

		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.

I. IDPH License ID Number: <u>0053660</u>		II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER																														
Facility Name: <u>Symphony of Bronzeville</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>3400 South Indiana</u> <u>Chicago</u> <u>60616</u> Number City Zip Code																																
County: <u>Cook</u>																																
Telephone Number: <u>(312) 842-5000</u> Fax # <u>(312) 842-3790</u>																																
HFS ID Number: _____																																
Date of Initial License for Current Owners: <u>11/1/2015</u>		<table><tr><td rowspan="4">Officer or Administrator of Provider</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">Paid Preparer</td><td>(Date) _____</td></tr><tr><td>(Print Name and Title) _____</td></tr><tr><td>(Firm Name & Address) <u>RSM US LLP</u> <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>		Officer or Administrator of Provider	(Signed) _____	(Type or Print Name) _____	(Title) _____	(Signed) _____	Paid Preparer	(Date) _____	(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																			
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Type of Ownership:																																
<table><tr><td>☐</td><td>VOLUNTARY,NON-PROFIT</td></tr><tr><td>☐</td><td>Charitable Corp.</td></tr><tr><td>☐</td><td>Trust</td></tr></table>	☐	VOLUNTARY,NON-PROFIT	☐	Charitable Corp.	☐	Trust	<table><tr><td>☒</td><td>PROPRIETARY</td></tr><tr><td>☐</td><td>Individual</td></tr><tr><td>☐</td><td>Partnership</td></tr><tr><td>☐</td><td>Corporation</td></tr><tr><td>☐</td><td>"Sub-S" Corp.</td></tr><tr><td>☒</td><td>Limited Liability Co.</td></tr><tr><td>☐</td><td>Trust</td></tr><tr><td>☐</td><td>Other _____</td></tr></table>	☒	PROPRIETARY	☐	Individual	☐	Partnership	☐	Corporation	☐	"Sub-S" Corp.	☒	Limited Liability Co.	☐	Trust	☐	Other _____	<table><tr><td>☐</td><td>GOVERNMENTAL</td></tr><tr><td>☐</td><td>State</td></tr><tr><td>☐</td><td>County</td></tr><tr><td>☐</td><td>Other _____</td></tr></table>	☐	GOVERNMENTAL	☐	State	☐	County	☐	Other _____
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☐	GOVERNMENTAL																															
☐	State																															
☐	County																															
☐	Other _____																															
IRS Exemption Code _____																																
In the event there are further questions about this report, please contact:		MAIL TO: BUREAU OF HEALTH FINANCE																														
Name: <u>Amanda Springborn</u>		ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES																														
Telephone Number: <u>(314) 925-3838</u>		201 S. Grand Avenue East																														
Email Address: _____		Springfield, IL 62763-0001																														
		Phone # (217) 782-1630																														

Facility Name & ID Number Symphony of Bronzeville

0053660 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>302</u>	Skilled (SNF)	<u>302</u>	<u>110,532</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>302</u>	TOTALS	<u>302</u>	<u>110,532</u>	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	<u>73,386</u>	<u>1,948</u>	<u>16,608</u>	<u>91,942</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>73,386</u>	<u>1,948</u>	<u>16,608</u>	<u>91,942</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 83.18%

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 07/01/1994

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

YES ☒

Date 07/01/1994

NO ☐

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

YES ☒

NO ☐

If YES, enter number of beds certified 302 and days of care provided 4,239

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRAUAL ☒ 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 of Bronzeville # 0053660 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	505,103	54,218	25,521	584,842		584,842	1,364	586,206		1
2	Food Purchase		466,119		466,119		466,119		466,119		2
3	Housekeeping	33,132	15,010	879,101	927,243		927,243		927,243		3
4	Laundry	-	37,679	1,538	39,217		39,217		39,217		4
5	Heat and Other Utilities			328,509	328,509		328,509	2,534	331,043		5
6	Maintenance	122,683	-	290,650	413,333		413,333	4,876	418,209		6
7	Other (specify):* Mgmt. Co. Benefit	-	-	-				362	362		7
8	TOTAL General Services	660,918	573,026	1,525,319	2,759,263		2,759,263	9,136	2,768,399		8
	B. Health Care and Programs										
9	Medical Director	-	-	24,000	24,000		24,000		24,000		9
10	Nursing and Medical Records	6,854,877	283,940	231,104	7,369,921		7,369,921	184,481	7,554,402		10
10a	Therapy	-	-	-							10a
11	Activities	165,328	-	-	165,328		165,328		165,328		11
12	Social Services	156,010	-	-	156,010		156,010		156,010		12
13	CNA Training	-	-	-							13
14	Program Transportation	-	-	-							14
15	Other (specify):* Mgmt. Co. Benefit	-	-	-				61,088	61,088		15
16	TOTAL Health Care and Programs	7,176,215	283,940	255,104	7,715,259		7,715,259	245,569	7,960,828		16
	C. General Administration										
17	Administrative	122,266	-	1,003,963	1,126,229		1,126,229	(1,003,963)	122,266		17
18	Directors Fees			-							18
19	Professional Services			483,131	483,131		483,131	9,969	493,100		19
20	Dues, Fees, Subscriptions & Promotions			55,669	55,669		55,669	(13,257)	42,412		20
21	Clerical & General Office Expenses	324,419	25,092	38,584	388,095		388,095	214,207	602,302		21
22	Employee Benefits & Payroll Taxes			1,330,461	1,330,461		1,330,461		1,330,461		22
23	Inservice Training & Education			-							23
24	Travel and Seminar			3,000	3,000		3,000	536	3,536		24
25	Other Admin. Staff Transportation		-	471	471		471	9,773	10,244		25
26	Insurance-Prop.Liab.Malpractice			1,032,888	1,032,888		1,032,888	1,811	1,034,699		26
27	Other (specify):* Mgmt. Co. Benefit			-				42,576	42,576		27
28	TOTAL General Administration	446,685	25,092	3,948,167	4,419,944		4,419,944	(738,348)	3,681,596		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	8,283,818	882,058	5,728,590	14,894,466		14,894,466	(483,643)	14,410,823		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			116,654	116,654		116,654	125,921	242,575			30
31	Amortization of Pre-Op. & Org.			-								31
32	Interest			30,506	30,506		30,506	(19,774)	10,732			32
33	Real Estate Taxes			832,452	832,452		832,452	28,978	861,430			33
34	Rent-Facility & Grounds			2,471,610	2,471,610		2,471,610	4,550	2,476,160			34
35	Rent-Equipment & Vehicles			282,235	282,235		282,235	2,416	284,651			35
36	Other (specify):*			-								36
37	TOTAL Ownership			3,733,457	3,733,457		3,733,457	142,091	3,875,548			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation	-	-	5,536	5,536		5,536	(608)	4,928			38
39	Ancillary Service Centers	-	170,994	1,153,800	1,324,794		1,324,794	(3,203)	1,321,591			39
40	Barber and Beauty Shops	-	-	-								40
41	Coffee and Gift Shops	-	-	-								41
42	Provider Participation Fee			698,155	698,155		698,155		698,155			42
43	Other (specify):* Non-Allowable Co	249,190	-	571,777	820,967		820,967	(820,967)				43
44	TOTAL Special Cost Centers	249,190	170,994	2,429,268	2,849,452		2,849,452	(824,778)	2,024,674			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	8,533,008	1,053,052	11,891,315	21,477,375		21,477,375	(1,166,330)	20,311,045			45

