

		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: 0053751

Facility Name: Symphony of South Shore

Address: 2425 East 71st St Chicago 60649
Number City Zip Code

County: Cook

Telephone Number: (773) 721-5000 Fax # (773) 721-6850

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) (Date)

(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 South Shore

0053751 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>248</u>	Skilled (SNF)	<u>248</u>	<u>90,520</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>248</u>	TOTALS	<u>248</u>	<u>90,520</u>	7

B. Census-For the entire report period.

	1 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>47,564</u>	<u>1,332</u>	<u>17,855</u>	<u>66,751</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>47,564</u>	<u>1,332</u>	<u>17,855</u>	<u>66,751</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 73.74%

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 10/23/1998

J. Was the facility purchased or leased after January 1, 1978?
YES ☒ Date 10/23/1998 NO ☐

K. Was the facility certified for Medicare during the reporting year?
YES ☒ NO ☐ If YES, enter number of beds certified 248 and days of care provided 7,967

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 South Shore # 0053751 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	552,231	41,911	21,417	615,559		615,559	1,120	616,679			1
2	Food Purchase		377,295		377,295		377,295	20,987	398,282			2
3	Housekeeping	37,127	9,015	914,557	960,699		960,699		960,699			3
4	Laundry	-	32,902	4,361	37,263		37,263		37,263			4
5	Heat and Other Utilities			305,835	305,835		305,835	2,081	307,916			5
6	Maintenance	152,060	-	241,383	393,443		393,443	4,004	397,447			6
7	Other (specify):* Mgmt Alloc of Benefit	-	-	-				297	297			7
8	TOTAL General Services	741,418	461,123	1,487,553	2,690,094		2,690,094	28,489	2,718,583			8
	B. Health Care and Programs											
9	Medical Director	-	-	88,180	88,180		88,180		88,180			9
10	Nursing and Medical Records	5,730,959	294,158	25,262	6,050,379		6,050,379	173,654	6,224,033			10
10a	Therapy	-	-	-								10a
11	Activities	202,983	-	-	202,983		202,983		202,983			11
12	Social Services	196,375	-	-	196,375		196,375		196,375			12
13	CNA Training	-	-	-								13
14	Program Transportation	-	-	-								14
15	Other (specify):* Mgmt alloc of benef	-	-	-				50,165	50,165			15
16	TOTAL Health Care and Programs	6,130,317	294,158	113,442	6,537,917		6,537,917	223,819	6,761,736			16
	C. General Administration											
17	Administrative	151,797	-	895,857	1,047,654		1,047,654	(895,857)	151,797			17
18	Directors Fees			-								18
19	Professional Services			418,773	418,773		418,773	12,405	431,178			19
20	Dues, Fees, Subscriptions & Promotions			56,061	56,061		56,061	(8,230)	47,831			20
21	Clerical & General Office Expenses	392,871	15,954	38,851	447,676		447,676	175,180	622,856			21
22	Employee Benefits & Payroll Taxes			1,173,502	1,173,502		1,173,502		1,173,502			22
23	Inservice Training & Education			-								23
24	Travel and Seminar			5,027	5,027		5,027	440	5,467			24
25	Other Admin. Staff Transportation		-	1,920	1,920		1,920	8,026	9,946			25
26	Insurance-Prop.Liab.Malpractice			907,835	907,835		907,835	1,488	909,323			26
27	Other (specify):* Mgmt alloc of benef			-				34,963	34,963			27
28	TOTAL General Administration	544,668	15,954	3,497,826	4,058,448		4,058,448	(671,585)	3,386,863			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	7,416,403	771,235	5,098,821	13,286,459		13,286,459	(419,277)	12,867,182			29

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

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			297,907	297,907		297,907	123,148	421,055			30
31	Amortization of Pre-Op. & Org.			-								31
32	Interest			62,751	62,751		62,751	(5,206)	57,545			32
33	Real Estate Taxes			600,399	600,399		600,399	(597)	599,802			33
34	Rent-Facility & Grounds			2,582,534	2,582,534		2,582,534	3,736	2,586,270			34
35	Rent-Equipment & Vehicles			163,624	163,624		163,624	5,625	169,249			35
36	Other (specify):*			-								36
37	TOTAL Ownership			3,707,215	3,707,215		3,707,215	126,706	3,833,921			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation	-	-	21,376	21,376		21,376	(7,174)	14,202			38
39	Ancillary Service Centers	-	183,189	1,249,626	1,432,815		1,432,815	(1,687)	1,431,128			39
40	Barber and Beauty Shops	-	-	-								40
41	Coffee and Gift Shops	-	-	-								41
42	Provider Participation Fee			492,971	492,971		492,971		492,971			42
43	Other (specify):* Non-Allowable Cos	226,704	-	1,586,965	1,813,669		1,813,669	(1,813,669)				43
44	TOTAL Special Cost Centers	226,704	183,189	3,350,938	3,760,831		3,760,831	(1,822,530)	1,938,301			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	7,643,107	954,424	12,156,974	20,754,505		20,754,505	(2,115,101)	18,639,404			45

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

VI. ADJUSTMENT DETAIL

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

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	20,987	2		4
5	Telephone, TV & Radio in Resident Rooms	(20,692)	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	92,780	30		9
10	Interest and Other Investment Income	(5,247)	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	(61,110)	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	(1,403,972)	43		24
25	Fund Raising, Advertising and Promotional	(111)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(4,861)	43		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See PG5A	(377,930)	Var.		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (1,764,656)		\$	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)	(350,445)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (350,445)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (2,115,101)		37

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

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

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

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Nonallowable marketing events	\$ (132,549)	43	1
2	Laboratory Costs	(35,140)	43	2
3	X-Ray Costs	(23,068)	43	3
4	Theft and Damage Loss	(1,531)	43	4
5	Non-allowable lobbying dues	(16,260)	20	5
6	Admissions	(87,475)	43	6
7	Community & Guest Relations	(38,660)	43	7
8	Non-allowable Legal	(15,732)	19	8
9	Misc Revenue	(5,771)	21	9
10	To remove non allowable Branding Mktg	(8,028)	19	10
11	Real Estate Taxes	(6,060)	33	11
12	To remove non allowable Marketing	(1,303)	19	12
13	Non-allowable Legal	(6,353)	19	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	(377,930)		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

X NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V		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.

