

		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.

<p>I. IDPH License ID Number: <u>0053678</u></p> <p>Facility Name: <u>Symphony at Midway</u></p> <p>Address: <u>4437 South Cicero</u> <u>Chicago</u> <u>60632</u> Number City Zip Code</p> <p>County: <u>Cook</u></p> <p>Telephone Number: <u>(773) 884-0484</u> Fax # <u>(773) 884-0485</u></p> <p>HFS ID Number: _____</p> <p>Date of Initial License for Current Owners: <u>11/1/2015</u></p> <p>Type of Ownership:</p> <table style="width:100%"> <tr> <td style="width:33%"><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td style="width:33%"><input checked="" type="checkbox"/> PROPRIETARY</td> <td style="width:33%"><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td>IRS Exemption Code _____</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> "Sub-S" Corp.</td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> Limited Liability Co.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>Amanda Springborn</u> Telephone Number: <u>(314) 925-3838</u> Email Address: _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	IRS Exemption Code _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input type="checkbox"/> "Sub-S" Corp.			<input checked="" type="checkbox"/> Limited Liability Co.			<input type="checkbox"/> Trust			<input type="checkbox"/> Other _____		<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1/1/2020</u> to <u>12/31/2020</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table style="width:100%"> <tr> <td style="width:20%;">Officer or Administrator of Provider</td> <td>(Signed) _____ (Type or Print Name) _____ (Title) _____</td> </tr> <tr> <td>Paid Preparer</td> <td>(Signed) _____ (Date) _____ (Print Name and Title) _____ (Firm Name & Address) <u>RSM US LLP</u> <u>20 N. Martingale Road, Ste. 500 Schaumburg, IL 60173</u> (Telephone) <u>(847) 517-7070</u> Fax # (847)517-7067</td> </tr> </table> <p align="center">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</p>	Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) _____ (Title) _____	Paid Preparer	(Signed) _____ (Date) _____ (Print Name and Title) _____ (Firm Name & Address) <u>RSM US LLP</u> <u>20 N. Martingale Road, Ste. 500 Schaumburg, IL 60173</u> (Telephone) <u>(847) 517-7070</u> Fax # (847)517-7067
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																											
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Facility Name & ID Number Symphony at Midway

0053678 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	249	Skilled (SNF)	249	91,134	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	249	TOTALS	249	91,134	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 Patient Days by Level of Care and Primary Source of Payment			5 Total	
		2 Medicaid Recipient	3 Private Pay	4 Other		
8	SNF	60,002	317	12,886	73,205	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	60,002	317	12,886	73,205	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 80.33%

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 06/05/2000

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

YES Date 06/05/2000 NO

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

YES NO If YES, enter number of beds certified 249 and days of care provided 3,265

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: 12/31/2020 Fiscal Year: 12/31/2020

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

Facility Name & ID Number Symphony at Midway # 0053678 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	447,438	50,640	49,549	547,627		547,627	1,124	548,751		1
2	Food Purchase		409,143		409,143		409,143		409,143		2
3	Housekeeping	43,390	8,100	859,429	910,919		910,919		910,919		3
4	Laundry	-	31,818	10,042	41,860		41,860		41,860		4
5	Heat and Other Utilities			302,297	302,297		302,297	2,089	304,386		5
6	Maintenance	80,654	-	249,099	329,753		329,753	4,020	333,773		6
7	Other (specify):* Alloc. Benefits H.O.	-	-	5,556	5,556		5,556	299	5,855		7
8	TOTAL General Services	571,482	499,701	1,475,972	2,547,155		2,547,155	7,532	2,554,687		8
	B. Health Care and Programs										
9	Medical Director	-	-	24,000	24,000		24,000		24,000		9
10	Nursing and Medical Records	5,317,356	342,511	54,002	5,713,869		5,713,869	173,863	5,887,732		10
10a	Therapy	-	-	-							10a
11	Activities	147,756	-	-	147,756		147,756		147,756		11
12	Social Services	202,795	-	-	202,795		202,795		202,795		12
13	CNA Training	-	-	-							13
14	Program Transportation	-	-	-							14
15	Other (specify):* Alloc. Benefits H.O.	-	-	-				50,367	50,367		15
16	TOTAL Health Care and Programs	5,667,907	342,511	78,002	6,088,420		6,088,420	224,230	6,312,650		16
	C. General Administration										
17	Administrative	127,708	-	814,780	942,488		942,488	(814,780)	127,708		17
18	Directors Fees			-							18
19	Professional Services			549,359	549,359		549,359	6,555	555,914		19
20	Dues, Fees, Subscriptions & Promotions			53,387	53,387		53,387	(8,264)	45,123		20
21	Clerical & General Office Expenses	316,770	22,520	20,704	359,994		359,994	179,275	539,269		21
22	Employee Benefits & Payroll Taxes			1,034,546	1,034,546		1,034,546		1,034,546		22
23	Inservice Training & Education			-							23
24	Travel and Seminar			2,800	2,800		2,800	442	3,242		24
25	Other Admin. Staff Transportation		-	2,102	2,102		2,102	8,058	10,160		25
26	Insurance-Prop.Liab.Malpractice			741,911	741,911		741,911	1,494	743,405		26
27	Other (specify):* Alloc. Benefits H.O.			-				35,104	35,104		27
28	TOTAL General Administration	444,478	22,520	3,219,589	3,686,587		3,686,587	(592,116)	3,094,471		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,683,867	864,732	4,773,563	12,322,162		12,322,162	(360,354)	11,961,808		29

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

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

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			61,346	61,346		61,346	129,682	191,028			30
31	Amortization of Pre-Op. & Org.			-								31
32	Interest			29,606	29,606		29,606	(4,630)	24,976			32
33	Real Estate Taxes			875,553	875,553		875,553	27,501	903,054			33
34	Rent-Facility & Grounds			2,904,012	2,904,012		2,904,012	3,751	2,907,763			34
35	Rent-Equipment & Vehicles			301,568	301,568		301,568	(9,463)	292,105			35
36	Other (specify):*			-								36
37	TOTAL Ownership			4,172,085	4,172,085		4,172,085	146,841	4,318,926			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation	-	-	35,730	35,730		35,730	(5,859)	29,871			38
39	Ancillary Service Centers	-	127,848	754,451	882,299		882,299	(323)	881,976			39
40	Barber and Beauty Shops	-	-	-								40
41	Coffee and Gift Shops	-	-	-								41
42	Provider Participation Fee			561,237	561,237		561,237		561,237			42
43	Other (specify):* Non-Allowable Co	187,285	-	757,553	944,838		944,838	(944,838)				43
44	TOTAL Special Cost Centers	187,285	127,848	2,108,971	2,424,104		2,424,104	(951,020)	1,473,084			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,871,152	992,580	11,054,619	18,918,351		18,918,351	(1,164,533)	17,753,818			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 at Midway

