

		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: 0053744

Facility Name: Symphony of Morgan Park

Address: 10935 S Halsted St Chicago 60628
Number City Zip Code

County: Cook

Telephone Number: (773) 928-2000 Fax # (773) 928-9670

HFS ID Number:

Date of Initial License for Current Owners: 11/1/2015

Type of Ownership:

☐ VOLUNTARY, NON-PROFIT
☐ Charitable Corp.
☐ Trust
IRS Exemption Code

☒ PROPRIETARY
☐ Individual
☐ Partnership
☐ Corporation
☐ "Sub-S" Corp.
☒ Limited Liability Co.
☐ Trust
☐ Other

☐ GOVERNMENTAL
☐ State
☐ County
☐ Other

In the event there are further questions about this report, please contact:
Name: Amanda Springborn Telephone Number: (314) 925-3838
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2020 to 12/31/2020 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.

Officer or Administrator of Provider	(Signed) _____
	(Type or Print Name) _____
	(Title) _____
Paid Preparer	(Signed) _____
	(Date) _____
	(Print Name and Title) _____
	(Firm Name & Address) RSM US LLP 20 N. Martingale Road, Ste. 500 Schaumburg, IL 60173
	(Telephone) (847) 517-7070 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 of Morgan Park

0053744 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>294</u>	Skilled (SNF)	<u>294</u>	<u>107,604</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>294</u>	TOTALS	<u>294</u>	<u>107,604</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>65,519</u>	<u>1,096</u>	<u>16,323</u>	<u>82,938</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>65,519</u>	<u>1,096</u>	<u>16,323</u>	<u>82,938</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 77.08%

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 5/1/1976

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

YES

☒

Date

12/31/2011

NO

☐

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

YES

☒

NO

☐

If YES, enter number

of beds certified

294

and days of care provided

4,200

Medicare Intermediary

Wisconsin Physician Services

IV. ACCOUNTING BASIS

ACCRUAL

☒

MODIFIED

CASH*

☐

CASH*

☐

Is your fiscal year identical to your tax year?

YES

☒

NO

☐

Tax Year: 12/31/2020

Fiscal Year: 12/31/2020

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

Facility Name & ID Number Symphony of Morgan Park # 0053744 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	487,527	45,822	20,009	553,358		553,358	1,328	554,686		1
2	Food Purchase		426,203		426,203		426,203		426,203		2
3	Housekeeping	43,822	16,230	888,966	949,018		949,018		949,018		3
4	Laundry	-	32,655	3,762	36,417		36,417		36,417		4
5	Heat and Other Utilities			329,926	329,926		329,926	2,467	332,393		5
6	Maintenance	97,644	-	258,064	355,708		355,708	4,746	360,454		6
7	Other (specify):* Mgmt. Alloc. Benefits	-	-	-				353	353		7
8	TOTAL General Services	628,993	520,910	1,500,727	2,650,630		2,650,630	8,894	2,659,524		8
	B. Health Care and Programs										
9	Medical Director	-	-	24,000	24,000		24,000		24,000		9
10	Nursing and Medical Records	6,656,670	299,078	232,764	7,188,512		7,188,512	178,723	7,367,235		10
10a	Therapy	-	-	-							10a
11	Activities	122,588	-	-	122,588		122,588		122,588		11
12	Social Services	190,236	-	-	190,236		190,236		190,236		12
13	CNA Training	-	-	-							13
14	Program Transportation	-	-	-							14
15	Other (specify):* Mgmt. Alloc. Benefits	-	-	-				59,470	59,470		15
16	TOTAL Health Care and Programs	6,969,494	299,078	256,764	7,525,336		7,525,336	238,193	7,763,529		16
	C. General Administration										
17	Administrative	131,728	-	939,389	1,071,117		1,071,117	(939,389)	131,728		17
18	Directors Fees			-							18
19	Professional Services			501,281	501,281		501,281	26,296	527,577		19
20	Dues, Fees, Subscriptions & Promotions			67,961	67,961		67,961	(13,641)	54,320		20
21	Clerical & General Office Expenses	331,359	23,989	47,749	403,097		403,097	211,803	614,900		21
22	Employee Benefits & Payroll Taxes			1,279,132	1,279,132		1,279,132		1,279,132		22
23	Inservice Training & Education			-							23
24	Travel and Seminar			1,425	1,425		1,425	522	1,947		24
25	Other Admin. Staff Transportation		-	-				9,514	9,514		25
26	Insurance-Prop.Liab.Malpractice			985,162	985,162		985,162	1,763	986,925		26
27	Other (specify):* Mgmt. Alloc. Benefits			-				41,448	41,448		27
28	TOTAL General Administration	463,087	23,989	3,822,099	4,309,175		4,309,175	(661,684)	3,647,491		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	8,061,574	843,977	5,579,590	14,485,141		14,485,141	(414,597)	14,070,544		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			56,644	56,644		56,644	205,558	262,202			30
31	Amortization of Pre-Op. & Org.			-								31
32	Interest			31,326	31,326		31,326	(5,171)	26,155			32
33	Real Estate Taxes			835,622	835,622		835,622	34,081	869,703			33
34	Rent-Facility & Grounds			2,071,614	2,071,614		2,071,614	4,429	2,076,043			34
35	Rent-Equipment & Vehicles			228,000	228,000		228,000	(470)	227,530			35
36	Other (specify):*			-								36
37	TOTAL Ownership			3,223,206	3,223,206		3,223,206	238,427	3,461,633			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation	-	-	50,434	50,434		50,434	(6,986)	43,448			38
39	Ancillary Service Centers	-	183,809	1,041,338	1,225,147		1,225,147	(4,094)	1,221,053			39
40	Barber and Beauty Shops	-	-	-								40
41	Coffee and Gift Shops	-	-	-								41
42	Provider Participation Fee			639,346	639,346		639,346		639,346			42
43	Other (specify):* Non-Allowable Co	210,960	-	230,365	441,325		441,325	(441,325)				43
44	TOTAL Special Cost Centers	210,960	183,809	1,961,483	2,356,252		2,356,252	(452,405)	1,903,847			44
	GRAND TOTAL COST											
45	(sum of lines 29, 37 & 44)	8,272,534	1,027,786	10,764,279	20,064,599		20,064,599	(628,575)	19,436,024			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 Morgan Park

