FOR BHF USE

LL1

2020
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2020)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH License ID Number: 0053702

Facility Name: Symphony of Buffalo Grove

Address: 150 North Weiland (Number) Buffalo Grove (City) 60089 (Zip Code)

County: Lake

Telephone Number: (847) 456-0200 **Fax #** (847) 465-0400

HFS ID Number:

Date of Initial License for Current Owners: 3/1/2005

Type of Ownership:

	VOLUNTARY,NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
			"Sub-S" Corp.		
		X	Limited Liability Co.		
			Trust		
			Other		

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

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2020 to 12/31/2020 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider
(Signed) (Date)
(Type or Print Name)
(Title)

Paid Preparer
(Signed) (Date)
(Print Name and Title)
(Firm Name & Address) RSM US LLP, 20 N. Martingale Road, Ste. 500 Schaumburg, IL 60173
(Telephone) (847) 517-7070 Fax # (847)517-7067

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 **Phone # (217) 782-1630**

Facility Name & ID Number Symphony of Buffalo Grove # 0053702 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 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	200	Skilled (SNF)	200	73,200	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	200	TOTALS	200	73,200	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	33,542	5,073	13,077	51,692	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	33,542	5,073	13,077	51,692	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 70.62%

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 [X] 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 [X]

I. On what date did you start providing long term care at this location?
Date started 3/1/2005

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 3/1/2005 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 200 and days of care provided 5,929

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

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

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

Facility Name & ID Number Symphony of Buffalo Grove # 0053702 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	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	465,172	39,188	24,529	528,889		528,889	903	529,792			1
2	Food Purchase		335,267		335,267		335,267		335,267			2
3	Housekeeping	271,427	44,897	-	316,324		316,324		316,324			3
4	Laundry	71,250	22,276	2,392	95,918		95,918		95,918			4
5	Heat and Other Utilities			234,143	234,143		234,143	1,678	235,821			5
6	Maintenance	102,026	-	168,071	270,097		270,097	3,229	273,326			6
7	Other (specify):* Mgmt. Alloc of Benefi	-	-	-				240	240			7
8	**TOTAL General Services**	909,875	441,628	429,135	1,780,638		1,780,638	6,050	1,786,688			8
	B. Health Care and Programs											
9	Medical Director	-	-	43,500	43,500		43,500		43,500			9
10	Nursing and Medical Records	4,812,025	262,658	256,595	5,331,278		5,331,278	105,122	5,436,400			10
10a	Therapy	-	-	-								10a
11	Activities	212,695	-	(1,320)	211,375		211,375		211,375			11
12	Social Services	114,192	-	-	114,192		114,192		114,192			12
13	CNA Training	-	-	-								13
14	Program Transportation	-	-	-								14
15	Other (specify):* Mgmt. Alloc of Benefi	-	-	-				40,456	40,456			15
16	**TOTAL Health Care and Programs**	5,138,912	262,658	298,775	5,700,345		5,700,345	145,578	5,845,923			16
	C. General Administration											
17	Administrative	140,970	-	746,319	887,289		887,289	(746,319)	140,970			17
18	Directors Fees			-								18
19	Professional Services			383,511	383,511		383,511	13,518	397,029			19
20	Dues, Fees, Subscriptions & Promotions			48,465	48,465		48,465	(6,637)	41,828			20
21	Clerical & General Office Expenses	346,410	21,742	41,510	409,662		409,662	145,928	555,590			21
22	Employee Benefits & Payroll Taxes			960,489	960,489		960,489		960,489			22
23	Inservice Training & Education			-								23
24	Travel and Seminar			1,091	1,091		1,091	355	1,446			24
25	Other Admin. Staff Transportation		-	2,663	2,663		2,663	6,472	9,135			25
26	Insurance-Prop.Liab.Malpractice			477,386	477,386		477,386	1,200	478,586			26
27	Other (specify):* Mgmt. Alloc of Benefits			-				28,196	28,196			27
28	**TOTAL General Administration**	487,380	21,742	2,661,434	3,170,556		3,170,556	(557,287)	2,613,269			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	6,536,167	726,028	3,389,344	10,651,539		10,651,539	(405,659)	10,245,880			29

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**
NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Symphony of Buffalo Grove #0053702 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			378,249	378,249		378,249	163,510	541,759			30
31	Amortization of Pre-Op. & Org.			-								31
32	Interest			37,819	37,819		37,819	(6,617)	31,202			32
33	Real Estate Taxes			192,919	192,919		192,919	14,242	207,161			33
34	Rent-Facility & Grounds			3,117,874	3,117,874		3,117,874	3,013	3,120,887			34
35	Rent-Equipment & Vehicles			101,364	101,364		101,364	8,826	110,190			35
36	Other (specify):*			-								36
37	TOTAL Ownership			3,828,225	3,828,225		3,828,225	182,974	4,011,199			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation	-	-	47,666	47,666		47,666		47,666			38
39	Ancillary Service Centers	-	186,944	996,373	1,183,317		1,183,317	(5,854)	1,177,463			39
40	Barber and Beauty Shops	-	-	-								40
41	Coffee and Gift Shops	-	-	-								41
42	Provider Participation Fee			387,581	387,581		387,581		387,581			42
43	Other (specify):* Non-Allowable Cos	154,855	-	222,927	377,782		377,782	(377,782)				43
44	TOTAL Special Cost Centers	154,855	186,944	1,654,547	1,996,346		1,996,346	(383,636)	1,612,710			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,691,022	912,972	8,872,116	16,476,110		16,476,110	(606,321)	15,869,789			45

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

Facility Name & ID Number Symphony of Buffalo Grove # 0053702 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

VI. ADJUSTMENT DETAIL

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

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 BHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(19,472)	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	139,020	30		9
10	Interest and Other Investment Income	(6,650)	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	(45,433)	43		18
19	Entertainment				19
20	Contributions	(19,625)	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	(44,986)	43		24
25	Fund Raising, Advertising and Promotional	(37,896)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See PG5A	(235,468)	Var.		29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (270,510)		$	30

BHF USE ONLY								
48		49		50		51		52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(335,811)		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (335,811)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (606,321)		37