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

Facility Name & ID Number Symphony of Bronzeville

0053660

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 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	(28,922)	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	88,941	30		9
10	Interest and Other Investment Income	(19,834)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,618)	43		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(71,199)	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	(397,112)	43		24
25	Fund Raising, Advertising and Promotional	(94)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(4,554)	43		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See PG5A	(363,205)	Var		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (802,097)		\$	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)	(364,233)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (364,233)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (1,166,330)		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	\$ (179,847)	43	1
2	Laboratory Costs	(35,963)	43	2
3	X-Ray Costs	(22,111)	43	3
4	Real Estate Taxes	22,325	33	4
5	Lobbying Expense	(23,035)	20	5
6	Admissions	(75,047)	43	6
7	Nonallowable Legal	(31,314)	19	7
8	Nonallowable Branding Fees	(12,069)	19	8
9	Misc. Income	(6,144)	21	9
10				10
11				11
12				12
13				13
14				14
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39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(363,205)		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-Supplemen		

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 of Bronzeville

0053660

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%	\$ 1,364	\$ 1,364	15
16	V	5	Utilities		MAESTRO CONSULTING SERVICES LLC	100%	2,534	2,534	16
17	V	6	Maintenance Salaries		MAESTRO CONSULTING SERVICES LLC	100%			17
18	V	6	Maintenance Expenses		MAESTRO CONSULTING SERVICES LLC	100%	4,876	4,876	18
19	V	7	Employee Benefits - Maintenance		MAESTRO CONSULTING SERVICES LLC	100%	362	362	19
20	V	10	Clinical Salaries		MAESTRO CONSULTING SERVICES LLC	100%	212,371	212,371	20
21	V	10	Contract Nursing		MAESTRO CONSULTING SERVICES LLC	100%	204	204	21
22	V	15	Employee Benefits - Clinical		MAESTRO CONSULTING SERVICES LLC	100%	61,088	61,088	22
23	V	17	Administrative - Other	1,003,963	MAESTRO CONSULTING SERVICES LLC	100%		(1,003,963)	23
24	V	19	Professional Fees		MAESTRO CONSULTING SERVICES LLC	100%	53,362	53,362	24
25	V	20	Dues, Fees, Subscriptions, Etc.		MAESTRO CONSULTING SERVICES LLC	100%	9,778	9,778	25
26	V	21	Clerical & General Salaries		MAESTRO CONSULTING SERVICES LLC	100%	148,014	148,014	26
27	V	21	Clerical & General Expenses		MAESTRO CONSULTING SERVICES LLC	100%	72,337	72,337	27
28	V	24	Seminars and Education		MAESTRO CONSULTING SERVICES LLC	100%	536	536	28
29	V	25	Transportation		MAESTRO CONSULTING SERVICES LLC	100%	9,773	9,773	29
30	V	26	Insurance		MAESTRO CONSULTING SERVICES LLC	100%	1,811	1,811	30
31	V	27	Employee Benefits - Administrative		MAESTRO CONSULTING SERVICES LLC	100%	42,576	42,576	31
32	V	30	Depreciation		MAESTRO CONSULTING SERVICES LLC	100%	36,980	36,980	32
33	V	32	Interest Expense		MAESTRO CONSULTING SERVICES LLC	100%	50	50	33
34	V	33	Real Estate Tax		MAESTRO CONSULTING SERVICES LLC	100%	6,653	6,653	34
35	V	34	Building Rental		MAESTRO CONSULTING SERVICES LLC	100%	4,550	4,550	35
36	V	35	Equipment Rental		MAESTRO CONSULTING SERVICES LLC	100%	13,110	13,110	36
37	V	35	Auto Lease		MAESTRO CONSULTING SERVICES LLC	100%	7,542	7,542	37
38	V								38
39	Total			\$ 1,003,963			\$ 689,871	\$ * (314,092)	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	\$ 380	Intergra Healthcare Equipment LLC	19%	\$ 323	\$ (57)	15
16	V	35	Equipment Rental	121,571	Intergra Healthcare Equipment LLC	19%	103,335	(18,236)	16
17	V	39	Oxygen Supplies	21,353	Intergra Healthcare Equipment LLC	19%	18,150	(3,203)	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			\$ 143,304			\$ 121,808	\$ * (21,496)	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	\$ 4,054	Lifeline Ambulance LLC	4%	\$ 3,446	\$ (608)	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			\$ 4,054			\$ 3,446	\$ * (608)	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	\$ 174,224	MAPLE LEAF INSURANCE	100%	\$ 174,224	\$	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			\$ 174,224			\$ 174,224	\$ * 0	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	Dialysis	\$ 186,914	Concerto Dialysis LLC	20%	\$ 158,877	\$ (28,037)	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			\$ 186,914			\$ 158,877	\$ * (28,037)	39