0053678

Report Period Beginning: 1/1/2020

Ending: 12/31/2020

VI. ADJUSTMENT DETAIL

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

		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	(23,458)	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	99,192	30		9
10	Interest and Other Investment Income	(4,671)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(3,778)	43		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(120,687)	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	(542,475)	43		24
25	Fund Raising, Advertising and Promotional				25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See PG5A	(284,097)	Var.		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (884,474)		\$	30

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)	(280,059)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (280,059)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (1,164,533)		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

BHF USE ONLY							
48		49		50		51	

Symphony at Midway

ID# 0053678

Report Period Beginning: 1/1/2020

Ending: 12/31/2020

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Nonallowable marketing events	\$ (144,315)	43	1
2	Laboratory Costs	(40,069)	43	2
3	X-Ray Costs	(16,818)	43	3
4	Lobbying Expense	(16,326)	20	4
5	Admissions	(48,538)	43	5
6	Nonallowable Marketing and Branding	(12,359)	19	6
7	Nonallowable Legal	(18,705)	19	7
8	Theft and Damage Loss	(200)	43	8
9	Real Estate Taxes	22,016	33	9
10	Misc. Income	(2,405)	21	10
11	Nonallowable Professional Fees	(6,378)	19	11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
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37				37
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39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(284,097)		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 Schedule V	2 Line	3 Cost Per General Ledger		5 Cost to Related Organization		6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item	4 Amount	Name of Related Organization					
1	V	N/A	\$				\$	\$	1
2	V								2
3	V								3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total		\$				\$	\$ * 0	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	1 Dietary	\$	MAESTRO CONSULTING SERVICES LLC	100.00%	\$ 1,124	\$ 1,124	15
16	V	5 Utilities		MAESTRO CONSULTING SERVICES LLC	100.00%	2,089	2,089	16
17	V	6 Maintenance Salaries		MAESTRO CONSULTING SERVICES LLC	100.00%			17
18	V	6 Maintenance Expenses		MAESTRO CONSULTING SERVICES LLC	100.00%	4,020	4,020	18
19	V	7 Employee Benefits - Maintenance		MAESTRO CONSULTING SERVICES LLC	100.00%	299	299	19
20	V	10 Clinical Salaries		MAESTRO CONSULTING SERVICES LLC	100.00%	175,101	175,101	20
21	V	10 Contract Nursing		MAESTRO CONSULTING SERVICES LLC	100.00%	168	168	21
22	V	15 Employee Benefits - Clinical		MAESTRO CONSULTING SERVICES LLC	100.00%	50,367	50,367	22
23	V	17 Administrative - Other	814,780	MAESTRO CONSULTING SERVICES LLC	100.00%		(814,780)	23
24	V	19 Professional Fees		MAESTRO CONSULTING SERVICES LLC	100.00%	43,997	43,997	24
25	V	20 Dues, Fees, Subscriptions, Etc.		MAESTRO CONSULTING SERVICES LLC	100.00%	8,062	8,062	25
26	V	21 Clerical & General Salaries		MAESTRO CONSULTING SERVICES LLC	100.00%	122,038	122,038	26
27	V	21 Clerical & General Expenses		MAESTRO CONSULTING SERVICES LLC	100.00%	59,642	59,642	27
28	V	24 Seminars and Education		MAESTRO CONSULTING SERVICES LLC	100.00%	442	442	28
29	V	25 Transportation		MAESTRO CONSULTING SERVICES LLC	100.00%	8,058	8,058	29
30	V	26 Insurance		MAESTRO CONSULTING SERVICES LLC	100.00%	1,494	1,494	30
31	V	27 Employee Benefits - Administrative		MAESTRO CONSULTING SERVICES LLC	100.00%	35,104	35,104	31
32	V	30 Depreciation		MAESTRO CONSULTING SERVICES LLC	100.00%	30,490	30,490	32
33	V	32 Interest Expense		MAESTRO CONSULTING SERVICES LLC	100.00%	41	41	33
34	V	33 Real Estate Tax		MAESTRO CONSULTING SERVICES LLC	100.00%	5,485	5,485	34
35	V	34 Building Rental		MAESTRO CONSULTING SERVICES LLC	100.00%	3,751	3,751	35
36	V	35 Equipment Rental		MAESTRO CONSULTING SERVICES LLC	100.00%	10,809	10,809	36
37	V	35 Auto Lease		MAESTRO CONSULTING SERVICES LLC	100.00%	6,219	6,219	37
38	V							38
39	Total		\$ 814,780			\$ 568,800	\$ * (245,980)	39

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

VII. RELATED PARTIES (continued)

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	10	Nursing Supplies	\$ 9,373	Integra Healthcare Equipment LLC	19%	\$ 7,967	\$ (1,406)	15
16	V	35	Equipment Rental	176,608	Integra Healthcare Equipment LLC	19%	150,117	(26,491)	16
17	V	39	Oxygen Supplies	2,154	Integra Healthcare Equipment LLC	19%	1,831	(323)	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			\$ 188,135			\$ 159,915	\$ * (28,220)	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	\$ 39,060	Lifeline Ambulance	4%	\$ 33,201	\$ (5,859)	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			\$ 39,060			\$ 33,201	\$ * (5,859)	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	\$ 145,332	Maple Leaf Insurance	100.00%	\$ 145,332	\$	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			\$ 145,332			\$ 145,332	\$ * 0	39

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

Facility Name & ID Number

Symphony at Midway

0053678

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	SYMCARE HEALTHCARE LLC	0.9999	SYMPHONY OF CALIFORNIA GARDENS	CHICAGO	MAESTRO CONSUL	LINCOLNWOOD	MANAGEMENT	1
2	SYMCARE HMG LLC	0.0001	CLIFFSIDE COMPANY LLC	ST. JOSEPH, MI	7257 N. LINCOLN AV	LINCOLNWOOD	BUILDING RENTA	2
3			NORTHWOODS CARE CENTRE	BELVIDERE	MAPLELEAF INSUR	GRAND CAYMAN	LIABILITY/WORK	3
4			SYCAMORE VILLAGE	SWANSEA	INTEGRA HEALTHC	ELMHURST	DME & MEDICAL	4
5			SYMPHONY ARIA	HILLSIDE	INTEGRA RESPIRA	ELMHURST	RESPIRATORY SH	5
6			SYMPHONY AT 87TH STREET	CHICAGO	LIFELINE AMBULA	CHICAGO	AMBULANCE	6
7			SYMPHONY AT MIDWAY	CHICAGO	CONCIERTO DIALY	LINCOLNWOOD	DIALYSIS	7
8			SYMPHONY AT THE TILLERS	OSWEGO				8
9			SYMPHONY OF BUFFALO GROVE	BUFFALO GROVE				9
10			SYMPHONY OF CHESTERTON	CHESTERTON, IN				10
11			SYMPHONY OF CHICAGO WEST	CHICAGO				11
12			SYMPHONY OF CRESTWOOD	CRESTWOOD				12
13			SYMPHONY OF CROWN POINT	CROWN POINT, IN				13
14			SYMPHONY OF DYER	DYER, IN				14
15			SYMPHONY OF EVANSTON	EVANSTON				15
16			SYMPHONY OF GLENDALE	GLENDALE, WI				16
17			SYMPHONY OF HANOVER PARK	HANOVER PARK				17
18			SYMPHONY OF JOLIET	JOLIET				18
19			SYMPHONY OF LINCOLN PARK	CHICAGO				19
20			SYMPHONY OF MORGAN PARK	CHICAGO				20
21			SYMPHONY OF ORCHARD VALLEY	AURORA				21
22			SYMPHONY OF SOUTH SHORE	CHICAGO				22
23			SYMPHONY RESIDENCES OF LINCOLN PA	CHICAGO				23
24			WOODCARE V INC	BRIGHTON, MI				24
25			MAPLECREST CARE CENTRE	BELVIDERE				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 at Midway