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

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

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

STATE OF ILLINOIS **See Page 5A**

Symphony of Buffalo Grove

ID# **0053702**

Report Period Beginning: **1/1/2020**

Ending: **12/31/2020**

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Nonallowable marketing events	$ (107,892)	43	1
2	Laboratory Costs	(27,749)	43	2
3	X-Ray Costs	(17,780)	43	3
4	Theft and Damage Loss	(36)	43	4
5	Admissions	(56,913)	43	5
6	Non-allowable Legal	(4,578)	19	6
7	Out of Period Legal, Guardianship & Collections	(9,660)	19	7
8	Lobby Dues	(13,113)	20	8
9	Real estate taxes	9,836	33	9
10	Non Allowable Branding Mktg	(7,583)	19	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				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	**Total**	(235,468)		49

Facility Name & ID Number Symphony of Buffalo Grove # 0053702 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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 Supplement		

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

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V		N/A	$			$	$	1
2	V								2
3	V								3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$			$	$ * 0	14

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

Facility Name & ID Number Symphony of Buffalo Grove # 0053702 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] 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 Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	1	DIETARY	$	MAESTRO CONSULTING SERVICES LLC	100%	$ 903	$ 903	15
16	V	5	UTILITIES		MAESTRO CONSULTING SERVICES LLC	100%	1,678	1,678	16
17	V	6	MAINTENANCE SALARIES		MAESTRO CONSULTING SERVICES LLC	100%			17
18	V	6	MAINTENANCE EXPENSES		MAESTRO CONSULTING SERVICES LLC	100%	3,229	3,229	18
19	V	7	EMPLOYEE BENEFITS - MAINTENANCE		MAESTRO CONSULTING SERVICES LLC	100%	240	240	19
20	V	10	CLINICAL SALARIES		MAESTRO CONSULTING SERVICES LLC	100%	140,643	140,643	20
21	V	10	CONTRACT NURSING		MAESTRO CONSULTING SERVICES LLC	100%	135	135	21
22	V	15	EMPLOYEE BENEFITS - CLINICAL		MAESTRO CONSULTING SERVICES LLC	100%	40,456	40,456	22
23	V	17	ADMINISTRATIVE - OTHER	746,319	MAESTRO CONSULTING SERVICES LLC	100%		(746,319)	23
24	V	19	PROFESSIONAL FEES		MAESTRO CONSULTING SERVICES LLC	100%	35,339	35,339	24
25	V	20	DUES, FEES, SUBSCRIPTIONS, ETC.		MAESTRO CONSULTING SERVICES LLC	100%	6,476	6,476	25
26	V	21	CLERICAL & GENERAL SALARIES		MAESTRO CONSULTING SERVICES LLC	100%	98,023	98,023	26
27	V	21	CLERICAL & GENERAL EXPENSES		MAESTRO CONSULTING SERVICES LLC	100%	47,905	47,905	27
28	V	24	SEMINARS AND EDUCATION		MAESTRO CONSULTING SERVICES LLC	100%	355	355	28
29	V	25	TRANSPORTATION		MAESTRO CONSULTING SERVICES LLC	100%	6,472	6,472	29
30	V	26	INSURANCE		MAESTRO CONSULTING SERVICES LLC	100%	1,200	1,200	30
31	V	27	EMPLOYEE BENEFITS - ADMINISTRATIVE		MAESTRO CONSULTING SERVICES LLC	100%	28,196	28,196	31
32	V	30	DEPRECIATION		MAESTRO CONSULTING SERVICES LLC	100%	24,490	24,490	32
33	V	32	INTEREST EXPENSE		MAESTRO CONSULTING SERVICES LLC	100%	33	33	33
34	V	33	REAL ESTATE TAX		MAESTRO CONSULTING SERVICES LLC	100%	4,406	4,406	34
35	V	34	BUILDING RENTAL		MAESTRO CONSULTING SERVICES LLC	100%	3,013	3,013	35
36	V	35	EQUIPMENT RENTAL		MAESTRO CONSULTING SERVICES LLC	100%	8,682	8,682	36
37	V	35	AUTO LEASE		MAESTRO CONSULTING SERVICES LLC	100%	4,995	4,995	37
38	V								38
39	Total			$ 746,319			$ 456,869	$ * (289,450)	39

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

Facility Name & ID Number Symphony of Buffalo Grove # 0053702 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] 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 Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	10	Nursing Supplies	$ 6,914	Integra Healthcare Equipment, LLC	19%	$ 5,877	$ (1,037)	15
16	V	35	Equipment Rental	32,340	Integra Healthcare Equipment, LLC	19%	27,489	(4,851)	16
17	V	39	Oxygen Supplies	34,219	Integra Healthcare Equipment, LLC	19%	29,086	(5,133)	17
18	V	39	Respiratory Consultant	4,810	Integra Healthcare Equipment, LLC	19%	4,089	(721)	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			$ 78,283			$ 66,541	$ * (11,742)	39

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

Facility Name & ID Number Symphony of Buffalo Grove # 0053702 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] 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 Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	10	Dialysis	$ 230,796	Concerto Dialysis LLC	20%	$ 196,177	$ (34,619)	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			$ 230,796			$ 196,177	$ * (34,619)	39

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

Facility Name & ID Number Symphony of Buffalo Grove # 0053702 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 LI	CHICAGO	MAESTRO CONSUL	LINCOLNWOOD	MANAGEMENT	1
2	SYMCARE HMG, LLC	0.0001	MAPLECREST CARE CENTRE	BELVIDERE	7257 N. LINCOLN AV	LINCOLNWOOD	BUILDING RENTA	2
3			NORTHWOODS CARE CENTRE	BELVIDERE	MAPLELEAF INSUR	GRAND CAYMAN	LIABILITY/WORK	3
4			SYCAMORE VILLAGE	SWANSEA	INTEGRA HEALTHC	ELMHURST	DME & MEDICAL	4
5			SYMPHONY ARIA	HILLSIDE	INTEGRA RESPIRAT	ELMHURST	RESPIRATORY SE	5
6			SYMPHONY AT 87TH STREET	CHICAGO	LIFELINE AMBULAI	CHICAGO	AMBULANCE	6
7			SYMPHONY AT MIDWAY	CHICAGO	CONCERTO DIALYS	LINCOLNWOOD	DIALYSIS	7
8			SYMPHONY AT THE TILLERS	OSWEGO				8
9			SYMPHONY OF BRONZEVILLE	CHICAGO				9
10			SYMPHONY OF CHESTERTON	CHESTERTON, IN				10
11			SYMPHONY OF CHICAGO WEST	CHICAGO				11
12			SYMPHONY OF CRESTWOOD	CRESTWOOD				12
13			SYMPHONY OF CROWN POINT	CROWN POINT, IN				13
14			SYMPHONY OF DYER	DYER, IN				14
15			SYMPHONY OF EVANSTON	EVANSTON				15
16			SYMPHONY OF GLENDALE	GLENDALE, WI				16
17			SYMPHONY OF HANOVER PARK	HANOVER PARK				17
18			SYMPHONY OF JOLIET	JOLIET				18
19			SYMPHONY OF LINCOLN PARK	CHICAGO				19
20			SYMPHONY OF MORGAN PARK	CHICAGO				20
21			SYMPHONY OF ORCHARD VALLEY	AURORA				21
22			SYMPHONY OF SOUTH SHORE	CHICAGO				22
23			SYMPHONY RESIDENCES OF LINCOLN PA	CHICAGO				23
24			WOODCARE V INC	BRIGHTON, MI				24
25			CLIFFSIDE COMPANY LLC	ST. JOSEPH, MI				25
26			SYMPHONY APPLEWOOD	WOODHAVEN, MI				26
27			SYMPHONY LINDEN	LINDEN, MI				27
28			SYMPHONY TRI-CITIES	BAY CITY, MI				28
29								29
30								30

