

Facility Name & ID Number Symphony of South Shore

0053751 Report Period Beginning: 1/1/2019 Ending: 12/31/2019

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	248	Skilled (SNF)	248	90,520	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	248	TOTALS	248	90,520	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	49,991	2,864	27,426	80,281	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	49,991	2,864	27,426	80,281	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 88.69%

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 11,414

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

Is your fiscal year identical to your tax year? YES NO

Tax Year: 12/31/2019 Fiscal Year: 12/31/2019

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

Facility Name & ID Number Symphony of South Shore # 0053751 Report Period Beginning: 1/1/2019 Ending: 12/31/2019

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	516,592	51,192	20,974	588,758		588,758	1,327	590,085		1
2	Food Purchase		475,802		475,802		475,802	-	475,802		2
3	Housekeeping	35,158	15,281	822,184	872,623		872,623	-	872,623		3
4	Laundry	7,711	43,885	4,317	55,913		55,913	-	55,913		4
5	Heat and Other Utilities			315,902	315,902		315,902	3,273	319,175		5
6	Maintenance	141,074	-	307,258	448,332		448,332	12,980	461,312		6
7	Other (specify):* Mgmt Alloc of Benefi	-	-	-				248	248		7
8	TOTAL General Services	700,535	586,160	1,470,635	2,757,330		2,757,330	17,828	2,775,158		8
	B. Health Care and Programs										
9	Medical Director	-	-	64,696	64,696		64,696	-	64,696		9
10	Nursing and Medical Records	6,247,577	339,994	40,760	6,628,331		6,628,331	155,969	6,784,300		10
10a	Therapy	-	-	-				-			10a
11	Activities	257,584	-	(440)	257,144		257,144	-	257,144		11
12	Social Services	223,472	-	-	223,472		223,472	-	223,472		12
13	CNA Training	-	-	-				-			13
14	Program Transportation	-	-	-				-			14
15	Other (specify):* Mgmt alloc of benef	-	-	-				36,245	36,245		15
16	TOTAL Health Care and Programs	6,728,633	339,994	105,016	7,173,643		7,173,643	192,214	7,365,857		16
	C. General Administration										
17	Administrative	156,615	-	1,085,201	1,241,816		1,241,816	(1,085,201)	156,615		17
18	Directors Fees			-				-			18
19	Professional Services			429,366	429,366		429,366	64,579	493,945		19
20	Dues, Fees, Subscriptions & Promotions			58,178	58,178		58,178	(3,896)	54,282		20
21	Clerical & General Office Expenses	292,681	24,343	48,650	365,674		365,674	157,217	522,891		21
22	Employee Benefits & Payroll Taxes			1,255,470	1,255,470		1,255,470	-	1,255,470		22
23	Inservice Training & Education			-				-			23
24	Travel and Seminar			15,252	15,252		15,252	5,922	21,174		24
25	Other Admin. Staff Transportation		-	9,085	9,085		9,085	18,082	27,167		25
26	Insurance-Prop.Liab.Malpractice			788,116	788,116		788,116	3,660	791,776		26
27	Other (specify):* Mgmt alloc of benef			-				25,410	25,410		27
28	TOTAL General Administration	449,296	24,343	3,689,318	4,162,957		4,162,957	(814,227)	3,348,730		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	7,878,464	950,497	5,264,969	14,093,930		14,093,930	(604,185)	13,489,745		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.

Facility Name & ID Number Symphony of South Shore

#0053751

Report Period Beginning:

1/1/2019

Ending:

12/31/2019

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			263,491	263,491		263,491	200,028	463,519			30
31	Amortization of Pre-Op. & Org.			-				-				31
32	Interest			58,167	58,167		58,167	(11,133)	47,034			32
33	Real Estate Taxes			721,323	721,323		721,323	(9,932)	711,391			33
34	Rent-Facility & Grounds			2,578,303	2,578,303		2,578,303	3,669	2,581,972			34
35	Rent-Equipment & Vehicles			194,246	194,246		194,246	(261)	193,985			35
36	Other (specify):*			-				-				36
37	TOTAL Ownership			3,815,530	3,815,530		3,815,530	182,371	3,997,901			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation	-	-	99,526	99,526		99,526	(18,192)	81,334			38
39	Ancillary Service Centers	-	329,795	2,006,754	2,336,549		2,336,549	(10,322)	2,326,227			39
40	Barber and Beauty Shops	-	-	-				-				40
41	Coffee and Gift Shops	-	-	-				-				41
42	Provider Participation Fee			553,803	553,803		553,803	-	553,803			42
43	Other (specify):* Non-Allowable Cos	131,738	-	805,066	936,804		936,804	(936,804)				43
44	TOTAL Special Cost Centers	131,738	329,795	3,465,149	3,926,682		3,926,682	(965,318)	2,961,364			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	8,010,202	1,280,292	12,545,648	21,836,142		21,836,142	(1,387,132)	20,449,010			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 South Shore

0053751

Report Period Beginning:

1/1/2019

Ending:

12/31/2019

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.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	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	(18,729)	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	170,688	30		9
10	Interest and Other Investment Income	(11,133)	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	(14,320)	43		18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(470,060)	43		24
25	Fund Raising, Advertising and Promotional	(242)	43		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	(478,489)	Var.		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (822,285)		\$	30

BHF USE ONLY							
48		49		50		51	
							52

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	2	
		Amount	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)	(564,847)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (564,847)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (1,387,132)		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	2	3	4	
		Yes	No	Amount	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

Symphony of South Shore

ID# 0053751

Report Period Beginning: 1/1/2019

Ending: 12/31/2019

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Nonallowable marketing events	\$ (151,617)	43	1
2	Laboratory Costs	(42,205)	43	2
3	X-Ray Costs	(31,877)	43	3
4	Theft and Damage Loss	(1,614)	43	4
5	Non-allowable lobbying dues	(11,920)	20	5
6	Admissions	(110,047)	43	6
7	Community & Guest Relations	(58,057)	43	7
8	Non-allowable Legal	(18,335)	19	8
9	Misc Revenue	(151)	21	9
10	Capitalize Repairs & Maintenance over \$2,500	(6,339)	6	10
11	Expense LHI under \$2,500	12,880	6	11
12	To remove Professional Collection Fees	(38,036)	43	12
13	To remove non allowable Branding Mktg	(4,835)	19	13
14	Real Estate Taxes	(16,336)	33	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	(478,489)		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		\$			\$	\$ *	14

