-	43
44		-	-	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 306,840	\$ 306,840	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 4,543,903	\$ 4,543,903	46
47	TOTAL EQUITY(page 18, line 24)	\$ 3,458,342	\$ 4,797,828	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 8,002,245	\$ 9,341,731	48

*(See instructions.)

Facility Name: SYMPHONY ENCORE (California Gardens)
IDPH License ID Number: 0055665
Fiscal Year End: 12/31/2020

Schedule 17A

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

Description		Operating	After Consolidation
119500	Other Assets - Security Deposits	\$ 200	\$ 200
120103	Due To/From - Bronzeville Park LLC	\$ 1,019	\$ 1,019
120107	Due To/From - Deerbrook LLC	\$ 1,165	\$ 1,165
120108	Due To/From - Evanston Healthcare LLC	\$ 256	\$ 256
120111	Due To/From - Jackson Square LLC	\$ 14,481	\$ 14,481
120116	Due To/From - Midway	\$ 5,166	\$ 5,166
120117	Due To/From - Morgan Park	\$ 8,524	\$ 8,524
120119	Due To/From - South Shore	\$ 3,405	\$ 3,405
120121	Due To/From - Tillers	\$ 284	\$ 284
120122	Due To/From - California Gardens Nursing and Reha	\$ 3,136,954	\$ 3,136,954
120301	Due To/From - Glendale	\$ 3,885	\$ 3,885
127012	Due To/From - Symphony Healthcare	\$ 11,388	\$ 11,388
127014	Due To/From - Symcare Healthcare	\$ 1,226,973	\$ 1,226,973
127016	Due To/From - Symcare HMG	\$ 242,539	\$ 242,539
127122	Due To/From - California Realty	\$ 67,451	\$ 67,451
Total - Line 23		4,723,690	4,723,690

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

Description		Operating	After Consolidation
120101	Due To/From - 87Th Street	\$ 1,281	\$ 1,281
120105	Due To/From - Crestwood LLC	\$ 184	\$ 184
120124	Due To/From - Orchard Valley	\$ 49	\$ 49
127015	Due To/From - Symcare ML	\$ 95,899	\$ 95,899
128002	Due To/From - Maestro	\$ 92,011	\$ 92,011
200100	Accrued Payables	\$ 157,463	\$ 157,463
200101	Accrued Payables - Professional Fees	\$ 26,717	\$ 26,717
200120	Accrued Payables - Health Insurance	\$ 48,069	\$ 48,069
200121	Accrued Payable - Dental Insurance	\$ 385	\$ 385
200122	Accrued Payables - Vision Insurance	\$ 425	\$ 425
200123	Accrued Payables - Life Insurance	\$ 73,537	\$ 73,537
200124	Accrued Payables - Short Term Disability	\$ (55,648)	\$ (55,648)
200270	Accrued Payables - Payroll Union Dues	\$ 13,207	\$ 13,207
200290	Accrued Payables - 401K Deductions	\$ 7,741	\$ 7,741
200291	Accrued Payables - 401K Loan Repayments	\$ (103)	\$ (103)
200295	Accrued Payables - Heart and Soul Foundation	\$ 40	\$ 40
200300	Accrued Payables - Garnishments	\$ 9,130	\$ 9,130
200310	Employee Purchases	\$ 1,121	\$ 1,121
200350	Fringe Benefits - Flow Through	\$ 734	\$ 734
200410	Accrued Payables - WC/GL Insurance	\$ 224,086	\$ 224,086
200500	Accrued Payables - Bed Taxes	\$ (80,638)	\$ (80,638)
200510	Accrued Payables - Bed Taxes Add'l	\$ 45,518	\$ 45,518
200600	Accrued Payables - Management Fees	\$ 3,880	\$ 3,880
200900	Accrued Payables - Rent	\$ (5,784)	\$ (5,784)
200951	Sales Tax Payable - Manual	\$ 532	\$ 532
202000	Deferred Rent	\$ 35,653	\$ 35,653
202100	Deferred Income	\$ 831,538	\$ 831,538
Total - Line 36		1,527,027	1,527,027

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (1,377,812)	1
2	Restatements (describe):		2
3	Prior Period Adjustment	2,326,823	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 949,011	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	2,509,331	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)	\$ 2,509,331	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 3,458,342	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number SYMPHONY ENCORE (California Gardens)

0055665

Report Period Beginning: 1/1/2020

Ending: 12/31/2020

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.**Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.**