Facility Name & ID Number Symphony of Buffalo Grove # 0053702 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	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	No owners receive compensation from this facility.								$		1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$		13

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

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

Facility Name & ID Number Symphony of Buffalo Grove # 0053702 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 [X]

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

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

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

Facility Name & ID Number Symphony of Buffalo Grove # 0053702 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 [X] NO [ ]

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

Name of Related Organization: MAESTRO CONSULTING SERVICES LLC
Street Address: 7257 N. LINCOLN AVENUE
City / State / Zip Code: LINCOLNWOOD, IL 60712
Phone Number: (847) 933-2600
Fax Number: (847) 933-2601

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	1	DIETARY	AVAIL. CENSUS DAYS	1,642,974	27	$ 20,270	$ 19,367	73,200	$ 903	1
2	5	UTILITIES	AVAIL. CENSUS DAYS	1,642,974	27	37,663		73,200	1,678	2
3	6	MAINTENANCE SALARIES	AVAIL. CENSUS DAYS	1,642,974	27			73,200		3
4	6	MAINTENANCE EXPENSES	AVAIL. CENSUS DAYS	1,642,974	27	72,471		73,200	3,229	4
5	7	EMPLOYEE BENEFITS - MAIN	AVAIL. CENSUS DAYS	1,642,974	27	5,383		73,200	240	5
6	10	CLINICAL SALARIES	AVAIL. CENSUS DAYS	1,642,974	27	3,156,734	3,156,734	73,200	140,643	6
7	10	CONTRACT NURSING	AVAIL. CENSUS DAYS	1,642,974	27	3,034		73,200	135	7
8	15	EMPLOYEE BENEFITS - CLINI	AVAIL. CENSUS DAYS	1,642,974	27	908,028		73,200	40,456	8
9	17	ADMINISTRATIVE - OTHER	AVAIL. CENSUS DAYS	1,642,974	27			73,200		9
10	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS	1,642,974	27	793,188		73,200	35,339	10
11	20	DUES, FEES, SUBSCRIPTIONS,	AVAIL. CENSUS DAYS	1,642,974	27	145,343		73,200	6,476	11
12	21	CLERICAL & GENERAL SALA	AVAIL. CENSUS DAYS	1,642,974	27	2,200,120	2,200,120	73,200	98,023	12
13	21	CLERICAL & GENERAL EXPE	AVAIL. CENSUS DAYS	1,642,974	27	1,075,235		73,200	47,905	13
14	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS	1,642,974	27	7,970		73,200	355	14
15	25	TRANSPORTATION	AVAIL. CENSUS DAYS	1,642,974	27	145,272		73,200	6,472	15
16	26	INSURANCE	AVAIL. CENSUS DAYS	1,642,974	27	26,926		73,200	1,200	16
17	27	EMPLOYEE BENEFITS - ADMI	AVAIL. CENSUS DAYS	1,642,974	27	632,860		73,200	28,196	17
18	30	DEPRECIATION	AVAIL. CENSUS DAYS	1,642,974	27	549,679		73,200	24,490	18
19	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS	1,642,974	27	738		73,200	33	19
20	33	REAL ESTATE TAX	AVAIL. CENSUS DAYS	1,642,974	27	98,893		73,200	4,406	20
21	34	BUILDING RENTAL	AVAIL. CENSUS DAYS	1,642,974	27	67,631		73,200	3,013	21
22	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS	1,642,974	27	194,869		73,200	8,682	22
23	35	AUTO LEASE	AVAIL. CENSUS DAYS	1,642,974	27	112,113		73,200	4,995	23
24										24
25	TOTALS					$ 10,254,420	$ 5,376,221		$ 456,869	25

Facility Name & ID Number Symphony of Buffalo Grove # 0053702 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 [X] 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	Nursing Supplies	Direct Allocation			$	$		$ 5,877	1
2	35	Equipment Rental	Direct Allocation						27,489	2
3	39	Oxygen Supplies	Direct Allocation						29,086	3
4	39	Respiratory Consultant	Direct Allocation						4,089	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					$	$		$ 66,541	25

Facility Name & ID Number Symphony of Buffalo Grove # 0053702 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 [X] NO [ ]

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

Name of Related Organization: Concerto Dialysis LLC
Street Address: 4600 W Touhy Ave, Suite 100
City / State / Zip Code: Lincolnwood, IL 60712
Phone Number: (847) 233-1200
Fax Number: (

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	10	Dialysis	Direct			$	$		$ 196,177	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					$	$		$ 196,177	25

Facility Name & ID Number Symphony of Buffalo Grove # 0053702 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	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related											
	Long-Term											
1	Omnicare		X	Pharmacy Services	67,444	11/27/2017	$ 2,170,337	$ -	10/20/2020	0.0750	$ 644	1
2	LifeMed	X		Pharmacy Services	38,731	1/1/2018	6,197,033	253,778	1/1/2024	0.0750	21,534	2
3	Select Rehab		X	Operational	159,503	12/31/2018	12,216,125	589,033	12/31/2023	0.0020	13,648	3
4	Integra	X		Medical Supplies/rental	50,680	7/1/2019	1,162,530	8,617	6/30/2021	0.0438	776	4
5												5
	Working Capital											
6	State of Illinois		X	Advance Payment	13,196	5/1/2019	572,600	572,600	8/1/2021	0.0000	-	6
7	NGS		X	Medicare AAP	37,412	4/7/2020	897,885	897,885	4/7/2023	0.0000	-	7
8	CIBC Bank USA		X	Payroll & Oper Exp	56,344	6/23/2020	1,352,247	1,352,247	6/23/2022	0.0100	-	8
9	TOTAL Facility Related				$423,309.57		$ 24,568,757	$ 3,674,160			$ 36,602	9
	B. Non-Facility Related*											
10	Cyber Ins										114	10
11	Worthy Ins										1,103	11
12								Interest Income offset			(6,650)	12
13								Allocated from			33	13
14	TOTAL Non-Facility Related						$	$			$ (5,400)	14
15	TOTALS (line 9+line14)						$ 24,568,757	$ 3,674,160			$ 31,202	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.)

