

		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>0054015</u></p> <p>Facility Name: <u>Symphony at the Tillers</u></p> <p>Address: <u>4390 Route 71</u> <u>Oswego</u> <u>60543</u> Number City Zip Code</p> <p>County: <u>Kendall</u></p> <p>Telephone Number: <u>(630) 554-1001</u> Fax # <u>(630) 554-1668</u></p> <p>HFS ID Number: _____</p> <p>Date of Initial License for Current Owners: <u>12/1/2015</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) _____ (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="right"> 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) _____ (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 the Tillers

0054015 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	105	Skilled (SNF)	105	38,430	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	105	TOTALS	105	38,430	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				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	8,493	5,849	9,288	23,630	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	8,493	5,849	9,288	23,630	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 61.49%

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 12/1/2015

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

YES Date 12/1/15 NO

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

YES NO If YES, enter number of beds certified 105 and days of care provided 5,336

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 the Tillers # 0054015 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	297,188	27,310	24,860	349,358		349,358	474	349,832		1
2	Food Purchase		164,391		164,391		164,391	22,738	187,129		2
3	Housekeeping	37,700	3,879	192,429	234,008		234,008		234,008		3
4	Laundry	10,464	6,177	3,053	19,694		19,694		19,694		4
5	Heat and Other Utilities			118,363	118,363		118,363	881	119,244		5
6	Maintenance	76,522	-	93,725	170,247		170,247	5,592	175,839		6
7	Other (specify):* Mgmt Alloc of Benefi	-	-	-				126	126		7
8	TOTAL General Services	421,874	201,757	432,430	1,056,061		1,056,061	29,811	1,085,872		8
	B. Health Care and Programs										
9	Medical Director	-	-	46,800	46,800		46,800		46,800		9
10	Nursing and Medical Records	2,750,444	166,684	14,249	2,931,377		2,931,377	73,582	3,004,959		10
10a	Therapy	-	-	-							10a
11	Activities	70,773	-	-	70,773		70,773		70,773		11
12	Social Services	97,279	-	-	97,279		97,279		97,279		12
13	CNA Training	-	-	-							13
14	Program Transportation	-	-	-							14
15	Other (specify):* Mgmt Alloc of Benefi	-	-	-				21,239	21,239		15
16	TOTAL Health Care and Programs	2,918,496	166,684	61,049	3,146,229		3,146,229	94,821	3,241,050		16
	C. General Administration										
17	Administrative	125,447	-	429,922	555,369		555,369	(429,922)	125,447		17
18	Directors Fees			-							18
19	Professional Services			279,099	279,099		279,099	7,069	286,168		19
20	Dues, Fees, Subscriptions & Promotions			40,322	40,322		40,322	(3,574)	36,748		20
21	Clerical & General Office Expenses	219,127	15,116	66,850	301,093		301,093	42,944	344,037		21
22	Employee Benefits & Payroll Taxes			532,319	532,319		532,319		532,319		22
23	Inservice Training & Education			-							23
24	Travel and Seminar			874	874		874	186	1,060		24
25	Other Admin. Staff Transportation		-	-				3,398	3,398		25
26	Insurance-Prop.Liab.Malpractice			485,156	485,156		485,156	630	485,786		26
27	Other (specify):* Mgmt Alloc of Benefits			-				14,803	14,803		27
28	TOTAL General Administration	344,574	15,116	1,834,542	2,194,232		2,194,232	(364,466)	1,829,766		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,684,944	383,557	2,328,021	6,396,522		6,396,522	(239,834)	6,156,688		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			12,070	12,070		12,070	122,672	134,742			30
31	Amortization of Pre-Op. & Org.			-								31
32	Interest			6,785	6,785		6,785	(194)	6,591			32
33	Real Estate Taxes			122,817	122,817		122,817	5,552	128,369			33
34	Rent-Facility & Grounds			242,712	242,712		242,712	1,582	244,294			34
35	Rent-Equipment & Vehicles			87,774	87,774		87,774	4,083	91,857			35
36	Other (specify):*			-								36
37	TOTAL Ownership			472,158	472,158		472,158	133,695	605,853			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation	-	-	15,200	15,200		15,200		15,200			38
39	Ancillary Service Centers	-	163,826	959,319	1,123,145		1,123,145		1,123,145			39
40	Barber and Beauty Shops	-	-	-								40
41	Coffee and Gift Shops	-	-	-								41
42	Provider Participation Fee			168,153	168,153		168,153		168,153			42
43	Other (specify):* Non-Allowable Co	106,976	-	205,873	312,849		312,849	(312,849)				43
44	TOTAL Special Cost Centers	106,976	163,826	1,348,545	1,619,347		1,619,347	(312,849)	1,306,498			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,791,920	547,383	4,148,724	8,488,027		8,488,027	(418,988)	8,069,039			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 the Tillers

0054015

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	22,738	3		4
5	Telephone, TV & Radio in Resident Rooms	(9,821)	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	109,815	30		9
10	Interest and Other Investment Income	(211)	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	(12,336)	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	(71,139)	43		24
25	Fund Raising, Advertising and Promotional				25
26	Income Taxes and Illinois Personal Property Replacement Tax	(20,348)	43		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See PG5A	(239,695)	Var.		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (225,497)		\$	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)	(193,491)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (193,491)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (418,988)		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	
					52