1

	I. Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 16,496,248	1
2	Discounts and Allowances for all Levels	(1,070,844)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 15,425,404	3
	B. Ancillary Revenue		
4	Day Care	-	4
5	Other Care for Outpatients	-	5
6	Therapy	776,780	6
7	Oxygen	17,142	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 793,922	8
	C. Other Operating Revenue		
9	Payments for Education	-	9
10	Other Government Grants	1,693,023	10
11	CNA Training Reimbursements	-	11
12	Gift and Coffee Shop	-	12
13	Barber and Beauty Care	-	13
14	Non-Patient Meals	-	14
15	Telephone, Television and Radio	-	15
16	Rental of Facility Space	-	16
17	Sale of Drugs	266,428	17
18	Sale of Supplies to Non-Patients	-	18
19	Laboratory	16,357	19
20	Radiology and X-Ray	13,157	20
21	Other Medical Services	39,495	21
22	Laundry	-	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 2,028,460	23
	D. Non-Operating Revenue		
24	Contributions	-	24
25	Interest and Other Investment Income***	8,413	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 8,413	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See SCH 19A</u>	386,315	28
28a		-	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 386,315	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 18,642,514	30

2

	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	2,615,324	31
32	Health Care	6,605,520	32
33	General Administration	3,993,394	33
	B. Capital Expense		
34	Ownership	1,168,232	34
	C. Ancillary Expense		
35	Special Cost Centers	1,032,109	35
36	Provider Participation Fee	718,604	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 16,133,183	40
41	Income before Income Taxes (line 30 minus line 40)**	2,509,331	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 2,509,331	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	\$ 8,454,567	44
45	Private Pay - Net Inpatient Revenue	36,669	45
46	Medicare - Net Inpatient Revenue	541,597	46
47	Other-(specify) Hospice / Veteran	288,131	47
48	Other-(specify) Managed Care / MAIP / VTRN	6,104,440	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 15,425,404	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.

Facility Name: SYMPHONY ENCORE (California Gardens)
IDPH License ID Number: 0055665
Fiscal Year End: 12/31/2020

Schedule 19A

XVII. Income Statement

Line 28 Other Revenue (specify):

	Description	Amount
RSM400315	Other revenue	3,446
400212-MNGD	Preferred Insurance Provider Incentive - Revenue-	380,863
400303-OTHR	Transportation - Other Revenue-Other	2,006
Total - Line 28		386,315

Facility Name & ID Number SYMPHONY ENCORE (California Gardens)

0055665

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	2,012	2,156	\$ 118,029	\$ 54.74	1
2	Assistant Director of Nursing	416	532	14,928	28.06	2
3	Registered Nurses	30,729	36,759	1,303,153	35.45	3
4	Licensed Practical Nurses	52,221	61,650	1,902,495	30.86	4
5	CNAs & Orderlies	119,570	138,385	2,393,578	17.30	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,843	2,064	37,349	18.10	9
10	Activity Assistants	4,306	4,800	75,074	15.64	10
11	Social Service Workers	8,838	9,866	201,436	20.42	11
12	Dietician					12
13	Food Service Supervisor	2,000	2,176	56,199	25.83	13
14	Head Cook					14
15	Cook Helpers/Assistants	5,069	5,672	102,384	18.05	15
16	Dishwashers	15,868	17,262	275,328	15.95	16
17	Maintenance Workers	16,169	18,023	333,912	18.53	17
18	Housekeepers	2,002	2,078	41,191	19.82	18
19	Laundry					19
20	Administrator	1,944	2,080	140,349	67.48	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager	1,816	2,072	49,427	23.85	23
24	Clerical	7,985	8,623	212,740	24.67	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	4,953	5,295	99,639	18.82	31
32	Other Health Care MDS Coord	4,404	5,119	171,551	33.51	32
33	Other(specify) Admissions Coord	8,534	9,135	225,622	24.70	33
34	TOTAL (lines 1 - 33)	290,679	333,747	\$ 7,754,384 *	\$ 23.23	34

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

** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly	\$ 36,319	1(3)	35
36	Medical Director	Monthly	36,000	9(3)	36
37	Medical Records Consultant				37
38	Nurse Consultant	Monthly	201	10(7)	38
39	Pharmacist Consultant	Monthly	36,751	10(3)	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	Monthly	5,658	39(3&7)	42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48	Psychiatric Consult	Monthly	9,375	10(3)	48
49	TOTAL (lines 35 - 48)		\$ 124,304		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column 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 ENCORE (California Gardens)
IDPH License ID Number: 0055665
Fiscal Year End: 12/31/2020