Facility Name & ID Number Symphony of Buffalo Grove # 0053702 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2019 report. **Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**		$ 186454	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	$ 189,686	2
3. Under or (over) accrual (line 2 minus line 1).		$ 3,232	3
4. Real Estate Tax accrual used for 2020 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 199,523	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.	4,406	
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.		$ 207,161	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2015	228,258	8
	2016	203,799	9
	2017	180,963	10
	2018	182,797	11
	2019	199,523	12

Accrual Calculation :

Real estate taxes paid $189,686 X 1.0519% = $199,523

	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 Of Buffalo Grove COUNTY Lake

FACILITY IDPH LICENSE NUMBER 0053702

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) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	15-33-404-140	Long Term Care Facility	$ 189,686.00	$ 189,686.00
2.	10-27-319-028-0000	Home Office Allocation	$ 85,535.22	$ 4,406.00
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 275,221.22	$ 194,092.00

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 of Buffalo Grove # 0053702 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 86,000 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 3

C. Does the Operating Entity? [ ] (a) Own the Facility [ ] (b) Rent from a Related Organization. [X] (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? [X] (a) Own the Equipment [ ] (b) Rent equipment from a Related Organization. [X] (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).

N/A

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [X] NO
If so, please complete the following:

1. Total Amount Incurred: 2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization: 4. Dates Incurred:

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

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Allocated From Maestro-7257 Linc -		2004	$ 7,129	1
2					2
3	TOTALS			$ 7,129	3

Facility Name & ID Number Symphony of Buffalo Grove # 0053702 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

XI. OWNERSHIP COSTS (continued)

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					$	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Various			2005	104,010		20	5,201	5,201	80,523	9
10	Various			2006	189,554		20	9,478	9,478	130,341	10
11	Various			2007	159,767		20	7,988	7,988	107,859	11
12	Various			2008	241,452		20	12,073	12,073	156,975	12
13	Various			2009	148,023		20	7,401	7,401	83,300	13
14	Various			2010	44,577		20	2,229	2,229	23,411	14
15	Various			2011	37,908		20	1,895	1,895	18,010	15
16	Various			2012	44,315		20	2,216	2,216	18,841	16
17	Various			2013	90,717		20	4,536	4,536	34,020	17
18	Leasehold Improvements:			2013	53,512		20	2,676	2,676	34,782	18
19	Allocated from purchase price			2014	79,091		20	3,955	3,955	27,685	19
20	Elevator & Ashphalt work			2014	268,641		20	13,432	13,432	94,024	20
21	2 HVAC Systems										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.

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

See Page 12A, Line 70 for total

Facility Name & ID Number Symphony of Buffalo Grove # 0053702 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 1,461,567	$		$ 73,078	$ 73,078	$ 809,769	1
2	Furnish/Install 2 Water Heaters/Install New Water Heater Lines	2014	58,510		20	2,926	2,926	19,016	2
3	Hot Water Lines In Boiler Room & Kitchen	2014	2,960		20	148	148	962	3
4	Repaired Elevator Pump Motor	2015	6,764		20	338	338	2,029	4
5	Compact Water Booster	2015	2,817		20	141	141	845	5
6	Pit Ladder In Elevator	2016	8,203		20	410	410	1,948	6
7	Wallcovering,Hardtile/Carpet Install - 66 Resident Rooms	2016	502,188		20	25,109	25,109	125,547	7
8	Wallcovering, Hardtile/Carpet Install - 66 Resident Rooms	2016	68,452		20	3,423	3,423	15,972	8
9	Wallcovering, Hardtile/Carpet Install - 66 Resident Rooms	2016	288,623		20	14,431	14,431	67,345	9
10	Wallcoverings, Hardtile/Carpet Install - 66 Resident Rooms	2016	271,212		20	13,561	13,561	61,023	10
11	Wallcovering, Hardtile/Carpet Install - 66 Resident Rooms	2016	223,577		20	11,179	11,179	50,305	11
12	Architectural Services	2016	47,220		20	2,361	2,361	10,821	12
13	Repair Major Holes In Parking Lot, Install Stone, Seal Coating.	2016	13,500		20	675	675	2,981	13
14	Wallcovering, Hardtile/Carpet Install - 66 Resident Rooms	2016	265,939		20	13,297	13,297	58,728	14
15	Starbox Communication System - Phone Cabeling Work	2016	31,892		20	1,595	1,595	7,708	15
16	Walk-In Freezer - Compressor Repair	2016	6,018		20	301	301	1,379	16
17	Starbox Communication System - Phone Cabeling Work	2016	46,981		20	2,349	2,349	10,571	17
18	Starbox Phone System - Cabeling	2016	3,266		20	163	163	721	18
19	Toning/Connecting Resident Rooms 2Nd Floor-Replace Jacks, Cal	2016	2,869		20	143	143	585	19
20	Connect Cables For Don Office, Install New Voice Cable For Fax	2016	3,058		20	153	153	637	20
21	Move 1St Floor Data Cables, Fax Lines	2016	4,692		20	235	235	1,017	21
22	Nexus Network Cabeling Work	2016	5,527		20	276	276	1,174	22
23	Dgtell Security System Installation	2016	21,479		20	1,074	1,074	4,743	23
24	Elevator Work - Furnish & Install Dorr Restrictors	2016	5,550		20	278	278	1,296	24
25	Nexus Network Paging Sytem Installation - 2Nd Floor	2016	2,794		20	140	140	582	25
26	Signs&Banners Interior/Exterior	2016	7,880		20	394	394	1,576	26
27	60 Led Light Fixtures Throughout Facility	2017	8,700		20	435	435	1,740	27
28	Paint For 3Rd Floor Renovation	2017	2,709		20	135	135	542	28
29	Install New Concrete Sidewalk- In Garden- Northside	2017	3,400		20	170	170	680	29
30	New Mulch & Bushes- Garden/Exterior	2017	14,671		20	734	734	2,934	30
31	Triple Rails- Pedestrian Trail- Walking Area	2017	5,587		20	279	279	1,117	31
32	Installation And Cutting Of Shower Room Doors	2017	20,120		20	1,006	1,006	4,024	32
33	Compressor Repair- Brass Fitting- Kitchen	2017	5,337		20	267	267	1,067	33
34	TOTAL (lines 1 thru 33)		$ 3,424,061	$		$ 171,203	$ 171,203	$ 1,271,386	34