0053678

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	No owners receive compensation from this facility								\$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13								TOTAL	\$	13

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

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

Facility Name & ID Number Symphony at Midway

0053678

Report Period Beginning:

1/1/2020

Ending: 12/31/2020

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

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

Facility Name & ID Number Symphony at Midway

0053678

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

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	Bed Days Available	1,642,974	27	\$ 20,270	\$ 19,367	91,134	\$ 1,124	1
2	5	Utilities	Bed Days Available	1,642,974	27	37,663		91,134	2,089	2
3	6	Maintenance Salaries	Bed Days Available	1,642,974	27			91,134		3
4	6	Maintenance Expenses	Bed Days Available	1,642,974	27	72,471		91,134	4,020	4
5	7	Employee Benefits - Dietary/Maint	Bed Days Available	1,642,974	27	5,383		91,134	299	5
6	10	Clinical Salaries	Bed Days Available	1,642,974	27	3,156,734	3,156,734	91,134	175,101	6
7	10	Contract Nursing	Bed Days Available	1,642,974	27	3,034		91,134	168	7
8	15	Employee Benefits - Clinical	Bed Days Available	1,642,974	27	908,028		91,134	50,367	8
9	17	Administrative - Other	Bed Days Available	1,642,974	27			91,134		9
10	19	Professional Fees	Bed Days Available	1,642,974	27	793,188		91,134	43,997	10
11	20	Dues, Fees, Subscriptions, Etc.	Bed Days Available	1,642,974	27	145,343		91,134	8,062	11
12	21	Clerical & General Salaries	Bed Days Available	1,642,974	27	2,200,120	2,200,120	91,134	122,038	12
13	21	Clerical & General Expenses	Bed Days Available	1,642,974	27	1,075,235		91,134	59,642	13
14	24	Seminars and Education	Bed Days Available	1,642,974	27	7,970		91,134	442	14
15	25	Transportation	Bed Days Available	1,642,974	27	145,272		91,134	8,058	15
16	26	Insurance	Bed Days Available	1,642,974	27	26,926		91,134	1,494	16
17	27	Employee Benefits - Administrative	Bed Days Available	1,642,974	27	632,860		91,134	35,104	17
18	30	Depreciation	Bed Days Available	1,642,974	27	549,679		91,134	30,490	18
19	32	Interest Expense	Bed Days Available	1,642,974	27	738		91,134	41	19
20	33	Real Estate Tax	Bed Days Available	1,642,974	27	98,893		91,134	5,485	20
21	34	Building Rental	Bed Days Available	1,642,974	27	67,631		91,134	3,751	21
22	35	Equipment Rental	Bed Days Available	1,642,974	27	194,869		91,134	10,809	22
23	35	Auto Lease	Bed Days Available	1,642,974	27	112,113		91,134	6,219	23
24										24
25	TOTALS					\$ 10,254,420	\$ 5,376,221		\$ 568,800	25

Facility Name & ID Number Symphony at Midway

0053678

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 Supplies	Direct		\$	\$		\$ 7,967	1
2	35	Equipment Rental	Direct					150,117	2
3	39	Oxygen Supplies	Direct					1,831	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				\$	\$		\$ 159,915	25

Facility Name & ID Number Symphony at Midway

0053678

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 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	38	Transportation	Direct		\$	\$		\$ 33,201	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				\$	\$		\$ 33,201	25

Facility Name & ID Number Symphony at Midway

0053678

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		\$	\$		\$ 145,322	1
2	26	Liability Insurance	Direct						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				\$	\$		\$ 145,322	25

Facility Name & ID Number Symphony at Midway # 0053678 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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			
										Reporting Period Interest Expense		
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	67,444.34	11/27/2017	\$ 2,170,337	\$ -	10/20/2020	0.0750	\$ 356	1
2	LifeMed	X		Pharmacy Services	38,731	1/1/2018	6,197,033	187,479	01/01/2024	0.0750	15,908	2
3	Select Rehab		X	Operational	159,503	12/31/2018	12,216,125	414,783	12/31/2023	0.0020	9,611	3
4	Integra	X		Medical Supplies/rental	50,679.73	7/1/2019	1,162,530	30,484	6/30/2021	0.0438	2,745	4
5												5
Working Capital												
6	State of Illinois		X	Advance Payment	14,160	5/1/2019	784,400	784,400	8/1/2021	0.0000	-	6
7	National Government Services		X	Medicare AAP	22,713.29	4/7/2020	545,119	545,119	4/7/2023	0.0000	-	7
8	CIBC Bank USA		X	Payroll & Oper Expense	58,098.83	6/23/2020	1,394,372	1,394,372	6/23/2022	0.01	-	8
9	TOTAL Facility Related				\$411,330.19		\$ 24,469,916	\$ 3,356,637			\$ 28,620	9
B. Non-Facility Related*												
10	Cyber Insurance										141	10
11	Worthy Insurance										845	11
12											(4,671)	12
13											41	13
14	TOTAL Non-Facility Related						\$	\$			(3,644)	14
15	TOTALS (line 9+line14)						\$ 24,469,916	\$ 3,356,637			\$ 24,976	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.		\$	422,028	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	\$	345,650	2
3. Under or (over) accrual (line 2 minus line 1).		\$	(76,378)	3
4. Real Estate Tax accrual used for 2020 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	973,947	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
	Alloc. Fr. Mgmt. Co.		5,485	
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.		\$	903,054	7
Real Estate Tax History:				
Real Estate Tax Bill for Calendar Year:	2015	574,477	8	
	2016	627,906	9	
	2017	674,872	10	
	2018	628,454	11	
	2019	639,203	12	
Accrual Calculation :				
Real estate taxes paid (\$639,203 X 1.0644%) + second installment \$293,554 = \$973,947				
FOR BHF USE ONLY				
	13	FROM R. E. TAX STATEMENT FOR 2019	\$	13
	14	PLUS APPEAL COST FROM LINE 5	\$	14
	15	LESS REFUND FROM LINE 6	\$	15
	16	AMOUNT TO USE FOR RATE CALCULATION	\$	16