* 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:

1/1/2019

Ending:

12/31/2019

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	<u>1</u> DIETARY	\$	MAESTRO CONSULTING SERVICES LLC	100%	\$ 1,327	\$ 1,327
16	V	<u>5</u> UTILITIES		MAESTRO CONSULTING SERVICES LLC	100%	3,273	3,273
17	V	<u>6</u> MAINTENANCE SALARIES		MAESTRO CONSULTING SERVICES LLC	100%	0	
18	V	<u>6</u> MAINTENANCE EXPENSES		MAESTRO CONSULTING SERVICES LLC	100%	6,439	6,439
19	V	<u>7</u> EMPLOYEE BENEFITS - MAINTENANCE		MAESTRO CONSULTING SERVICES LLC	100%	248	248
20	V	<u>10</u> CLINICAL SALARIES		MAESTRO CONSULTING SERVICES LLC	100%	156,650	156,650
21	V	<u>10</u> CONTRACT NURSING		MAESTRO CONSULTING SERVICES LLC	100%	323	323
22	V	<u>15</u> EMPLOYEE BENEFITS - CLINICAL		MAESTRO CONSULTING SERVICES LLC	100%	36,245	36,245
23	V	<u>17</u> ADMINISTRATIVE - OTHER	1,085,201	MAESTRO CONSULTING SERVICES LLC	100%	0	(1,085,201)
24	V	<u>19</u> PROFESSIONAL FEES		MAESTRO CONSULTING SERVICES LLC	100%	87,749	87,749
25	V	<u>20</u> DUES, FEES, SUBSCRIPTIONS, ETC.		MAESTRO CONSULTING SERVICES LLC	100%	8,024	8,024
26	V	<u>21</u> CLERICAL & GENERAL SALARIES		MAESTRO CONSULTING SERVICES LLC	100%	110,893	110,893
27	V	<u>21</u> CLERICAL & GENERAL EXPENSES		MAESTRO CONSULTING SERVICES LLC	100%	46,475	46,475
28	V	<u>24</u> SEMINARS AND EDUCATION		MAESTRO CONSULTING SERVICES LLC	100%	5,922	5,922
29	V	<u>25</u> TRANSPORTATION		MAESTRO CONSULTING SERVICES LLC	100%	18,082	18,082
30	V	<u>26</u> INSURANCE		MAESTRO CONSULTING SERVICES LLC	100%	3,660	3,660
31	V	<u>27</u> EMPLOYEE BENEFITS - ADMINISTRATIVE		MAESTRO CONSULTING SERVICES LLC	100%	25,410	25,410
32	V	<u>30</u> DEPRECIATION		MAESTRO CONSULTING SERVICES LLC	100%	29,340	29,340
33	V	<u>32</u> INTEREST EXPENSE		MAESTRO CONSULTING SERVICES LLC	100%	0	
34	V	<u>33</u> REAL ESTATE TAX		MAESTRO CONSULTING SERVICES LLC	100%	6,404	6,404
35	V	<u>34</u> BUILDING RENTAL		MAESTRO CONSULTING SERVICES LLC	100%	3,669	3,669
36	V	<u>35</u> EQUIPMENT RENTAL		MAESTRO CONSULTING SERVICES LLC	100%	10,961	10,961
37	V	<u>35</u> AUTO LEASE		MAESTRO CONSULTING SERVICES LLC	100%	5,495	5,495
38	V						
39	Total		\$ 1,085,201			\$ 566,589	\$ * (518,612)

* 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	\$ 6,465	Integra Healthcare Equipment, LLC		\$ 5,461	\$ (1,004)
16	V	35 Rent-Equipment and Vehicles	107,642	Integra Healthcare Equipment, LLC		90,926	(16,717)
17	V	39 Oxygen Supplies	27,677	Integra Healthcare Equipment, LLC		23,379	(4,298)
18	V	39 Respiratory Consultant	38,789	Integra Healthcare Equipment, LLC		32,765	(6,024)
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 180,573			\$ 152,530	\$ * (28,043)

* 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	\$ 96,255	Lifeline Ambulance LLC		\$ 78,063	\$ (18,192)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 96,255			\$ 78,063	\$ * (18,192)

* 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	\$ 131,723	Maple Leaf Insurance	100%	\$ 131,723	\$
16	V	26 Liability Insurance	151,356	Maple Leaf Insurance	100%	151,356	
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 283,079			\$ 283,079	\$ *

* 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:

1/1/2019

Ending:

12/31/2019

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	99.99%	SYMPHONY OF CALIFORNIA GARDENS	CHICAGO	MAESTRO CONSULT	LINCOLNWOOD	MANAGEMENT	1
2	Symcare HMG LLC	0.01%	MAPLECREST CARE CENTRE	BELVIDERE	7257 N. LINCOLN AV	LINCOLNWOOD	BUILDING RENTA	2
3					MAPLELEAF INSUR	GRAND CAYMAN	LIABILITY/WORK	3
4			NORTHWOODS CARE CENTRE	BELVIDERE	INTEGRA HEALTHC	ELMHURST	DME & MEDICAL	4
5			SYCAMORE VILLAGE	SWANSEA	INTEGRA RESPIRAT	ELMHURST	RESPIRATORY SE	5
6			SYMPHONY ARIA	HILLSIDE	LIFELINE AMBULAN	CHICAGO	AMBULANCE	6
7			SYMPHONY AT 87TH STREET	CHICAGO				7
8			SYMPHONY AT MIDWAY	CHICAGO				8
9			SYMPHONY AT THE TILLERS	OSWEGO				9
10			SYMPHONY OF BRONZEVILLE	CHICAGO				10
11			SYMPHONY OF BUFFALO GROVE	BUFFALO GROVE				11
12			SYMPHONY OF CHESTERTON	CHESTERTON, IN				12
13			SYMPHONY OF CHICAGO WEST	CHICAGO				13
14			SYMPHONY OF CRESTWOOD	CRESTWOOD				14
15			SYMPHONY OF CROWN POINT	CROWN POINT, IN				15
16								16
17			SYMPHONY OF DYER	DYER, IN				17
18			SYMPHONY OF EVANSTON	EVANSTON				18
19			SYMPHONY OF GLENDALE	GLENDALE, WI				19
20			SYMPHONY OF HANOVER PARK	HANOVER PARK				20
21			SYMPHONY OF JOLIET	JOLIET				21
22								22
23			SYMPHONY OF LINCOLN PARK	CHICAGO				23
24			SYMPHONY OF MORGAN PARK	CHICAGO				24
25			SYMPHONY OF ORCHARD VALLEY	AURORA				25
26			SYMPHONY RESIDENCES OF LINCOLN PAR	CHICAGO				26
27			WOODCARE V INC	BRIGHTON, MI				27
28			CLIFFSIDE COMPANY LLC	ST. JOSEPH, 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 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	N/A								\$	1
2										2
3	No owners receive compensation from this facility.									
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: 1/1/2019