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

Facility Name & ID Number

Symphony of Bronzeville

0053660

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	SYMCARE HEALTHCARE LLC	0.9999	SYMPHONY OF CALIFORNIA GARDENS	CHICAGO	MAESTRO CONSUL	LINCOLNWOOD	MANAGEMENT	1
2	SYMCARE HMG LLC	0.0001	MAPLE CREST CARE CENTRE	BELVIDERE	7257 N. LINCOLN AV	LINCOLNWOOD	BUILDING RENTA	2
3			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 BUFFALO GROVE	BUFFALO GROVE				9
10			SYMPHONY OF CHESTERTON	CHESTERTON, IN				10
11			SYMPHONY OF CHICAGO WEST	CHICAGO				11
12			SYMPHONY OF CRESTWOOD	CRESTWOOD				12
13			SYMPHONY OF CROWN POINT	CROWN POINT, IN				13
14			SYMPHONY OF DYER	DYER, IN				14
15			SYMPHONY OF EVANSTON	EVANSTON				15
16			SYMPHONY OF GLENDALE	GLENDALE, WI				16
17			SYMPHONY OF HANOVER PARK	HANOVER PARK				17
18			SYMPHONY OF JOLIET	JOLIET				18
19			SYMPHONY OF LINCOLN PARK	CHICAGO				19
20			SYMPHONY OF MORGAN PARK	CHICAGO				20
21			SYMPHONY OF ORCHARD VALLEY	AURORA				21
22			SYMPHONY OF SOUTH SHORE	CHICAGO				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 of Bronzeville# 0053660

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 of Bronzeville# 0053660

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	Bed Days Available	27	\$ 20,270	\$ 19,367	110,532	\$ 1,364	1
2	5	Utilities	Bed Days Available	27	37,663		110,532	2,534	2
3	6	Maintenance Salaries	Bed Days Available	27			110,532		3
4	6	Maintenance Expenses	Bed Days Available	27	72,471		110,532	4,876	4
5	7	Employee Benefits - Dietary/Main	Bed Days Available	27	5,383		110,532	362	5
6	10	Clinical Salaries	Bed Days Available	27	3,156,734	3,156,734	110,532	212,371	6
7	10	Contract Nursing	Bed Days Available	27	3,034		110,532	204	7
8	15	Employee Benefits - Clinical	Bed Days Available	27	908,028		110,532	61,088	8
9	17	Administrative - Other	Bed Days Available	27			110,532		9
10	19	Professional Fees	Bed Days Available	27	793,188		110,532	53,362	10
11	20	Dues, Fees, Subscriptions, Etc.	Bed Days Available	27	145,343		110,532	9,778	11
12	21	Clerical & General Salaries	Bed Days Available	27	2,200,120	2,200,120	110,532	148,014	12
13	21	Clerical & General Expenses	Bed Days Available	27	1,075,235		110,532	72,337	13
14	24	Seminars and Education	Bed Days Available	27	7,970		110,532	536	14
15	25	Transportation	Bed Days Available	27	145,272		110,532	9,773	15
16	26	Insurance	Bed Days Available	27	26,926		110,532	1,811	16
17	27	Employee Benefits - Administrative	Bed Days Available	27	632,860		110,532	42,576	17
18	30	Depreciation	Bed Days Available	27	549,679		110,532	36,980	18
19	32	Interest Expense	Bed Days Available	27	738		110,532	50	19
20	33	Real Estate Tax	Bed Days Available	27	98,893		110,532	6,653	20
21	34	Building Rental	Bed Days Available	27	67,631		110,532	4,550	21
22	35	Equipment Rental	Bed Days Available	27	194,869		110,532	13,110	22
23	35	Auto Lease	Bed Days Available	27	112,113		110,532	7,542	23
24									24
25	TOTALS				\$ 10,254,420	\$ 5,376,221		\$ 689,871	25

Facility Name & ID Number Symphony of Bronzeville# 0053660

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 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	10	Nursing Supplies	Direct Allocation		\$	\$		\$ 323	1
2	35	Equipment Rental	Direct Allocation					103,335	2
3	39	Oxygen Supplies	Direct Allocation					18,150	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				\$	\$		\$ 121,808	25

Facility Name & ID Number Symphony of Bronzeville# 0053660

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		\$	\$		\$ 3,446	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				\$	\$		\$ 3,446	25

Facility Name & ID Number Symphony of Bronzeville# 0053660

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

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 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	22	Workers Compensation	Direct Allocation		\$	\$		\$ 174,224	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				\$	\$		\$ 174,224	25

Facility Name & ID Number Symphony of Bronzeville# 0053660

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

Concerto Dialysis LLC

Street Address

4600 W Touhy Ave, Suite 100

City / State / Zip Code

Lincolnwood, IL 60712

Phone Number

(847) 233-1200

Fax Number

(

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	10	Dialysis	Direct Allocation		\$	\$		\$ 158,877	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				\$	\$		\$ 158,877	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	\$ 694	1	
2	LifeMed	X		Pharmacy Services	38,731	1/1/2018	6,197,033	176,088	1/1/2024	0.075	14,942	2	
3	Select Rehab		X	Operational	159,503	12/31/2018	12,216,125	496,100	12/31/2023	0.002	11,495	3	
4	Integra		X	Medical Supplies/rental	50,680	7/1/2019	1,162,530	21,788	6/30/2021	0.044	1,962	4	
5												5	
	Working Capital												
6	State of Illinois		X	Advance Payment	\$7,016.00	5/1/2019	474,200	474,200	8/1/2021			6	
7	National Government Services		X	Medicare AAP	\$28,387	4/7/2020	681,283	681,283	4/7/2023			7	
8	CIBC Bank USA		X	Payroll & Other Exp.	\$67,957.29	6/23/20	1,630,975	1,630,975	6/23/22	0.01		8	
9	TOTAL Facility Related				\$419,718.15		\$ 24,532,483	\$ 3,480,434			\$ 29,093	9	
	B. Non-Facility Related*												
10	Cyber Ins										172	10	
11	Worthy Ins										1,241	11	
12								Interest Income Offset			(19,824)	12	
13								Allocated from Mgmt. Co.			50	13	
14	TOTAL Non-Facility Related						\$	\$			\$ (18,361)	14	
15	TOTALS (line 9+line14)						\$ 24,532,483	\$ 3,480,434			\$ 10,732	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 Of Bronzeville Park COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0053660