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

Facility Name & ID Number Symphony of Buffalo Grove # 0053702 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		$ 3,424,061	$		$ 171,203	$ 171,203	$ 1,271,386	1
2	1000V 42" Us4 Vertical Rod Exit Devices- Outside Doors	2017	4,618		20	231	231	1,616	2
3	Install Door Holder & Strobe- Interior Doors	2017	3,027		20	151	151	605	3
4	Common Areas/Dialysis Room/Resdient Rooms/Nurses Station	2017	291,225		20	14,561	14,561	58,245	4
5	Wallcovering, Tiling, Carpet, Millwork, Shelving, Doors, Plumbin	2017			20				5
6	Diffusers, Hvac, Cabinetry	2017			20				6
7	Offices/Corridors/Bathrooms- Lighting, Shades, Windows, Wallpa	2017	19,763		20	988	988	3,953	7
8	Repair To Security System	2017	2,742		20	137	137	548	8
9	Replace Lamps On Main Parking Lot	2017	2,852		20	143	143	571	9
10	HC Denor CBG renovation	2018	538,920	27,630	20	27,630		82,890	10
11									11
12	Upgrade elevator room A/C	2018	6,525	399	20	399		1,197	12
13	HC Denor Floor Repair	2018	5,575	309	20	309		927	13
14	HC Denor farnish/install new	2018	4,890	245	20	245		659	14
15	Pluming-new water heater	2018	51,377	2,569	20	2,569		6,901	15
16	Parking-new pavement	2018	94,899	4,744	20	4,744		13,835	16
17	Wiring of HVAC unit in PT room and unit 202	2018	2,580		20	129	129	387	17
18	Fire OS&Y valves and sprinkler system devices	2019	9,696	485	20	485		1,178	18
19	Plumbing-replcae ejector pumps	2019	11,950	598	20	598		1,086	19
20	Doors-Kaba combo lock	2019	4,239	212	20	212		373	20
21	Repair damaged concrete of sidewalk-13 areas	2019	5,800	290	20	290		438	21
22	Repair to York Chillers	2019	12,163	608	20	608		877	22
23	Repair damaged shingles on roof	2019	5,550	278	20	278		402	23
24	Replace coolant generator, air filter, jacket water, heater hose	2019	10,257	513	20	513		1,769	24
25	Circuit work on lights to outside building, light replacement	2020	5,100	457	11	457		457	25
26	Galvanized steel door, install, frame	2020	4,865	414	11	414		414	26
27	Furnish and install new cylinder on elevator	2020	19,781	1,513	11	1,513		1,513	27
28	work on main power supply box, fuse AL600ULACM	2020	4,120	296	11	296		296	28
29	Elevator 1, new cylinder, piston, code compliant.	2020	83,850	6,998	11	6,998		6,998	29
30	Furnish and install new door edge on elevator 2	2020	3,250	228	11	228		228	30
31	2 new 220V lines, new 24 position panel	2020	2,950	119	11	119		119	31
32	2 3 ton Fujitsu mini split systems in dialysis room, condenser roof	2020	9,799	312	11	312		312	32
33	Replace temporary ejector pump	2020	4,012	66	11	66		66	33
34	TOTAL (lines 1 thru 33)		$ 4,650,435	$ 49,281		$ 236,824	$ 187,543	$ 1,460,244	34

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

Facility Name & ID Number Symphony of Buffalo Grove # 0053702 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		$ 4,650,435	$ 49,281		$ 236,824	$ 187,543	$ 1,460,244	1
2	Wire work on 3rd floor north wing	2020	2,810	52	11	52		52	2
3	Remove & replace 4" cast iron waste line	2020	2,660	34	11	34		34	3
4									4
5									5
6									6
7	Reconcile to book depreciation			186,358			(186,358)		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									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 4,655,905	$ 235,725		$ 236,910	$ 1,185	$ 1,460,330	34

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

Facility Name & ID Number Symphony of Buffalo Grove # 0053702 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		$ 4,655,905	$ 235,725		$ 236,910	$ 1,185	$ 1,460,330	1
2									2
3	Buildings:								3
4	Allocated From Maestro- 7257 Lincoln	2004	64,157		35	1,833	1,833	31,391	4
5									5
6									6
7									7
8									8
9	Leasehold Improvements:								9
10	Allocated From Maestro	2003	522		20	26	26	447	10
11	Allocated From Maestro	2004	10,595		20	528	528	8,856	11
12	Allocated From Maestro	2005	628		20	31	31	498	12
13	Allocated From Maestro	2006	852		20	43	43	612	13
14	Allocated From Maestro	2008	898		20	45	45	550	14
15	Allocated From Maestro	2009	14,453		20	723	723	8,391	15
16	Allocated From Maestro	2010	2,221		20	111	111	1,167	16
17	Allocated From Maestro	2011	120		20	6	6	60	17
18	Allocated From Maestro	2012	134		20	7	7	58	18
19	Allocated From Maestro	2014	1,671		20	84	84	552	19
20	Allocated From Maestro	2015	470		20	23	23	125	20
21	Allocated From Maestro	2016	2,059		20	103	103	697	21
22	Allocated From Maestro	2017	275		20	14	14	55	22
23	Allocated From Maestro	2020	445		20	11	11	11	23
24									24
25	Allocated From Maestro- 7257 Lincoln	2004	1,275		20	64	64	1,052	25
26	Allocated From Maestro- 7257 Lincoln	2005	5,849		20	210	210	4,917	26
27	Allocated From Maestro- 7257 Lincoln	2015	1,011		20	67	67	360	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 4,763,540	$ 235,725		$ 240,839	$ 5,114	$ 1,520,129	34