Symphony at the Tillers

ID# 0054015

Report Period Beginning: 1/1/2020

Ending: 12/31/2020

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Nonallowable marketing events	\$ (50,988)	43	1
2	Laboratory Costs	(69,486)	43	2
3	X-Ray Costs	(29,846)	43	3
4	Theft and Damage Loss	(2,689)	43	4
5	Lobbying Expense	(6,974)	20	5
6	Misc. Income	(13,320)	21	6
7	Admissions	(59,560)	43	7
8	To Expense LHI under \$2,500	3,897	6	8
9	Legal Fees	(3,374)	19	9
10	Allocation from Oswego Landholding-Bad Debt	0	43	10
11	Real Estate Taxes	3,239	33	11
12	Nonallowable Branding	(4,853)	19	12
13	Community & Guest Relations	(2,484)	43	13
14	Nonallowable Marketing	(3,257)	19	14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
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41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(239,695)		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 <u>DIETARY</u>	\$	<u>MAESTRO CONSULTING SERVICES LLC</u>	100%	\$ 474	\$ 474	15
16	V	5 <u>UTILITIES</u>		<u>MAESTRO CONSULTING SERVICES LLC</u>	100%	881	881	16
17	V	6 <u>MAINTENANCE SALARIES</u>		<u>MAESTRO CONSULTING SERVICES LLC</u>	100%	0		17
18	V	6 <u>MAINTENANCE EXPENSES</u>		<u>MAESTRO CONSULTING SERVICES LLC</u>	100%	1,695	1,695	18
19	V	7 <u>EMPLOYEE BENEFITS - MAINTENANCE</u>		<u>MAESTRO CONSULTING SERVICES LLC</u>	100%	126	126	19
20	V	10 <u>CLINICAL SALARIES</u>		<u>MAESTRO CONSULTING SERVICES LLC</u>	100%	73,838	73,838	20
21	V	10 <u>CONTRACT NURSING</u>		<u>MAESTRO CONSULTING SERVICES LLC</u>	100%	71	71	21
22	V	15 <u>EMPLOYEE BENEFITS - CLINICAL</u>		<u>MAESTRO CONSULTING SERVICES LLC</u>	100%	21,239	21,239	22
23	V	17 <u>ADMINISTRATIVE OTHER</u>	429,922	<u>MAESTRO CONSULTING SERVICES LLC</u>	100%	0	(429,922)	23
24	V	19 <u>PROFESSIONAL FEES</u>		<u>MAESTRO CONSULTING SERVICES LLC</u>	100%	18,553	18,553	24
25	V	20 <u>DUES, FEES, SUBSCRIPTIONS, ETC.</u>		<u>MAESTRO CONSULTING SERVICES LLC</u>	100%	3,400	3,400	25
26	V	21 <u>CLERICAL & GENERAL SALARIES</u>		<u>MAESTRO CONSULTING SERVICES LLC</u>	100%	51,462	51,462	26
27	V	21 <u>CLERICAL & GENERAL EXPENSES</u>		<u>MAESTRO CONSULTING SERVICES LLC</u>	100%	25,150	25,150	27
28	V	24 <u>SEMINARS AND EDUCATION</u>		<u>MAESTRO CONSULTING SERVICES LLC</u>	100%	186	186	28
29	V	25 <u>TRANSPORTATION</u>		<u>MAESTRO CONSULTING SERVICES LLC</u>	100%	3,398	3,398	29
30	V	26 <u>INSURANCE</u>		<u>MAESTRO CONSULTING SERVICES LLC</u>	100%	630	630	30
31	V	27 <u>EMPLOYEE BENEFITS - ADMINISTRATIVE</u>		<u>MAESTRO CONSULTING SERVICES LLC</u>	100%	14,803	14,803	31
32	V	30 <u>DEPRECIATION</u>		<u>MAESTRO CONSULTING SERVICES LLC</u>	100%	12,857	12,857	32
33	V	32 <u>INTEREST EXPENSE</u>		<u>MAESTRO CONSULTING SERVICES LLC</u>	100%	17	17	33
34	V	33 <u>REAL ESTATE TAX</u>		<u>MAESTRO CONSULTING SERVICES LLC</u>	100%	2,313	2,313	34
35	V	34 <u>BUILDING RENTAL</u>		<u>MAESTRO CONSULTING SERVICES LLC</u>	100%	1,582	1,582	35
36	V	35 <u>EQUIPMENT RENTAL</u>		<u>MAESTRO CONSULTING SERVICES LLC</u>	100%	4,558	4,558	36
37	V	35 <u>AUTO LEASE</u>		<u>MAESTRO CONSULTING SERVICES LLC</u>	100%	2,622	2,622	37
38	V							38
39	Total		\$ 429,922			\$ 239,855	\$ * (190,067)	39

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

VII. RELATED PARTIES (continued)

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	10	DME & Medical Supplies	\$ 2,183	Integra Healthcare Equipment	19%	\$ 1,856	\$ (327)	15
16	V	35	Equipment Rental	20,649	Integra Healthcare Equipment	19%	17,552	(3,097)	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			\$ 22,832			\$ 19,408	\$ * (3,424)	39

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

Facility Name & ID Number

Symphony at the Tillers

0054015

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	DRAKE LOUIS ENTERPRISE, LLC	70	SYMPHONY OF CALIFORNIA GARDENS	CHICAGO	MAESTRO CONSUL	LINCOLNWOOD	MANAGEMENT	1
2	FAIRHOME TRUST	20	MAPLECREST CARE CENTRE	BELVIDERE	7257 N. LINCOLN AV	LINCOLNWOOD	BUILDING RENTA	2
3	BENOIT HOLDINGS, LLC	10	NORTHWOODS CARE CENTRE	BELVIDERE	MAPLELEAF INSUR	GRAND CAYMAN	LIABILITY/WORK	3
4			SYCAMORE VILLAGE	SWANSEA	INTEGRA HEALTHC	ELMHURST	DME & MEDICAL	4
5			SYMPHONY ARIA	HILLSIDE	INTEGRA RESPIRA	ELMHURST	RESPIRATORY SH	5
6			SYMPHONY AT 87TH STREET	CHICAGO	LIFELINE AMBULA	CHICAGO	AMBULANCE	6
7			SYMPHONY AT MIDWAY	CHICAGO				7
8			SYMPHONY AT THE TILLERS	OSWEGO				8
9			SYMPHONY OF BRONZEVILLE	CHICAGO				9
10			SYMPHONY OF BUFFALO GROVE	BUFFALO GROVE				10
11			SYMPHONY OF CHESTERTON	CHESTERTON, IN				11
12			SYMPHONY OF CHICAGO WEST	CHICAGO				12
13			SYMPHONY OF CRESTWOOD	CRESTWOOD				13
14			SYMPHONY OF CROWN POINT	CROWN POINT, IN				14
15			SYMPHONY OF DYER	DYER, IN				15
16			SYMPHONY OF EVANSTON	EVANSTON				16
17			SYMPHONY OF GLENDALE	GLENDALE, WI				17
18			SYMPHONY OF HANOVER PARK	HANOVER PARK				18
19			SYMPHONY OF JOLIET	JOLIET				19
20			SYMPHONY OF LINCOLN PARK	CHICAGO				20
21			SYMPHONY OF MORGAN PARK	CHICAGO				21
22			SYMPHONY OF ORCHARD VALLEY	AURORA				22
23			SYMPHONY RESIDENCES OF LINCOLN PA	CHICAGO				23
24			WOODCARE V INC	BRIGHTON, MI				24
25			CLIFFSIDE COMPANY LLC	ST. JOSEPH, MI				25
26			SYMPHONY APPLEWOOD	WOODHAVEN, MI				26
27			SYMPHONY LINDEN	LINDEN, MI				27
28			SYMPHONY TRI-CITIES	BAY CITY, MI				28
29								29
30								30