CONTACT PERSON REGARDING THIS REPORT Ari Krupp

TELEPHONE (410) 258-7363 FAX #: (847) 282-6301

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) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>17-34-119-048-0000</u>	<u>Long Term Care Property</u>	\$ <u>211,938.05</u>	\$ <u>211,938.05</u>
2. <u>17-34-119-049-0000</u>	<u>Long Term Care Property</u>	\$ <u>436,273.84</u>	\$ <u>436,273.84</u>
3. <u>10-27-319-028-0001</u>	<u>Allocated-7257 N. Lincoln</u>	\$ <u>85,535.22</u>	\$ <u>6,653.00</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>733,747.11</u></u>	\$ <u><u>654,864.89</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:

72,844

B. General Construction Type:

Exterior

Brick

Frame

Steel

Number of Stories

4

C. Does the Operating Entity?

☐

(a) Own the Facility

☐

(b) Rent from a Related Organization.

☒

(c) Rent from Completely Unrelated Organization.

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

D. Does the Operating Entity?

☒

(a) Own the Equipment

☒

(b) Rent equipment from a Related Organization.

☒

(c) Rent equipment from Completely Unrelated Organization.

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

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

None

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

☐

YES

☒

NO

If so, please complete the following:

1. Total Amount Incurred:

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

3. Current Period Amortization:

4. Dates Incurred:

Nature of Costs:

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

XI. OWNERSHIP COSTS:

A. Land.	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1		-		\$ -	1
2	Allocated from 7257 N. Lincoln A		2004	10764	2
3	TOTALS			\$ 10,764	3

Facility Name & ID Number Symphony of Bronzeville# 0053660

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			1980	8,303		20	136	136	8,303	9
10	Various			1981	1,872		20			1,872	10
11	Various			1982	5,523		20			5,523	11
12	Various			1983	1,550		20			1,550	12
13	Various			1984	5,062		20			5,062	13
14	Various			1985	24,500		20			24,500	14
15	Various			1986	8,802		20			8,802	15
16	Various			1987	5,151		20			5,151	16
17	Various			1988	14,372		20	209	209	14,372	17
18	Various			1989	55,710		20	2,578	2,578	55,710	18
19	Various			1990	4,899		20	245	245	4,761	19
20	Various			1991	9,582		20	479	479	9,009	20
21	Various			1992	4,834		20	242	242	4,391	21
22	Various			1993	13,785		20	689	689	9,894	22
23	Various			1994	23,773		20	1,189	1,189	22,709	23
24	Various			1995	20,890		20			20,888	24
25	Various			1996	87,605		20			87,603	25
26	Various			1997	40,122		20			40,122	26
27	Various			1998	132,735		20			132,735	27
28	Various			1999	419,788		20			419,788	28
29	Various			2000	90,604		20	2,409	2,409	90,604	29
30	Various			2001	75,436		20	3,772	3,772	73,362	30
31	Various			2002	39,859		20			39,859	31
32	Various			2003	55,783		20	1,859	1,859	55,783	32
33	Various			2004	70,089		20			70,089	33
34	Various			2005	356,449		20	17,822	17,822	344,219	34
35	Various			2006	75,373		20	3,769	3,769	70,183	35
36	Various			2007	41,387		20	2,069		28,971	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.

XI. OWNERSHIP COSTS (continued)

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

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Various	2008	\$ 213,640	\$	20	\$	\$	\$ 213,640	37
38	Various	2009	208,483		20	10,424	10,424	171,594	38
39	Various	2010	282,649		20	7,066	7,066	282,641	39
40	Various	2011	114,479		20	5,724	5,724	103,391	40
41	Various	2012	79,757		20	3,988	3,988	57,835	41
42	Various	2013	410,463		20	20,523	20,523	157,856	42
43									43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 3,003,308	\$		\$ 85,192	\$ 83,123	\$ 2,642,772	70