Ending: 2/31/2019

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

Facility Name & ID Number Symphony of South Shore

0053751 Report Period Beginning: 1/1/2019

Ending: 2/31/2019

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 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

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

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	1	DIETARY	AVAIL. CENSUS DAYS	1,638,485	28	\$ 24,021	\$ 19,367	90,520	\$ 1,327	1
2	5	UTILITIES	AVAIL. CENSUS DAYS	1,638,485	28	59,250		90,520	3,273	2
3	6	MAINTENANCE SALARIES	AVAIL. CENSUS DAYS	1,638,485	28			90,520		3
4	6	MAINTENANCE EXPENSES	AVAIL. CENSUS DAYS	1,638,485	28	116,560		90,520	6,439	4
5	7	EMPLOYEE BENEFITS - MAIN	AVAIL. CENSUS DAYS	1,638,485	28	4,481		90,520	248	5
6	10	CLINICAL SALARIES	AVAIL. CENSUS DAYS	1,638,485	28	2,835,490	2,835,490	90,520	156,650	6
7	10	CONTRACT NURSING	AVAIL. CENSUS DAYS	1,638,485	28	5,845		90,520	323	7
8	15	EMPLOYEE BENEFITS - CLINI	AVAIL. CENSUS DAYS	1,638,485	28	656,056		90,520	36,245	8
9	17	ADMINISTRATIVE SALARIES	AVAIL. CENSUS DAYS	1,638,485	28			90,520		9
10	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS	1,638,485	28	1,588,335		90,520	87,749	10
11	20	DUES, FEES, SUBSCRIPTIONS,	AVAIL. CENSUS DAYS	1,638,485	28	145,241		90,520	8,024	11
12	21	CLERICAL & GENERAL SALAR	AVAIL. CENSUS DAYS	1,638,485	28	2,007,261	2,007,261	90,520	110,893	12
13	21	CLERICAL & GENERAL EXPEN	AVAIL. CENSUS DAYS	1,638,485	28	841,242		90,520	46,475	13
14	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS	1,638,485	28	107,202		90,520	5,922	14
15	25	TRANSPORTATION	AVAIL. CENSUS DAYS	1,638,485	28	327,306		90,520	18,082	15
16	26	INSURANCE	AVAIL. CENSUS DAYS	1,638,485	28	66,241		90,520	3,660	16
17	27	EMPLOYEE BENEFITS - ADMIN	AVAIL. CENSUS DAYS	1,638,485	28	459,945		90,520	25,410	17
18	30	DEPRECIATION	AVAIL. CENSUS DAYS	1,638,485	28	531,079		90,520	29,340	18
19	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS	1,638,485	28			90,520		19
20	33	REAL ESTATE TAX	AVAIL. CENSUS DAYS	1,638,485	28	115,924		90,520	6,404	20
21	34	BUILDING RENTAL	AVAIL. CENSUS DAYS	1,638,485	28	66,417		90,520	3,669	21
22	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS	1,638,485	28	198,397		90,520	10,961	22
23	35	AUTO LEASE	AVAIL. CENSUS DAYS	1,638,485	28	99,468		90,520	5,495	23
24										24
25	TOTALS					\$ 10,255,761	\$ 4,862,118		\$ 566,589	25

Facility Name & ID Number Symphony of South Shore

0053751 Report Period Beginning: 1/1/2019

Ending: 2/31/2019

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 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

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

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					\$ 5,461	1
2	35	Rent-Equipment and Vehicles	Direct Allocation					90,926	2
3	39	Oxygen Supplies	Direct Allocation					23,379	3
4	39	Respiratory Consultant	Direct Allocation					32,765	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				\$	\$		\$ 152,530	25

Facility Name & ID Number Symphony of South Shore

0053751

Report Period Beginning:

1/1/2019

Ending: 2/31/2019

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

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

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

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		\$	\$		\$ 78,063	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				\$	\$		\$ 78,063	25

Facility Name & ID Number Symphony of South Shore

0053751 Report Period Beginning: 1/1/2019

Ending: 2/31/2019

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		\$	\$		\$ 131,723	1
2	26	Liability Insurance	Direct					151,356	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				\$	\$		\$ 283,079	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	\$ 25,154	10/20/2020	0.0750	\$ 2,491	1								
2	LifeMed	X		Pharmacy Services	38,731	1/1/2018	6,197,033	330,518	1/1/2024	0.0750	27,044	2								
3	Select Rehab		X	Operational	159,503	12/31/2018	12,216,125	1,032,617	12/31/2023	0.0020	11,008	3								
4	Integra	X		Medical Supplies/rental	50,680	7/1/2019	1,162,530	76,286	6/30/2021	0.0438	1,983	4								
5												5								
Working Capital																				
6												6								
7												7								
8												8								
9	TOTAL Facility Related				\$316,358.07		\$ 21,746,025	\$ 1,464,576			\$ 42,526	9								
B. Non-Facility Related*																				
10								Medicare			15,641	10								
11								Interest Income offset			(11,133)	11								
12												12								
13												13								
14	TOTAL Non-Facility Related						\$	\$			\$ 4,508	14								
15	TOTALS (line 9+line14)						\$ 21,746,025	\$ 1,464,576			\$ 47,034	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.)