Schedule 21C

XIX. SUPPORT SCHEDULES
C. Professional Services

Vendor	Type	Amount
Ability Choice	Secure Exchange Managed Services	(132)
Allscripts, LLC	Referral System	6,896
Alteryx, Inc.	Data Analytics	4,412
Apploi-Applicant Tracing System	Apploi-Applicant Tracing System	76
Cats- Applicant Tracking System	Applicant Tracking System	404
CDW	IT Support	2,410
Cisco Systems Capital Corp	High technology services	137
Comcast Cable	Internet and Cable	21,569
Creative Technology Solutions	IT Support	3,370
Darktrace Limited	Cyber Security	2,976
Data Robot - Cloud Professional	Data Storage	3,138
EMMI Solutions	Data Analytics	(506)
Enquire Solutions LLC	Marketing Solution	1,561
Enterprise Immune System	Immune System Tracker	1,005
enVista, LLC	IT Support	1,133
Formation Healthcare	Monthly Subscription Fee	1,629
Health Data Systems, Inc.	Programming	3,057
Intellicomp Technologies Inc.	IT Support	21,843
IntelliLogix	IT Support	692
Kronos Support Services	Payroll Service	10,566
Managed Care Group, LLC	IT Support	6,849
Microsoft Corp	Computer Service	8,399
Navigator Group Purchasing, Inc.	Data Analytics	426
Nexuscomm, LLC	Phone/Fax Service	6,025
On-Line Communications, Inc.	Nurse Call Systems	704
Pay Access	Payroll	213
PointClickCare Technologies, Inc.	Cloud Based Software and Services	61,575
Prime Care Technologies	PBJ Reporting Module Access Fee	2,520
Reputation.com, Inc.	Online Reputation Management	1,430
Reside Admssions, LLC.	Admission Process Consulting	2,824
Scott Norton	HR Services	215
Sprout Social, Inc.	Social Media Management	3,403
Striv Technologies LLC dba Striv360	IT Support	2,580
Team TSI Corporation	Collection	7,012
Telemedicine Solutions, LLC.	Wound Rounds Care	22,926
Third Eye Health, Inc.	Data Analytics	4,886
Wencel	Branding	9,121
RSM	Accounting Services	45,605
Law Offices of Kevin P. Hanbury	Legal Services	2,943
McCabe, Kirshner P.C.	Legal Services	4,877
MKB	Legal Services	123,411
Stone, Pogrund & Korey, LLC.	Legal Services	9,907
ADP, LLC	Payroll Service	3,145
Advanced Care Medical Speciali	Infectious Disease Consultant	1,155
Corporation Service Company	Annual Filing	1,588
Duane Morris, LLP.	Legal Services	170
Language Line Services	Language Lesson	5
MTS Consulting, LLC.	Tax Consulting	2,617
National Database Corporation	Trust Service Charge	7,089
Personnel Planners, Inc.	Quarterly Unemployment Claims	1,015
Petty Cash	Miscellaneous	102
Real Estate Analysis Corporation	Real Estate Appeal - Accounting	5,500
SB2	Medicaid/Medicare Appeals	7,608
Total (agree to Schedule V, line 19, column 3)		444,081
Allocated from Management Company Professional Services		52,479
Less: Non-Allowable Legal Fees		(9,019)
Less: Non-Allowable Professional Fees		(18,290)
Total (agree to Schedule V, line 19, column 8)		469,251

Facility Name & ID Number SYMPHONY ENCORE (California Gardens)	STATE OF ILLINOIS # 0055665	Report Period Beginning: 1/1/2020	Page 22 Ending: 12/31/2020
---	---	--	---

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? Yes

(2) Are there any dues to nursing home associations included on the cost report? Yes
 If YES, give association name and amount. Health Care Council of Illinois \$37,090

(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? 5-10 Yrs

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 0 Line 10(3)

(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. \$ 718,604
 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. \$ - Has any meal income been offset against related costs? N/A Indicate the amount. \$ -

(16) Travel and Transportation
 a. Are there costs included for out-of-state travel? No
 If YES, attach a complete explanation.
 b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
 c. What percent of all travel expense relates to transportation of nurses and patients? 0.05
 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? No
 f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A

(17) Has an audit been performed by an independent certified public accounting firm? 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? Yes
 See page 39 of the instructions for details. Yes
 Attach invoices and a summary of services for all architect and appraisal fees.