NOTES:

- Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.**
- 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.**

2019 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME SYMPHONY AT MIDWAY COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0053678

CONTACT PERSON REGARDING THIS REPORT Ari Krupp

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

A. Summary of Real Estate Tax Cost

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

(A)	(B)	(C)	(D) <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>19-03-304-007-0000</u>	<u>Long Term Care Property</u>	\$ <u>156,580.69</u>	\$ <u>156,580.69</u>
2. <u>19-03-304-008-0000</u>	<u>Long Term Care Property</u>	\$ <u>273,548.09</u>	\$ <u>273,548.09</u>
3. <u>19-03-304-009-0000</u>	<u>Long Term Care Property</u>	\$ <u>183,164.38</u>	\$ <u>183,164.38</u>
4. <u>19-03-304-023-0000</u>	<u>Long Term Care Property</u>	\$ <u>11,218.57</u>	\$ <u>11,218.57</u>
5. <u>19-03-304-004-0000</u>	<u>Long Term Care Property</u>	\$ <u>2,193.78</u>	\$ <u>2,193.78</u>
6. <u>19-03-304-005-0000</u>	<u>Long Term Care Property</u>	\$ <u>3,032.77</u>	\$ <u>3,032.77</u>
7. <u>19-03-304-006-0000</u>	<u>Long Term Care Property</u>	\$ <u>9,465.00</u>	\$ <u>9,465.00</u>
8. <u>10-27-319-028-0000</u>	<u>Home Office</u>	\$ <u>85,535.22</u>	\$ <u>5,485.00</u>
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	TOTALS	\$ <u><u>724,738.50</u></u>	\$ <u><u>644,688.28</u></u>

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

Attach copies of the original 2019 tax bills which were listed in Section A to this statement. Be sure to use the 2019 tax bill which is normally paid during 2020.

PLEASE NOTE: Payment information from the Internet or otherwise is *not considered acceptable tax bill documentation*. Facilities located in Cook County are required to provide copies of their original **second installment** tax bill.

Facility Name & ID Number Symphony at Midway

0053678 Report Period Beginning:

1/1/2020 Ending:

12/31/2020

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 98,903 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		-		\$ -	1
2	<u>Allocated from Maestro - 7257 Lincoln</u>		<u>2004</u>	<u>8,875</u>	2
3	TOTALS			\$ 8,875	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	Allocated from Maestro 7257		2004		79,875		35	2,282	2,282	39,082	8
	Improvement Type**										
9	Various		2000		186,297		20	5,126	5,126	186,297	9
10	Various		2001		47,574		20	2,379	2,379	46,600	10
11	Various		2002		15,861		20			15,861	11
12	Various		2003		126,758		20			126,758	12
13	Various		2004		42,166		20			42,166	13
14	Various		2005		29,048		20			29,048	14
15	Various		2006		172,462		20	5,010	5,010	172,462	15
16	Various		2007		3,200		20			3,200	16
17	Various		2009		23,132		20	1,157	1,157	22,826	17
18	Various		2010		254,899		20	12,745	12,745	236,035	18
19	Various		2011		261,021		20	13,051	13,051	196,326	19
20	Various		2012		32,175		20			32,175	20
21	Various		2013		5,760		20	288	288	2,189	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

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

See Page 12A, Line 70 for total

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

Facility Name & ID Number Symphony at Midway

0053678

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	
37	<u>Leasehold Improvements:</u>	2005	\$ 45,177	\$	20	\$ 2,259	\$ 2,259	\$ 36,143	37
38	<u>Various</u>	2006	5,062		20	253	253	3,542	38
39	<u>Repair Door Closures</u>	2006	7,201		20	360	360	5,040	39
40	<u>Repair Door Holders</u>	2007	5,000		20	250	250	3,500	40
41	<u>Tv Lounge/Stairway</u>	2007	41,150		20	2,058	2,058	28,810	41
42	<u>Flooring 4Th Floor Corridor</u>	2007	3,501		20	175	175	2,450	42
43	<u>Install - Card Swipe And Door Strike</u>	2007	3,470		20	174	174	2,434	43
44	<u>2 Tormax Ttx Ii Low Ennergy Operator</u>	2007	5,394		20	270	270	3,778	44
45	<u>10 Fantagraph Pleated Shades, Window Fashions</u>	2007	4,929		20	246	246	3,446	45
46	<u>Fire Sprinkler Work</u>	2007	6,560		20	328	328	4,592	46
47	<u>Admission/Hallway Lobby/Reception Area</u>	2007	3,310		20	166	166	2,322	47
48	<u>6 Track System For Cubicle Curtain</u>	2007	4,620		20	231	231	3,234	48
49	<u>1St Floor 22 Resident Washrooms</u>	2007	8,154		20	408	408	5,710	49
50	<u>14 Pleated Shades/Blinds Window Fashion</u>	2007	4,968		20	248	248	3,474	50
51	<u>1 Tormax Ttx Ii Low Ennergy Operator</u>	2007	4,045		20	202	202	2,830	51
52	<u>Door Closer/holders</u>	2007	5,793		20	290	290	4,058	52
53	<u>Generator Upgrade</u>	2007	4,920		20	246	246	3,444	53
54	<u>Flooring 22 Residents Washrooms</u>	2007	6,560		20	328	328	4,592	54
55	<u>Flooring Admission Hallway/Lobby/Reception Area</u>	2007	2,295		20	115	115	1,610	55
56	<u>1St Floor Reface 34 Doors</u>	2007	2,295		20	115	115	1,610	56
57	<u>1St Floor Reface 34 Doors</u>	2007	2,832		20	142	142	1,986	57
58	<u>Door Locks</u>	2007	5,000		20	250	250	3,500	58
59	<u>Construct Patient Room</u>	2007	26,978		20	1,349	1,349	18,886	59
60	<u>Ventilation Work For Generator</u>	2007	23,163		20	1,158	1,158	16,212	60
61	<u>Window Coverings</u>	2007	6,000		20	300	300	4,200	61
62	<u>Construct Closets</u>								62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 1,518,605	\$		\$ 53,956	\$ 53,956	\$ 1,322,426	70