0053744

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	(51,585)	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	169,558	30		9
10	Interest and Other Investment Income	(5,219)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(85,585)	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	(10,710)	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	(312,865)	Var.		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (300,906)		\$	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)	(327,669)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (327,669)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (628,575)		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	\$ (161,593)	43	1
2	Laboratory Costs	(47,779)	43	2
3	X-Ray Costs	(21,048)	43	3
4	Theft and Damage Loss	(278)	43	4
5	Lobbying Expense	(23,160)	20	5
6	Admissions	(48,642)	43	6
7	Community & Guest Relations	(5,258)	43	7
8	Nonallowable legal	(14,066)	19	8
9	Misc. Income	(2,711)	21	9
10	Real Estate Taxes	27,604	33	10
11	Nonallowable Branding Mktg	(10,062)	19	11
12	Nonallowable Collection Fees	(1,525)	19	12
13	Lease Tax	(4,347)	43	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	(312,865)		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 of Morgan Park

0053744

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%	\$ 1,328	\$ 1,328	15
16	V	5	Utilities		MAESTRO CONSULTING SERVICES LLC	100%	2,467	2,467	16
17	V	6	Maintenance Salaries		MAESTRO CONSULTING SERVICES LLC	100%			17
18	V	6	Maintenance Expenses		MAESTRO CONSULTING SERVICES LLC	100%	4,746	4,746	18
19	V	7	Employee Benefits - Maintenance		MAESTRO CONSULTING SERVICES LLC	100%	353	353	19
20	V	10	Clinical Salaries		MAESTRO CONSULTING SERVICES LLC	100%	206,745	206,745	20
21	V	10	Contract Nursing		MAESTRO CONSULTING SERVICES LLC	100%	199	199	21
22	V	15	Employee Benefits - Clinical		MAESTRO CONSULTING SERVICES LLC	100%	59,470	59,470	22
23	V	17	Administrative - Other	939,389	MAESTRO CONSULTING SERVICES LLC	100%		(939,389)	23
24	V	19	Professional Fees		MAESTRO CONSULTING SERVICES LLC	100%	51,949	51,949	24
25	V	20	Dues, Fees, Subscriptions, Etc.		MAESTRO CONSULTING SERVICES LLC	100%	9,519	9,519	25
26	V	21	Clerical & General Salaries		MAESTRO CONSULTING SERVICES LLC	100%	144,093	144,093	26
27	V	21	Clerical & General Expenses		MAESTRO CONSULTING SERVICES LLC	100%	70,421	70,421	27
28	V	24	Seminars and Education		MAESTRO CONSULTING SERVICES LLC	100%	522	522	28
29	V	25	Transportation		MAESTRO CONSULTING SERVICES LLC	100%	9,514	9,514	29
30	V	26	Insurance		MAESTRO CONSULTING SERVICES LLC	100%	1,763	1,763	30
31	V	27	Employee Benefits - Administrative		MAESTRO CONSULTING SERVICES LLC	100%	41,448	41,448	31
32	V	30	Depreciation		MAESTRO CONSULTING SERVICES LLC	100%	36,000	36,000	32
33	V	32	Interest Expense		MAESTRO CONSULTING SERVICES LLC	100%	48	48	33
34	V	33	Real Estate Tax		MAESTRO CONSULTING SERVICES LLC	100%	6,477	6,477	34
35	V	34	Building Rental		MAESTRO CONSULTING SERVICES LLC	100%	4,429	4,429	35
36	V	35	Equipment Rental		MAESTRO CONSULTING SERVICES LLC	100%	12,763	12,763	36
37	V	35	Auto Lease		MAESTRO CONSULTING SERVICES LLC	100%	7,343	7,343	37
38	V								38
39	Total			\$ 939,389			\$ 671,597	\$ * (267,792)	39

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	10	DME & Medical Supplies	\$ 2,371	Intergra Healthcare Equipment, LLC	19%	\$ 2,015	\$ (356)	15
16	V	35	Equipment Rental	137,172	Intergra Healthcare Equipment, LLC	19%	116,596	(20,576)	16
17	V	39	Oxygen Supplies	1,479	Intergra Healthcare Equipment, LLC	19%	1,257	(222)	17
18	V	39	Respiratory Consultant	25,815	Intergra Healthcare Equipment, LLC	19%	21,943	(3,872)	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			\$ 166,837			\$ 141,811	\$ * (25,026)	39

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

Facility Name & ID Number

Symphony of Morgan Park

0053744

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	10	Dialysis	\$ 185,769	Concerto Dialysis LLC	20%	\$ 157,904	\$ (27,865)	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			\$ 185,769			\$ 157,904	\$ * (27,865)	39

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

Facility Name & ID Number

Symphony of Morgan Park

0053744

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	38	Transportation	\$ 46,575	Lifeline Ambulance	4%	\$ 39,589	\$ (6,986)	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			\$ 46,575			\$ 39,589	\$ * (6,986)	39

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

Facility Name & ID Number

Symphony of Morgan Park

0053744

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	MAPLECREST 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	CONCERTO DIALYS	LINCOLNWOOD	DIALYSIS	7
8			SYMPHONY AT THE TILLERS	OSWEGO				8
9			SYMPHONY OF BRONZEVILLE	CHICAGO				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 Morgan Park# 0053744

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 ☒

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

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

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	N/A				\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