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%	\$ 1,120	\$ 1,120	15
16	V	5	UTILITIES		MAESTRO CONSULTING SERVICES LLC	100%	2,081	2,081	16
17	V	6	MAINTENANCE SALARIES		MAESTRO CONSULTING SERVICES LLC	100%	0		17
18	V	6	MAINTENANCE EXPENSES		MAESTRO CONSULTING SERVICES LLC	100%	4,004	4,004	18
19	V	7	EMPLOYEE BENEFITS - MAINTENANCE		MAESTRO CONSULTING SERVICES LLC	100%	297	297	19
20	V	10	CLINICAL SALARIES		MAESTRO CONSULTING SERVICES LLC	100%	174,397	174,397	20
21	V	10	CONTRACT NURSING		MAESTRO CONSULTING SERVICES LLC	100%	168	168	21
22	V	15	EMPLOYEE BENEFITS - CLINICAL		MAESTRO CONSULTING SERVICES LLC	100%	50,165	50,165	22
23	V	17	ADMINISTRATIVE - OTHER	895,857	MAESTRO CONSULTING SERVICES LLC	100%	0	(895,857)	23
24	V	19	PROFESSIONAL FEES		MAESTRO CONSULTING SERVICES LLC	100%	43,821	43,821	24
25	V	20	DUES, FEES, SUBSCRIPTIONS, ETC.		MAESTRO CONSULTING SERVICES LLC	100%	8,030	8,030	25
26	V	21	CLERICAL & GENERAL SALARIES		MAESTRO CONSULTING SERVICES LLC	100%	121,548	121,548	26
27	V	21	CLERICAL & GENERAL EXPENSES		MAESTRO CONSULTING SERVICES LLC	100%	59,403	59,403	27
28	V	24	SEMINARS AND EDUCATION		MAESTRO CONSULTING SERVICES LLC	100%	440	440	28
29	V	25	TRANSPORTATION		MAESTRO CONSULTING SERVICES LLC	100%	8,026	8,026	29
30	V	26	INSURANCE		MAESTRO CONSULTING SERVICES LLC	100%	1,488	1,488	30
31	V	27	EMPLOYEE BENEFITS - ADMINISTRATIVE		MAESTRO CONSULTING SERVICES LLC	100%	34,963	34,963	31
32	V	30	DEPRECIATION		MAESTRO CONSULTING SERVICES LLC	100%	30,368	30,368	32
33	V	32	INTEREST EXPENSE		MAESTRO CONSULTING SERVICES LLC	100%	41	41	33
34	V	33	REAL ESTATE TAX		MAESTRO CONSULTING SERVICES LLC	100%	5,463	5,463	34
35	V	34	BUILDING RENTAL		MAESTRO CONSULTING SERVICES LLC	100%	3,736	3,736	35
36	V	35	EQUIPMENT RENTAL		MAESTRO CONSULTING SERVICES LLC	100%	10,766	10,766	36
37	V	35	AUTO LEASE		MAESTRO CONSULTING SERVICES LLC	100%	6,194	6,194	37
38	V								38
39	Total			\$ 895,857			\$ 566,519	\$ * (329,338)	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 and Medical Records	\$ 6,072	Integra Healthcare Equipment, LLC	19%	\$ 5,161	\$ (911)	15
16	V	35	Rent-Equipment and Vehicles	75,569	Integra Healthcare Equipment, LLC	19%	64,234	(11,335)	16
17	V	39	Oxygen Supplies	11,250	Integra Healthcare Equipment, LLC	19%	9,563	(1,687)	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			\$ 92,891			\$ 78,958	\$ * (13,933)	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	\$ 47,828	Lifeline Ambulance LLC	4%	\$ 40,654	\$ (7,174)	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			\$ 47,828			\$ 40,654	\$ * (7,174)	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	\$ 178,053	Maple Leaf Insurance	100%	\$ 178,053	\$	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			\$ 178,053			\$ 178,053	\$ * 0	39

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

Facility Name & ID Number

Symphony of South Shore

0053751

Report Period Beginning:

1/1/2020

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 CONSULTING	LINCOLNWOOD	MANAGEMENT	1
2	Symcare HMG LLC	0.0001	MAPLECREST CARE CENTRE	BELVIDERE	7257 N. LINCOLN AVE	LINCOLNWOOD	BUILDING RENTAL	2
3			NORTHWOODS CARE CENTRE	BELVIDERE	MAPLELEAF INSURANCE	GRAND CAYMAN	LIABILITY/WORKERS COMP	3
4			SYCAMORE VILLAGE	SWANSEA	INTEGRA HEALTHCARE	ELMHURST	DME & MEDICAL	4
5			SYMPHONY ARIA	HILLSDALE	INTEGRA RESPIRATORY	ELMHURST	RESPIRATORY SERVICES	5
6			SYMPHONY AT 87TH STREET	CHICAGO	LIFELINE AMBULANCE	CHICAGO	AMBULANCE	6
7			SYMPHONY AT MIDWAY	CHICAGO				7
8			SYMPHONY AT THE TILLERS	OSWEGO				8
9			SYMPHONY OF BRONZEVILLE	CHICAGO				9
10			SYMPHONY OF BUFFALO GROVE	BUFFALO GROVE				10
11			SYMPHONY OF CHESTERTON	CHESTERTON, IN				11
12			SYMPHONY OF CHICAGO WEST	CHICAGO				12
13			SYMPHONY OF CRESTWOOD	CRESTWOOD				13
14			SYMPHONY OF CROWN POINT	CROWN POINT, IN				14
15			SYMPHONY OF DYER	DYER, IN				15
16			SYMPHONY OF EVANSTON	EVANSTON				16
17			SYMPHONY OF GLENDALE	GLENDALE, WI				17
18			SYMPHONY OF HANOVER PARK	HANOVER PARK				18
19			SYMPHONY OF JOLIET	JOLIET				19
20			SYMPHONY OF LINCOLN PARK	CHICAGO				20
21			SYMPHONY OF MORGAN PARK	CHICAGO				21
22			SYMPHONY OF ORCHARD VALLEY	AURORA				22
23			SYMPHONY RESIDENCES OF LINCOLN PARK	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

Facility Name & ID Number Symphony of South Shore # 0053751 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

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

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION.