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

Facility Name & ID Number Symphony at Midway

0053678

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	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 1,518,605	\$		\$ 53,956	\$ 53,956	\$ 1,322,426	1
2	Install New Vinyl Base In All Residents Rooms With New Tiles	2014	5,500		20	275	275	1,856	2
3	Shower Room Demolition & Repair - 2Nd & 3Rd Floor	2014	36,600		20	1,830	1,830	11,743	3
4	Install 18 Window Sills For Dining Rm On 1St,2Nd,3Rd,4Th Floor	2014	4,500		20	225	225	1,463	4
5	On Floor/Walls, Remove Drywall By Shower	2014	19,200		20	960	960	5,920	5
6	Repaired Sewer Storm Lines	2015	6,500		20	325	325	1,950	6
7	Install Electrical Sub-Panel & Circuit Breaker In Basement	2015	5,215		20	261	261	1,565	7
8	Scrape Iron Fence & Replace Railing	2015	8,500		20	425	425	2,550	8
9	66X Cubicle Curtains In Golden Color	2016	4,281		20	214	214	1,070	9
10	Room Entry Door Refacing With P1.Lam Both Sides	2016	2,750		20	138	138	688	10
11	Solid Core Birch 20 Min Smoke Label Doors In Rooms	2016	7,634		20	382	382	1,909	11
12	Walkin Freezer-New Pressure Switch, New Filter Drier With Torcl	2016	2,726		20	136	136	681	12
13	Plumbing Service To Repair Leak On Hot Water Main At Tank	2016	5,885		20	294	294	1,471	13
14	Electrical-New Junction Box & Extend 100 Amp 3 Phace To Top O	2016	2,670		20	134	134	669	14
15	Kitchen Floor And Wall Repairs	2017	3,055		20	153	153	612	15
16	Replace Kitchen Cooler Condens	2017	5,972		20	299	299	1,194	16
17	Fence Repairs	2017	4,800		20	240	240	960	17
18	Plumbing Install Bypass For Domestic Hot Water Feeding Tmv	2017	5,895		20	295	295	1,180	18
19	Doors For Rms 325,403, 413	2017	2,619		20	131	131	524	19
20	Sprinkler replacement - Lower Level	2018	8,016	400	20	400		1,176	20
21	Remove 4" cast iron piping and install new floor drain	2019	7,140	357	20	357		600	21
22									22
23	Replace coolant hose, clamp, flush cooling system, replace battery	2019	3,509		20	175	175	263	23
24	Generator								24
25	AL LCN Closer door	2020	6,320	478	20	478		478	25
26	Roof repair section above elevator south west corner of the roof	2020	4,700	161	20	161		161	26
27	Power supply controller board to fire alarm	2020	2,786	301	20	301		301	27
28	Replace back flow and pipe on header valve in pump room	2020	3,810	350	20	350		350	28
29	Elevator kit-digital keypad, door kit, install, implement	2020	25,936	1,630	20	1,630		1,630	29
30	Boiler #2-repalce relay switch, flow switch	2020	6,115		20	153	153	153	30
31	Reconcile to financial statements			1,371			(1,371)		31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 1,721,238	\$ 5,048		\$ 64,677	\$ 59,629	\$ 1,365,540	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	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 1,721,238	\$ 5,048		\$ 64,677	\$ 59,629	\$ 1,365,540	1
2	Flooring	2007	3,890		20	195	195	2,728	2
3	Drapery	2007	5,169		20	258	258	3,614	3
4	Painted 33 Rooms; Holes Patching & Repairing	2008	6,930		20	347	347	4,798	4
5	Armstrong Wide Material - Connection Corlon Stone Harbor - Flo	2008	4,471		20	224	224	3,097	5
6	Replaced Door Closures & Holders For Rooms	2008	10,865		20	543	543	7,604	6
7	Reface Doors & Metal Door Kickplates	2008	8,050		20	403	403	5,640	7
8	Routing And Cracksealing Of Parking Lot; Concrete Removal & R	2008	6,909		20	345	345	4,371	8
9	Sign Lightbox And Banner	2008	5,726		20	286	286	3,528	9
10	Landscape Irrigation System	2008	6,500		20	325	325	3,900	10
11	Painting Walls in 31 Rooms	2009	8,725		20	436	436	5,234	11
12	Landscape retaining Walls, Plants, Perennials, and Mulch	2009	9,000		20	450	450	5,400	12
13	Chair Rail - Oak Color	2009	4,410		20	221	221	2,650	13
14	2nd and 3rd Flr Dining Rm- Tiles, Window Treatments, Chair Rail	2009	59,648		20	2,982	2,982	35,630	14
15	Outside Security System - Monitors, Strobe Lights, Indoor and Out	2009	21,603		20	1,080	1,080	12,960	15
16	Painting 30 Rooms	2009	12,305		20	615	615	7,382	16
17	Landscaping, Rocks, Boulders, Plants, and Mulch	2009	9,000		20	450	450	5,400	17
18	Chair Rails for 3rd Floor	2009	2,482		20	124	124	1,488	18
19	5 Indoor Cameras; 1 Outdoor Camera; 6 Boxes of Wire	2009	3,465		20	173	173	2,078	19
20	Wifi Cable Wiring	2013	5,500		20	275	275	2,200	20
21	Solid-State Starter	2013	3,047		20	152	152	1,216	21
22	1 Crv Heat Exchanger Cb 1796 Ch1801H	2013	4,910		20	246	246	1,722	22
23	Sand down and satin 250 doors, laminate and reinstalled doors	2014	22,500		20	1,125	1,125	7,875	23
24	Removed and installed floor tiling-resident rooms on 1,2,3 & 4th Fl	2014	62,000		20	3,100	3,100	21,700	24
25	1st, 2nd, 3rd, and 4th Floor Dining Room - Wallcoverings	2014	38,297		20	1,915	1,915	13,405	25
26	8 Fire doors	2014	5,000		20	250	250	1,750	26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,051,640	\$ 5,048		\$ 81,197	\$ 76,149	\$ 1,532,910	34

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

Facility Name & ID Number Symphony at Midway

0053678

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 12C, Carried Forward		\$ 2,051,640	\$ 5,048		\$ 81,197	\$ 76,149	\$ 1,532,910	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9	Leasehold Improvements:								9
10	Allocated from Maestro Consulting Services	2003	650		20	33	33	556	10
11	Allocated from Maestro Consulting Services	2004	13,191		20	658	658	11,026	11
12	Allocated from Maestro Consulting Services	2005	782		20	39	39	620	12
13	Allocated from Maestro Consulting Services	2006	1,060		20	53	53	762	13
14	Allocated from Maestro Consulting Services	2008	1,118		20	56	56	685	14
15	Allocated from Maestro Consulting Services	2009	17,995		20	900	900	10,446	15
16	Allocated from Maestro Consulting Services	2010	2,765		20	138	138	1,453	16
17	Allocated from Maestro Consulting Services	2011	149		20	7	7	74	17
18	Allocated from Maestro Consulting Services	2012	166		20	8	8	73	18
19	Allocated from Maestro Consulting Services	2014	2,080		20	104	104	687	19
20	Allocated from Maestro Consulting Services	2015	585		20	29	29	156	20
21	Allocated from Maestro Consulting Services	2016	2,563		20	128	128	868	21
22	Allocated from Maestro Consulting Services	2017	344		20	18	18	68	22
23	Allocated from Maestro Consulting Services	2020	554		20	14	14	14	23
24	Allocated from Maestro/7257 Lincoln	2015	1,259		20	84	84	448	24
25	Allocated from Maestro/7257 Lincoln	2005	7,282		20	261	261	6,122	25
26	Allocated from Maestro/7257 Lincoln	2004	1,587		20	79	79	1,310	26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,105,770	\$ 5,048		\$ 83,806	\$ 78,758	\$ 1,568,278	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	\$ 932,066	\$ 52,881	\$ 78,206	\$ 25,325	5-10	\$ 737,302	71
72	Current Year Purchases	16,030	3,417	3,417		5-10	3,417	72
73	Fully Depreciated Assets	691,202					691,202	73
74	Allocated from Maestro	233,589		25,599	25,599		112,169	74
75	TOTALS	\$ 1,872,887	\$ 56,298	\$ 107,222	\$ 50,924		\$ 1,544,090	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Allocated from Maestro		2017	\$ 491	\$ -	\$ -	\$ -	5	\$ 491	76
77					-	-				77
78					-	-				78
79					-	-				79
80	TOTALS			\$ 491	\$ -	\$ -	\$ -		\$ 491	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)	\$ 3,988,023	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 61,346	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 191,028	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 129,682	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 3,112,859	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 at Midway