Facility Name & ID Number Symphony of Morgan Park# 0053744

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	107,604	\$ 1,328	1
2	5	Utilities	Bed Days Available	27	37,663		107,604	2,467	2
3	6	Maintenance Salaries	Bed Days Available	27			107,604		3
4	6	Maintenance Expenses	Bed Days Available	27	72,471		107,604	4,746	4
5	7	Employee Benefits - Maintenance	Bed Days Available	27	5,383		107,604	353	5
6	10	Clinical Salaries	Bed Days Available	27	3,156,734	3,156,734	107,604	206,745	6
7	10	Contract Nursing	Bed Days Available	27	3,034		107,604	199	7
8	15	Employee Benefits - Clinical	Bed Days Available	27	908,028		107,604	59,470	8
9	17	Administrative - Other	Bed Days Available	27			107,604		9
10	19	Professional Fees	Bed Days Available	27	793,188		107,604	51,949	10
11	20	Dues, Fees, Subscriptions, Etc.	Bed Days Available	27	145,343		107,604	9,519	11
12	21	Clerical & General Salaries	Bed Days Available	27	2,200,120	2,200,120	107,604	144,093	12
13	21	Clerical & General Expenses	Bed Days Available	27	1,075,235		107,604	70,421	13
14	24	Seminars and Education	Bed Days Available	27	7,970		107,604	522	14
15	25	Transportation	Bed Days Available	27	145,272		107,604	9,514	15
16	26	Insurance	Bed Days Available	27	26,926		107,604	1,763	16
17	27	Employee Benefits - Administrative	Bed Days Available	27	632,860		107,604	41,448	17
18	30	Depreciation	Bed Days Available	27	549,679		107,604	36,000	18
19	32	Interest Expense	Bed Days Available	27	738		107,604	48	19
20	33	Real Estate Tax	Bed Days Available	27	98,893		107,604	6,477	20
21	34	Building Rental	Bed Days Available	27	67,631		107,604	4,429	21
22	35	Equipment Rental	Bed Days Available	27	194,869		107,604	12,763	22
23	35	Auto Lease	Bed Days Available	27	112,113		107,604	7,343	23
24									24
25	TOTALS				\$ 10,254,420	\$ 5,376,221		\$ 671,597	25

Facility Name & ID Number Symphony of Morgan Park# 0053744

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

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	DME & Medical Supplies	Direct Allocation		\$	\$		2,015	1
2	35	Equipment Rental	Direct Allocation					116,596	2
3	39	Oxygen Supplies	Direct Allocation					1,257	3
4	39	Respiratory Consultant	Direct Allocation					21,943	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				\$	\$		141,811	25

Facility Name & ID Number Symphony of Morgan Park# 0053744

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 allocaiton		\$	\$		\$ 157,904	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				\$	\$		\$ 157,904	25

Facility Name & ID Number Symphony of Morgan Park# 0053744

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. Wasbash Ave

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		\$	\$		\$ 39,589	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				\$	\$		\$ 39,589	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	\$ 454	1	
2	LifeMed	X		Pharmacy Services	38,731	1/1/18	6,197,033	203,813	1/1/2024	0.075	17,294	2	
3	Select Rehab		X	Operational	159,503	12/31/2018	12,216,125	454,417	12/31/2023	0.002	10,529	3	
4	Integra	X		Medical Supplies/rental	50,680	07/1/19	1,162,530	14,921	6/30/2021	0.043802	1,343	4	
5												5	
	Working Capital												
6	State of Illinois		X	Advance Payments	\$45,877	5/1/2019	604,000	604,000	8/1/2021			6	
7	WPS		X	Medicare AAP	33,735	4/3/2020	809,634	809,634	4/3/2023			7	
8												8	
9	TOTAL Facility Related				\$395,969.82		\$ 23,159,659	\$ 2,086,784			\$ 29,620	9	
	B. Non-Facility Related*												
10	Cyber Ins										167	10	
11	Worthy Ins										1,539	11	
12								Interest Income Offset			(5,219)	12	
13								Maestro alloc.			48	13	
14	TOTAL Non-Facility Related						\$	\$			\$ (3,465)	14	
15	TOTALS (line 9+line14)						\$ 23,159,659	\$ 2,086,784			\$ 26,155	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 MORGAN PARK COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0053744

CONTACT PERSON REGARDING THIS REPORT Ari Krupp

TELEPHONE (410) 258-7363 FAX #: N/A

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2019 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2019.

(A)	(B)	(C)	(D) Tax Applicable to Nursing Home
Tax Index Number	Property Description	Total Tax	
1. 25-16-321-004-0000	Long Term Care Property	\$ 596.15	\$ 596.15
2. 25-16-332-12-0000	Long Term Care Property	\$ 251,604.56	\$ 251,604.56
3. 25-16-332-013-0000	Long Term Care Property	\$ 369,692.80	\$ 369,692.80
4. 25-16-316-001-0000	Long Term Care Property	\$ 76,290.35	\$ 76,290.35
5. 25-16-316-002-0000	Empty Lot	\$ 73,377.85	\$ 73,377.85
6. 25-16-321-001-0000	Empty Lot	\$ 1,161.08	\$ 1,161.08
7. 25-16-321-002-0000	Empty Lot	\$ 596.15	\$ 596.15
8. 25-16-321-003-0000	Empty Lot	\$ 596.15	\$ 596.15
9.		\$	\$
10. 10-27-319-028-0000	Allocated from Maestro	\$ 85,535.22	\$ 6,477.00
TOTALS		\$ 859,450.31	\$ 780,392.09

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:

60,068

B. General Construction Type:

Exterior

Brick

Frame

Number of Stories

3

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	Allocated from 7257 Lincoln-Maestro			\$ 10,479	1
2					2
3	TOTALS			\$ 10,479	3