Facility Name & ID Number Symphony of South Shore # 0053751 Report Period Beginning: 1/1/2020 Ending: 2/31/2020

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization _____
Street Address _____
City / State / Zip Code _____
Phone Number (____) _____
Fax Number (____) _____

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

Facility Name & ID Number Symphony of South Shore# 0053751

Report Period Beginning:

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

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization

MAESTRO CONSULTING SERVICES LLC

Street Address

7257 N. LINCOLN AVENUE

City / State / Zip Code

LINCOLNWOOD, IL 60712

Phone Number

(847) 933-2600

Fax Number

(847) 933-2601

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	1	DIETARY	AVAIL. CENSUS DAYS	1,642,974	27	\$ 20,270	\$ 19,367	90,768	\$ 1,120	1
2	5	UTILITIES	AVAIL. CENSUS DAYS	1,642,974	27	37,663		90,768	2,081	2
3	6	MAINTENANCE SALARIES	AVAIL. CENSUS DAYS	1,642,974	27			90,768		3
4	6	MAINTENANCE EXPENSES	AVAIL. CENSUS DAYS	1,642,974	27	72,471		90,768	4,004	4
5	7	EMPLOYEE BENEFITS - MAIN	AVAIL. CENSUS DAYS	1,642,974	27	5,383		90,768	297	5
6	10	CLINICAL SALARIES	AVAIL. CENSUS DAYS	1,642,974	27	3,156,734	3,156,734	90,768	174,397	6
7	10	CONTRACT NURSING	AVAIL. CENSUS DAYS	1,642,974	27	3,034		90,768	168	7
8	15	EMPLOYEE BENEFITS - CLINI	AVAIL. CENSUS DAYS	1,642,974	27	908,028		90,768	50,165	8
9	17	ADMINISTRATIVE SALARIES	AVAIL. CENSUS DAYS	1,642,974	27			90,768		9
10	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS	1,642,974	27	793,188		90,768	43,821	10
11	20	DUES, FEES, SUBSCRIPTIONS,	AVAIL. CENSUS DAYS	1,642,974	27	145,343		90,768	8,030	11
12	21	CLERICAL & GENERAL SALA	AVAIL. CENSUS DAYS	1,642,974	27	2,200,120	2,200,120	90,768	121,548	12
13	21	CLERICAL & GENERAL EXPE	AVAIL. CENSUS DAYS	1,642,974	27	1,075,235		90,768	59,403	13
14	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS	1,642,974	27	7,970		90,768	440	14
15	25	TRANSPORTATION	AVAIL. CENSUS DAYS	1,642,974	27	145,272		90,768	8,026	15
16	26	INSURANCE	AVAIL. CENSUS DAYS	1,642,974	27	26,926		90,768	1,488	16
17	27	EMPLOYEE BENEFITS - ADMI	AVAIL. CENSUS DAYS	1,642,974	27	632,860		90,768	34,963	17
18	30	DEPRECIATION	AVAIL. CENSUS DAYS	1,642,974	27	549,679		90,768	30,368	18
19	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS	1,642,974	27	738		90,768	41	19
20	33	REAL ESTATE TAX	AVAIL. CENSUS DAYS	1,642,974	27	98,893		90,768	5,463	20
21	34	BUILDING RENTAL	AVAIL. CENSUS DAYS	1,642,974	27	67,631		90,768	3,736	21
22	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS	1,642,974	27	194,869		90,768	10,766	22
23	35	AUTO LEASE	AVAIL. CENSUS DAYS	1,642,974	27	112,113		90,768	6,194	23
24										24
25	TOTALS					\$ 10,254,420	\$ 5,376,221		\$ 566,519	25

Facility Name & ID Number Symphony of South Shore # 0053751 Report Period Beginning: 1/1/2020 Ending: 2/31/2020

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization Integra Healthcare Equipment, LLC
Street Address 747 Church Road
City / State / Zip Code Elmhurst, IL 60126
Phone Number (630) 834-3700
Fax Number (630) 834-1500

	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	10	Nursing and Medical Records	Direct Allocation			\$	\$		\$ 5,161	1
2	35	Rent-Equipment and Vehicles	Direct Allocation						64,234	2
3	39	Oxygen Supplies	Direct Allocation						9,563	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					\$	\$		\$ 78,958	25

Facility Name & ID Number Symphony of South Shore # 0053751 Report Period Beginning: 1/1/2020 Ending: 2/31/2020

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization 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	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	38	Transportation	Direct Allocation			\$	\$		\$ 40,654	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					\$	\$		\$ 40,654	25

Facility Name & ID Number Symphony of South Shore # 0053751 Report Period Beginning: 1/1/2020 Ending: 2/31/2020

VIII. ALLOCATION OF INDIRECT COSTS

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

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

	1	2	3	4	5	6	7	8	9	
	Schedule V 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	22	Workers Compensation	Direct			\$	\$		\$ 178,053	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					\$	\$		\$ 178,053	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	\$ 590	1	
2	LifeMed	X		Pharmacy Services	38,731	1/1/18	6,197,033	262,496	01/01/2024	0.075	22,274	2	
3	Select Rehab		X	Operational	159,503	12/31/2018	12,216,125	798,817	12/31/2023	0.002	18,509	3	
4	Integra	X		Medical Supplies/rental	50,680	07/1/19	1,162,530	25,987	6/30/2021	0.0438	2,340	4	
5												5	
	Working Capital												
6	National Government Services		X	Medicare AAP	55,785	4/7/2020	1,338,848	1,338,848	4/7/2023			6	
7												7	
8												8	
9	TOTAL Facility Related				\$372,143.40		\$ 23,084,873	\$ 2,426,148			\$ 43,712	9	
	B. Non-Facility Related*												
10	Medicare										18,117	10	
11	Interest Income Offset										(5,247)	11	
12	Cyber Ins										141	12	
13	Worthy Ins										781	13	
14	TOTAL Non-Facility Related						Alloc. Fr. Mgmt. Co.				41		
							\$	\$			\$ 13,833	14	
15	TOTALS (line 9+line14)						\$ 23,084,873	\$ 2,426,148			\$ 57,545	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.)

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

	Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.					
1. Real Estate Tax accrual used on 2019 report.		\$	710,667	1		
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	2019	\$	640,052	2		
3. Under or (over) accrual (line 2 minus line 1).		\$	(70,615)	3		
4. Real Estate Tax accrual used for 2020 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	664,954	4		
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$		5		
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund.						
TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$		6		
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	599,802	7		
Real Estate Tax History:						
Real Estate Tax Bill for Calendar Year:	2015	591,516	8			
	2016	644,843	9			
	2017	684,218	10			
	2018	712,749	11			
	2019	640,052	12			
Accrual Calculation :						
Real estate taxes paid \$640,052 X 1.0389% = \$664,954						

NOTES:

1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

FACILITY NAME Symphony Of South Shore COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0053751

CONTACT PERSON REGARDING THIS REPORT Ari Krupp

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

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.