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

Facility Name & ID Number Symphony of Bronzeville

0053660

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	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		\$ 3,003,308	\$		\$ 85,192	\$ 85,192	\$ 2,642,772	1
2	Pump Repair	2014	3,554		20	178	178	2,014	2
3	Remove Dry Wall In 2Nd Flr Shower Rms, Remove & Install 2 Nev	2014	3,950		20	198	198	2,436	3
4	Water Valve Repairs	2014	2,830		20	142	142	908	4
5	Landscaping - Plants & Soil	2014	7,746		20	387	387	2,517	5
6	Repaired Elevator Pits	2014	2,936		20	147	147	966	6
7	1St & 3Rd Floor Door Repairs	2014	2,520		20	126	126	851	7
8	Window Glazing	2014	75,000		20	3,750	3,750	26,250	8
9	Caulk 156 Windows And Tuckpoint Around 50 Window Sill	2014	22,500		20	1,125	1,125	7,875	9
10	Parking Lot - Repair Asphalt, Routed Cracks, Sealed 2 Coatings	2014	11,500		20	575	575	4,025	10
11	Installed Pvi Water Heater	2015	21,000		20	1,050	1,050	6,300	11
12	Removed And Installed Concrete Ramp	2015	4,200		20	210	210	1,260	12
13	Chiller Upgrade - Reconfigure Panel Components/Wiring	2016	19,591		20	980	980	4,082	13
14	Repair Ground Pipe Near Conference Room	2016	2,850		20	143	143	630	14
15	Plumbing - Replace 6" Pipe	2016	3,250		20	163	163	719	15
16	Plumbing - Replace Storm Pipe In Lower Level	2016	3,650		20	183	183	791	16
17	Chiller Control Board	2017	13,256		20	663	663	2,652	17
18	Chiller Room Ventilation	2017	48,517		20	2,426	2,426	9,704	18
19	Mechanical Room Upgrade	2017	9,820		20	491	491	1,964	19
20	Pipe Replacement	2017	2,920		20	146	146	584	20
21	Plumbing Service To Replace Cast Iron Piping	2017	7,340		20	367	367	1,468	21
22	Ventilation Project	2017	21,385		20	1,069	1,069	4,277	22
23	Building Fan Coil Replacement	2017	59,700		20	2,985	2,985	11,940	23
24	Installation Of Concrete Patch To All Surfaces And Stairs	2017	4,500		20	225	225	900	24
25	First Q Wander System	2017	2,533		20	127	127	507	25
26	Boiler Repair	2017	3,885		20	194	194	776	26
27	Camera System	2017	34,262		20	1,713	1,713	6,852	27
28	Walk In Freezer Replacment	2017	13,043		20	652	652	2,609	28
29	Phone System Upgrade	2017	45,938		20	2,297	2,297	9,188	29
30	Roof Repairs	2017	6,950		20	348	348	1,390	30
31	Cooling Towers Repairs	2017	14,212		20	711	711	2,842	31
32	Plumbing Services To Repair Pipe	2017	3,560		20	178	178	712	32
33	Plumbing To Complete Storm Drain Repairs	2017	3,680		20	184	184	736	33
34	TOTAL (lines 1 thru 33)		\$ 3,485,886	\$		\$ 109,321	\$ 109,321	\$ 2,763,496	34

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

Facility Name & ID Number Symphony of Bronzeville

0053660

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		\$ 3,485,886	\$		\$ 109,321	\$ 109,321	\$ 2,763,496	1
2	Plumbing Service To Replace Hot Water Line	2017	3,690		20	185	185	738	2
3	Plumbing In Boiler Room	2017	4,310		20	216	216	863	3
4	Chiller Repair	2017	24,735		20	1,237	1,237	4,948	4
5	Evapco Tower - Towe Repair - Roof	2018	102,194	5,473	20	5,473		16,419	5
6	Walk in freezer install- Main Kitchen Lower Level	2018	13,043	2,587	20	2,587		7,761	6
7	Cooling System Tower - Roof	2018	4,679	613	20	613		1,839	7
8	Camera System Throughout the Facility	2018	38,532	1,926	20	1,926		5,594	8
9	Elevator condensing unit - Lower Level	2018	6,294	314	20	314		638	9
10	Sump pump replacement-pulled out old pump and	2019	2,825	141	20	141		319	10
11	replacaed with new along with gaskets.								11
12	Fire system-Add fire sprinkler protections, replace 2	2019	3,680	184	20	184		226	12
13	dry pendent fire heads, 5 OS&Y control valves								13
14	Water heater replacement mechanical room	2019	16,998	850	20	850		3,079	14
15	Burner trips on PVI boiler #2	2019	4,341	217	20	217		802	15
16	Install valves on hot water heater	2019	5,264	263	20	263		516	16
17	Clean compressor, install sight glass and fix leak walk in cooler	2020	3,796	191	15	191		191	17
18	Elevator door-new door edge, 2 push button boards freight elevato	2020	4,286	192	15	192		192	18
19	Elevator door, install and parts	2020	23,582	923	15	923		923	19
20	Replace 2 ejector pumps in pit	2020	7,435	167	15	167		167	20
21	Install 13 nurse call switches	2020	5,714	65	15	65		65	21
22	Compressor replacement walk in freezer	2020	9,657	1,157	15	1,157		1,157	22
23									23
24									24
25									25
26	Reconcile to book depreciation			27,821			(27,821)		26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,770,940	\$ 43,084		\$ 126,221	\$ 83,137	\$ 2,809,933	34

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

Facility Name & ID Number Symphony of Bronzeville

0053660

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		\$ 3,770,940	\$ 43,084		\$ 126,221	\$ 83,137	\$ 2,809,933	1
2	Buildings:								2
3	<u>Allocated from 7257 N. Lincoln</u>	2004	96,877		35	2,768	2,768	47,400	3
4									4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	<u>Allocated from Maestro Consulting</u>	2003	788		20	39	39	675	9
10	<u>Allocated from Maestro Consulting</u>	2004	15,999		20	798	798	13,372	10
11	<u>Allocated from Maestro Consulting</u>	2005	949		20	47	47	752	11
12	<u>Allocated from Maestro Consulting</u>	2006	1,286		20	64	64	924	12
13	<u>Allocated from Maestro Consulting</u>	2008	1,356		20	68	68	831	13
14	<u>Allocated from Maestro Consulting</u>	2009	21,826		20	1,091	1,091	12,670	14
15	<u>Allocated from Maestro Consulting</u>	2010	3,354		20	168	168	1,762	15
16	<u>Allocated from Maestro Consulting</u>	2011	181		20	9	9	90	16
17	<u>Allocated from Maestro Consulting</u>	2012	202		20	10	10	88	17
18	<u>Allocated from Maestro Consulting</u>	2014	2,523		20	126	126	833	18
19	<u>Allocated from Maestro Consulting</u>	2015	709		20	35	35	189	19
20	<u>Allocated from Maestro Consulting</u>	2016	3,108		20	155	155	1,053	20
21	<u>Allocated from Maestro Consulting</u>	2017	415		20	22	22	83	21
22	<u>Allocated from Maestro Consulting</u>	2020	672		20	18	18	17	22
23									23
24	<u>Allocated from 7257 N. Lincoln</u>	2015	1,527		20	102	102	543	24
25	<u>Allocated from 7257 N. Lincoln</u>	2005	8,831		20	317	317	7,426	25
26	<u>Allocated from 7257 N. Lincoln</u>	2004	1,926		20	96	96	1,588	26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,933,469	\$ 43,084		\$ 132,154	\$ 89,070	\$ 2,900,229	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	\$789,786	\$65,391	\$71,195	\$5,804	5-10	\$712,366	71
72	Current Year Purchases	79,022	8,179	8,179		5-10	8,179	72
73	Fully Depreciated Assets	1,369,783					1,369,783	73
74	Allocated from Maestro	283,309		31,047	31,047		136,044	74
75	TOTALS	\$2,521,900	\$73,570	\$110,421	\$36,851		\$2,226,372	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		Allocated from Maestro	2017	\$596	\$-	\$-		5	\$596	76
77					-	-				77
78					-	-				78
79					-	-				79
80	TOTALS			\$596	\$	\$			\$596	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)	\$6,466,729	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$116,654	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$242,575	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$125,921	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$5,127,197	85