Facility Name & ID Number

Symphony at the Tillers

0054015

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 the Tillers

0054015

Report Period Beginning:

1/1/2020

Ending: 2/31/2020

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

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

Facility Name & ID Number Symphony at the Tillers

0054015

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 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6		
1	1	DIETARY	AVAIL. CENSUS DAYS	1,642,974	27	\$ 20,270	\$ 19,367	38,430	\$ 474	1
2	5	UTILITIES	AVAIL. CENSUS DAYS	1,642,974	27	37,663		38,430	881	2
3	6	MAINTENANCE SALARIES	AVAIL. CENSUS DAYS	1,642,974	27			38,430		3
4	6	MAINTENANCE EXPENSES	AVAIL. CENSUS DAYS	1,642,974	27	72,471		38,430	1,695	4
5	7	EMPLOYEE BENEFITS - MAIN	AVAIL. CENSUS DAYS	1,642,974	27	5,383		38,430	126	5
6	10	CLINICAL SALARIES	AVAIL. CENSUS DAYS	1,642,974	27	3,156,734	3,156,734	38,430	73,838	6
7	10	CONTRACT NURSING	AVAIL. CENSUS DAYS	1,642,974	27	3,034		38,430	71	7
8	15	EMPLOYEE BENEFITS - CLIN	AVAIL. CENSUS DAYS	1,642,974	27	908,028		38,430	21,239	8
9	17	ADMINISTRATIVE OTHER	AVAIL. CENSUS DAYS	1,642,974	27			38,430		9
10	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS	1,642,974	27	793,188		38,430	18,553	10
11	20	DUES, FEES, SUBSCRIPTIONS	AVAIL. CENSUS DAYS	1,642,974	27	145,343		38,430	3,400	11
12	21	CLERICAL & GENERAL SALA	AVAIL. CENSUS DAYS	1,642,974	27	2,200,120	2,200,120	38,430	51,462	12
13	21	CLERICAL & GENERAL EXPE	AVAIL. CENSUS DAYS	1,642,974	27	1,075,235		38,430	25,150	13
14	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS	1,642,974	27	7,970		38,430	186	14
15	25	TRANSPORTATION	AVAIL. CENSUS DAYS	1,642,974	27	145,272		38,430	3,398	15
16	26	INSURANCE	AVAIL. CENSUS DAYS	1,642,974	27	26,926		38,430	630	16
17	27	EMPLOYEE BENEFITS - ADM	AVAIL. CENSUS DAYS	1,642,974	27	632,860		38,430	14,803	17
18	30	DEPRECIATION	AVAIL. CENSUS DAYS	1,642,974	27	549,679		38,430	12,857	18
19	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS	1,642,974	27	738		38,430	17	19
20	33	REAL ESTATE TAX	AVAIL. CENSUS DAYS	1,642,974	27	98,893		38,430	2,313	20
21	34	BUILDING RENTAL	AVAIL. CENSUS DAYS	1,642,974	27	67,631		38,430	1,582	21
22	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS	1,642,974	27	194,869		38,430	4,558	22
23	35	AUTO LEASE	AVAIL. CENSUS DAYS	1,642,974	27	112,113		38,430	2,622	23
24										24
25	TOTALS					\$ 10,254,420	\$ 5,376,221		\$ 239,855	25

Facility Name & ID Number Symphony at the Tillers

0054015

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 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	10	DME & Medical Supplies	Direct Allocation		\$	\$		1,856	1
2	35	Equipment Rental	Direct Allocation					17,552	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				\$	\$		19,408	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
A. Directly Facility Related																				
Long-Term																				
1	Omnicare		X	Pharmacy Services	67,444	11/27/2017	\$ 2,170,337	\$ -	10/20/2020	0.075	\$ 811	1								
2	LifeMed	X		Pharmacy Services	38,731	1/1/2018	6,197,033	37,485	1/1/2024	0.075	3,181	2								
3	Select Rehab		X	Operational	159,503	12/31/2018	12,216,125	94,300	12/31/2023	0.002	2,185	3								
4	Integra	X		Medical Supplies/rental	50,680	7/1/2019	1,162,530	1,145	6/30/2021	0.043802	103	4								
5												5								
Working Capital																				
6	National Government Services		X	Medicare AAP	43,769	4/7/2020	1,050,451	1,050,451	4/7/2023			6								
7												7								
8												8								
9	TOTAL Facility Related				\$360,126.86		\$ 22,796,476	\$ 1,183,381			\$ 6,280	9								
B. Non-Facility Related*																				
10	Cyber Ins										59	10								
11	Worthy Ins										446	11								
12											(211)	12								
13												13								
14	TOTAL Non-Facility Related						\$	\$			17	14								
15	TOTALS (line 9+line14)						\$ 22,796,476	\$ 1,183,381			\$ 6,591	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.		\$	113,755	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	\$	116,539	2
3. Under or (over) accrual (line 2 minus line 1).		\$	2,784	3
4. Real Estate Tax accrual used for 2020 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	123,272	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.		2,313	
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.		\$	128,369	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:	2015	112,112	8
	2016	118,761	9
	2017	117,695	10
	2018	115,782	11
	2019	116,539	12

Accrual Calculation :