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: 80,865

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

C. Does the Operating Entity?

☐ (a) Own the Facility

☐ (b) Rent from a Related Organization.

☒ (c) Rent from Completely Unrelated Organization.

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

D. Does the Operating Entity?

☒ (a) Own the Equipment

☒ (b) Rent equipment from a Related Organization.

☒ (c) Rent equipment from Completely Unrelated Organization.

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

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

None

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

☐ YES

☒ NO

If so, please complete the following:

1. Total Amount Incurred:

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

3. Current Period Amortization:

4. Dates Incurred:

Nature of Costs:

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

XI. OWNERSHIP COSTS:

A. Land.	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Allocated from Maestro 7257 Linc	-	2004	\$ 8,839	1
2					2
3	TOTALS			\$ 8,839	3

XI. OWNERSHIP COSTS (continued)

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

	1	2	3	4	5	6	7	8	9	
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4					\$	\$		\$	\$	4
5										5
6										6
7										7
8										8
	Improvement Type**									
9	Various		1998		78,106		20			78,106
10	Various		1999		88,720		20			88,720
11	Various		2000		72,602		20	1,211	1,211	72,602
12	Various		2001		45,629		20	2,281	2,281	44,800
13	Various		2002		11,757		20			11,757
14	Various		2003		16,299		20			16,299
15	Various		2004		62,649		20			62,649
16	Various		2005		10,333		20	153	153	10,333
17	Various		2006		72,736		20	3,637	3,637	71,983
18	Various		2007		176,978		20			176,978
19	Various		2008		131,853		20	2,355	2,355	131,853
20	Various		2009		477,567		20	35,598	35,598	477,567
21	Various		2010		138,348		20	6,917	6,917	132,742
22	Various		2011		211,126		20	10,556	10,556	182,714
23	Various		2012		39,292		20	1,965	1,965	26,793
24	Various		2013		744,877		20	37,244	37,244	328,784
25										25
26										26
27										27
28										28
29										29
30										30
31										31
32										32
33										33
34										34
35										35
36										36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Symphony of South Shore

0053751

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	
37			\$	\$		\$	\$	\$	37
38									38
39									39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 2,378,871	\$		\$ 101,917	\$ 101,917	\$ 1,914,677	70

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

Facility Name & ID Number Symphony of South Shore

0053751

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 2,378,871	\$		\$ 101,917	\$ 101,917	\$ 1,914,677	1
2	Brackets, Window Sills In Bistro & Dining Room	2014	5,610		20	281	281	1,964	2
3	Cabinets, Studs, Drywall For Therapy Room	2014	2,970		20	148	148	1,027	3
4	Electrical Work - Therapy Room	2014	9,800		20	490	490	3,389	4
5	Signs & Banners For Entire 1St Floor	2014	2,554		20	128	128	1,553	5
6	Treatment In Resident Rooms, Surface Top In Dinnig Room	2014	139,380		20	6,969	6,969	45,879	6
7	5 Wanderguard Complete System	2014	14,754		20	738	738	4,918	7
8	1 Fire Alarm System Device, 1 Replaced Tamper Panel Trouble B	2014	7,755		20	388	388	2,424	8
9	Electrical Work In Parking Lot, Install New Cameras In The Park	2014	6,020		20	301	301	1,831	9
10	Install 10 New Security Cameras.	2014	5,170		20	259	259	5,170	10
11	Pump Repair & Replace Motor For Water Heater	2014	2,818		20	141	141	963	11
12	Repair Pipe In Dietary Area	2014	2,850		20	143	143	868	12
13	Remove & Install New Vinyl Plank & Base	2014	7,750		20	388	388	2,326	13
14	Commercial Water Heater	2015	7,841		20	392	392	2,352	14
15	Installed New Pump For Boiler	2015	4,490		20	224	224	1,346	15
16	Install New Recirculating Pump For Boiler	2015	4,068		20	203	203	1,221	16
17	Repaired Pump Valves	2015	2,794		20	140	140	839	17
18	Parking Lot Work	2015	365,310		20	18,266	18,266	109,594	18
19	Wall Mount Charging Station	2015	3,684		20	184	184	1,105	19
20	Camera / Indoor Keypads / Electrical In Kitchen	2016	2,560		20	128	128	640	20
21	Kitchen Improvements - New Walls, Flooring	2016	4,670		20	234	234	1,168	21
22	Plumbing Service / Piping	2016	8,150		20	408	408	2,038	22
23	Kitchen Improvements - Drywall & Trim	2016	6,500		20	325	325	1,625	23
24	Install 2 New Hand Washing	2016	12,800		20	640	640	3,200	24
25	Fan Motors	2016	5,848		20	292	292	1,462	25
26	Booster System - New Motor, Seals, Gauges	2016	3,266		20	163	163	816	26
27	Restore South Side Of Garage Roof By Patch/New Frame/Pour Co	2016	2,700		20	135	135	675	27
28	Repair Boilers - Vacuum,Piping,Electricals,Controls,Air Intakes/V	2016	4,498		20	225	225	1,124	28
29	Facade Stucco Repairs	2017	27,700		20	1,385	1,385	5,540	29
30	New Motor For Boiler Room Fans	2017	6,044		20	302	302	1,209	30
31	Architectual Services - Exchange Parking	2017	3,140		20	157	157	628	31
32	Install Cast Iron P-Trap, Repair Collapsed Pipe	2017	5,450		20	273	273	1,090	32
33	Wiring Single Drop, Meraki Swi	2017	11,982		20	599	599	2,396	33
34	TOTAL (lines 1 thru 33)		\$ 3,079,797	\$		\$ 136,964	\$ 136,964	\$ 2,127,056	34