Facility Name & ID Number Symphony of Morgan Park# 0053744

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			1978	750		20			750	9
10	Various			1979	12,807		20			12,807	10
11	Various			1980	35,915		20			35,915	11
12	Various			1981	13,910		20			13,910	12
13	Various			1982	8,814		20			8,814	13
14	Various			1983	12,936		20			12,936	14
15	Various			1984	20,560		20			20,560	15
16	Various			1985	18,883		20			18,883	16
17	Various			1986	2,456		20			2,456	17
18	Various			1987	4,000		20			4,000	18
19	Various			1988	82,596		20	745	745	82,596	19
20	Various			1989	1,225		20	42	42	1,225	20
21	Various			1990	91,597		20	4,580	4,580	83,805	21
22	Various			1993	53,620		20			53,620	22
23	Various			1995	137,949		20	1	1	137,949	23
24	Various			1996	519,100		20			519,100	24
25	Various			1997	76,548		20			76,548	25
26	Various			1998	77,488		20			77,488	26
27	Various			1999	278,572		20			278,572	27
28	Various			2000	48,393		20	2,420	2,420	46,644	28
29	Various			2001	97,460		20	4,873	4,873	94,205	29
30	Various			2002	25,280		20			25,280	30
31	Various			2003	461,684		20	7,434	7,434	461,682	31
32	Various			2004	62,146		20			62,146	32
33	Various			2005	94,134		20			94,134	33
34	Various			2006	114,124		20			114,124	34
35	Various			2007	377,501		20	18,875	18,875	348,524	35
36	Various			2008	823,017		20	41,151		529,512	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	2009	\$ 267,116	\$	20	\$ 13,356	\$ 13,356	\$ 215,092	37
38	Various	2010	211,043		20	10,552	10,552	138,027	38
39	Various	2011	129,999		20	6,500	6,500	72,025	39
40	Various	2012	30,043		20	1,502	1,502	22,677	40
41	Various	2013	42,223		20	2,111	2,111	28,569	41
42									42
43	Leasehold Improvements:								43
44	Landscaping	1994	25,996		20			25,996	44
45	Sprinkler System	1994	8,900		20			8,900	45
46	Sign- Awning	1994	9,474		20			9,474	46
47	Repair Hot Water System Causing Flood	2008	3,256		20	163	163	1,996	47
48	Installation of 240 Volt Line for Hall Heater; Removed & Replaced	2008	3,260		20	163	163	1,970	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)		\$ 4,284,775	\$		\$ 114,467	\$ 73,317	\$ 3,742,910	70

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

Facility Name & ID Number Symphony of Morgan Park

0053744

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	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 4,284,775	\$		\$ 114,467	\$ 114,467	\$ 3,742,910	1
2	2 Make-Up Air Units	2014	30,200		20	1,510	1,510	10,193	2
3	Hand Rails	2014	5,200		20	260	260	1,712	3
4	Fire Alarm System	2014	6,832		20	342	342	2,249	4
5	Elevator - Hydraulic Valve	2014	5,132		20	257	257	1,668	5
6	Sink & Piping	2014	9,950		20	498	498	3,234	6
7	Pvc Piping	2014	2,980		20	149	149	969	7
8	Dialysis Room Wall	2014	4,900		20	245	245	1,572	8
9	Dialysis Room Electrical Work	2014	6,090		20	305	305	1,954	9
10	Compressor For A/C	2014	2,888		20			2,888	10
11	1 Rooftop Ac Unit	2014	3,508		20	175	175	1,095	11
12	Fire Alarm Work	2014	14,681		20	734	734	4,527	12
13	Fire Alarm Work	2014	2,729		20	136	136	829	13
14	Phone Port Repair	2014	3,836		20	192	192	1,151	14
15	Install Electrical Panel In Generator Room	2015	5,280		20	264	264	1,584	15
16	Topographical Plan - Parking Lot	2015	4,160		20	208	208	1,248	16
17	Topographical Plan - Parking Lot	2015	3,259		20	163	163	978	17
18	Hot Water Heater	2015	10,388		20	519	519	3,116	18
19	Replace Injection Pump & Thermostat Seal	2015	8,303		20	415	415	2,491	19
20	Door Operator East Elevation Courtyard	2016	3,316		20	166	166	829	20
21	Electrical Panel-Circuits From Electrical Room To Therapy Room	2016	6,300		20	315	315	1,575	21
22	Condensing Unit	2016	6,650		20	333	333	1,663	22
23	Heat Exchanger	2016	2,500		20	125	125	625	23
24	Fr Door Operator	2016	2,940		20	147	147	735	24
25	Injector Pump For Air System	2016	2,564		20	128	128	640	25
26	Door Replacement (2)	2017	4,733		20	237	237	947	26
27	Door	2017	4,733		20	237	237	947	27
28	Overlay A Complete Parking Lot On South Side	2017	18,650		20	933	933	3,730	28
29	Pump (1) & Thermostat (1)	2017	3,851		20	193	193	770	29
30	Phone upgrade-all of the building 1st floor	2018	33,650	1,683	20	1,683	(1)	3,427	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 4,504,977	\$ 1,683		\$ 125,333	\$ 123,650	\$ 3,802,253	34