Real estate taxes paid \$116,539 X 1.0578% = \$123,272

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:

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

2019 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Symphony At The Tillers COUNTY Kendall

FACILITY IDPH LICENSE NUMBER 0054015

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>03-20-202-004</u>	<u>Long Term Care Property</u>	\$ <u>78,220.00</u>	\$ <u>78,220.00</u>
2. <u>03-17-456-004</u>	<u>Long Term Care Property</u>	\$ <u>19,420.06</u>	\$ <u>19,420.06</u>
3. <u>03-17-456-003</u>	<u>Long Term Care Property</u>	\$ <u>5,493.68</u>	\$ <u>5,493.68</u>
4. <u>03-20-202-012</u>	<u>Long Term Care Property</u>	\$ <u>6,928.26</u>	\$ <u>6,928.26</u>
5. <u>03-20-202-013</u>	<u>Long Term Care Property</u>	\$ <u>6,476.62</u>	\$ <u>6,476.62</u>
6. _____	_____	\$ _____	\$ _____
7. <u>10-27-319-028-0002</u>	<u>Maestro - Home Office Allocation</u>	\$ <u>85,535.22</u>	\$ <u>2,313.00</u>
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>202,073.84</u></u>	\$ <u><u>118,851.62</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 the Tillers

0054015 Report Period Beginning:

1/1/2020 Ending:

12/31/2020

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 39,500 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 1

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>3742</u>	2
3	TOTALS			\$ 3,742	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	105				\$	\$		\$	\$	\$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9		Carpet,Vinyl Planking Installation In Lobby	2016		16,652		20	833	833	4,024	9
10		Floor Repairs In Hallways On Floors 1 Through 4	2016		44,392		20	2,220	2,220	10,173	10
11		Electric Work - Chandelier Switch, Pendent Lights, Amp Circuit, Wiring	2016		4,960		20	248	248	496	11
12		Adjust Hvac & Undate Lighting In Nurses Station	2016		8,160		20	408	408	1,836	12
13		Dining & Corridor Flooring - Carpet, Vinyl Tile	2016		54,256		20	2,713	2,713	12,208	13
14		Stucco Installed Around Entrance, Painted Building Exterior	2016		36,945		20	1,847	1,847	8,159	14
15		Light Fixtures & Improvements In Dining Room	2016		4,727		20	236	236	1,044	15
16		Install Led Lighting On Exterior Sign In Front Of Building	2016		9,242		20	462	462	2,041	16
17		Wallpaper Installation, Painting, Handrails In Nurse Station & Guest R	2016		12,730		20	637	637	2,758	17
18		Dining Room Painting	2016		15,300		20	765	765	3,443	18
19		Floor Replacement Rms 503, 505, 302, Nurse Station, Guest Room, Lour	2016		50,000		20	2,500	2,500	10,417	19
20		Counter Tops, Ceiling Mount Light Fixture, Fireplace, Window Treatme	2016		30,137		20	1,507	1,507	7,158	20
21		Plumbing - Drain Line To Sink, Backflow Preventor	2016		12,157		20	608	608	2,786	21
22		Entry Ceiling Light, Window Valance, Cove Base, Pendant	2016		25,816		20	1,291	1,291	6,132	22
23		Dining Room Wallpaper, Window Treatments, Light Fixtures, Tile, Wal	2016		40,255		20	2,013	2,013	9,057	23
24		Electrical Work - 400 Wing - Replace Underground Lines	2016		4,155		20	208	208	953	24
25		Architectural Fees For Front Facade & Canopy	2016		21,038		20	1,052	1,052	4,208	25
26		Shower Room Walls & Floors In 500 Wing	2017		6,241		20	312	312	1,248	26
27		Phone Installation Project	2017		47,615		20	2,381	2,381	9,523	27
28		Polycom Conference Room Speaker	2017		34,723		20	1,736	1,736	6,945	28
29		Security Camera System	2017		16,969		20	848	848	3,394	29
30		Architectural Services-Starbucks renovation loby	2018		21,038	1,052	20	1,052	(0)	3,156	30
31		Community Water heater replacement-Laundry-Main boiler	2018		18,480	797	20	924	127	2,518	31
32		mechanical room									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 the Tillers# 0054015

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	Floor install in room and office	2018	\$ 4,825	\$ 241	20	\$ 241	\$ 0	\$ 575	37
38	Renovations wing 500-hallway painting, filing holes,	2018	75,730	3,786	20	3,787	1	8,744	38
39	repair and repaint handrails, brackets, install wood trim,								39
40	prime and paint frames, blinds, sprinklers, new doors,								40
41	kitchen cabinets.								41
42	PTAC Units-6 resident units	2018	7,769	955	20	955		2,865	42
43	Generator Level 2 Repair	2018	2,551	128	20	128	(0)	384	43
44	Honeywell humidity controller-split 3 coils, add refrigerant	2018	2,622	131	20	131	0	393	44
45	roof top unit that serves lobby								45
46	Sprinkler work-replace 10 dry fire sprinkler heads outside canopy.	2019	3,510	176	20	176	(1)	176	46
47	Replace ATS-Decommission ATS, replace ATS, new startup	2019	20,315	1,016	20	1,016	(0)	2,026	47
48	Remove carpet, install attic insulation, repair drywall	2019	3,500	175	20	175		300	48
49	Coat, stripe, patch, crack entire parking lot 54,758 square feet	2019	25,000	1,250	20	1,250		2,200	49
50									50
51	Patching, sanding, painting bathroom, kitchen, laundry room trim	2019	4,000	200	20	200		268	51
52	Radon Mitigation System-emergency generator room	2019	7,000	350	20	350		458	52
53	100 Yards of new carpet-Tillers rental house	2019	2,700	135	20	135		177	53
54	Replace 1 5 ton RTU rooftop	2019	5,010	251	20	251		296	54
55	Replace concrete ramp on south side of building.	2019	5,000	250	20	250		286	55
56	HVAC repair-replace ignitor mechanical room	2019	2,563	128	20	128		131	56
57	Replace 5 ton RTU rooftop	2019	5,010	251	20	251		279	57
58	Repair 7 sections of fence	2019	3,200	160	20	160		307	58
59									59
60	Install 3 new TMVs hand sink, eye wash station	2020	6,880	368	15	368		368	60
61	Shower stall-wall tiles, drywall, plumbing, new	2020	13,550	716	15	716		716	61
62	shower system, light fixtures.								62
63	Install new secondary pole-brackets and junctions	2020	6,133	137	15	137		137	63
64	Replace corroded pipe at storage tank water heater	2020	2,820	58	15	58		58	64
65	Install and mount eye wash stations	2020	4,585	12	15	12		12	65
66									66
67									67
68	Reconcile to financial statement depreciation			(43,034)			43,034		68
69									69
70	TOTAL (lines 4 thru 69)		\$ 750,260	\$ (30,312)		\$ 37,672	\$ 67,984	\$ 134,829	70