2018 LONG TERM CARE REAL ESTATE TAX STATEMENT

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

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2018 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 2018.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>21-30-101-023-0000</u>	<u>Long Term Care Property</u>	\$ <u>228,279.58</u>	\$ <u>228,279.58</u>
2. <u>21-30-101-003-0000</u>	<u>Long Term Care Property</u>	\$ <u>37,599.68</u>	\$ <u>37,599.68</u>
3. <u>21-30-101-004-0000</u>	<u>Long Term Care Property</u>	\$ <u>129,018.27</u>	\$ <u>129,018.27</u>
4. <u>21-30-101-014-0000</u>	<u>Long Term Care Property</u>	\$ <u>241,737.69</u>	\$ <u>241,737.69</u>
5. <u>21-30-101-022-0000</u>	<u>Long Term Care Property</u>	\$ <u>76,113.31</u>	\$ <u>76,113.31</u>
6. <u>10-27-319-028-0000</u>	<u>Home Office Allocation</u>	\$ <u>87,511.67</u>	\$ <u>6,404.00</u>
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>800,260.20</u></u>	\$ <u><u>719,152.53</u></u>

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? X YES NO

If YES, attach an explanation and a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the original 2018 tax bills which were listed in Section A to this statement. Be sure to use the 2018 tax bill which is normally paid during 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.**

Facility Name & ID Number Symphony of South Shore

0053751

Report Period Beginning:

1/1/2019 Ending:

12/31/2019

X. BUILDING AND GENERAL INFORMATION:

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:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Allocated from Maestro Consulting</u>	<u>-</u>		<u>\$ 8,839</u>	<u>1</u>
2					<u>2</u>
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				\$ -	\$ -		\$ -	\$ -	\$ -
5					-		-		
6					-		-		
7					-		-		
8					-		-		
Improvement Type**									
9	Various		1998	78,106		20	-		78,106
10	Various		1999	88,720		20	1,645	1,645	88,720
11	Various		2000	72,602		20	3,630	3,630	71,391
12	Various		2001	45,629		20	2,281	2,281	42,518
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	315	315	10,180
17	Various		2006	72,736		20	1,183	1,183	68,346
18	Various		2007	176,978		20	-		176,978
19	Various		2008	131,853		20	11,460	11,460	129,498
20	Various		2009	477,567		20	37,745	37,745	441,969
21	Various		2010	138,348		20	8,462	8,462	125,825
22	Various		2011	211,126		20	19,935	19,935	172,157
23	Various		2012	39,292		20	3,200	3,200	24,828
24	Various		2013	744,877		20	44,439	44,439	291,540
25							-		
26							-		
27							-		
28							-		
29							-		
30							-		
31							-		
32							-		
33							-		
34							-		
35							-		
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

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9			
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation			
37		\$	-		\$		\$	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	\$	134,295	\$	134,295	\$	1,812,760	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:

1/1/2019

Ending:

12/31/2019**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	\$ -		\$ 134,295	\$ 134,295	\$ 1,812,760	1
2	Brackets, Window Sills In Bistro & Dining Room	2014	5,610	-	20	281	281	1,683	2
3	Cabinets, Studs, Drywall For Therapy Room	2014	2,970	-	20	148	148	879	3
4	Electrical Work - Therapy Room	2014	9,800	-	20	490	490	2,899	4
5	Signs & Banners For Entire 1St Floor	2014	2,554	-	20	255	255	1,426	5
6	Treatment In Resident Rooms, Surface Top In Dinnig Room	2014	139,380	-	20	6,969	6,969	38,910	6
7	5 Wanderguard Complete System	2014	14,754	-	20	738	738	4,180	7
8	1 Fire Alarm System Device, 1 Replaced Tamper Panel Trouble Bel	2014	7,755	-	20	388	388	2,036	8
9	Electrical Work In Parking Lot, Install New Cameras In The Parki	2014	6,020	-	20	301	301	1,530	9
10	Install 10 New Security Cameras.	2014	5,170	-	20	689	689	5,170	10
11	Pump Repair & Replace Motor For Water Heater	2014	2,818	-	20	141	141	822	11
12	Repair Pipe In Dietary Area	2014	2,850	-	20	143	143	725	12
13	Remove & Install New Vinyl Plank & Base	2014	7,750	-	20	388	388	1,939	13
14	Commercial Water Heater	2015	7,841	-	20	392	392	1,960	14
15	Installed New Pump For Boiler	2015	4,490	-	20	224	224	1,121	15
16	Install New Recirculating Pump For Boiler	2015	4,068	-	20	203	203	1,017	16
17	Repaired Pump Valves	2015	2,794	-	20	140	140	699	17
18	Parking Lot Work	2015	365,310	-	20	18,266	18,266	91,329	18
19	Wall Mount Charging Station	2015	3,684	-	20	184	184	921	19
20	Camera / Indoor Keypads / Electrical In Kitchen	2016	2,560	-	20	128	128	512	20
21	Kitchen Improvements - New Walls, Flooring	2016	4,670	-	20	234	234	934	21
22	Plumbing Service / Piping	2016	8,150	-	20	408	408	1,630	22
23	Kitchen Improvements - Drywall & Trim	2016	6,500	-	20	325	325	1,300	23
24	Install 2 New Hand Washing	2016	12,800	-	20	640	640	2,560	24
25	Fan Motors	2016	5,848	-	20	292	292	1,170	25
26	Booster System - New Motor, Seals, Gauges	2016	3,266	-	20	163	163	653	26
27	Restore South Side Of Garage Roof By Patch/New Frame/Pour Cor	2016	2,700	-	20	135	135	540	27
28	Repair Boilers - Vacuum,Piping,Electricals,Controls,Air Intakes/Va	2016	4,498	-	20	225	225	900	28
29	Facade Stucco Repairs	2017	27,700	-	20	1,385	1,385	4,155	29
30	New Motor For Boiler Room Fans	2017	6,044	-	20	302	302	907	30
31	Architectual Services - Exchange Parking	2017	3,140	-	20	157	157	471	31
32	Install Cast Iron P-Trap, Repair Collapsed Pipe	2017	5,450	-	20	273	273	818	32
33	Wiring Single Drop, Meraki Swi	2017	11,982	-	20	599	599	1,797	33
34	TOTAL (lines 1 thru 33)		\$ 3,079,797	\$ -		\$ 169,901	\$ 169,901	\$ 1,990,351	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:

1/1/2019

Ending:

12/31/2019**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	\$ -		\$ 169,901	\$ 169,901	\$ 1,990,351	1
2	Installation Of New Phone System	2017	39,475	-	20	1,974	1,974	5,921	2
3	48P Meraki Poe Switches, 5Yr L	2017	14,210	-	20	711	711	2,133	3
4	Install 20 Oem Motors And Actuator, 1 Thremostat And Mounting	2017	6,785	-	20	339	339	1,017	4
5	Cat6 Wiring Single Drop, Merak	2017	5,991	-	20	300	300	899	5
6	Door Installation - Frame, Insulated Door, Hinges, Closer, Entry Lo	2017	4,156	-	20	208	208	624	6
7	Werner plumbing - RPZ installation all sinks in buildings	2018	40,860	2,043	20	2,043		3,914	7
8	Pumps & Motors - boiler room Lower level	2018	7,437	1,369	20	1,369		2,738	8
9	Replace and install EX Fan - roof - Kitchen exhaust	2018	12,314	1,152	20	1,152		2,304	9
10	Doors - main kitchen - lower level	2018	3,152	157	20	157		255	10
11	Northern Weatherguard HVAC - chiller replacement exterior of bu	2018	113,312	10,777	20	10,777		21,554	11
12	Lower level PT room renovation, plumbing painting, flooring,	2019	628,016	46,687	20	46,687		46,687	12
13	carpet, electricity.								13
14	Concrete-Remove and install retaining wall, new sidewalk,	2019	26,280	4,824	20	4,824		4,824	14
15	replace asphalt in entrance, new fence.								15
16	Signs-Entrance and patio doors, vinyl windows, subbrella material	2019	9,724	907	20	907		907	16
17	Landscaping-Lawn and flower beds maintenance and fertilizer	2019	5,020	921	20	921		921	17
18	Repair damaged flooring-Rooms 315 & 317	2019	4,934	116	20	116		116	18
19	Architect Fees	2019	30,975	2,369	20	2,369		2,369	19
20	Patient rooms 55-Paint, electrical, bathroom plumbing	2019	91,750	7,017	20	7,017		7,017	20
21	Exterior vestibule panels signs for south shore windows with logo	2019	6,900	528	20	528		528	21
22	Patient rooms 55-Paint, electrical, bathroom plumbing	2019	98,400	7,526	20	7,526		7,526	22
23	Repairs to Garage lenti	2019	52,700	4,031	20	4,031		4,031	23
24	New Vinyl flooring LVT Nursing station & Elevator	2019	5,916	452	20	452		452	24
25	3rd floor dining room vinyl base and flooring.	2019	10,605	811	20	811		811	25
26	Replace water heater	2019	19,859	2,705	20	2,705		2,705	26
27	Furnish and install new valve on Elevator #2	2019	5,150	148	20	148		148	27
28	Boiler repair-couplings, brackets, inducer, igniter, control board	2019	6,339		20	158	158	158	28
29				-		-			29
30				-		-			30
31	Reconcile to book depreciation			14,162			(14,162)		31
32				-		-			32
33				-		-			33
34	TOTAL (lines 1 thru 33)		\$ 4,330,058	\$ 108,703		\$ 268,131	\$ 159,428	\$ 2,110,910	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		\$ 4,330,058	\$ 108,703		\$ 268,131	\$ 159,428	\$ 2,110,910	1
2	Buildings:			-		-			2
3	<u>Allocated from Maestro Consulting/7257 Lincoln</u>	2004	79,554	-	35	2,273	2,273	36,652	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	522	9
10	<u>Allocated from Maestro Consulting Services</u>	2004	13,138	-	20	655	655	10,326	10
11	<u>Allocated from Maestro Consulting Services</u>	2005	779	-	20	39	39	579	11
12	<u>Allocated from Maestro Consulting Services</u>	2006	1,056	-	20	53	53	706	12
13	<u>Allocated from Maestro Consulting Services</u>	2008	1,113	-	20	56	56	627	13
14	<u>Allocated from Maestro Consulting Services</u>	2009	17,923	-	20	896	896	9,508	14
15	<u>Allocated from Maestro Consulting Services</u>	2010	2,754	-	20	138	138	1,309	15
16	<u>Allocated from Maestro Consulting Services</u>	2011	149	-	20	7	7	66	16
17	<u>Allocated from Maestro Consulting Services</u>	2012	166	-	20	8	8	64	17
18	<u>Allocated from Maestro Consulting Services</u>	2014	2,072	-	20	104	104	581	18
19	<u>Allocated from Maestro Consulting Services</u>	2015	583	-	20	29	29	126	19
20	<u>Allocated from Maestro Consulting Services</u>	2016	2,553	-	20	128	128	737	20
21	<u>Allocated from Maestro Consulting Services</u>	2017	341	-	20	17	17	51	21
22				-		-			22
23	<u>Allocated from Maestro Consulting/7257 Lincoln</u>	2015	1,254	-	20	84	84	362	23
24	<u>Allocated from Maestro Consulting/7257 Lincoln</u>	2005	7,252	-	20	260	260	5,838	24
25	<u>Allocated from Maestro Consulting/7257 Lincoln</u>	2004	1,581	-	20	79	79	1,225	25
26				-		-			26
27				-		-			27
28				-		-			28
29				-		-			29
30				-		-			30
31				-		-			31
32				-		-			32
33				-		-			33
34	TOTAL (lines 1 thru 33)		\$ 4,462,973	\$ 108,703		\$ 272,989	\$ 164,286	\$ 2,180,189	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	\$ 616,227	\$ 53,427	\$ 64,687	\$ 11,260	10	\$ 517,858	71
72	Current Year Purchases	775,481	101,361	101,361		10	101,361	72
73	Fully Depreciated Assets	868,200				10	868,200	73
74	Allocated from Maestro	228,878		24,482	24,482	10	111,718	74
75	TOTALS	\$ 2,488,786	\$ 154,788	\$ 190,530	\$ 35,742		\$ 1,599,137	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 Consultin	2016	\$ 489	\$ -	\$ -	\$ -	5	\$ 489	76
77					-	-				77
78					-	-				78
79					-	-				79
80	TOTALS			\$ 489	\$ -	\$ -	\$ -		\$ 489	80