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

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

G. Construction-in-Progress

	Description	Cost	
92	CIP	\$1,296	92
93			93
94			94
95		\$1,296	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

Facility Name:Symphony of Bronzeville

IDPH License ID Number:0053660

Fiscal Year End:12/31/2020

Schedule 13A

XI. Ownership Costs

Line 79 - Vehicle Depreciation

Use	Model, Make		Cost	Current Book Depreciation	Straight Line Depreciation	Adjustments	Life in Years	Accumulated Depreciation
	& Year	Year Acquired						
						-		
						-		
						-		
						-		
						-		
						-		
						-		
						-		
						-		
						-		
						-		
						-		
						-		
TOTAL			-	-	-	-		-

Facility Name & ID Number	Symphony of Bronzeville	#	0053660	Report Period Beginning:	1/1/2020	Ending:	12/31/2020
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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	302	11/1/2015	\$ 2,471,610	15	15	3
4	Additions							4
5	Allocated from Maestro Consulting S				4,550			5
6								6
7	TOTAL		302		\$ 2,476,160			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: \$ **277,109** Description: **See Attached Schedule**

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Allocated from Maestro Consulting Services		\$	\$ 7,542	17
18					18
19					19
20					20
21	TOTAL		\$	\$ 7,542	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>2,380,241</u>
13.	<u>12/31/2022</u>	\$ <u>2,433,796</u>
14.	<u>12/31/2023</u>	\$ <u>2,488,556</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 of Bronzeville
IDPH License ID Number: 0053660
Fiscal Year End: 12/31/2020

Schedule 14A

XIV. Rental Costs
Line 16 Rental Amount for Moveable Equipment

Rental Description	Amount
Copier	140,941
Bariatric Beds, Pressurized Mattresses, Wheelchair	139,615
Vitla Monitors	(9,232)
Music over Paging System	5,457
Respiratory Equipment	1,320
Postage Machine	1,772
Water Conditioning System	(104)
Plant Rental	2,466
Integra Allocation	(18,236)
Allocated from Mgmt. Co.	13,110
Total - Line 16	277,109

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)	\$			

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	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)										
	Service	Schedule V Line & Column Reference	2	3	4		6	7	8	
			Units of Service	Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
					Units	Cost				
1	Licensed Occupational Therapist	39(3)	hrs	\$	4,576	\$ 329,469	\$	4,576	\$	329,469
2	Licensed Speech and Language Development Therapist	39(3)	hrs		3,135	225,705		3,135		225,705
3	Licensed Recreational Therapist		hrs							
4	Licensed Physical Therapist	39(3)	hrs		7,120	512,604		7,120		512,604
5	Physician Care		visits							
6	Dental Care		visits							
7	Work Related Program		hrs							
8	Habilitation		hrs							
9	Pharmacy	39(2)	# of prescrpts				154,568			154,568
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							
11	Academic Education		hrs							
12	Other (specify): Oxygen	39(2), (7)					13,223			13,223
13	Other (specify): See Sch 16A	39(3)			1,177	84,757		1,177		84,757
14	TOTAL			\$	16,008	\$ 1,152,535	\$ 167,791	16,008	\$	1,320,326

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 of Bronzeville Park
IDPH License ID Number: 0053660
Fiscal Year End: 12/31/2020

Schedule 16A

XIV. Special Services (Direct Cost)

Line 13 Other (specify)

Description	Amount
Inhalation Therapy Costs-Medicaid	10,413
Inhalation Therapy Costs-Medicare A	1,143
Inhalation Therapy Costs-Managed Care	297
Inhalation Therapy Costs-Private	
Inhalation Therapy Costs-Veteran	108
Inhalation Therapy Costs	
I.V. Therapy Costs-Medicaid	31,971
I.V. Therapy Costs-Medicare A	24,771
I.V. Therapy Costs-Managed Care	12,250
I.V. Therapy Costs-Private	2,875
I.V. Therapy Costs-Veteran	712
Other Ancillary Costs-Veteran	217
Total - Line 13	84,757