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

Facility Name & ID Number Symphony of Buffalo Grove # 0053702 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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	$ 3,065,693	$ 132,782	$ 270,617	$ 137,835	5-10	$ 1,990,782	71
72	Current Year Purchases	60,084	8,949	8,949		5-10	8,949	72
73	Fully Depreciated Assets	133,803					133,803	73
74	Allocated from Maestro	187,622		20,561	20,561	5-10	90,095	74
75	TOTALS	$ 3,447,202	$ 141,731	$ 300,127	$ 158,396		$ 2,223,629	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	Facility		2018	$ 15,230	$ 793	$ 793	$	7	$ 2,969	76
77	Allocated from Maestro		2017	395	-	-		5	395	77
78					-	-				78
79					-	-				79
80	TOTALS			$ 15,625	$ 793	$ 793	$		$ 3,364	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)	$ 8,233,496	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 378,249	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 541,759	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 163,510	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 3,747,122	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	$ 58,419	92
93			93
94			94
95		$ 58,419	95

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

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

Facility Name & ID Number Symphony of Buffalo Grove # 0053702 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. [X] 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:		200	11/1/2015	$ 3,117,874	15	15	3
4	Additions							4
5								5
6	Allocated From Maestro				3,013			6
7	TOTAL		200		$ 3,120,887 **			7

8. List separately any amortization of lease expense included on page 4, line 34. N/A
This amount was calculated by dividing the total amount to be amortized by the length of the lease .

9. Option to Buy: [ ] YES [ ] NO Terms: *

10. Effective dates of current rental agreement:
Beginning 1/1/2015
Ending 10/31/2030

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

	Fiscal Year Ending	Annual Rent
12.	12/31/2021	$ 2,974,466
13.	12/31/2022	$ 3,041,391
14.	12/31/2023	$ 3,109,823

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: $ 105,195 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			$	$	17
18	Allocated From Maestro			4,995	18
19					19
20					20
21	TOTAL		$	$ 4,995	21

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

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

Facility Name: **Symphony of Buffalo Grove**
IDPH License ID Number: **0053702**
Fiscal Year End: **12/31/2020**

Schedule 14A

XIV. Rental Costs
Line 16 Rental Amount for Moveable Equipment

Rental Description	Amount
Medical Equipment	23,113
Nursing Equipment	12,965
Building Equipment	4,260
Office Equimpment	61,026
Integra Allocation	(4,851)
Allocated from Maestro	8,682
Total - Line 16	**105,195**

Facility Name & ID Number Symphony of Buffalo Grove # 0053702 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?
   [ ] YES
   [X] NO

It is the policy of this facility to only hire certified nurses aides.

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [ ]
   - HOURS PER CNA ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - HOURS PER CNA ____

B. EXPENSES

ALLOCATION OF COSTS (d)

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

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.)

	1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39(3)	hrs	$	5,417	$ 390,026	$	5,417	$ 390,026	1
2	Licensed Speech and Language Development Therapist	39(3)	hrs		1,764	127,006		1,764	127,006	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39(3)	hrs		6,061	436,363		6,061	436,363	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 prescrpts				152,725		152,725	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): Oxygen	39(2&7)					29,086		29,086	12
13	Other (specify): See Sch 16A	39(3)			461	33,219		461	33,219	13
14	TOTAL			$	13,703	$ 986,614	$ 181,811	13,703	$ 1,168,425	14

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

Facility Name: **Symphony of Buffalo Grove**
IDPH License ID Number: **0053702**
Fiscal Year End: **12/31/2020**

Schedule 16A

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)
Line 13

Description	Cost
IV Thearpy	32,922
Other Ancillary Costs Medicare	278
EKG Costs	19
Total - Line 16	**33,219**

Facility Name & ID Number Symphony of Buffalo Grove # 0053702 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 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 2,000	$ 2,000	1
2	Cash-Patient Deposits	50,769	50,769	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (1,507,377))	1,712,861	1,712,861	3
4	Supply Inventory (priced at)	-	-	4
5	Short-Term Investments	-	-	5
6	Prepaid Insurance	8,301	8,301	6
7	Other Prepaid Expenses	25,425	25,425	7
8	Accounts Receivable (owners or related parties)	-	-	8
9	Other(specify):	-	-	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 1,799,356	$ 1,799,356	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	-	-	11
12	Long-Term Investments	-	-	12
13	Land	-	7,129	13
14	Buildings, at Historical Cost	-	64,157	14
15	Leasehold Improvements, at Historical Cost	3,277,116	4,699,383	15
16	Equipment, at Historical Cost	909,121	3,462,827	16
17	Accumulated Depreciation (book methods)	(1,468,748)	(3,747,122)	17
18	Deferred Charges	-	-	18
19	Organization & Pre-Operating Costs	-	-	19
20	Accumulated Amortization - Organization & Pre-Operating Costs	-	-	20
21	Restricted Funds	-	-	21
22	Other Long-Term Assets (spe CIP	58,419	58,419	22
23	Other(specify): See Sch 17A	713,533	713,533	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 3,489,441	$ 5,258,326	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 5,288,797	$ 7,057,682	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 949,678	$ 949,678	26
27	Officer's Accounts Payable	-	-	27
28	Accounts Payable-Patient Deposits	54,889	54,889	28
29	Short-Term Notes Payable	-	-	29
30	Accrued Salaries Payable	462,384	462,384	30
31	Accrued Taxes Payable (excluding real estate taxes)	364,549	364,549	31
32	Accrued Real Estate Taxes(Sch.IX-B)	199,523	199,523	32
33	Accrued Interest Payable	-	-	33
34	Deferred Compensation	-	-	34
35	Federal and State Income Taxes	-	-	35
	Other Current Liabilities(specify):			
36	See Sch 17A	3,583,385	3,583,385	36
37		-	-	37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 5,614,408	$ 5,614,408	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	3,674,160	3,674,160	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)**	$ 3,674,160	$ 3,674,160	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 9,288,568	$ 9,288,568	46
47	**TOTAL EQUITY(page 18, line 24)**	$ (3,999,771)	$ (2,230,886)	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 5,288,797	$ 7,057,682	48

***(See instructions.)**

Facility Name: **Symphony of Buffalo Grove**
IDPH License ID Number: **0053702**
Fiscal Year End: **12/31/2020**

Schedule 17A

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

Description	Operating	After Consolidation
SBGL Clearing Account	1,661	1,661
SBGL Other Assets - Security Deposits	75	75
SBGL CSA I/C Related/Party Due To/From Accts	18,745	18,745
SBGL Due To/From - Symcare Healthcare	-	-
SBGL Due To/From - Buffalo Grove - OLD	448,914	448,914
SBGL Accrued Payable - Dental Insurance	297	297
SBGL Accrued Payables - Vision Insurance	265	265
SBGL Accrued Payables - Short Term Disability	15,186	15,186
SBGL Accrued Payables - Garnishments	550	550
SBGL Accrued Payables - Management Fees	145,535	145,535
SBGL Accrued Payables - Interest	1,058	1,058
SBGL Accrued Payables - Rent	81,247	81,247
Total - Line 23	**713,533**	**713,533**