E. Summary of Care-Related Assets

	1 Reference	2 Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 6,961,087	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 263,491	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 463,519	83**
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 200,028	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 3,779,815	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	N/A	\$	92
93			93
94			94
95		\$	95

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

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

Facility Name & ID Number Symphony of South Shore

0053751

Report Period Beginning: 1/1/2019

Ending: 12/31/2019

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:	<u>248</u>	<u>11/01/15</u>	\$ <u>2,578,303</u>			3
4	Additions						4
5	<u>Allocated from Maestro Consulting</u>			<u>3,669</u>			5
6							6
7	TOTAL	248		\$ 2,581,972			7

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. 12/31/2020 \$ 2,464,811

13. 12/31/2021 \$ 2,520,269

14. 12/31/2022 \$ 2,576,975

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: \$ 177,462 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	<u>Facility</u>	<u>2016 Ford T350HD</u>	\$ <u>919</u>	\$ <u>11,029</u>	17
18	<u>Allocated from Maestro Consulting</u>			<u>5,495</u>	18
19					19
20					20
21	TOTAL		\$ 919.00	\$ 16,524	21

* 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: 12/31/2019

Schedule 14A

XIV. Rental Costs

Line 16 Rental Amount for Moveable Equipment

Rental Description	Amount
Medical Equipment	89,289
Nursing Equipment	25,164
Building Equipment	4,394
Office Equipment	64,370
Maestro Allocation	10,961
Integra Allocation	(16,717)
Total - Line 16	<u>177,462</u>

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.)

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>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.</p>	<p>2. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
---	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

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

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

1	Service	Schedule V Line & Column Reference	2		3		4		5		6		7		8	
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)						
			Units of Service			Units	Cost									
1	Licensed Occupational Therapist	39 - 03	hrs		\$	11,024	\$ 793,747	\$	11,024	\$	793,747					1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			2,894	208,355		2,894		208,355					2
3	Licensed Recreational Therapist		hrs													3
4	Licensed Physical Therapist	39 - 03	hrs			12,658	911,407		12,658		911,407					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 prescripts							300,318					300,318	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs													10
11	Academic Education		hrs													11
12	Other (specify): <u>Oxygen</u>	39 - 07								25,179					25,179	12
13	Other (specify): <u>See Sch 16A</u>	39 - 03				706	50,856		706		50,856				50,856	13
14	TOTAL				\$	27,282	\$ 1,964,365	\$	325,497	\$	2,289,862					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: 12/31/2019

Schedule 16A

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

Line 13 - Other

Rental Description	Amount
Other Ancillary Costs-Medicare A	1,141
I.V. Therapy Costs-Medicare A	29,693
I.V. Therapy Costs-Managed Care	13,897
I.V. Therapy Costs-Medicaid	4,725
I.V. Therapy Costs-Private	1,400
Total - Line 13	<u>50,856</u>

Facility Name & ID Number **Symphony of South Shore**

0053751

Report Period Beginning: **1/1/2019**

Ending: **12/31/2019**

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of **12/31/2019**

(last day of reporting year)

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	39,787	39,787	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (2,877,788))	5,613,150	5,613,150	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	1,967	1,967	6
7	Other Prepaid Expenses	43,015	43,015	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>See Attached Schedule</u>	558,539	558,539	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 6,257,743	\$ 6,257,743	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	1,131,908	4,383,419	15
16	Equipment, at Historical Cost	1,205,142	2,489,276	16
17	Accumulated Depreciation (book methods)	(384,877)	(3,779,815)	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 (spe			22
23	Other(specify): <u>See Attached Schedule</u>	334,088	334,088	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,286,261	\$ 3,515,361	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 8,544,004	\$ 9,773,104	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 2,608,098	\$ 2,608,098	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	39,787	39,787	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	460,637	460,637	30
31	Accrued Taxes Payable (excluding real estate taxes)	94,447	94,447	31
32	Accrued Real Estate Taxes(Sch.IX-B)	710,667	710,667	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>See Attached Schedule</u>	4,930,060	4,930,060	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 8,843,696	\$ 8,843,696	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	1,464,576	1,464,576	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)	\$ 1,464,576	\$ 1,464,576	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 10,308,272	\$ 10,308,272	46
47	TOTAL EQUITY(page 18, line 24)	\$ (1,764,268)	\$ (535,168)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 8,544,004	\$ 9,773,104	48

*(See instructions.)

Facility Name: Symphony of South Shore
 IDPH License ID Number: 0053751
 Fiscal Year End: 12/31/2019

Schedule 17A

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

Description	After	
	Operating	Consolidation
120112 SSSL Due To/From - Lincoln Park LLC	65,000.00	65,000.00
120117 SSSL Due To/From - Morgan Park	31,962.00	31,962.00
129112 SSSL Due To/From - Imperial - OLD	(1,870.00)	(1,870.00)
129119 SSSL Due To/From - Ren @ South shore - OLD	463,447.00	463,447.00
Total - Line 9	558,539	558,539

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

Description	After	
	Operating	Consolidation
114700 SSSL Clearing Account	63,298	63,298
118000 SSSL Fixed Assets - Construction in Process	(45,796)	(45,796)
119500 SSSL Other Assets - Security Deposits	3,704	3,704
120000 SSSL CSA I/C Related/Party Due To/From Accts	(8,993)	(8,993)
120101 SSSL Due To/From - 87Th Street	253,067	253,067
120102 SSSL Due To/From - Aria LLC	73,035	73,035
120103 SSSL Due To/From - Bronzeville Park LLC	125,614	125,614
128002 SSSL Due To/From - Maestro	(129,841)	(129,841)
Total - Line 23	334,088	334,088