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

Facility Name & ID Number Symphony of Morgan Park

0053744

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		\$ 4,504,977	\$ 1,683		\$ 125,333	\$ 123,650	\$ 3,802,253	1
2	Electrical install new cocetion to emergency power								2
3	in hall ways, new breakers, juntion boxes.	2019	26,800	1,340	20	1,340		2,245	3
4	Roof-EPDM and DURO portions patch	2019	9,750	488	20	488		817	4
5	Nexus Communication-new cable lines	2019	22,644	1,132	20	1,132		1,769	5
6	Damaged concrete in parking lot, 1630 square feet	2019	13,800	690	20	690		924	6
7	1st floor wall by soda machine fix studs and door	2019	5,110	256	20	256		314	7
8	2 office vinyl flooring	2019	6,390	319	20	319		357	8
9	2nd and 3rd floor south windows	2019	4,599	230	20	230	0	257	9
10	Installation of new boiler in boiler room	2019	31,090	1,555	20	1,555		1,561	10
11	New feeds for the EM recepticles, new sub panels, copper								11
12	conductors	2020	40,000	2,448	20	2,448		2,448	12
13	Plumbing to replace 2 broken p-traps under dishwasher	2020	6,280	351	20	351		351	13
14	Repair kitchen waste piping-clear all lines, open floor	2020	9,240	414	20	414		414	14
15	Roof repair 37 man hours	2020	4,179	71	20	71		71	15
16	Replace plumbing 4" iron waste piping in ceiling 2 rooms	2020	3,150	36	20	36		36	16
17	Flooring replacement in two rooms, install, materials	2020	3,979	22	20	22		22	17
18	Furnish and install new door edge on elevator 3	2020	2,850	50	20	50		50	18
19	42" vertical rod panic device in fire door, gear hinge, duty closer	2020	14,641	1,461	20	1,461		1,461	19
20	Installation of new boiler in boiler room	2020	3,700	399	20	399		399	20
21	Remove flow switches water heater, jump switches	2020	3,118	336	20	336		336	21
22	replace water heater basement	2020	13,354	1,282	20	1,282		1,282	22
23	Heater-2" galvinized fittings, check valves, ball valves	2020	7,446	715	20	715		715	23
24	Boiler valves-drain tank, worked on broken nipples	2020	2,740	34	20	34		34	24
25									25
26									26
27	Reconcile depreciation to financial statements			13,156			(13,156)		27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 4,739,837	\$ 28,467		\$ 138,962	\$ 110,494	\$ 3,818,115	34

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

XI. OWNERSHIP COSTS (continued)

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

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 4,739,837	\$ 28,467		\$ 138,962	\$ 110,494	\$ 3,818,115	1
2									2
3									3
4									4
5									5
6	Allocated from Maestro Consulting Services	2003	767		20	38	38	657	6
7	Allocated from Maestro Consulting Services	2004	15,575		20	777	777	13,018	7
8	Allocated from Maestro Consulting Services	2005	923		20	46	46	732	8
9	Allocated from Maestro Consulting Services	2006	1,252		20	63	63	899	9
10	Allocated from Maestro Consulting Services	2008	1,320		20	66	66	809	10
11	Allocated from Maestro Consulting Services	2009	21,248		20	1,062	1,062	12,334	11
12	Allocated from Maestro Consulting Services	2010	3,265		20	163	163	1,716	12
13	Allocated from Maestro Consulting Services	2011	176		20	9	9	88	13
14	Allocated from Maestro Consulting Services	2012	196		20	10	10	86	14
15	Allocated from Maestro Consulting Services	2014	2,456		20	123	123	811	15
16	Allocated from Maestro Consulting Services	2015	691		20	35	35	184	16
17	Allocated from Maestro Consulting Services	2016	3,027		20	151	151	1,025	17
18	Allocated from Maestro Consulting Services	2017	404		20	20	20	81	18
19	Allocated from Maestro Consulting Services	2020	654		20	16	16	16	19
20	Allocated from Maestro 7257	2015	1,487		20	99	99	529	20
21	Allocated from Maestro 7257	2005	8,597		20	308	308	7,229	21
22	Allocated from Maestro 7257	2004	1,874		20	94	94	1,546	22
23	Buildings:								23
24	Allocated From Maestro- 7257 Lincoln	2004	94,311		35	2,695	2,695	46,145	24
25	Reconcile to financial statement depreciation								25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 4,898,060	\$ 28,467		\$ 144,737	\$ 116,269	\$ 3,906,020	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	\$986,188	\$23,186	\$82,249	\$59,063	5-10	\$1,009,417	71
72	Current Year Purchases	65,678	4,991	4,991		5-10	4,991	72
73	Fully Depreciated Assets	2,893,288					2,893,288	73
74	Allocated from Mestro	275,804		30,225	30,225		132,440	74
75	TOTALS	\$4,220,958	\$28,177	\$117,465	\$89,288		\$4,040,136	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	\$580	\$-	\$-		5	\$580	76
77					-	-				77
78					-	-				78
79					-	-				79
80	TOTALS			\$580	\$	\$			\$580	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)	\$9,130,077	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$56,644	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$262,202	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$205,557	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$7,946,736	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	Land - 2012	\$44,811	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$44,811	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92	CIP	\$6,185	92
93			93
94			94
95		\$6,185	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:		294	11/1/2015	\$ 2,071,614	15	15	3
4	Additions							4
5	Allocated from				4,429			5
6								6
7	TOTAL		294		\$ 2,076,043			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: \$ 220,187
- 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		\$	\$ 7,343	17
18					18
19					19
20					20
21	TOTAL		\$	\$ 7,343	21

10. Effective dates of current rental agreement:

Beginning11/1/2015

Ending10/31/2030

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

	Fiscal Year Ending	Annual Rent
12.	12/31/2021	\$ 1,995,121
13.	12/31/2022	\$ 2,040,012
14.	12/31/2023	\$ 2,085,912

* 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 Morgan Park
IDPH License ID Number: 0053744
Fiscal Year End: 12/31/2020

Schedule 14A

XIV. Rental Costs
Line 16 Rental Amount for Moveable Equipment

Rental Description	Amount
Medical Equipment	115,696
Nursing Equipment	22,366
Building Equipment	2,731
Office Equipment	87,206
Allocated from Maestro	12,763
Allocated from Integra	(20,576)
Total - Line 16	220,187

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(03)	hrs	\$	6,343	\$ 456,689	\$	6,343	\$ 456,689	1
2	Licensed Speech and Language Development Therapist	39(03)	hrs		1,524	109,716		1,524	109,716	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39(03)	hrs		5,495	395,647		5,495	395,647	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39(02)	# of prescrpts				182,330		182,330	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Oxygen</u>	39(02&07)					1,257		1,257	12
13	Other (specify): <u>See Schedule 16A</u>	39(03)			751	54,071		751	54,071	13
14	TOTAL			\$	14,113	\$ 1,016,123	\$ 183,587	14,113	\$ 1,199,710	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.