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

Facility Name & ID Number Symphony of South Shore

0053751

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 3,079,797	\$		\$ 136,964	\$ 136,964	\$ 2,127,056	1
2	Installation Of New Phone System	2017	39,475		20	1,974	1,974	7,895	2
3	48P Meraki Poe Switches, 5Yr L	2017	14,210		20	711	711	2,843	3
4	Install 20 Oem Motors And Actuator, 1 Thremostat And Mountin	2017	6,785		20	339	339	1,357	4
5	Cat6 Wiring Single Drop, Merak	2017	5,991		20	300	300	1,198	5
6	Door Installation - Frame, Insulated Door, Hinges, Closer, Entry I	2017	4,156		20	208	208	832	6
7	Werner plumbing - RPZ installation all sinks in buildings	2018	40,860	2,043	20	2,043		5,957	7
8	Pumps & Motors - boiler room Lower level	2018	7,437	1,369	20	372	(997)	3,110	8
9	Replace and install EX Fan - roof - Kitchen exhaust	2018	12,314	1,152	20	616	(536)	2,920	9
10	Doors - main kitchen - lower level	2018	3,152	157	20	158	1	413	10
11	Northern Weatherguard HVAC - chiller replacement exterior of b	2018	113,312	10,777	20	5,666	(5,111)	27,220	11
12	Lower level PT room renovation, plumbing painting, flooring,	2019	628,016	46,687	20	31,401	(15,286)	78,088	12
13	carpet, electricity.								13
14	Concrete-Remove and install retaining wall, new sidewalk,	2019	26,280	4,824	20	1,314	(3,510)	6,138	14
15	replace asphalt in entrance, new fence.								15
16	Signs-Entrance and patio doors, vinyl windows, subbrella materia	2019	9,724	907	20	486	(421)	1,393	16
17	Landscaping-Lawn and flower beds maintenance and fertilizer	2019	5,020	921	20	251	(670)	1,172	17
18	Repair damaged flooring-Rooms 315 & 317	2019	4,934	116	20	247	131	363	18
19	Architect Fees	2019	30,975	2,369	20	1,549	(820)	3,918	19
20	Patient rooms 55-Paint, electrical, bathroom plumbing	2019	91,750	7,017	20	4,588	(2,430)	11,605	20
21	Exterior vestibule panels signs for south shore windows with logo	2019	6,900	528	20	345	(183)	873	21
22	Patient rooms 55-Paint, electrical, bathroom plumbing	2019	98,400	7,526	20	4,920	(2,606)	12,446	22
23	Repairs to Garage lentil	2019	52,700	4,031	20	2,635	(1,396)	6,666	23
24	New Vinyl flooring LVT Nursing station & Elevator	2019	5,916	452	20	296	(156)	748	24
25	3rd floor dining room vinyl base and flooring.	2019	10,605	811	20	530	(281)	1,341	25
26	Replace water heater	2019	19,859	2,705	20	993	(1,712)	3,698	26
27	Furnish and install new valve on Elevator #2	2019	5,150	148	20	258	109	406	27
28	Boiler repair-couplings, brackets, inducer, igniter, control board	2019	6,339		20	317	317	475	28
29	Replace metal juntion box to the side of the parking garage	2020	20,057	932	20	932		932	29
30	Replaced outlet valve	2020	7,150	848	20	848		848	30
31	Elevator Kit-double door, single door, install, train	2020	20,137	726	20	726		726	31
32									32
33	Reconcile depreciation to financial statements			23,416			(23,416)		33
34	TOTAL (lines 1 thru 33)		\$ 4,377,402	\$ 120,463		\$ 201,983	\$ 81,520	\$ 2,312,634	34

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

Facility Name & ID Number Symphony of South Shore

0053751

Report Period Beginning:

1/1/2020

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		\$ 4,377,402	\$ 120,463		\$ 201,983	\$ 81,520	\$ 2,312,634	1
2	Buildings:								2
3	<u>Allocated from Maestro Consulting/7257 Lincoln</u>	2004	79,554		35	2,273	2,273	38,925	3
4									4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	<u>Allocated from Maestro Consulting Services</u>	2003	647		20	32	32	554	9
10	<u>Allocated from Maestro Consulting Services</u>	2004	13,138		20	655	655	10,981	10
11	<u>Allocated from Maestro Consulting Services</u>	2005	779		20	39	39	618	11
12	<u>Allocated from Maestro Consulting Services</u>	2006	1,056		20	53	53	759	12
13	<u>Allocated from Maestro Consulting Services</u>	2008	1,113		20	56	56	682	13
14	<u>Allocated from Maestro Consulting Services</u>	2009	17,923		20	896	896	10,404	14
15	<u>Allocated from Maestro Consulting Services</u>	2010	2,754		20	138	138	1,447	15
16	<u>Allocated from Maestro Consulting Services</u>	2011	149		20	7	7	74	16
17	<u>Allocated from Maestro Consulting Services</u>	2012	166		20	8	8	73	17
18	<u>Allocated from Maestro Consulting Services</u>	2014	2,072		20	104	104	684	18
19	<u>Allocated from Maestro Consulting Services</u>	2015	583		20	29	29	155	19
20	<u>Allocated from Maestro Consulting Services</u>	2016	2,553		20	128	128	865	20
21	<u>Allocated from Maestro Consulting Services</u>	2017	341		20	17	17	68	21
22	<u>Allocated from Maestro Consulting Services</u>	2020	552		20	14	14	14	22
23									23
24	<u>Allocated from Maestro Consulting/7257 Lincoln</u>	2015	1,254		20	84	84	446	24
25	<u>Allocated from Maestro Consulting/7257 Lincoln</u>	2005	7,252		20	260	260	6,098	25
26	<u>Allocated from Maestro Consulting/7257 Lincoln</u>	2004	1,581		20	79	79	1,305	26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 4,510,869	\$ 120,463		\$ 206,855	\$ 86,392	\$ 2,386,786	34

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$1,391,708	\$171,578	\$182,838	\$11,260	10	\$802,057	71
72	Current Year Purchases	33,271	5,866	5,866		10	5,866	72
73	Fully Depreciated Assets	868,200				10	868,200	73
74	Allocated from Maestro	232,651		25,496	25,496	10	111,718	74
75	TOTALS	\$2,525,830	\$177,444	\$214,200	\$36,756		\$1,787,841	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 Consulti	2016	\$489	\$-	\$-		5	\$489	76
77					-	-				77
78					-	-				78
79					-	-				79
80	TOTALS			\$489	\$	\$			\$489	80

E. Summary of Care-Related Assets

	1	2	
	Reference	Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$7,046,027	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$297,907	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$421,055	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$123,148	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$4,175,116	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	\$40,461	92
93			93
94			94
95		\$40,461	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:		248	11/15/2015	\$ 2,582,534	15	15	3
4	Additions							4
5	Allocated from Maestro Consulting				3,736			5
6								6
7	TOTAL		248		\$ 2,586,270			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: \$ 151,586 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	Facility	2016 Ford T350HD	\$ 919	\$ 11,469	17
18	Allocated from Maestro Consulting			6,194	18
19					19
20					20
21	TOTAL		\$ 919.00	\$ 17,663	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. 12/31/2021 \$ 2,520,269

13. 12/31/2022 \$ 2,576,975

14. 12/31/2023 \$ 2,634,957

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

Facility Name: Symphony of South Shore
IDPH License ID Number: 0053751
Fiscal Year End: 12/31/2020

Schedule 14A

XIV. Rental Costs
Line 16 Rental Amount for Moveable Equipment

Rental Description	Amount
Medical Equipment	70,965
Nursing Equipment	6,621
Building Equipment	5,879
Office Equipment	68,690
Integra Allocation	(11,335)
Maestro Allocation	10,766
Total - Line 16	151,586

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

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?