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

Description	After	
	Operating	Consolidation
120108 SSSL Due To/From - Evanston Healthcare LLC	190.00	190.00
120110 SSSL Due To/From - Ivy LLC	125,000.00	125,000.00
120111 SSSL Due To/From - Jackson Square LLC	782,201.00	782,201.00
120116 SSSL Due To/From - Midway	120,000.00	120,000.00
120203 SSSL Due To/From - Dyer LLC	1,828.00	1,828.00
127013 SSSL Due To/From - Symphony Financial Services	572.00	572.00
127014 SSSL Due To/From - Symcare Healthcare	(1,205,868.00)	(1,205,868.00)
127015 SSSL Due To/From - Symcare ML	1,985,275.00	1,985,275.00
200100 SSSL Accrued Payables	98,606.00	98,606.00
200101 SSSL Accrued Payables - Professional Fees	17,286.00	17,286.00
200120 SSSL Accrued Payables - Health Insurance	48,317.00	48,317.00
200121 SSSL Accrued Payable - Dental Insurance	(2,196.00)	(2,196.00)
200122 SSSL Accrued Payables - Vision Insurance	(1,269.00)	(1,269.00)
200123 SSSL Accrued Payables - Life Insurance	24,466.00	24,466.00
200124 SSSL Accrued Payables - Short Term Disability	(18,205.00)	(18,205.00)
200270 SSSL Accrued Payables - Payroll Union Dues	6,288.00	6,288.00
200290 SSSL Accrued Payables - 401K Deductions	1,555.00	1,555.00
200291 SSSL Accrued Payables - 401K Loan Repayments	600.00	600.00
200295 SSSL Accrued Payables - Heart and Soul Foundation	165.00	165.00
200300 SSSL Accrued Payables - Garnishments	(10,962.00)	(10,962.00)
200310 SSSL Employee Purchases	6,810.00	6,810.00
200410 SSSL Accrued Payables - WC/GL Insurance	385,044.00	385,044.00
200500 SSSL Accrued Payables - Bed Taxes	552.00	552.00
200510 SSSL Accrued Payables - Bed Taxes Add'l	36,260.00	36,260.00
200600 SSSL Accrued Payables - Management Fees	249,629.00	249,629.00
200800 SSSL Accrued Payables - Interest	(1,375.00)	(1,375.00)
200950 SSSL Accrued Payables - Sales Tax	(491.00)	(491.00)
200951 SSSL Sales Tax Payable - Manual	20.00	20.00
202000 SSSL Deferred Rent	1,255,838.00	1,255,838.00
203000 SSSL Lease Holds Payable	1,023,924.00	1,023,924.00
Total - Line 36	4,930,060	4,930,060

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	<u>Rounding</u>	(13)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (1,613,485)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(150,783)	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)	\$ (150,783)	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)	\$ (1,764,268)	24 *

* This must agree with page 17, line 47.

**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	\$ 21,601,987	1
2	Discounts and Allowances for all Levels	(5,195,676)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 16,406,311	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	4,758,734	6
7	Oxygen	4,419	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 4,763,153	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop	(17,286)	12
13	Barber and Beauty Care	(50)	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	389,284	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	77,529	19
20	Radiology and X-Ray	24,620	20
21	Other Medical Services	77,906	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 552,003	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	11,133	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 11,133	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	(47,241)	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ (47,241)	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 21,685,359	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,757,330	31
32	Health Care	7,173,643	32
33	General Administration	4,162,957	33
B. Capital Expense			
34	Ownership	3,815,530	34
C. Ancillary Expense			
35	Special Cost Centers	3,372,879	35
36	Provider Participation Fee	553,803	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 21,836,142	40
41	Income before Income Taxes (line 30 minus line 40)**	(150,783)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (150,783)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 9,857,118	44
45	Private Pay - Net Inpatient Revenue	482,384	45
46	Medicare - Net Inpatient Revenue	3,253,896	46
47	Other-(specify) <u>Hospice</u>	643,211	47
48	Other-(specify) <u>Managed Care/MAIP</u>	2,169,702	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 16,406,311	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: 12/31/2019

Schedule 19A

XVII. Income Statement

Line 28 Other Revenue (specify):

<u>Description</u>	<u>Amount</u>
400212-MAID SSSL Preferred Insurance Provider Incentive - Revenue-	(2,850)
400230-MNGD SSSL Other Services - Revenue-Managed Care	71,751
400315-OTHR SSSL Other Income-Other	(151)
800127-GADM SSSL Closing Costs & Adjustment to Prior Year Exp-Admin	(21,509)
Total - Line 28	<u><u>47,241</u></u>

Facility Name & ID Number Symphony of South Shore

0053751

Report Period Beginning: 1/1/2019

Ending: 12/31/2019

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	2,307	2,409	\$ 132,371	\$ 54.94	1
2	Assistant Director of Nursing	1,730	1,810	76,594	42.32	2
3	Registered Nurses	33,001	37,719	1,321,637	35.04	3
4	Licensed Practical Nurses	69,566	80,904	2,342,064	28.95	4
5	CNAs & Orderlies	120,392	135,446	1,989,852	14.69	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	15,676	17,684	257,584	14.57	10
11	Social Service Workers	6,834	7,431	223,472	30.07	11
12	Dietician					12
13	Food Service Supervisor	5,752	6,662	151,667	22.77	13
14	Head Cook					14
15	Cook Helpers/Assistants	3,145	3,576	46,171	12.91	15
16	Dishwashers	21,456	23,631	318,754	13.49	16
17	Maintenance Workers	6,141	6,610	141,074	21.34	17
18	Housekeepers	1,879	2,061	35,158	17.06	18
19	Laundry	548	607	7,711	12.70	19
20	Administrator	2,008	2,290	156,615	68.39	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	13,333	14,305	292,681	20.46	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	7,502	8,827	137,168	15.54	31
32	Other Health Care MDS Coord	7,152	8,318	247,891	29.80	32
33	Other(specify) <u>See Sched 20A</u>	5,844	6,452	131,738	20.42	33
34	TOTAL (lines 1 - 33)	324,266	366,743	\$ 8,010,202 *	\$ 21.84	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	\$ 20,974	01-03	35
36	Medical Director	Monthly	64,696	09-03	36
37	Medical Records Consultant				37
38	Nurse Consultant	Monthly	323	10-03	38
39	Pharmacist Consultant	Monthly	32,840	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	Monthly	32,765	39-07	42
43	Speech Therapy Consultant				43
44	Activity Consultant	Monthly	(440)	11-03	44
45	Social Service Consultant				45
46	Other(specify) <u>Dental</u>	Monthly	3,600	39-03	46
47	<u>Psychiatric</u>	Monthly	7,920	10-03	47
48					48
49	TOTAL (lines 35 - 48)		\$ 162,678		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: 12/31/2019