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

Description	Operating	After Consolidation
SBGL Due To/From - 87Th Street	-	-
SBGL Due To/From - Aria LLC	-	-
SBGL Due To/From - Bronzeville Park LLC	-	-
SBGL Due To/From - Ivy LLC	-	-
SBGL Due To/From - Jackson Square LLC	126,351	126,351
SBGL Due To/From - Tillers	1,040	1,040
SBGL Due To/From - Symphony Financial Services	558	558
SBGL Due To/From - Symcare ML	(1,185,079)	(1,185,079)
SBGL Due To/From - Maestro	56,058	56,058
SBGL Due To/From - Ren @ Midway - OLD	1,128	1,128
SBGL Accrued Payables	1,432	1,432
SBGL Accrued Payables - Professional Fees	26,717	26,717
SBGL Accrued Payables - Health Insurance	61,983	61,983
SBGL Accrued Payables - Life Insurance	16,537	16,537
SBGL Accrued Payables - 401K Deductions	5,548	5,548
SBGL Accrued Payables - 401K Loan Repayments	636	636
SBGL Accrued Payables - Heart and Soul Foundatior	2	2
SBGL Employee Purchases	206	206
SBGL Fringe Benefits - Flow Through	362	362
SBGL Accrued Payables - WC/GL Insurance	104,292	104,292
SBGL Accrued Payables - Bed Taxes Add'l	22,012	22,012
SBGL Accrued Payables - Sales Tax	1,390	1,390
SBGL Deferred Rent	1,853,330	1,853,330
SBGL Deferred Income	275,140	275,140
SBGL Lease Holds Payable	2,213,742	2,213,742
Total - Line 36	**3,583,385**	**3,583,385**

Facility Name & ID Number Symphony of Buffalo Grove # 0053702 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ (3,573,840)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ (3,573,840)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(425,931)	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)**	$ (425,931)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ (3,999,771)	24 *

*** This must agree with page 17, line 47.**

Facility Name & ID Number Symphony of Buffalo Grove # 0053702 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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

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

	I. Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 14,394,356	1
2	Discounts and Allowances for all Levels	(2,115,155)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 12,279,201	3
	B. Ancillary Revenue		
4	Day Care	-	4
5	Other Care for Outpatients	-	5
6	Therapy	2,120,553	6
7	Oxygen	1,545	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 2,122,098	8
	C. Other Operating Revenue		
9	Payments for Education	-	9
10	Other Government Grants	1,139,568	10
11	CNA Training Reimbursements	-	11
12	Gift and Coffee Shop	(2,960)	12
13	Barber and Beauty Care	(337)	13
14	Non-Patient Meals	-	14
15	Telephone, Television and Radio	-	15
16	Rental of Facility Space	-	16
17	Sale of Drugs	242,907	17
18	Sale of Supplies to Non-Patients	-	18
19	Laboratory	49,673	19
20	Radiology and X-Ray	19,044	20
21	Other Medical Services	25,352	21
22	Laundry	-	22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 1,473,247	23
	D. Non-Operating Revenue		
24	Contributions	-	24
25	Interest and Other Investment Income***	6,650	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 6,650	26
	E. Other Revenue (specify):**		
27	**Settlement Income (Insurance, Legal, Etc.)**		27
28	See attachment 19A	168,983	28
28a		-	28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 168,983	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 16,050,179	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,780,638	31
32	Health Care	5,700,345	32
33	General Administration	3,170,556	33
	B. Capital Expense		
34	Ownership	3,828,225	34
	C. Ancillary Expense		
35	Special Cost Centers	1,608,765	35
36	Provider Participation Fee	387,581	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 16,476,110	40
41	**Income before Income Taxes (line 30 minus line 40)****	(425,931)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (425,931)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 7,448,801	44
45	Private Pay - Net Inpatient Revenue	1,658,358	45
46	Medicare - Net Inpatient Revenue	2,234,219	46
47	Other-(specify) Hospice	957,069	47
48	Other-(specify) MAIP/Managed Care	(19,246)	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 12,279,201	49

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

** **Does this agree with taxable income (loss) per Federal Income Tax Return? No^ If not, please attach a reconciliation.**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.**

******Provide a detailed breakdown of "Other Revenue" on an attached sheet.**

^Entity is a cash basis taxpayer.

Facility Name: **Symphony of Buffalo Grove**
IDPH License ID Number: **0053702**
Fiscal Year End: **12/31/2020**

Schedule 19A

XVII. Income Statement
Line 28 Other Revenue (specify):

Description	Amount
SBGL Preferred Insurance Provider Incentive - Revenue-	(120)
SBGL Preferred Insurance Provider Incentive - Revenue-	227,508
SBGL Other Services - Revenue-Managed Care	(58,405)
Total - Line 28	**168,983**

Facility Name & ID Number Symphony of Buffalo Grove # 0053702 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 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,792	1,840	$ 77,285	$ 42.00	1
2	Assistant Director of Nursing	1,888	2,080	104,917	50.44	2
3	Registered Nurses	37,648	42,760	1,488,037	34.80	3
4	Licensed Practical Nurses	33,008	38,677	1,094,573	28.30	4
5	CNAs & Orderlies	89,593	104,196	1,715,060	16.46	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,728	1,835	39,394	21.47	9
10	Activity Assistants	11,110	11,935	173,301	14.52	10
11	Social Service Workers	3,747	4,206	114,192	27.15	11
12	Dietician					12
13	Food Service Supervisor	3,767	4,162	134,767	32.38	13
14	Head Cook					14
15	Cook Helpers/Assistants	5,516	6,446	106,875	16.58	15
16	Dishwashers	15,906	17,940	223,530	12.46	16
17	Maintenance Workers	4,085	4,623	102,026	22.07	17
18	Housekeepers	18,005	20,106	271,427	13.50	18
19	Laundry	5,360	5,893	71,250	12.09	19
20	Administrator	1,976	2,080	116,374	55.95	20
21	Assistant Administrator	728	848	24,596	29.00	21
22	Other Administrative					22
23	Office Manager	2,024	2,080	58,551	28.15	23
24	Clerical	14,797	16,185	222,548	13.75	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	5,175	5,768	113,280	19.64	31
32	Other Health C: MDS Coordinator	5,178	5,581	218,873	39.22	32
33	Other(specify) See Sch 20A	7,521	8,242	220,166	26.71	33
34	TOTAL (lines 1 - 33)	270,551	307,483	$ 6,691,022 *	$ 21.76	34