**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 12A, Carried Forward		\$ 750,260	\$ (30,312)		\$ 37,672	\$ 67,984	\$ 134,829	1
2	Buildings:								2
3	<u>Allocated from Maestro 7257 Lincoln</u>	2004	33,682		35	962	962	16,480	3
4									4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	<u>Allocated from Maestro Consulting Services</u>	2003	274		20	14	14	235	9
10	<u>Allocated from Maestro Consulting Services</u>	2004	5,562		20	277	277	4,649	10
11	<u>Allocated from Maestro Consulting Services</u>	2005	330		20	17	17	261	11
12	<u>Allocated from Maestro Consulting Services</u>	2006	447		20	22	22	321	12
13	<u>Allocated from Maestro Consulting Services</u>	2008	471		20	24	24	289	13
14	<u>Allocated from Maestro Consulting Services</u>	2009	7,588		20	379	379	4,405	14
15	<u>Allocated from Maestro Consulting Services</u>	2010	1,166		20	58	58	613	15
16	<u>Allocated from Maestro Consulting Services</u>	2011	63		20	3	3	31	16
17	<u>Allocated from Maestro Consulting Services</u>	2012	70		20	4	4	31	17
18	<u>Allocated from Maestro Consulting Services</u>	2014	877		20	44	44	290	18
19	<u>Allocated from Maestro Consulting Services</u>	2015	247		20	12	12	66	19
20	<u>Allocated from Maestro Consulting Services</u>	2016	1,081		20	54	54	366	20
21	<u>Allocated from Maestro Consulting Services</u>	2017	145		20	7	7	29	21
22	<u>Allocated from Maestro Consulting Services</u>	2020	234		20	6	6	6	22
23									23
24	<u>Allocated from Maestro 7257 Lincoln</u>	2015	531		20	35	35	189	24
25	<u>Allocated from Maestro 7257 Lincoln</u>	2005	3,071		20	111	111	2,582	25
26	<u>Allocated from Maestro 7257 Lincoln</u>	2004	669		20	33	33	552	26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 806,768	\$ (30,312)		\$ 39,734	\$ 70,046	\$ 166,224	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	\$ 813,344	\$ 40,858	\$ 82,689	\$ 41,831	5	\$ 380,701	71
72	Current Year Purchases	16,211	1,524	1,524		5	1,524	72
73	Fully Depreciated Assets	11,592					11,592	73
74	Allocated from Maestro	98,501		10,795	10,795		47,300	74
75	TOTALS	\$ 939,648	\$ 42,382	\$ 95,008	\$ 52,626		\$ 441,117	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 Consulting Services		\$ 207	\$ -	\$ -	\$ -	5	\$ 207	76
77					-	-				77
78					-	-				78
79					-	-				79
80	TOTALS			\$ 207	\$ -	\$ -	\$ -		\$ 207	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)	\$ 1,750,365	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 12,070	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 134,742	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 122,672	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 607,548	85

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

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

G. Construction-in-Progress

	Description	Cost	
92	CIP	\$ 5,423	92
93			93
94			94
95		\$ 5,423	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 the Tillers

0054015

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:			<u>11/1/2015</u>	\$ <u>242,712</u>			3
4	Additions							4
5	<u>Allocated from Maestro Consulting Services</u>				<u>1,582</u>			5
6								6
7	TOTAL				\$ <u>244,294</u>			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.	<u>12/31/2021</u>	\$ <u>225,170</u>
13.	<u>12/31/2022</u>	\$ <u>229,673</u>
14.	<u>12/31/2023</u>	\$ <u>234,267</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: \$ 89,235 Description: See Attached Schedule 14A

(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>Allocated from Maestro Consulting Services</u>		\$ _____	\$ <u>2,622</u>	17
18					18
19					19
20					20
21	TOTAL		\$ _____	\$ <u>2,622</u>	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 the Tillers
IDPH License ID Number: 0054015
Fiscal Year End: 12/31/2020

Schedule 14A

XIV. Rental Costs

Line 16 Rental Amount for Moveable Equipment

Rental Description	Amount
Medical Equipment	31,170
Nursing Equipment	6,267
Building Equipment	6,760
Office Equipment	43,577
Integra Allocation	(3,097)
Maestro Allocation	4,558
Total - Line 16	<u>89,235</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		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(3)	hrs	\$	4,257	\$ 306,503	\$	4,257	\$ 306,503		4,257	\$ 306,503				1
2	Licensed Speech and Language Development Therapist	39(3)	hrs		1,570	113,042		1,570	113,042		1,570	113,042				2
3	Licensed Recreational Therapist		hrs													3
4	Licensed Physical Therapist	39(3)	hrs		5,563	400,548		5,563	400,548		5,563	400,548				4
5	Physician Care		visits													5
6	Dental Care		visits													6
7	Work Related Program		hrs													7
8	Habilitation		hrs													8
9	Pharmacy	39(3&7)	# of prescripts						155,858			155,858				9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs													10
11	Academic Education		hrs													11
12	Other (specify): <u>Oxygen</u>	39(3&7)							7,968			7,968				12
13	Other (specify): <u>See Sch. 16A</u>	39(3)			1,420	102,283		1,420	102,283		1,420	102,283				13
14	TOTAL			\$	12,811	\$ 922,376	\$	12,811	\$ 922,376	\$	163,826	\$ 1,086,202	\$	12,811	\$ 1,086,202	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 the Tillers
IDPH License ID Number: 0054015
Fiscal Year End: 12/31/2020