Schedule 20A

XVIII. Staffing and Salary Costs

Line 33 Other (specify):

Description	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Total Salaries	Average Hourly Wage
Admission Coordinator	3,279	3,620	73,912	\$ 20.42
Director of Customer Relations	2,565	2,832	57,826	\$ 20.42
				#DIV/0!
				#DIV/0!
Total - Line 33 Other (specify):	5,844	6,452	131,738	

Facility Name & ID Number Symphony of South Shore

0053751

Report Period Beginning: 1/1/2019

Ending: 12/31/2019

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	\$ 156,615	Workers' Compensation Insurance	\$ 179,678	IDPH License Fee	\$ 1,990		
				Unemployment Compensation Insurance	106,270	Advertising: Employee Recruitment	24,406		
				FICA Taxes	597,781	Health Care Worker Background Check			
				Employee Health Insurance	278,369	(Indicate # of checks performed <u>126.8</u>)	1,521		
				Employee Meals		Patient Background Checks	-128 (1,530)		
				Illinois Municipal Retirement Fund (IMRF)*		License and Permits	6,504		
				Employee Retirement	59,138	Health Care Council of IL	23,841		
				Employee Benefits - Other	17,934	Dues & Subscriptions	1,446		
				Employees' Physical Exams	(826)	Non-Allowable Lobbying	(11,920)		
				Uniform Supplies	17,126	Allocated from Maestro	8,024		
						Less: Public Relations Expense	()		
						Non-allowable advertising	()		
						Yellow page advertising	()		
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)				TOTAL (agree to Schedule V, line 22, col.8)			TOTAL (agree to Sch. V, line 20, col. 8)		
\$ 156,615				\$ 1,255,470			\$ 54,282		
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**		
Description			Amount	Description	Line #	Amount	Description	Amount	
Management Fees - Maestro Consulting			\$ 1,085,201	N/A		\$	Out-of-State Travel	\$	
							In-State Travel		
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)				TOTAL			Seminar Expense		
\$ 1,085,201				\$			15,252		
C. Professional Services							Allocated from Maestro		
Vendor/Payee	Type		Amount					5,922	
See Supplemental Schedule			\$ 429,366				Entertainment Expense	()	
							(agree to Sch. V, line 24, col. 8)		
							TOTAL		
							\$ 21,174		
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)				\$ 429,366					

* Attach copy of IMRF notifications

**See instructions.

Facility Name: Symphony of South Shore
 IDPH License ID Number: 0053751
 Fiscal Year End: 12/31/2019

Schedule 21C

XIX. SUPPORT SCHEDULES

C. Professional Services

Vendor	Type	Amount
ABILITY Network, Inc.	Data Analytics	5,211
advanced Listening	Secure Exchange Managed Services	1,490
Allscript	English lesson	3,381
Alteryx, Inc	Referral System	2,266
AT&T	Data Analytics	230
CATS- APPLICANT TRACKING SYSTE	Internet	367
Comcast Cable	Applicant Tracking System	30,881
CORE DATA MANAGEMENT SUITE-A	Data Storage	4,885
Creative Technology Solutions	IT Support	20,204
Data Robot-cloud professional	Data Storage	1,957
ENTERPRISE IMMUNE SYSTEM	Immune System tracker	2,969
FORMATION HEALTHCARE GROUP	Monthly Subscription Fee	1,491
Health Data Systems Inc	Programming	3,057
International Micro Design Inc.	Computer service	122
KRONOS SUPPORT SERVICES	Payroll service	5,810
Managed Care Group LLC	IT Support	6,000
Microsoft Corp	Computer service	7,478
Mood Media	Music over the paging system	(42)
Nexuscomm, LLC	Phone/fax service	8,241
PointClickCare Technologies Inc.	Cloud based software and services	42,618
Prime Care Tech-PBJ access	PBJ Reporting Module Access Fee	2,373
Real Time Medical Systems LLC	Clinical and Financial Analytis Service	938
Telemedicine Solutions, LLC	Wound Rounds Care	18,274
WENCEL WORLDWIDE-DIGITAL MAR	Branding	4,835
RSM and Marcum	Accounting	26,788
ADR Systems of America LLC	Mediation Agreement	7,903
Fuch Roselli	Class action lawsuit	635
MKB	Legal Counsel	84,165
Stone, Pogrud & Korey LLC	Collection, guardianship etc	17,700
US Legal Support	Legal Records	1,643
Achieve Accreditation	Accreditation	8,372
ADP, LLC	Payroll service	1,690
Corporation Service Company	Annual Filing	419
Health Stream Inc	Medical Consult	562
Medicare Payment System Analysis	Medicare Payment System Analysis	6,010
LTC Consulting Services	Consulting	(734)
MTS Consulting, LLC	Consulting	1,465
National Datacare Corporation	trust service charge	3,021
Personnel Planners, Inc	Qtrly Unemployment Claims	3,933
Petty Cash	Misc.	6
Real Estate Analysis Corporation	Real Estate appeal-Accounting	4,750
SB2	Legal Fees -appeal Medicaid/Medicare cl	6,246
Maestro Consulting Services	Consulting Services	79,756
Total (agree to Schedule V, line 19, column 3)		429,366
Allocated from Management Company Legal Fees		5,890
Allocated from Management Company Professional Services		75,349
Allocated from Management Company Accounting		6,510
Less: Non-Allowable Legal Fees		(18,335)
Less: Non-Allowable Branding/Mktg		(4,835)
Total (agree to Schedule V, line 19, column 8)		493,945

Facility Name & ID Number Symphony of South Shore# 0053751

Report Period Beginning:

1/1/2019Ending: 12/31/2019**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 - \$23,841
- (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 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 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. \$ 553,803
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 0 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
c. What percent of all travel expense relates to transportation of nurses and patients? 100% Ln 1
d. Have vehicle usage logs been maintained? Adequate records have been maintained
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? 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 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.