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	\$ (1,674)	\$ (1,674)	1
2	Cash-Patient Deposits	145,933	145,933	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 3,013,736)	4,472,587	4,472,587	3
4	Supply Inventory (priced at)	-	-	4
5	Short-Term Investments	-	-	5
6	Prepaid Insurance	6,877	6,877	6
7	Other Prepaid Expenses	42,830	42,830	7
8	Accounts Receivable (owners or related parties)	-	-	8
9	Other(specify): Acct. Rec. Empl Loans	8,414	8,414	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 4,674,967	\$ 4,674,967	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	-	-	11
12	Long-Term Investments	-	-	12
13	Land	-	10,764	13
14	Buildings, at Historical Cost	-	96,877	14
15	Leasehold Improvements, at Historical Cost	344,448	3,836,592	15
16	Equipment, at Historical Cost	533,639	2,522,496	16
17	Accumulated Depreciation (book methods)	(321,583)	(5,127,197)	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: CIP	1,296	1,296	22
23	Other(specify): See Attached Schedule	1,113,494	1,113,494	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,671,294	\$ 2,454,322	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,346,261	\$ 7,129,289	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 729,956	\$ 729,956	26
27	Officer's Accounts Payable	-	-	27
28	Accounts Payable-Patient Deposits	148,145	148,145	28
29	Short-Term Notes Payable	-	-	29
30	Accrued Salaries Payable	442,349	442,349	30
31	Accrued Taxes Payable (excluding real estate taxes)	471,778	471,778	31
32	Accrued Real Estate Taxes(Sch.IX-B)	890,342	890,342	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	3,866,541	3,866,541	36
37		-	-	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 6,549,111	\$ 6,549,111	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	3,480,434	3,480,434	39
40	Mortgage Payable	-	-	40
41	Bonds Payable	-	-	41
42	Deferred Compensation	-	-	42
	Other Long-Term Liabilities(specify):			
43		-	-	43
44		-	-	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 3,480,434	\$ 3,480,434	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 10,029,545	\$ 10,029,545	46
47	TOTAL EQUITY (page 18, line 24)	\$ (3,683,284)	\$ (2,900,256)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 6,346,261	\$ 7,129,289	48

*(See instructions.)

Facility Name: Symphony of Bronzeville
IDPH License ID Number: 0053660
Fiscal Year End: 12/31/2020

Schedule 17A

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

Description	Operating	After Consolidation
Other Assets-Security Deposit	2,273	2,273
Due to/From Deerbrook LLC	18,075	18,075
Due to/From Symcare Healthcare	1,218,433	1,218,433
Due to/From Bronzeville-OLD	999,798	999,798
Due to/From Chevy Chase Assoc.	93,348	93,348
Total - Line 23	2,331,927	2,331,927

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

Description	Operating	After Consolidation
Clearing Account	1,364	1,364
CSA I/C Related Party Due to/From Accts	13,270	13,270
Due to/From Medway	163,956	163,956
Due to/Drom California Gardens Nursing and Rehab	6,056	6,056
Due to/From Symphony Cal Gardens	1,019	1,019
Due to/From Symphony Healthcare	255	255
Due to/From Symcare ML	2,449,603	2,449,603
Due to/From Maestro	295,584	295,584
Accrued Payables	88,768	88,768
Accrued Payables-Professional Fees	26,716	26,716
Accrued Payables-Health Insurance	(3,299)	(3,299)
Accrued Payables Dental Insurance	(1,897)	(1,897)
Accrued Payables Vision Insurance	74	74
Accrued Payables Life Insurance	53,478	53,478
Accrued Payables Short Term Disability	(44,712)	(44,712)
Accrued Payables Payroll Union Dues	5,419	5,419
Accrued Payables Payroll Credit Union	(111)	(111)
Accrued Payables 401K Deductions	1,805	1,805
Accrued Payables 401K Loan Repayments	9	9
Accrued Payables Heart and Soul Foundation	200	200
Accrued Payables Garnishments	5,796	5,796
Employee Purchases	508	508
Fringe Benefits Flow Through	521	521
Accrued Payables WC/GL Insurance	186,627	186,627
Accrued Payables Bed Tax	27,633	27,633
Accrued Payables Bed Taxes Addil	1,917	1,917
Accrued Payables Management Fees	(3,541)	(3,541)
Accrued Payables Interest	587	587
Accrued Payables Rent	(58,904)	(58,904)
Accrued Payables Sales Tax	632	632
Deferred Rent	1,378,061	1,378,061
Deferred Income	487,580	487,580
Total - Line 36	5,084,974	5,084,974

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (4,099,636)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (4,099,636)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	416,352	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)	\$ 416,352	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)	\$ (3,683,284)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Symphony of Bronzeville# 0053660Report 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	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 19,592,263	1
2	Discounts and Allowances for all Levels	(2,063,907)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 17,528,356	3
	B. Ancillary Revenue		
4	Day Care	-	4
5	Other Care for Outpatients	-	5
6	Therapy	2,144,834	6
7	Oxygen	18,889	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 2,163,723	8
	C. Other Operating Revenue		
9	Payments for Education	-	9
10	Other Government Grants	1,681,730	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	289,133	17
18	Sale of Supplies to Non-Patients	-	18
19	Laboratory	29,192	19
20	Radiology and X-Ray	28,306	20
21	Other Medical Services	25,165	21
22	Laundry	-	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 2,053,526	23
	D. Non-Operating Revenue		
24	Contributions	-	24
25	Interest and Other Investment Income***	19,824	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 19,824	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	128,298	28
28a		-	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 128,298	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 21,893,727	30

2

	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	2,759,263	31
32	Health Care	7,715,259	32
33	General Administration	4,419,944	33
	B. Capital Expense		
34	Ownership	3,733,457	34
	C. Ancillary Expense		
35	Special Cost Centers	2,151,297	35
36	Provider Participation Fee	698,155	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 21,477,375	40
41	Income before Income Taxes (line 30 minus line 40)**	416,352	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 416,352	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	\$ 13,957,791	44
45	Private Pay - Net Inpatient Revenue	388,801	45
46	Medicare - Net Inpatient Revenue	1,493,707	46
47	Other-(specify) <u>Hospice / Veteran</u>	1,505,783	47
48	Other-(specify) <u>Managed Care / MAIP</u>	182,274	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 17,528,356	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 of Bronzeville
IDPH License ID Number: 0053660
Fiscal Year End: 12/31/2020

Schedule 19A

XVII. Income Statement

Line 28 Other Revenue (specify):

Description	Amount
Medical Equipment Rental-Revenue Medicaid	105,808
Preferred Insurance Provider Incentive Revenue	107,500
Other Service Revenue Managed Care	(92,872)
Transporation Other Revenue	1,718
Other Revenue	6,144
Total - Line 28	128,298