☐ YES

☒ NO

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

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER CNA

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER CNA

B. EXPENSES

ALLOCATION OF COSTS (d)

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

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

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

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

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

(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.

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	

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

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	L39 (C3)	hrs	\$	6,756	\$ 486,449	\$	6,756	\$ 486,449	1
2	Licensed Speech and Language Development Therapist	L39 (C3)	hrs		2,505	180,390		2,505	180,390	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	L39 (C3)	hrs		7,541	542,934		7,541	542,934	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	L39 (C2)	# of prescrpts				171,939		171,939	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
	Academic Education		hrs							11
12	Other (specify): <u>Oxygen</u>	L39 (C2 & 7)					9,563		11,250	12
13	Other (specify): <u>See Sch 16A</u>	L39 (C3)			507	36,501		507	36,501	13
14	TOTAL			\$	17,309	\$ 1,246,274	\$ 181,502	17,309	\$ 1,429,463	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

Facility Name: Symphony of South Shore
IDPH License ID Number: 0053751
Fiscal Year End: 12/31/2020

Schedule 16A

Other Ancillary Services

Rental Description	Amount
Inhalation Therapy Costs-Private	27
Inhalation Therapy Costs-Medicare A	1,822
Inhalation Therapy Costs-Medicaid	1,345
Inhalation Therapy Costs-Managed Care	832
Other Ancillary Costs-Medicare A	1,420
I.V. Therapy Costs-Medicare A	12,707
I.V. Therapy Costs-Managed Care	9,509
I.V. Therapy Costs-Medicaid	8,839
Total - Line 13	36,501

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	\$ 1,285	\$ 1,285	1
2	Cash-Patient Deposits	84,696	84,696	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 2,589,205)	3,884,866	3,884,866	3
4	Supply Inventory (priced at)	-	-	4
5	Short-Term Investments	-	-	5
6	Prepaid Insurance	6,440	6,440	6
7	Other Prepaid Expenses	42,177	42,177	7
8	Accounts Receivable (owners or related parties)	-	-	8
9	Other(specify): See Attached Schedule	249,616	249,616	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 4,269,080	\$ 4,269,080	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	-	-	11
12	Long-Term Investments	-	-	12
13	Land	-	8,839	13
14	Buildings, at Historical Cost	-	79,554	14
15	Leasehold Improvements, at Historical Cost	1,151,965	4,431,315	15
16	Equipment, at Historical Cost	1,265,531	2,526,319	16
17	Accumulated Depreciation (book methods)	(682,783)	(4,175,116)	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	(64,988)	(64,988)	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,669,725	\$ 2,805,923	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,938,805	\$ 7,075,003	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 560,793	\$ 560,793	26
27	Officer's Accounts Payable	-	-	27
28	Accounts Payable-Patient Deposits	84,696	84,696	28
29	Short-Term Notes Payable	-	-	29
30	Accrued Salaries Payable	446,655	446,655	30
31	Accrued Taxes Payable (excluding real estate taxes)	439,928	439,928	31
32	Accrued Real Estate Taxes(Sch.IX-B)	664,954	664,954	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	4,681,257	4,681,257	36
37		-	-	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 6,878,283	\$ 6,878,283	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	2,426,148	2,426,148	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)	\$ 2,426,148	\$ 2,426,148	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 9,304,431	\$ 9,304,431	46
47	TOTAL EQUITY(page 18, line 24)	\$ (3,365,626)	\$ (2,229,428)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 5,938,805	\$ 7,075,003	48

*(See instructions.)

Facility Name: Symphony of South Shore
IDPH License ID Number: 0053751
Fiscal Year End: 12/31/2020

Schedule 17A

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

Description	Operating	After Consolidation
Due To/From - Lincoln Park LLC	0.00	0.00
SSSL Due To/From - Morgan Park	(192,828.00)	(192,828.00)
SSSL Due To/From - Imperial - OLD	(1,870.00)	(1,870.00)
SSSL Due To/From - Ren @ South shore - OLD	251,486.00	251,486.00
Total - Line 9	56,788	56,788

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

Description	Operating	After Consolidation
Clearing Account	69,605.00	69,605.00
Fixed Assets - Construction in Process	40,461.00	40,461.00
Other Assets - Security Deposits	0.00	0.00
CSA I/C Related/Party Due To/From Accts	(8,993.00)	(8,993.00)
Due To/From - 87Th Street	0.00	0.00
Due To/From - Aria LLC	0.00	0.00
Due To/From - Bronzeville Park LLC	0.00	0.00
Due To/From - Orchard Valley	240.00	240.00
Due To/From - Maestro	(166,301.00)	(166,301.00)
Total - Line 23	(64,988)	(64,988)

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

Description	Operating	After Consolidation
Due To/From - Evanston Healthcare LLC	190.00	190.00
Due To/From - Ivy LLC	125,000.00	125,000.00
Due To/From - Jackson Square LLC	254,777.00	254,777.00
Due To/From - Midway	114,416.00	114,416.00
Due To/From - Symphony of Cal Gardens	3,405.00	3,405.00
Due To/From - Dyer LLC	1,828.00	1,828.00
Due To/From - Symphony Financial Services	572.00	572.00
Due To/From - Symcare Healthcare	-2,644,748.00	-2,644,748.00
Due To/From - Symcare ML	2,778,490.00	2,778,490.00
Accrued Payables	77,251.00	77,251.00
Accrued Payables - Professional Fees	26,716.00	26,716.00
Accrued Payables - Health Insurance	28,435.00	28,435.00
Accrued Payable - Dental Insurance	-7,544.00	-7,544.00
Accrued Payables - Vision Insurance	-1,380.00	-1,380.00
Accrued Payables - Life Insurance	69,853.00	69,853.00
Accrued Payables - Short Term Disability	-64,236.00	-64,236.00
Accrued Payables - Payroll Union Dues	7,034.00	7,034.00
Accrued Payables - 401K Deductions	2,743.00	2,743.00
Accrued Payables - 401K Loan Repayments	313.00	313.00
Accrued Payables - Heart and Soul Foundation	165.00	165.00
Accrued Payables - Garnishments	-11,244.00	-11,244.00
Employee Purchases	6,088.00	6,088.00
Fringe Benefits - Flow Through	348.00	348.00
Accrued Payables - WC/GL Insurance	688,070.00	688,070.00
Accrued Payables - Bed Taxes	1,650.00	1,650.00
Accrued Payables - OIG Audit	231,151.00	231,151.00
Accrued Payables - Bed Taxes Add'l	31,089.00	31,089.00
Accrued Payables - Management Fees	-7,253.00	-7,253.00
Accrued Payables - Interest	-1,375.00	-1,375.00
Accrued Payables - Rent	-64,584.00	-64,584.00
Accrued Payables - Sales Tax	332.00	332.00
Sales Tax Payable - Manual	59.00	59.00
Deferred Rent	1,484,853.00	1,484,853.00
Deferred Income	459,418.00	459,418.00
Lease Holds Payable	896,547.00	896,547.00
Total - Line 36	4,488,429	4,488,429