Schedule 16A

XIV. Rental Costs

Line 13 Other Special Services

Rental Description	Amount
I.V. Therapy Costs-Medicaid	879
I.V. Therapy Costs-Medicare A	29,679
I.V. Therapy Costs-Managed Care	9,985
I.V. Therapy Costs-Private	850
Other Ancillary Costs-Medicare A	296
Inhalation Therapy Costs-Medicaid	16,113
Inhalation Therapy Costs-Medicare A	25,071
Inhalation Therapy Costs-Managed Care	10,935
Inhalation Therapy Costs-Private	8,466
EKG Costs - Medicare A	9
Total - Line 16	<u>102,283</u>

Facility Name & ID Number **Symphony at the Tillers** # **0054015** 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	\$ 6,045	\$ 6,045	1
2	Cash-Patient Deposits	7,074	7,074	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>573,004</u>)	869,696	869,696	3
4	Supply Inventory (priced at _____)	-	-	4
5	Short-Term Investments	-	-	5
6	Prepaid Insurance	(45,263)	(45,263)	6
7	Other Prepaid Expenses	246,426	246,426	7
8	Accounts Receivable (owners or related parties)	-	-	8
9	Other(specify): <u>See Sch 17A</u>	2,192	2,192	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,086,170	\$ 1,086,170	10
B. Long-Term Assets				
11	Long-Term Notes Receivable	-	-	11
12	Long-Term Investments	-	-	12
13	Land	-	3,742	13
14	Buildings, at Historical Cost	-	33,682	14
15	Leasehold Improvements, at Historical Cost	129,945	773,086	15
16	Equipment, at Historical Cost	30,533	939,855	16
17	Accumulated Depreciation (book methods)	(15,759)	(607,548)	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 Sch 17A</u>	9,468,930	9,468,930	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 9,613,649	\$ 10,611,747	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 10,699,819	\$ 11,697,917	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 1,400,422	\$ 1,400,422	26
27	Officer's Accounts Payable	-	-	27
28	Accounts Payable-Patient Deposits	7,074	7,074	28
29	Short-Term Notes Payable	-	-	29
30	Accrued Salaries Payable	238,426	238,426	30
31	Accrued Taxes Payable (excluding real estate taxes)	149,949	149,949	31
32	Accrued Real Estate Taxes(Sch.IX-B)	123,272	123,272	32
33	Accrued Interest Payable	-	-	33
34	Deferred Compensation	-	-	34
35	Federal and State Income Taxes	-	-	35
Other Current Liabilities(specify):				
36	<u>See Sch 17A</u>	1,504,017	1,504,017	36
37	_____	-	-	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,423,160	\$ 3,423,160	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	1,183,381	1,183,381	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)	\$ 1,183,381	\$ 1,183,381	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 4,606,541	\$ 4,606,541	46
47	TOTAL EQUITY(page 18, line 24)	\$ 6,093,278	\$ 7,091,376	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 10,699,819	\$ 11,697,917	48

*(See instructions.)

Facility Name: Symphony at the Tillers
 IDPH License ID Number: 0054015
 Fiscal Year End: 12/31/2020

Schedule 17A

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

Description	After	
	Operating	Consolidation
Accounts Receivable - Employee Loans	2,192	2,192
Total - Line 9	2,192	2,192

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

Description	After	
	Operating	Consolidation
Fixed Assets - Construction in Process	5,423.00	5,423.00
Other Assets - Security Deposits	1,270.00	1,270.00
CSA I/C Related/Party Due To/From Accts	3,704,480.00	3,704,480.00
Due To/From - Aria LLC	4,277.00	4,277.00
Due To/From - Buffalo Grove LLC	1,040.00	1,040.00
Due To/From - Crestwood LLC	199,197.00	199,197.00
Due To/From - Decatur	(333.00)	(333.00)
Due To/From - Deerbrook LLC	(3,588.00)	(3,588.00)
Due To/From - Hanover Park	(235.00)	(235.00)
Due To/From - McKinley LLC	50,000.00	50,000.00
Due To/From - Sycamore LLC	40,000.00	40,000.00
Due To/From - California Gardens Nursing and Reha	588.00	588.00
Due To/From - Orchard Valley	13,697.00	13,697.00
Due To/From - Chesterton LLC	50,000.00	50,000.00
Due To/From - Symphony Healthcare	2,351,680.00	2,351,680.00
Due To/From - Symcare Healthcare	1,484,023.00	1,484,023.00
Due To/From - Symcare ML	(101,867.00)	(101,867.00)
Due To/From - Oswego Landholdings	784,934.00	784,934.00
Due To/From - Aria - OLD	288,157.00	288,157.00
Due To/From - Symphony Financial Services	167,500.00	167,500.00
Due To/From - SymProp	6,732.00	6,732.00
Accrued Payable - Dental Insurance	1,981.00	1,981.00
Accrued Payables - Vision Insurance	258.00	258.00
Accrued Payables - Payroll Union Dues	35.00	35.00
Accrued Payables - Garnishments	3,853.00	3,853.00
Employee Purchases	(27.00)	(27.00)
Accrued Payables - Bed Taxes	28,971.00	28,971.00
Accrued Payables - Management Fees	177,857.00	177,857.00
Accrued Payables - Short Term Disability	21,088.00	21,088.00
Accrued Payables - Rent	5,784.00	5,784.00
Sales Tax Payable - Manual	1,038.00	1,038.00
Deferred Income	168,279.00	168,279.00
Lease Holds Payable	12,838.00	12,838.00
Total - Line 23	9,468,930	9,468,930