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

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly	$ 24,529	1(3)	35
36	Medical Director	Monthly	43,500	9(3)	36
37	Medical Records Consultant				37
38	Nurse Consultant	Monthly	135	10(7)	38
39	Pharmacist Consultant	Monthly	18,087	10(3)	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	Monthly	4,913	39(3&7)	42
43	Speech Therapy Consultant				43
44	Activity Consultant	Monthly	(1,320)	11(3)	44
45	Social Service Consultant				45
46	Other(specify)				46
47	Dental Consultant	Monthly	4,125	39(3)	47
48					48
49	TOTAL (lines 35 - 48)		$ 93,969		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 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 of Buffalo Grove**
IDPH License ID Number: **0053702**
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
Admissions Coordinator	5,573	6,162	154,855	$ 25.13
Human Resource Director	1,948	2,080	65,311	$ 31.40
Total - Line 33 Other (spe	**7,521**	**8,242**	**220,166**	

Facility Name & ID Number Symphony of Buffalo Grove # 0053702 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Melissa Dominowski	Administrator	0.00%	$ 116,374
Kelley McHugh	Asst. Admin.	0.00%	24,596
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 140,970

B. Administrative - Other

Description	Amount
Management Fees (Eliminated in Col. 7)	$ 746,319
TOTAL (agree to Schedule V, line 17, col. 3)	$ 746,319
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
See Attached Sch 21C		$ 383,511
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 383,511

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 145,408
Unemployment Compensation Insurance	32,187
FICA Taxes	474,496
Employee Health Insurance	282,646
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Employee Benefits - Other	7,182
401K	13,758
Employees' Physical Exams	4,812
TOTAL (agree to Schedule V, line 22, col.8)	$ 960,489

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
N/A		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 1,990
Advertising: Employee Recruitment	4,967
Health Care Worker Background Check	
(Indicate # of checks performed 77)	927
Patient Background Checks 518	6,220
Miscellaneous Licenses & Fees	5,733
Health Care Council of Illinois	26,226
Miscellaneous Dues & Subscriptions	2,402
Lobbying Dues	(13,113)
Allocated From Maestro	6,476
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 41,828

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	1,091
Allocated from Maestro	355
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 1,446

* Attach copy of IMRF notifications

**See instructions.

Facility Name: **Symphony of Buffalo Grove**
IDPH License ID Number: **0053702**
Fiscal Year End: **12/31/2020**

Schedule 21C

XIX. SUPPORT SCHEDULES

C. Professional Services

Vendor	Type	Amount
ABILITY CHOICE	Secure Exchange Managed Services	(73)
Allscripts LLC	Referral System	4,287
Alteryx, Inc.	Data Analytics	3,404
Call One	Internet and Data Services	29,781
CATS- APPLICANT TRACKING SYSTEM	Applicant Tracking System	404
Cisco Systems Capital Corp.	high-technology services	1,220
Comcast Cable	Internet and cable	25,160
Creative Technology Solutions	IT Support	3,160
ENTERPRISE IMMUNE SYSTEM	Immune System tracker	177
FORMATION HEALTHCARE	Monthly Subscription Fee	1,005
Health Data Systems Inc	Programming	3,057
KRONOS SUPPORT SERVICES	Payroll service	8,806
Managed Care Group LLC	IT Support	7,099
Microsoft Corp	Computer service	5,656
Nexuscomm, LLC	Phone/fax service	6,575
Petty Cash - Claremont	Phone	58
PointClickCare Technologies Inc.	Cloud based software and services	38,202
PRIME CARE TECHNOLOGIES	PBJ Reporting Module Access Fee	2,520
apploi-applicant tracing system	apploi-applicant tracking system	76
CDW		1,593
Darktrace Limited	Cyber Security	2,460
Data Robot-Cloud Professional	Data Storage	1,840
EMMI Solutions	Data Analytics	(301)
Enquire Solutions LLC	Marketing solution	1,051
enVista, LLC		763
Intellicomp Technologies Inc.	IT Support	23,691
IntelliLogix	IT Support	457
Navigator Group Purchasing, Inc		287
Pay access	Payroll	144
Reputation.com, Inc.	Online Reputation Management	852
Reside Admissions LLC	Admission Process Consulting	3,724
Scott Norton	HR Services	215
SilverVue Inc	IT Support	1,320
Sprout Social Inc.	Social Media Management	2,096
Striv Technologies LLC dba Striv360	IT Support	2,580
Team TSI Corporation	Collection	4,179
Third Eye Health Inc.	Data Analytics	4,422
Telemedicine Solutions, LLC	Wound Rounds Care	15,414
Wencel	Branding	6,532
RSM	Accounting	43,520
Fuchs & Roselli,LTD	Legal	5,620
MKB	Legal	68,686
Godfrey & Kahn S.C.	Legal	8,238
Meyer Magence	Legal	975
Shaw Law Ltd	Legal	10,478
Achieve Accreditation	Accredidation	9,029
ADP	Payroll service	1,422
Corporation Service Company	Annual Filing	1,111
Life Safety Resources, LLC	Fire protection drill	3,191
MTS Consulting, LLC	Consulting	740
National Datacare Corporation	trust service charge	5,121
Advanced Care Medical Speciali	Infectious Disease Consulting	762
TSI		4,467
Personnel Planners, Inc	Qtrly Unemployment Claims	1,680
SB2	Legal Fees -appeal Medicaid/Medicare claims	4,578
	Total (agree to Schedule V, line 19, column 3)	383,511

Allocated from Management Company	Professional Services	35,339
Less: Non-Allowable Legal Fees		(14,238)
Less: Non-Allowable Marketing		(7,583)
	Total (agree to Schedule V, line 19, column 8)	397,029

Facility Name & ID Number Symphony of Buffalo Grove # 0053702 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 $26,226**

(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? **11 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.
Claremont Rehab & Living Center IDPH# 0047043

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. $ **387,581**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **No** If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? **Yes**

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? **No** For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **-** Has any meal income been offset against related costs? **No** Indicate the amount. $ **N/A**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **No**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **No** If YES, please indicate the amount of income earned from such a program during this reporting period. $ **N/A**
c. What percent of all travel expense relates to transportation of nurses and patients? **100% In 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? **Yes**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **No**
g. Does the facility transport residents to and from day training? 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 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.