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (1,613,472)	1
2	Restatements (describe):		2
3	Prior Year Adjustment	(150,796)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (1,764,268)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,601,358)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (1,601,358)	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)	\$ (3,365,626)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Symphony of South Shore# 0053751Report 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	\$ 18,042,357	1
2	Discounts and Allowances for all Levels	(3,467,933)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 14,574,424	3
	B. Ancillary Revenue		
4	Day Care	-	4
5	Other Care for Outpatients	-	5
6	Therapy	2,711,540	6
7	Oxygen	4,054	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 2,715,594	8
	C. Other Operating Revenue		
9	Payments for Education	-	9
10	Other Government Grants	1,540,516	10
11	CNA Training Reimbursements	-	11
12	Gift and Coffee Shop	(8,130)	12
13	Barber and Beauty Care	155	13
14	Non-Patient Meals	(12,857)	14
15	Telephone, Television and Radio	-	15
16	Rental of Facility Space	-	16
17	Sale of Drugs	254,342	17
18	Sale of Supplies to Non-Patients	-	18
19	Laboratory	57,161	19
20	Radiology and X-Ray	23,219	20
21	Other Medical Services	68,971	21
22	Laundry	-	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,923,377	23
	D. Non-Operating Revenue		
24	Contributions	-	24
25	Interest and Other Investment Income***	5,247	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 5,247	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	(65,495)	28
28a		-	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ (65,495)	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 19,153,147	30

2			
	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	2,690,094	31
32	Health Care	6,537,917	32
33	General Administration	4,058,448	33
	B. Capital Expense		
34	Ownership	3,707,215	34
	C. Ancillary Expense		
35	Special Cost Centers	3,267,860	35
36	Provider Participation Fee	492,971	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 20,754,505	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,601,358)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,601,358)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 10,299,484	44
45	Private Pay - Net Inpatient Revenue	299,369	45
46	Medicare - Net Inpatient Revenue	2,665,566	46
47	Other-(specify) <u>Hospice</u>	710,350	47
48	Other-(specify) <u>Managed Care/MAIP</u>	599,655	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 14,574,424	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 South Shore
IDPH License ID Number: 0053751
Fiscal Year End: 12/31/2020

Schedule 19A

XVII. Income Statement

Line 28 Other Revenue (specify):

Description	Amount
RSM400315 SSSL Other revenue	5,771
400212-MAID SSSL Preferred Insurance Provider Incentive - Revenue-	-
400230-MNGD SSSL Other Services - Revenue-Managed Care	(71,266)
Total - Line 28	(65,495)

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,905	2,122	\$ 136,600	\$ 64.37	1
2	Assistant Director of Nursing	1,272	1,342	64,326	47.93	2
3	Registered Nurses	25,735	30,696	1,214,922	39.58	3
4	Licensed Practical Nurses	50,956	59,864	1,821,151	30.42	4
5	CNAs & Orderlies	102,037	115,552	2,139,089	18.51	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,688	2,080	54,052	25.99	9
10	Activity Assistants	8,371	9,314	148,931	15.99	10
11	Social Service Workers	6,197	7,108	196,375	27.63	11
12	Dietician					12
13	Food Service Supervisor	5,917	6,817	156,763	23.00	13
14	Head Cook					14
15	Cook Helpers/Assistants	2,647	3,092	48,595	15.72	15
16	Dishwashers	19,254	21,444	346,873	16.18	16
17	Maintenance Workers	6,119	6,552	152,060	23.21	17
18	Housekeepers	1,738	1,954	37,127	19.00	18
19	Laundry					19
20	Administrator	1,906	1,951	151,797	77.80	20
21	Assistant Administrator					21
22	Other Administrative	1,258	1,474	38,658	26.23	22
23	Office Manager	2,512	2,616	72,662	27.78	23
24	Clerical	11,899	12,882	253,880	19.71	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	5,876	6,733	133,230	19.79	31
32	Other Health C: See Sched 20A	8,705	9,950	287,972	28.94	32
33	Other(specify) Admissions/Direct	10,246	11,345	188,044	16.58	33
34	TOTAL (lines 1 - 33)	276,239	314,888	\$ 7,643,107 *	\$ 24.27	34

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

** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly	\$ 21,417	L1, C3	35
36	Medical Director	Monthly	88,180	L9, C3	36
37	Medical Records Consultant				37
38	Nurse Consultant	Monthly	168	L10, C7	38
39	Pharmacist Consultant	Monthly	20,682	L10, C3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	Monthly	1,552	L39, C3	42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant				45
46	Other(specify) Dental	Monthly	1,800	L39, C3	46
47	Psychiatric	Monthly	4,580	L10, C3	47
48					48
49	TOTAL (lines 35 - 48)		\$ 138,379		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		N/A		51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)		\$		53

Facility Name: Symphony of South Shore
IDPH License ID Number: 0053751
Fiscal Year End: 12/31/2020

Schedule 20A

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

Description	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Total Salaries	Average Hourly Wage
MDS Coordinator	6,793	7,894	221,643	\$ 28.08
Human Resource Director	1,912	2,056	66,329	\$ 32.26
Total - Line 32 Other Health Care (specify):	8,705	9,950	287,972	