Symphony of Morgan Park
FYE: December 31, 2020
Provider Number - 0053744

Schedule 16A

Other Ancillary Services

New Account

500103-MAID	Inhalation Therapy Costs-Medicaid	-
500113-MAID	I.V. Therapy Costs-Medicaid	20,494
500113-MEDA	I.V. Therapy Costs-Medicare A	14,926
500113-MNGD	I.V. Therapy Costs-Managed Care	14,364
500113-PRVT	I.V. Therapy Costs-Private	850
500113-VTRN	I.V. Therapy Costs-Veteran	3,437
		<u>54,071</u>

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	\$ (42,253)	\$ (42,253)	1
2	Cash-Patient Deposits	159,543	159,543	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 3,255,092)	3,588,618	3,588,618	3
4	Supply Inventory (priced at)	-	-	4
5	Short-Term Investments	-	-	5
6	Prepaid Insurance	5,962	5,962	6
7	Other Prepaid Expenses	54,611	54,611	7
8	Accounts Receivable (owners or related parties)	-	-	8
9	Other(specify):	-	-	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,766,481	\$ 3,766,481	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	-	-	11
12	Long-Term Investments	-	-	12
13	Land	-	10,479	13
14	Buildings, at Historical Cost	-	94,311	14
15	Leasehold Improvements, at Historical Cost	222,138	4,803,749	15
16	Equipment, at Historical Cost	299,297	4,221,538	16
17	Accumulated Depreciation (book methods)	(119,784)	(7,946,736)	17
18	Deferred Charges	-	-	18
19	Organization & Pre-Operating Costs	-	-	19
20	Accumulated Amortization - Organization & Pre-Operating Costs	-	-	20
21	Restricted Funds	-	-	21
22	Other Long-Term Assets (specify):	-	-	22
23	Other(specify): See Attached Schedule	730,015	730,015	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,131,666	\$ 1,913,356	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,898,147	\$ 5,679,837	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 595,371	\$ 595,371	26
27	Officer's Accounts Payable	-	-	27
28	Accounts Payable-Patient Deposits	159,543	159,543	28
29	Short-Term Notes Payable	-	-	29
30	Accrued Salaries Payable	419,383	419,383	30
31	Accrued Taxes Payable (excluding real estate taxes)	437,661	437,661	31
32	Accrued Real Estate Taxes(Sch.IX-B)	1,192,869	1,192,869	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	3,350,041	3,350,041	36
37		-	-	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 6,154,868	\$ 6,154,868	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	2,086,784	2,086,784	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)	\$ 2,086,784	\$ 2,086,784	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 8,241,652	\$ 8,241,652	46
47	TOTAL EQUITY(page 18, line 24)	\$ (3,343,505)	\$ (2,561,815)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 4,898,147	\$ 5,679,837	48

*(See instructions.)

Facility Name: Symphony of Morgan Park
IDPH License ID Number: 0053744
Fiscal Year End: 12/31/2020

Schedule 17A

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

Description	After	
	Operating	Consolidation
Clearing Account	\$ (8,258)	\$ (8,258)
Fixed Assets - Construction in Process	\$ 6,185	\$ 6,185
Due To/From - Crown Point LLC	\$ 420	\$ 420
Fixed Assets - Construction in Process	\$ 3,591	\$ 3,591
Fixed Assets - Construction in Process	\$ 728,077	\$ 728,077
Total - Line 23	\$ 730,015	\$ 730,015

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

Description	After	
	Operating	Consolidation
Due To/From - Jackson Square LLC	\$ -	\$ -
Due To/From - South Shore	\$ -	\$ -
Due To/From - California Gardens Nur	\$ 5,271	\$ 5,271
Due To/From - Symphony of Cal Garde	\$ 8,524	\$ 8,524
Due To/From - Symphony Financial Ser	\$ 580	\$ 580
Due To/From - Symcare Healthcare	\$ -	\$ -
Due To/From - Symcare ML	\$ 910,851	\$ 910,851
Due To/From - Maestro	\$ 263,815	\$ 263,815
Accrued Payables	\$ 19,711	\$ 19,711
Accrued Payables - Professional Fees	\$ 26,717	\$ 26,717
Accrued Payables - Health Insurance	\$ 7,997	\$ 7,997
Accrued Payable - Dental Insurance	\$ (3,784)	\$ (3,784)
Accrued Payables - Vision Insurance	\$ (321)	\$ (321)
Accrued Payables - Life Insurance	\$ 46,311	\$ 46,311
Accrued Payables - Short Term Disabilit	\$ (37,869)	\$ (37,869)
Accrued Payables - Payroll Union Dues	\$ 5,926	\$ 5,926
Accrued Payables - Payroll Credit Unior	\$ (128)	\$ (128)
Accrued Payables - 401K Deductions	\$ 4,470	\$ 4,470
Accrued Payables - 401K Loan Repaym	\$ 312	\$ 312
Accrued Payables - Heart and Soul Foun	\$ 2	\$ 2
Accrued Payables - Garnishments	\$ 4,892	\$ 4,892
Employee Purchases	\$ 886	\$ 886
Fringe Benefits - Flow Through	\$ 610	\$ 610
Accrued Payables - WC/GL Insurance	\$ 235,001	\$ 235,001
Accrued Payables - Bed Taxes	\$ 75,132	\$ 75,132
Accrued Payables - Bed Taxes Add'l	\$ (1,961)	\$ (1,961)
Accrued Payables - Management Fees	\$ (9,135)	\$ (9,135)
Accrued Payables - Interest	\$ (1,154)	\$ (1,154)
Accrued Payables - Interest	\$ (49,372)	\$ (49,372)
Accrued Payables - Sales Tax	\$ 339	\$ 339
Deferred Rent	\$ 1,156,120	\$ 1,156,120
Deferred Income	\$ 680,298	\$ 680,298
Total - Line 36	\$ 3,350,041	\$ 3,350,041

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (3,681,305)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (3,681,305)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	337,800	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)	\$ 337,800	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)	\$ (3,343,505)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Symphony of Morgan Park