0053678

Report Period Beginning: 1/1/2020

Ending: 12/31/2020

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:			11/1/15	\$ 2,904,012	15	15	3
4	Additions							4
5	Allocated from Maestro Consulting				3,751			5
6								6
7	TOTAL				\$ 2,907,763			7

10. Effective dates of current rental agreement:

Beginning 11/1/15

Ending 10/31/30

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

Fiscal Year Ending Annual Rent

12.	<u>12/31/2021</u>	\$ <u>2,796,710</u>
13.	<u>12/31/2022</u>	\$ <u>2,859,636</u>
14.	<u>12/31/2023</u>	\$ <u>2,923,978</u>

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized by the length of the lease _____.

N/A

9. Option to Buy: YES NO Terms: _____*

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?

YES NO

16. Rental Amount for movable equipment: \$ 285,886

Description: See Attached Schedule

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Allocated from Maestro Consulting		\$	\$ 6,219	17
18					18
19					19
20					20
21	TOTAL		\$	\$ 6,219	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 at Midway
IDPH License ID Number: 0053678
Fiscal Year End: 12/31/2020

Schedule 14A

XIV. Rental Costs

Line 16 Rental Amount for Moveable Equipment

Rental Description	Amount
Medical Equipment	172,272
Nursing Equipment	9,339
Building Equipment	5,888
Office Equipment	114,069
Intergra Allocation	(26,491)
Maestro Allocation	10,809
Total - Line 16	<u>285,886</u>

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	1 Schedule V Line & Column Reference	2		3		4		5		6		7		8	
			Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)							
			Units of Service	Cost	Units	Cost										
1	Licensed Occupational Therapist	39 (3)	hrs	\$	4,174	\$ 300,512	\$	4,174	\$	300,512		4,174	\$	300,512		1
2	Licensed Speech and Language Development Therapist	39 (3)	hrs		1,350	97,219		1,350		97,219		1,350		97,219		2
3	Licensed Recreational Therapist		hrs													3
4	Licensed Physical Therapist	39 (3)	hrs		4,069	292,964		4,069		292,964		4,069		292,964		4
5	Physician Care		visits													5
6	Dental Care		visits													6
7	Work Related Program		hrs													7
8	Habilitation		hrs													8
9	Pharmacy	39 (2)	# of prescripts							126,694				126,694		9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs													10
11	Academic Education		hrs													11
12	Other (specify): <u>Oxygen</u>	39 (2)								831				831		12
13	Other (specify): <u>See Sch 16A</u>	39 (3)			820	59,047		820		59,047		820		59,047		13
14	TOTAL			\$	10,413	\$ 749,742	\$	10,413	\$	127,525		10,413	\$	877,267		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 at Midway
IDPH License ID Number: 0053678
Fiscal Year End: 12/31/2020

Schedule 16A

Line 13 Other (specify)

	<u>Description</u>	<u>Units</u>	<u>Amount</u>
500103-PRVT	Inhalation Therapy Costs-Private		\$ 2,340.00
500103-MEDA	Inhalation Therapy Costs-Medicare A		\$ 1,715.00
500103-MAID	Inhalation Therapy Costs-Medicaid		\$ 7,190.00
500120-MEDA	Other Ancillary Costs-Medicare A		\$ 373.00
500113-MAID	I.V. Therapy Costs-Medicaid		\$ 25,183.00
500113-PRVT	I.V. Therapy Costs-Private		\$ 2,450.00
500113-MEDA	I.V. Therapy Costs-Medicare A		\$ 7,609.00
500113-MNGD	I.V. Therapy Costs-Managed Care		\$ 11,597.00
500103-MNGD	Inhalation Therapy Costs-Managed Care		\$ 590.00
	Total - Line 9	820	59,047

Facility Name & ID Number **Symphony at Midway** # **0053678** Report Period Beginning: **1/1/2020** Ending: **12/31/2020**
 XV. BALANCE SHEET - Unrestricted Operating Fund. As of **12/31/2020** (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	\$ 2,000	\$ 2,000	1
2	Cash-Patient Deposits	66,911	66,911	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>3,996,986</u>)	3,479,386	3,479,386	3
4	Supply Inventory (priced at)	-	-	4
5	Short-Term Investments	-	-	5
6	Prepaid Insurance	4,520	4,520	6
7	Other Prepaid Expenses	18,331	18,331	7
8	Accounts Receivable (owners or related parties)	-	-	8
9	Other(specify):	-	-	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,571,148	\$ 3,571,148	10
B. Long-Term Assets				
11	Long-Term Notes Receivable	-	-	11
12	Long-Term Investments	-	-	12
13	Land	-	8,875	13
14	Buildings, at Historical Cost	-	79,875	14
15	Leasehold Improvements, at Historical Cost	43,447	2,025,895	15
16	Equipment, at Historical Cost	336,674	1,873,378	16
17	Accumulated Depreciation (book methods)	(185,370)	(3,112,859)	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): <u>See Attached Schedule 17A</u>	1,237,351	1,237,351	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,432,102	\$ 2,112,515	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,003,250	\$ 5,683,663	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 437,695	\$ 437,695	26
27	Officer's Accounts Payable	-	-	27
28	Accounts Payable-Patient Deposits	66,911	66,911	28
29	Short-Term Notes Payable	-	-	29
30	Accrued Salaries Payable	330,778	330,778	30
31	Accrued Taxes Payable (excluding real estate taxes)	279,910	279,910	31
32	Accrued Real Estate Taxes(Sch.IX-B)	973,947	973,947	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 17A</u>	4,467,383	4,467,383	36
37		-	-	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 6,556,624	\$ 6,556,624	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	3,356,637	3,356,637	39
40	Mortgage Payable	-	-	40
41	Bonds Payable	-	-	41
42	Deferred Compensation	-	-	42
Other Long-Term Liabilities(specify):				
43		-	-	43
44		-	-	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 3,356,637	\$ 3,356,637	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 9,913,261	\$ 9,913,261	46
47	TOTAL EQUITY(page 18, line 24)	\$ (4,910,011)	\$ (4,229,598)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 5,003,250	\$ 5,683,663	48

*(See instructions.)