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

Description	After	
	Operating	Consolidation
Clearing Account	1,004	1,004
Due To/From - Evanston Healthcare LLC	357,500	357,500
Due To/From - Jackson Square LLC	768	768
Due To/From - Maple Crest LLC	12,429	12,429
Due To/From - Northwoods LLC	1,089	1,089
Due To/From - Symphony of Cal Gardens	284	284
Due To/From - Symphony Financial Services	1,937	1,937
Due To/From - Symcare HMG	385,000	385,000
Due To/From - Symdiana Healthcare	112,500	112,500
Due To/From - Maestro	171,103	171,103
Accrued Payables	47,444	47,444
Accrued Payables - Professional Fees	26,717	26,717
Accrued Payables - Health Insurance	7,792	7,792
Accrued Payables - Life Insurance	24,656	24,656
Accrued Payables - 401K Deductions	3,629	3,629
Accrued Payables - 401K Loan Repayments	1,281	1,281
Accrued Payables - Heart and Soul Foundation	77	77
Fringe Benefits - Flow Through	685	685
Accrued Payables - WC/GL Insurance	301,050	301,050
Accrued Payables - Bed Taxes Add'l	7,139	7,139
Accrued Payables - Interest	1,016	1,016
Accrued Payables - Sales Tax	693	693
Deferred Rent	38,224	38,224
Total - Line 36	1,504,017	1,504,017

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 4,905,444	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 4,905,444	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	\$ 1,187,834	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)	\$ 1,187,834	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)	\$ 6,093,278	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Symphony at the Tillers# 0054015Report 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	\$ 8,378,222	1
2	Discounts and Allowances for all Levels	(1,779,643)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 6,598,579	3
B. Ancillary Revenue			
4	Day Care	-	4
5	Other Care for Outpatients	-	5
6	Therapy	1,706,357	6
7	Oxygen	-	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,706,357	8
C. Other Operating Revenue			
9	Payments for Education	-	9
10	Other Government Grants	1,049,758	10
11	CNA Training Reimbursements	-	11
12	Gift and Coffee Shop	(6,326)	12
13	Barber and Beauty Care	-	13
14	Non-Patient Meals	(16,412)	14
15	Telephone, Television and Radio	-	15
16	Rental of Facility Space	-	16
17	Sale of Drugs	237,142	17
18	Sale of Supplies to Non-Patients	-	18
19	Laboratory	82,285	19
20	Radiology and X-Ray	23,974	20
21	Other Medical Services	(13,027)	21
22	Laundry	-	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,357,394	23
D. Non-Operating Revenue			
24	Contributions	-	24
25	Interest and Other Investment Income***	211	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 211	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>Other Income</u>	13,320	28
28a		-	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 13,320	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 9,675,861	30

2

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,056,061	31
32	Health Care	3,146,229	32
33	General Administration	2,194,232	33
B. Capital Expense			
34	Ownership	472,158	34
C. Ancillary Expense			
35	Special Cost Centers	1,451,194	35
36	Provider Participation Fee	168,153	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 8,488,027	40
41	Income before Income Taxes (line 30 minus line 40)**	1,187,834	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 1,187,834	43

III. Net Inpatient Revenue detailed by Payer Source		Amount	
44	Medicaid - Net Inpatient Revenue	\$ 2,101,619	44
45	Private Pay - Net Inpatient Revenue	1,482,837	45
46	Medicare - Net Inpatient Revenue	2,316,512	46
47	Other-(specify) <u>Hospice</u>	258,380	47
48	Other-(specify) <u>Managed Care</u>	439,231	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 6,598,579	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 & ID Number **Symphony at the Tillers**

0054015

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	1,951	2,087	\$ 132,195	\$ 63.34	1
2	Assistant Director of Nursing	272	280	10,166	36.31	2
3	Registered Nurses	24,974	26,400	903,269	34.21	3
4	Licensed Practical Nurses	15,273	17,083	519,416	30.41	4
5	CNAs & Orderlies	46,613	53,983	983,247	18.21	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,760	2,080	38,491	18.51	9
10	Activity Assistants	2,221	2,729	32,282	11.83	10
11	Social Service Workers	3,688	4,068	97,279	23.91	11
12	Dietician					12
13	Food Service Supervisor	1,904	1,990	65,278	32.80	13
14	Head Cook					14
15	Cook Helpers/Assistants	5,624	6,278	111,089	17.70	15
16	Dishwashers	9,486	10,157	120,821	11.90	16
17	Maintenance Workers	2,855	3,024	76,522	25.30	17
18	Housekeepers	3,084	3,351	37,700	11.25	18
19	Laundry	599	749	10,464	13.97	19
20	Administrator	1,992	2,080	125,447	60.31	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager	1,836	2,080	42,382	20.38	23
24	Clerical	7,359	5,332	112,852	21.16	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	3,513	4,115	48,461	11.78	31
32	Other Health Care see SCH 20A	5,485	5,900	217,587	36.88	32
33	Other(specify) Admissions Coord	3,552	2,284	106,972	46.83	33
34	TOTAL (lines 1 - 33)	144,041	156,052	\$ 3,791,920 *	\$ 24.30	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	\$ 24,860	L1, C3	35
36	Medical Director	Monthly	46,800	L9, C3	36
37	Medical Records Consultant				37
38	Nurse Consultant	Monthly	71	L10, C7	38
39	Pharmacist Consultant	Monthly	6,487	L10, C3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	Monthly	36,943	L39, C3	42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 115,161		49

C. CONTRACT NURSES

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

Facility Name: Symphony at the Tillers
IDPH License ID Number: 0054015
Fiscal Year End: 12/31/2020

Schedule 20A

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

Description	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Total Salaries	Average Hourly Wage
MDS Coordinator	3,629	3,820	153,694	\$ 40.23
Human Resource Director	1,856	2,080	63,893	\$ 30.72
Total - Line 32 Other Health Care (specify):	5,485	5,900	217,587	