0053744

Report Period Beginning: 1/1/2020

Ending: 12/31/2020

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

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

1

	I. Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 18,306,328	1
2	Discounts and Allowances for all Levels	(2,136,753)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 16,169,575	3
	B. Ancillary Revenue		
4	Day Care	-	4
5	Other Care for Outpatients	-	5
6	Therapy	2,063,090	6
7	Oxygen	633	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 2,063,723	8
	C. Other Operating Revenue		
9	Payments for Education	-	9
10	Other Government Grants	1,641,927	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	333,467	17
18	Sale of Supplies to Non-Patients	-	18
19	Laboratory	54,869	19
20	Radiology and X-Ray	17,906	20
21	Other Medical Services	125,822	21
22	Laundry	-	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 2,173,991	23
	D. Non-Operating Revenue		
24	Contributions	-	24
25	Interest and Other Investment Income***	5,219	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 5,219	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Supplemental Schedule	(10,109)	28
28a		-	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ (10,109)	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 20,402,399	30

2

	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	2,650,630	31
32	Health Care	7,525,336	32
33	General Administration	4,309,175	33
	B. Capital Expense		
34	Ownership	3,223,206	34
	C. Ancillary Expense		
35	Special Cost Centers	1,716,906	35
36	Provider Participation Fee	639,346	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 20,064,599	40
41	Income before Income Taxes (line 30 minus line 40)**	337,800	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 337,800	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	\$ 12,806,398	44
45	Private Pay - Net Inpatient Revenue	122,737	45
46	Medicare - Net Inpatient Revenue	1,258,278	46
47	Other-(specify) Hospice	1,127,560	47
48	Other-(specify) MAIP/Managed Care/Veteran	854,602	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 16,169,575	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 Morgan Park
IDPH License ID Number: 0053744
Fiscal Year End: 12/31/2020

Schedule 19A

XVII. Income Statement

Line 28 Other Revenue (specify):

Description	Amount
Other revenue	\$ 2,711
Preferred Insurance Provider Incentive -	\$ 4,401
Preferred Insurance Provider Incentive -	\$ 64,891
Other Services - Revenue-Managed Care	\$ (82,276)
Transportation - Other Revenue-Other	\$ 164
Total - Line 28	<u><u>(10,109)</u></u>

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	2,503	2,967	\$ 138,782	\$ 46.77	1
2	Assistant Director of Nursing					2
3	Registered Nurses	22,114	26,625	859,805	32.29	3
4	Licensed Practical Nurses	65,597	81,106	2,474,012	30.50	4
5	CNAs & Orderlies	145,700	166,507	2,850,928	17.12	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,984	2,198	37,849	17.22	9
10	Activity Assistants	5,080	5,520	84,739	15.35	10
11	Social Service Workers	7,369	8,344	190,236	22.80	11
12	Dietician					12
13	Food Service Supervisor	2,024	2,192	59,014	26.92	13
14	Head Cook					14
15	Cook Helpers/Assistants	4,131	4,568	73,443	16.08	15
16	Dishwashers	20,184	22,506	355,070	15.78	16
17	Maintenance Workers	3,936	4,291	97,644	22.75	17
18	Housekeepers	1,892	2,088	43,822	20.99	18
19	Laundry					19
20	Administrator	2,000	2,080	131,728	63.33	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager	1,648	1,859	49,729	26.75	23
24	Clerical	13,078	13,992	226,371	16.18	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	5,439	6,560	132,187	20.15	31
32	Other Health Care See SCH 20A	6,515	7,254	256,215	35.32	32
33	Other(specify) <u>Admissions Coord</u>	6,607	7,885	210,960	26.75	33
34	TOTAL (lines 1 - 33)	317,800	368,541	\$ 8,272,534 *	\$ 22.45	34

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	\$ 20,009	01(03)	35
36	Medical Director	Monthly	24,000	09(03)	36
37	Medical Records Consultant				37
38	Nurse Consultant	Monthly	199	10(07)	38
39	Pharmacist Consultant	Monthly	32,804	10(03)	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	Monthly	21,943	39(03)(07)	42
43	Speech Therapy Consultant				43
44	Activity Consultant			11(03)	44
45	Social Service Consultant				45
46	Other(specify) <u>Psychiatric</u>	Monthly	7,000	10(03)	46
47	<u>Dental Consultant</u>	Monthly	(600)	39(03)	47
48					48
49	TOTAL (lines 35 - 48)		\$ 105,354		49

C. CONTRACT NURSES

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

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

** See instructions.

Facility Name: Symphony of Morgan Park
IDPH License ID Number: 0053744
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 Coordinator	4,812	5,431	200,956	\$ 37.00
Human Resource Director	1,704	1,824	55,259	\$ 30.30
Total - Line 32 Other Health Care (specify):	6,515	7,254	256,215	

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions			
Name	Function	%	Amount	Description		Amount	Description		Amount	
Nichole Cole	Administrator	0	\$ 131,728	Workers' Compensation Insurance		\$ 161,863	IDPH License Fee		\$ 1,990	
				Unemployment Compensation Insurance		64,273	Advertising: Employee Recruitment		4,477	
				FICA Taxes		585,482	Health Care Worker Background Check			
				Employee Health Insurance		370,948	(Indicate # of checks performed 46)		551	
				Employee Meals			Patient Background Checks 268		3,214	
				Illinois Municipal Retirement Fund (IMRF)*			Miscellaneous Licenses & Fees		7,137	
				Pension Plan Contributions		59,362	Health Care Council of Illinois		46,320	
				Employee Physical Exams		11,955	Miscellaneous Dues & Subscriptions		4,272	
				Other Employee Benefits		18,290	Lobbying dues		(23,160)	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)				401K		6,959	Allocation From Maestro		9,519	
B. Administrative - Other							Less: Public Relations Expense		()	
Description				Amount			Non-allowable advertising		()	
Management Fees-Symphony				\$ 939,389			Yellow page advertising		()	
							TOTAL (agree to Sch. V, line 20, col. 8)		\$ 54,320	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)				\$ 939,389		TOTAL (agree to Schedule V, line 22, col.8)		\$ 1,279,132		
C. Professional Services				E. Schedule of Non-Cash Compensation Paid to Owners or Employees						
Vendor/Payee	Type		Amount	Description	Line #	Amount	G. Schedule of Travel and Seminar**			
See Supplemental Schedule			\$ 501,281	N/A		\$	Description			Amount
							Out-of-State Travel			\$
							In-State Travel			
							Seminar Expense			1,425
							Allocated from Maestro			522
							Entertainment Expense			()
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)				\$ 501,281		TOTAL		(agree to Sch. V, line 24, col. 8)		\$ 1,947