Facility Name: Symphony at Midway
 IDPH License ID Number: 0053678
 Fiscal Year End: 12/31/2020

Schedule 17A

XV. Balance Sheet

Line 23 Long-Term Assets Other (specify):

Description	After	
	Operating	Consolidation
114700 Clearing Account	3,926	3,926
120105 Due To/From - Crestwood LLC	2,052	2,052
120107 Due To/From - Deerbrook LLC	6,565	6,565
120203 Due To/From - Dyer LLC	1,585	1,585
127014 Due To/From - Sycare Healthcare	-	-
128002 Due To/From - Maestro	135,009	135,009
129116 Due To/From - Ren @ Midway - OLD	1,063,746	1,063,746
129209 Due To/From - Claridge LLC	24,468	24,468
Total - Line 23	1,237,351	1,237,351

XV. Balance Sheet

Line 36 Other Current Liabilities (specify):

Description	After	
	Operating	Consolidation
100103 Cash - Payables	280	280
120111 Due To/From - Jackson Square LLC	70,634	70,634
120122 Due To/From - California Gardens Nursing and Reha	378	378
120123 Due To/From - Monroe Corp	52	52
120125 Due To/From - Symphony of Cal Gardens	5,166	5,166
127015 Due To/From - Sycare ML	1,798,786	1,798,786
200100 Accrued Payables	27,559	27,559
200101 Accrued Payables - Professional Fees	26,717	26,717
200120 Accrued Payables - Health Insurance	14,080	14,080
200121 Accrued Payable - Dental Insurance	(4,990)	(4,990)
200122 Accrued Payables - Vision Insurance	(33)	(33)
200123 Accrued Payables - Life Insurance	49,676	49,676
200124 Accrued Payables - Short Term Disability	(33,630)	(33,630)
200270 Accrued Payables - Payroll Union Dues	18,190	18,190
200290 Accrued Payables - 401K Deductions	(8,595)	(8,595)
200300 Accrued Payables - Garnishments	(7,576)	(7,576)
200310 Employee Purchases	2,717	2,717
200350 Fringe Benefits - Flow Through	1,183	1,183
200410 Accrued Payables - WC/GL Insurance	629,647	629,647
200500 Accrued Payables - Bed Taxes	(2)	(2)
200510 Accrued Payables - Bed Taxes Add'l	34,815	34,815
200600 Accrued Payables - Management Fees	(8,816)	(8,816)
200800 Accrued Payables - Interest	(809)	(809)
200900 Accrued Payables - Rent	(69,210)	(69,210)
200950 Accrued Payables - Sales Tax	911	911
202000 Deferred Rent	1,613,541	1,613,541
202100 Deferred Income	306,712	306,712
Total - Line 36	4,467,383	4,467,383

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (3,791,356)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (3,791,356)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(1,118,655)	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)	\$ (1,118,655)	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)	\$ (4,910,011)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Symphony at Midway# 0053678Report 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	\$ 16,103,476	1
2	Discounts and Allowances for all Levels	(1,516,700)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 14,586,776	3
B. Ancillary Revenue			
4	Day Care	-	4
5	Other Care for Outpatients	-	5
6	Therapy	1,110,704	6
7	Oxygen	26,162	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,136,866	8
C. Other Operating Revenue			
9	Payments for Education	-	9
10	Other Government Grants	1,470,960	10
11	CNA Training Reimbursements	-	11
12	Gift and Coffee Shop	-	12
13	Barber and Beauty Care	-	13
14	Non-Patient Meals	-	14
15	Telephone, Television and Radio	-	15
16	Rental of Facility Space	-	16
17	Sale of Drugs	233,155	17
18	Sale of Supplies to Non-Patients	-	18
19	Laboratory	54,976	19
20	Radiology and X-Ray	16,756	20
21	Other Medical Services	177,634	21
22	Laundry	-	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,953,481	23
D. Non-Operating Revenue			
24	Contributions	-	24
25	Interest and Other Investment Income***	4,671	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 4,671	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	117,902	28
28a		-	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 117,902	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 17,799,696	30

2

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,547,155	31
32	Health Care	6,088,420	32
33	General Administration	3,686,587	33
B. Capital Expense			
34	Ownership	4,172,085	34
C. Ancillary Expense			
35	Special Cost Centers	1,862,867	35
36	Provider Participation Fee	561,237	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 18,918,351	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,118,655)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,118,655)	43

III. Net Inpatient Revenue detailed by Payer Source		Amount	
44	Medicaid - Net Inpatient Revenue	\$ 11,498,384	44
45	Private Pay - Net Inpatient Revenue	72,330	45
46	Medicare - Net Inpatient Revenue	1,321,280	46
47	Other-(specify) <u>MAIP/Hospice</u>	678,208	47
48	Other-(specify) <u>Managed Care</u>	1,016,574	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 14,586,776	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 at Midway
IDPH License ID Number: 0053678
Fiscal Year End: 12/31/2020

Schedule 19A

XVII. Income Statement

Line 28 Other Revenue (specify):

	Description	Amount
RSM400315	Other revenue	2,405
400212-MNGD	Preferred Insurance Provider Incentive - Revenue-	147,835
400230-MNGD	Other Services - Revenue-Managed Care	(45,292)
400303-OTHR	Transportation - Other Revenue-Other	12,954
	Total - Line 28	<u>117,902</u>

Facility Name & ID Number **Symphony at Midway**

0053678

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,991	2,159	\$ 139,273	\$ 64.51	1
2	Assistant Director of Nursing	633	797	19,465	24.42	2
3	Registered Nurses	20,040	23,013	869,733	37.79	3
4	Licensed Practical Nurses	50,163	61,649	1,897,894	30.79	4
5	CNAs & Orderlies	105,387	122,430	2,123,875	17.35	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,760	2,120	37,724	17.79	9
10	Activity Assistants	8,178	9,829	110,032	11.19	10
11	Social Service Workers	7,721	8,789	202,795	23.07	11
12	Dietician					12
13	Food Service Supervisor	1,926	2,162	67,651	31.29	13
14	Head Cook					14
15	Cook Helpers/Assistants	7,254	8,044	146,317	18.19	15
16	Dishwashers	13,470	15,282	233,470	15.28	16
17	Maintenance Workers	3,831	4,133	80,654	19.51	17
18	Housekeepers	2,207	2,710	43,390	16.01	18
19	Laundry					19
20	Administrator	1,689	1,855	127,708	68.85	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager	3,816	4,124	94,022	22.80	23
24	Clerical	9,238	10,257	153,181	14.93	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	3,530	4,783	107,331	22.44	31
32	Other Health Care MDS Coordinator	4,489	5,350	159,785	29.87	32
33	Other(specify) <u>See Sch 20A</u>	9,276	10,831	256,852	23.71	33
34	TOTAL (lines 1 - 33)	256,599	300,317	\$ 6,871,152 *	\$ 22.88	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	\$ 49,549	1(3)	35
36	Medical Director	Monthly	24,000	9(3)	36
37	Medical Records Consultant				37
38	Nurse Consultant	Monthly	168	10(7)	38
39	Pharmacist Consultant	Monthly	29,417	10(3)	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	Monthly	1,409	39(3)	42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant				45
46	Other(specify) <u>Dental Consultant</u>	Monthly	3,300	39(3)	46
47	<u>Psychiatric Consultant</u>	Monthly	15,040	10(3)	47
48					48
49	TOTAL (lines 35 - 48)		\$ 122,883		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 at Midway
IDPH License ID Number: 0053678
Fiscal Year End: 12/31/2020