Facility Name & ID Number Symphony at the Tillers

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	
<u>Anmarie Harrington</u>	<u>Administrator</u>	<u>0</u>	\$ <u>125,447</u>	<u>Workers' Compensation Insurance</u>	\$ <u>92,651</u>	<u>IDPH License Fee</u>	\$ <u>1,990</u>	
				<u>Unemployment Compensation Insurance</u>	<u>20,685</u>	<u>Advertising: Employee Recruitment</u>	<u>4,447</u>	
				<u>FICA Taxes</u>	<u>269,455</u>	<u>Health Care Worker Background Check</u>		
				<u>Employee Health Insurance</u>	<u>121,832</u>	(Indicate # of checks performed <u>187</u>)	<u>2,238</u>	
				<u>Employee Meals</u>		<u>Patient Background Checks</u>	<u>364</u>	
				<u>Illinois Municipal Retirement Fund (IMRF)*</u>		<u>Miscellaneous Licenses & Fees</u>	<u>4,025</u>	
				<u>Employee Retirement</u>	<u>9,899</u>	<u>Health Care Council of Illinois</u>	<u>13,947</u>	
				<u>Employee Benefits - Other</u>	<u>6,889</u>	<u>Miscellaneous Dues & Subscriptions</u>	<u>9,305</u>	
				<u>Employees' Physical Exams</u>	<u>10,908</u>	<u>Allocated from Maestro</u>	<u>3,400</u>	
						<u>Less: Lobbying dues</u>	<u>(6,974)</u>	
						<u>Less: Public Relations Expense</u>	()	
						<u>Non-allowable advertising</u>	()	
						<u>Yellow page advertising</u>	()	
TOTAL (agree to Schedule V, line 17, col. 1)			\$ <u>125,447</u>	TOTAL (agree to Schedule V, line 22, col.8)	\$ <u>532,319</u>	TOTAL (agree to Sch. V, line 20, col. 8)	\$ <u>36,748</u>	
(List each licensed administrator separately.)								
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
<u>Maestro Consulting Services - Management Fees</u>			\$ <u>429,922</u>	<u>N/A</u>			<u>Out-of-State Travel</u>	\$
<u>(Eliminated in Col. 7)</u>								
							<u>In-State Travel</u>	
							<u>Seminar Expense</u>	<u>874</u>
							<u>Allocated from Maestro</u>	<u>186</u>
TOTAL (agree to Schedule V, line 17, col. 3)			\$ <u>429,922</u>	TOTAL		\$	<u>Entertainment Expense</u>	()
(Attach a copy of any management service agreement)							(agree to Sch. V, line 24, col. 8)	
							TOTAL	\$ <u>1,060</u>
C. Professional Services								
Vendor/Payee	Type		Amount					
<u>See Schedule 21C</u>	<u>Various</u>		\$ <u>279,099</u>					
TOTAL (agree to Schedule V, line 19, column 3)			\$ <u>279,099</u>					
(For legal fee disclosure, see page 39 of instructions)								

* Attach copy of IMRF notifications

**See instructions.

Facility Name: **Symphony at the Tillers**
 IDPH License ID Number: **0054015**
 Fiscal Year End: **12/31/2020**

Schedule 21C

XIX. SUPPORT SCHEDULES
C. Professional Services

Vendor	Type	Amount
ABILITY CHOICE	Secure Exchange Managed Services	(47)
Allscripts LLC	Referral System	2,521
Alteryx, Inc.	Data Analytics	989
applioi-applicant tracing system	applioi-applicant tracking system	76
AT&T	Internet	1,251
CATS- APPLICANT TRACKING SYSTEM	Applicant Tracking System	404
CDW	IT Support	828
Cisco Systems Capital Corp.	high-technology services	1,223
Comcast Cable	Internet and cable	26,244
Creative Technology Solutions	IT Support	3,036
Darktrace Limited	Cyber Security	1,525
Data Robot-Cloud Professional	Data Storage	1,100
Direct Supply Inc.		963
EMMI Solutions	Data Analytics	(180)
Enquire Solutions LLC	Marketing solution	546
ENTERPRISE IMMUNE SYSTEM	Immune System tracker	106
enVista, LLC	IT Support	397
FORMATION HEALTHCARE	Monthly Subscription Fee	579
Health Data Systems Inc	Programming	3,612
Intellicomp Technologies Inc.	IT Support	23,531
IntelliLogix	IT Support	185
KRONOS SUPPORT SERVICES	Payroll service	5,756
Managed Care Group LLC	IT Support	7,100
Microsoft Corp	Computer service	2,941
Navigator Group Purchasing, In	Data Analytics	149
Nexuscomm, LLC	Phone/fax service	7,943
PatientPing, Inc.	Care Collaboration	7,097
Pay access	Payroll	75
Petty Cash - Claremont	Phone	40
PointClickCare Technologies Inc.	Cloud based software and services	29,157
PRIME CARE TECHNOLOGIES	PBJ Reporting Module Access Fee	2,520
Reputation.com, Inc.	Online Reputation Management	511
Reside Admissions LLC	Admission Process Consulting	2,527
Scott Norton	HR Services	215
Sprout Social Inc.	Social Media Management	1,209
Striv Technologies LLC dba Striv360	IT Support	2,400
Team TSI Corporation	Collection	2,503
Telemedicine Solutions, LLC	Wound Rounds Care	6,234
Third Eye Health Inc.	Data Analytics	4,523
Wencel	Branding	4,853
RSM	Accounting	56,556
Dane M Chetkovich	Legal-Logan case	9,188
MKB	Legal Counsel	30,879
Stone, Pogrud & Korey LLC	Collection, guardianship etc	3,374
Achieve Accreditation	Accreditation	9,015
ADP, LLC	Payroll service	841
Advanced Care Medical Specialist	Infectious Disease Consult	406
Corporation Service Company	Annual Filing	2,081
Language Line Services	Language lesson	1,200
MTS Consulting, LLC	Tax Consulting	1,961
National Datacare Corporation	trust service charge	1,943
Personnel Planners, Inc	Qtrly Unemployment Claims	2,150
SB2	Legal Fees -appeal Medicaid/Medicare cl	2,711
Transworld Systems Inc	Collection	155

Total (agree to Schedule V, line 19, column 3) 279,099

Allocated from Management Company Legal Fees	
Allocated from Management Company Professional Services	18,553
Less: Non-Allowable Legal Fees	(6,085)
Less: Non-Allowable Branding & Marketing	(5,399)
Total (agree to Schedule V, line 19, column 8)	<u>286,168</u>

Facility Name & ID Number Symphony at the Tillers# 0054015

Report Period Beginning:

1/1/2020

Ending:

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

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (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 \$13,947
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? _____
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 5 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? No
If YES, give effective date of lease. N/A
- (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 _____ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 168,153
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? 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.