*** Attach copy of IMRF notifications**

****See instructions.**

Facility Name: Symphony of Morgan Park
IDPH License ID Number: 0053744
Fiscal Year End: 12/31/2020

Schedule 21C

XIX. SUPPORT SCHEDULES
C. Professional Services

Vendor	Type	Amount
ABILITY CHOICE	Secure Exchange Managed Services	\$ (118)
Achieve Accreditation	Accreditation	\$ 750
Allscripts LLC	Referral System	\$ 6,323
Alteryx, Inc.	Data Analytics	\$ 4,344
apploi-appllicant tracing system	apploi-appllicant tracking system	\$ 76
CATS- APPLICANT TRACKING SYSTEM	Applicant Tracking System	\$ 404
CDW	IT Support	\$ 2,341
Comcast Cable	Internet and cable	\$ 29,829
Creative Technology Solutions	IT Support	\$ 3,314
Darktrace Limited	Cyber Security	\$ 3,057
Data Robot-Cloud Professional	Data Storage	\$ 2,951
Definitive Healthcare	Data Analytics	\$ 357
EMMI Solutions	Data Analytics	\$ (451)
Enquire Solutions LLC	Marketing solution	\$ 1,545
ENTERPRISE IMMUNE SYSTEM	Immune System tracker	\$ 266
enVista, LLC	IT Support	\$ 1,121
FORMATION HEALTHCARE	Monthly Subscription Fee	\$ 1,497
Health Data Systems Inc	Programming	\$ 3,057
Healthstream	Healthcare Workforce Consulting	\$ (617)
Intellicomp Technologies Inc.	IT Support	\$ 22,965
IntelliLogix	IT Support	\$ 684
KRONOS SUPPORT SERVICES	Payroll service	\$ 9,684
Managed Care Group LLC	IT Support	\$ 6,987
Microsoft Corp	Computer service	\$ 8,314
Navigator Group Purchasing, In	Data Analytics	\$ 422
Nexuscomm, LLC	Phone/fax service	\$ 5,576
Pay access	Payroll	\$ 211
Petty Cash - Claremont	Phone	\$ 46
PointClickCare Technologies Inc.	Cloud based software and services	\$ 52,669
PRIME CARE TECHNOLOGIES	PBJ Reporting Module Access Fee	\$ 2,520
Reputation.com, Inc.	Online Reputation Management	\$ 1,276
Reside Admissions LLC	Admission Process Consulting	\$ 2,824
Scott Norton	HR Services	\$ 215
Sprout Social Inc.	Social Media Management	\$ 3,123
Striv Technologies LLC dba Striv360	IT Support	\$ 2,400
Team TSI Corporation	Collection	\$ 6,257
Telemedicine Solutions, LLC	Wound Rounds Care	\$ 24,527
Third Eye Health Inc.	Data Analytics	\$ 53
Wencel	Branding	\$ 8,517
Windstream	Technical assistance	\$ 550
RSM and Marcum		\$ 43,520
Achieve Accreditation	Accreditation	\$ 750
MKB	Legal Coussel	\$ 110,441
Stone, Pogrund & Korey LLC	Collection, guardianship etc	\$ 21,455
Abbey Road Tax Consultants, LLC	Real Estate appeal-Accounting	\$ 62,795
Achieve Accreditation	Accreditation	\$ 8,342
ADP, LLC	Payroll service	\$ 2,125
Advanced Care Medical Specialist	Infectious Disease Consult	\$ 1,124
Corporation Service Company	Annual Filing	\$ 1,264
Gabriel Environment Services	Environmental Consulting	\$ 365
MTS Consulting, LLC	Tax Consulting	\$ 4,210
National Datacare Corporation	trust service charge	\$ 9,191
Personnel Planners, Inc	Qtrly Unemployment Claims	\$ 1,965
Real Estate Analysis Corporation	Real Estate appeal-Accounting	\$ 5,500
SB2	Legal Fees -appeal Medicaid/Medicare claims	\$ 6,843
Transworld Systems Inc	Collection	\$ 1,525
	Total (agree to Schedule V, line 19, column 3)	\$ 501,281
Allocated from Management Company	Professional Services	\$ 51,949
Less: Branding/Marketing		\$ (10,062)
Less: Internet & Software Charges		\$ (1,525)
Less: Nonallowable Legal		\$ (14,066)
	Total (agree to Schedule V, line 19, column 8)	\$ 527,577

Facility Name & ID Number <u>Symphony of Morgan Park</u>	STATE OF ILLINOIS # <u>0053744</u>	Report Period Beginning: <u>1/1/2020</u>	Page 22 Ending: <u>12/31/2020</u>
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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 \$46,320

(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? 7 years

(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

(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.
Renaissance Park South #0049098

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 639,346
 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? None Indicate the amount. \$ N/A

(16) Travel and Transportation
 a. Are there costs included for out-of-state travel? No
 If YES, attach a complete explanation.
 b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
 c. What percent of all travel expense relates to transportation of nurses and patients? 100% Ln 1
 d. Have vehicle usage logs been maintained? Adequate records have been maintained
 e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
 f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A

(17) Has an audit been performed by an independent certified public accounting firm? Yes
 Firm Name: RSM US LLP

(18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes

(19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes
 Attach invoices and a summary of services for all architect and appraisal fees.