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	2,971	3,158	\$ 129,538	\$ 41.02	1
2	Assistant Director of Nursing	336	384	12,764	33.24	2
3	Registered Nurses	28,862	33,635	1,249,841	37.16	3
4	Licensed Practical Nurses	58,052	68,779	2,053,507	29.86	4
5	CNAs & Orderlies	151,195	174,417	3,031,857	17.38	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	7,500	8,194	165,328	20.18	10
11	Social Service Workers	6,065	6,763	156,010	23.07	11
12	Dietician					12
13	Food Service Supervisor	2,016	2,080	71,262	34.26	13
14	Head Cook	5,108	5,645	95,228	16.87	14
15	Cook Helpers/Assistants	20,358	21,887	338,613	15.47	15
16	Dishwashers					16
17	Maintenance Workers	6,025	6,488	122,683	18.91	17
18	Housekeepers	2,077	2,129	33,132	15.56	18
19	Laundry					19
20	Administrator	1,984	2,080	122,266	58.78	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager	3,644	3,942	91,428	23.19	23
24	Clerical	10,121	10,811	171,748	15.89	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	7,621	8,773	172,848	19.70	31
32	Other Health CℹSee Sch 20A	7,188	8,057	265,765	32.99	32
33	Other(specify) Admissions Coord	7,495	8,214	249,190	30.34	33
34	TOTAL (lines 1 - 33)	328,618	375,436	\$ 8,533,008 *	\$ 22.73	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	\$ 25,521	1(3)	35
36	Medical Director	Monthly	24,000	9(3)	36
37	Medical Records Consultant				37
38	Nurse Consultant	Monthly	204	10(7)	38
39	Pharmacist Consultant	Monthly	33,701	10(3)	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	Monthly	1,265	39(3)	42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant				45
46	Other(specify)				46
47	Psychiatric Consult	Monthly	10,800	10(3)	47
48					48
49	TOTAL (lines 35 - 48)		\$ 95,491		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 of Bronzeville
IDPH License ID Number: 0053660
Fiscal Year End: 12/31/2020

Schedule 20A

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

Description	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Total Salaries	Average Hourly Wage
MDS	5,232	5,861	204,522	\$ 34.90
Human Resource	1,956	2,196	61,243	\$ 27.89
Total - Line 32 Other Health Care (specify):	7,188	8,057	265,765	

Facility Name: Symphony of Bronzeville
IDPH License ID Number: 0053660
Fiscal Year End: 12/31/2020

Schedule 21C

XIX. SUPPORT SCHEDULES
C. Professional Services

Vendor	Type	Amount
Ability Network, Inc.	Secure Exchange Managed Services	(131)
Allscript	Referral System	6,903
Alteryx	Data Analytics	4,363
Applioi-Applicant Tracing System	Applicant Traking System	76
CATS-Applicant Tracking System	Applicant Traking System	404
CDW	Data Storage	2,405
Comcast Cable	Internet/Cable	27,979
Creative Technology Solutions	IT Support	3,365
Darktrace Limited	Cyber Security	3,190
Data Robot-cloud professional	Data Storage	3,031
Definitive Healthcare	Information Services	396
EMMI Solutions	Data Analytics	(500)
Enquire Solutions LLC	Marketing Solution	1,587
Enterprise Immune System	Immune System Tracker	198
EnVista, LLC	IT Support	1,152
Formation Healthcare Group	Monthly Subscription Fee	1,625
Health Data Systems, Inc.	Programming	2,802
Intellicomp Technologies, Inc.	IT Support	24,900
Intellilogix-core Data	IT Support	816
Kronos	Payroll Service	9,463
Managed Care Group LLC	IT Support	7,020
Microsoft Office	Computer Servic	8,540
Navigator Group Purchasing	Data Analytics	433
Nexuscomm, LLC	Phone/fax service	8,650
Pay Access	Payroll	217
Personnel Planners, Inc.	Quarterly Unemployment Claims	618
PointClickCare Technologies Inc	Cloud based software and services	52,880
Prime Care Tech-PBJ Access	PBJ Reporting Module Acces Fee	2,520
Reputation.com, Inc.	Online Reputation Management	1,416
Reside Admissions LLC	Admission Process Consulting	2,525
Scott Norton	HR Services	215
Sprout Social, Inc.	Social Medica Management	3,393
Striv Technologies LLC dba Stric360	IT Support	2,580
Team TSI Corporation	Collection	6,941
Telemedicine Solutions, LLC	Wound Rounds Care	24,694
Third Eye Health, Inc.	Data Analytics	6,934
Wencel Worldwide Digital Marketing	Branding	10,482
RSM	Accounting Fees-Administrative	43,519
Brenner, Monroe, Scott & Anderson, LTD	Legal	17,823
Duane Morris, LLP	Legal	3,723
McCabe, Kirshner P.C.	Legal	8,810
McCorkle Litifation Services, Inc.	Legal	770
MKB	Legal	122,313
Robert G Mosley	Legal	4,200
Stone, McGuire & Siegel, PC	Legal	8,537
US Legal Support	Legal	123
Achieve Accreditation	Accreditation	6,069
ADP Employment Tax Service	Payroll Service	2,341
Advanced Care Medical Specialist	Infectious Disease Consulting	1,169
Corporation Service Company	Annual Filing	1,508
Language Line Services	Language Lesson	1,427
MTS Consulting, LLC	Consulting	5,416
National Datacare Corporation	Trust Service Charge	7,084
Personnel Planners, Inc.	Quarterly Unemployment Claims	1,713
SB2	Legal fees-appeal Medicaid/Medicare	6,974
Stout Risius Ross, Inc.	Investment banking services	5,531
Total (agree to Schedule V, line 19, column 3)		483,131
Allocated from Management Company Legal Fees		12,400
Allocated from Management Company Professional Services		40,962
Less: Non-Allowable Legal Fees		(31,324)
Less: Marketing/Branding		(12,069)
Total (agree to Schedule V, line 19, column 8)		493,100

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 \$46,071
- (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. \$ 4,024 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? Yes
If YES, give effective date of lease. 11/1/2015
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES X NO _____ If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.
Bronzeville Park Nursing & Living Center, #0040592, 11/01/15
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 698,155
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. \$ N/A 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? 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.