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	Ownership %	Amount	Description		Amount	Description	Amount	
Karen Hamilton	Administrator	0	\$ 151,797	Workers' Compensation Insurance		\$ 177,757	IDPH License Fee	\$ 1,990	
				Unemployment Compensation Insurance		45,529	Advertising: Employee Recruitment	4,477	
				FICA Taxes		552,214	Health Care Worker Background Check		
				Employee Health Insurance		314,368	(Indicate # of checks performed 78)	930	
				Employee Meals			Patient Background Checks	6,500	
				Illinois Municipal Retirement Fund (IMRF)*			License and Permits	5,970	
				Employee Retirement		52,152	Health Care Council of IL	32,521	
				Employee Benefits - Other		24,377	Dues & Subscriptions	3,673	
				Employees' Physical Exams		3,842	Non-Allowable Lobbying		
				Uniform Supplies		3,263	Allocated from Maestro	8,030	
							Less: Public Relations Expense	(16,260)	
							Non-allowable advertising	()	
							Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)						\$ 151,797	TOTAL (agree to Sch. V, line 20, col. 8)		\$ 47,831
B. Administrative - Other				TOTAL (agree to Schedule V, line 22, col.8)			G. Schedule of Travel and Seminar**		
Description			Amount	Description	Line #	Amount	Description	Amount	
Management Fees - Maestro Consulting			\$ 895,857	N/A		\$	Out-of-State Travel	\$	
							In-State Travel		
							Seminar Expense	5,027	
							Maestro Allocation	440	
							Entertainment Expense	()	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)				TOTAL			(agree to Sch. V, line 24, col. 8)		
C. Professional Services							TOTAL		
Vendor/Payee	Type		Amount						
See Supplemental Schedule 21C	Various		\$ 418,773						
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)									

*** Attach copy of IMRF notifications**

****See instructions.**

Facility Name: Symphony of South Shore
IDPH License ID Number: 0053751
Fiscal Year End: 12/31/2020

Schedule 21C

XIX. SUPPORT SCHEDULES
C. Professional Services

Vendor	Type	Amount
ABILITY CHOICE	Secure Exchange Managed Services	(110)
Allscripts LLC	Referral System	5,759
Alteryx, Inc.	Data Analytics	4,282
applioi-appllicant tracing system	applioi-appllicant tracking system	76
CATS- APPLICANT TRACKING SYSTEM	Applicant Tracking System	404
CDW	IT Support	1,975
Comcast Cable	Internet and cable	23,468
Creative Technology Solutions	IT Support	3,285
Darktrace Limited	Cyber Security	3,096
Data Robot-Cloud Professional	Data Storage	2,282
EMMI Solutions	Data Analytics	(422)
Enquire Solutions LLC	Marketing solution	1,303
ENTERPRISE IMMUNE SYSTEM	Immune System tracker	249
enVista, LLC	IT Support	946
FORMATION HEALTHCARE	Monthly Subscription Fee	1,361
Healthstream	Healthcare Workforce Consulting	3,057
Intellicom Technologies Inc.	IT Support	24,488
IntelliLogix	IT Support	567
KRONOS SUPPORT SERVICES	Payroll service	9,574
Managed Care Group LLC	IT Support	7,185
Microsoft Corp	Computer service	7,013
Navigator Group Purchasing, In	Data Analytics	356
Nexuscomm, LLC	Phone/fax service	9,495
Pay access	Payroll	178
PointClickCare Technologies Inc.	Cloud based software and services	49,539
PRIME CARE TECHNOLOGIES	PBJ Reporting Module Access Fee	2,520
Reputation.com, Inc.	Online Reputation Management	1,194
Reside Admissions LLC	Admission Process Consulting	3,724
RISK WATCH DATA EXTRAC	Clinical tracking system	
Scott Norton	HR Services	215
Sprout Social Inc.	Social Media Management	2,842
Striv Technologies LLC dba Striv360	IT Support	2,580
Team TSI Corporation	Collection	6,165
Telemedicine Solutions, LLC	Wound Rounds Care	18,274
Third Eye Health Inc.	Data Analytics	6,002
Wencel	Branding	8,028
RSM		46,144
MKB	Legal Counsel	87,966
Stone, Pogrund & Korey LLC	Collection, guardianship etc	15,602
McCabe, Kirshner P.C.	Legal Counsel	18,102
US Legal Support	Copying Fees	130
Achieve Accreditation	Accreditation	9,035
ADP, LLC	Payroll service	1,970
Advanced Care Medical Specialist	Infectious Disease Consult	965
Corporation Service Company	Annual Filing	1,354
MTS Consulting, LLC	Tax Consulting	2,726
National Datacare Corporation	trust service charge	4,636
Personnel Planners, Inc	Qtrly Unemployment Claims	3,738
Petty Cash - Symphony of Hanover Park	Misc.	177
Polsinelli PC	Legal	1,980
SB2	Legal Fees -appeal Medicaid/Medicare cla	6,353
Transworld Systems Inc		6,947
U.S. Legal Support Inc	Copying fees	
Total (agree to Schedule V, line 19, column 3)		418,773
Allocated from Management Company Legal Fees		
Allocated from Management Company Professional Services		43,821
Less: Non-Allowable Legal Fees		(22,085)
Less: Non-Allowable Branding		(8,028)
Less: Non-Allowable Marketing		(1,303)
Total (agree to Schedule V, line 19, column 8)		431,178

XX. GENERAL INFORMATION:

- (1)

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

Yes
- (2)

Are there any dues to nursing home associations included on the cost report?

Yes

If YES, give association name and amount.

HCCI - \$32,521
- (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?

10 Yrs
- (6)

Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V.

\$ 0

Line

N/A
- (7)

Have all costs reported on this form been determined using accounting procedures consistent with prior reports?

Yes

If NO, attach a complete explanation.
- (8)

Are you presently operating under a sale and leaseback arrangement?

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 at South Shore IDPH # 0042085
- (11)

Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period.

\$ 492,971

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?

No

Indicate the amount.

\$ N/A
- (16)

Travel and Transportation

a. Are there costs included for out-of-state travel?

No

If YES, attach a complete explanation.

b. Do you have a separate contract with the Department to provide medical transportation for residents?

No

If YES, please indicate the amount of income earned from such a program during this reporting period.

\$ N/A

c. What percent of all travel expense relates to transportation of nurses and patients?

100% Ln 1

d. Have vehicle usage logs been maintained?

Adequate records have been maintained

e. Are all vehicles stored at the nursing home during the night and all other times when not in use?

N/A

f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report?

No

g. Does the facility transport residents to and from day training?

N/A

Indicate the amount of income earned from providing such transportation during this reporting period.

\$ N/A
- (17)

Has an audit been performed by an independent certified public accounting firm?

Yes

Firm Name:

RSM US LLP
- (18)

Have all costs which do not relate to the provision of long term care been adjusted out 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.