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 Counselor	7,292	8,650	187,285	\$ 21.65
Human Resource Director	1,984	2,181	69,567	\$ 31.90
Total - Line 33 Other (specify):	9,276	10,831	256,852	

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	
Mike Hunter	Administrator	0	\$ 98,381	Workers' Compensation Insurance	\$ 145,332	IDPH License Fee	\$ 1,990	
Rick Walworth	Administrator	0	29,327	Unemployment Compensation Insurance	38,548	Advertising: Employee Recruitment	4,477	
				FICA Taxes	487,512	Health Care Worker Background Check	3,477	
				Employee Health Insurance	287,209	(Indicate # of checks performed <u>290</u>)		
				Employee Meals		Patient Background Checks <u>309</u>	3,710	
				Illinois Municipal Retirement Fund (IMRF)*		Dues & Subscription	2,933	
				Employee Retirement	45,581	Licenses & Permits	4,148	
				Employee Benefits - Other	15,318	Health Care Council of Illinois	32,652	
				Employees' Physical Exams	9,497	Disallow Lobbying Fees	(16,326)	
				401K	5,549	Maestro Allocation	8,062	
						Less: Public Relations Expense	()	
						Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1)			\$ 127,708	TOTAL (agree to Schedule V, line 22, col.8)	\$ 1,034,546	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 45,123	
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 (Eliminated in Col. 7)			\$ 814,780	N/A			Out-of-State Travel	\$
							In-State Travel	
TOTAL (agree to Schedule V, line 17, col. 3)			\$ 814,780				Seminar Expense	2,800
C. Professional Services							Maestro Allocation	442
Vendor/Payee	Type		Amount				Entertainment Expense	()
See Supplemental Schedule			\$ 549,359				(agree to Sch. V, line 24, col. 8)	
							TOTAL	\$ 3,242
TOTAL (agree to Schedule V, line 19, column 3)			\$ 549,359	TOTAL		\$		
(For legal fee disclosure, see page 39 of instructions)								

* Attach copy of IMRF notifications

**See instructions.

Facility Name: Symphony at Midway
 IDPH License ID Number: 0053678
 Fiscal Year End: 12/31/2020

Schedule 21C

XIX. SUPPORT SCHEDULES

C. Professional Services

Vendor	Type	Amount
ABILITY Network	Secure Exchange Managed Services	(111)
Allscript	IT System	5,825
Alteryz	Data Analytics	4,001
Apploi	Applicant Tracking System	76
CATS - Applicant Tracking System	Applicant Management System	404
CDW	IT Support	1,983
Comcast Cable	Internet	27,588
Creative Technology Solutions	IT Support	3,286
Darktrace Limited	Cyber Security	2,642
Data Robot - Cloud Professional	Computer Services	2,291
EMMI Solutions	Data Analytics	(424)
Enquire Solutions	Marketing Solution	1,308
Enterprise Immune System	Immune System Tracker	250
enVista, LLC	IT Support	950
Formation Healthcare Group	Monthly Subscription Fee	1,366
Health Data Systems, Inc.	Programming	3,057
Intellicomp technologies, Inc.	IT Support	22,401
IntelliLogix	IT Support	569
Kronos	HR Software	8,027
Manged Care Group, LLC	IT Support	6,930
Microsoft	Software	7,041
Navigator Group Purchasing, Inc.	Data Analytics	357
Nexuscomm, LLC	Cable	5,225
Pay Access	Payroll Services	179
PointClickCare Technologies	Cloud Based Software and Services	43,217
Prime Care Tech	PBJ Reporting Module Access Fee	2,520
Reputation.com, Inc.	Online Reputation Management	1,199
Reside Admission, LLC.	Admission Process Consulting	2,824
Scott Norton	HR Services	215
Sprout Social, Inc.	Social Media Management	2,853
Striv Technologies, LLC	IT Support	2,580
Team TSI Corporation	Collection	5,879
Telemedicine Solutions, Inc.	Wound Rounds Care	17,976
Third Eye Health, Inc.	Data Analytics	4,894
Wencel	Branding	11,051
Delaney, Delaney, & Voom, LTD	Legal	1,000
MKB	Legal	96,528
Ruben Garcia & Associates, LTD	Legal	1,988
Sexauer Law, PC	Legal	2,883
Stone, Pogrud & Korey, LLC	Legal	32,945
McCabe, Kirshner PC	Legal	6,308
RSM US LLP	Accounting	43,520
Achieve Accrediation	Accrediation	9,046
ADP, LLC	Payroll Services	1,978
Advanced Care Medical Specialist	Infectious Disease Consult	968
Corporation Service Company	Annual Filing	1,264
Duane Morris	Legal	117,228
Language Line Services	Phone Interpretation	6,053
MPRO-Michigan Peer Review Org	Data Analytics	660
MTS Consulting, LLC	Tax Consulting	2,228
National Datacare Corporation	Trust Fund and Medicaid billing services	5,985
Personnel Planners, Inc.	Quarterly Unemployment Claims	1,773
Petty Cash - Symphony at Midway	Petty Cash	1
SB2	Consulting Services	6,378
Stout Ristus Ross, Inc.	Valuation Consulting	5,734
Transworld Systems, Inc.	Collection	4,462

Total (agree to Schedule V, line 19, column 3) 549,359

Allocation from Management Company	Professional Services	43,997
	Legal Fees	(25,083)
	Professional Services	(12,359)

Total (agree to Schedule V, line 19, column 8) 555,914

Facility Name & ID Number Symphony at Midway# 0053678

Report Period Beginning:

1/1/2020

Ending:

12/31/2020**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. Health Care Council of Illinois \$32,652
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 5-10 Yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 0 Line 10
- (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 Midway #0041749 11/01/2015
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 561,237
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? 1
d. Have vehicle usage logs been maintained? Adequate records have been maintained
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: RSM US LLP
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes
Attach invoices and a summary of services for all architect and appraisal fees.