

Facility Name & ID Number Symphony of Crestwood

0051805 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	303	Skilled (SNF)	303	110,898	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	303	TOTALS	303	110,898	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				5 Total	
		3 Medicaid Recipient	4 Private Pay	Other	5 Total		
8	SNF	53,272	1,701	10,638	65,611	8	
9	SNF/PED					9	
10	ICF					10	
11	ICF/DD					11	
12	SC					12	
13	DD 16 OR LESS					13	
14	TOTALS	53,272	1,701	10,638	65,611	14	

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 59.16%

D. How many bed reserve days during this year were paid by the Department?

N/A (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 01/01/2012

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

YES Date 12/31/2011 NO

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

YES NO If YES, enter number of beds certified 303 and days of care provided 3,685

Medicare Intermediary Wisconsin Physician Services

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

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

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

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

Facility Name & ID Number Symphony of Crestwood # 0051805 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	483,213	32,353	29,417	544,983		544,983	1,368	546,351		1
2	Food Purchase		328,531		328,531		328,531		328,531		2
3	Housekeeping	41,576	805,527	-	847,103		847,103		847,103		3
4	Laundry	-	28,699	4,414	33,113		33,113		33,113		4
5	Heat and Other Utilities			252,387	252,387		252,387	2,542	254,929		5
6	Maintenance	112,268	-	199,417	311,685		311,685	4,892	316,577		6
7	Other (specify):* Mgmt alloc of benef	-	-	-				363	363		7
8	TOTAL General Services	637,057	1,195,110	485,635	2,317,802		2,317,802	9,165	2,326,967		8
	B. Health Care and Programs										
9	Medical Director	-	-	30,000	30,000		30,000		30,000		9
10	Nursing and Medical Records	5,540,789	274,751	293,769	6,109,309		6,109,309	171,560	6,280,869		10
10a	Therapy	-	-	-							10a
11	Activities	267,477	-	-	267,477		267,477		267,477		11
12	Social Services	94,711	-	-	94,711		94,711		94,711		12
13	CNA Training	-	-	-							13
14	Program Transportation	-	-	-							14
15	Other (specify):* Mgmt alloc of benef	-	-	-				61,290	61,290		15
16	TOTAL Health Care and Programs	5,902,977	274,751	323,769	6,501,497		6,501,497	232,850	6,734,347		16
	C. General Administration										
17	Administrative	201,696	-	792,789	994,485		994,485	(792,789)	201,696		17
18	Directors Fees			-							18
19	Professional Services			469,831	469,831		469,831	(18,446)	451,385		19
20	Dues, Fees, Subscriptions & Promotions			69,001	69,001		69,001	(13,794)	55,207		20
21	Clerical & General Office Expenses	317,482	26,102	46,646	390,230		390,230	221,081	611,311		21
22	Employee Benefits & Payroll Taxes			1,149,615	1,149,615		1,149,615		1,149,615		22
23	Inservice Training & Education			-							23
24	Travel and Seminar			7,661	7,661		7,661	538	8,199		24
25	Other Admin. Staff Transportation		-	356	356		356	9,806	10,162		25
26	Insurance-Prop.Liab.Malpractice			1,134,880	1,134,880		1,134,880	1,817	1,136,697		26
27	Other (specify):* Mgmt alloc of benef			-				42,717	42,717		27
28	TOTAL General Administration	519,178	26,102	3,670,779	4,216,059		4,216,059	(549,070)	3,666,989		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	7,059,212	1,495,963	4,480,183	13,035,358		13,035,358	(307,055)	12,728,303		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			225,872	225,872		225,872	56,848	282,720			30
31	Amortization of Pre-Op. & Org.			-								31
32	Interest			34,760	34,760		34,760	(17,748)	17,012			32
33	Real Estate Taxes			789,190	789,190		789,190	6,675	795,865			33
34	Rent-Facility & Grounds			1,930,343	1,930,343		1,930,343	4,565	1,934,908			34
35	Rent-Equipment & Vehicles			175,132	175,132		175,132	9,264	184,396			35
36	Other (specify):*			-								36
37	TOTAL Ownership			3,155,297	3,155,297		3,155,297	59,604	3,214,901			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation	-	-	4,039	4,039		4,039		4,039			38
39	Ancillary Service Centers	-	219,996	862,311	1,082,307		1,082,307	(1,903)	1,080,404			39
40	Barber and Beauty Shops	-	-	-								40
41	Coffee and Gift Shops	-	-	-								41
42	Provider Participation Fee			537,615	537,615		537,615		537,615			42
43	Other (specify):* Non-Allowable Cos	233,340	-	(216,758)	16,582		16,582	(16,582)				43
44	TOTAL Special Cost Centers	233,340	219,996	1,187,207	1,640,543		1,640,543	(18,485)	1,622,058			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	7,292,552	1,715,959	8,822,687	17,831,198		17,831,198	(265,936)	17,565,262			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 Crestwood

0051805

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(6,821)	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	19,746	30		9
10	Interest and Other Investment Income	(17,798)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,092)	43		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(13,004)	43		18
19	Entertainment	(714)	43		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	338,563	43		24
25	Fund Raising, Advertising and Promotional				25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See PG5A	(423,603)	Var.		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (110,223)		\$	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)	(155,713)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (155,713)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (265,936)		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 of Crestwood

ID# 0051805

Report Period Beginning: 1/1/2020

Ending: 12/31/2020

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Nonallowable marketing events	\$ (133,655)	43	1
2	Laboratory Costs	(48,207)	43	2
3	X-Ray Costs	(20,768)	43	3
4	Marketing & Admissions Salaries	(108,905)	43	4
5	Lobbying Expense	(23,604)	20	5
6	Non-Allowable Legal Fees	(48,766)	19	6
7	Non-Allowable Branding and Marketing	(10,699)	19	7
8	Non Allowable collection fees	(12,520)	19	8
9	Valet Parking	(17,550)	43	9
10	Closing Costs	1,071	43	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	(423,603)		49

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Use Page 6-Supplemental as necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Page 6 Supplemental		See Page 6 Supplemental		See Page 6 Supplemental		

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V		\$			\$	\$	1
2	V							2
3	V			N/A				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	<u>1</u> Dietary	\$	<u>Maestro Consulting Services</u>	100%	\$ 1,368	\$ 1,368	15
16	V	<u>5</u> Utilities		<u>Maestro Consulting Services</u>	100%	2,542	2,542	16
17	V	<u>6</u> Maintenance Salaries		<u>Maestro Consulting Services</u>	100%	0		17
18	V	<u>6</u> Maintenance Expenses		<u>Maestro Consulting Services</u>	100%	4,892	4,892	18
19	V	<u>7</u> Employee Benefits - Maintenance		<u>Maestro Consulting Services</u>	100%	363	363	19
20	V	<u>10</u> Clinical Salaries		<u>Maestro Consulting Services</u>	100%	213,074	213,074	20
21	V	<u>10</u> Contract Nursing		<u>Maestro Consulting Services</u>	100%	205	205	21
22	V	<u>15</u> Employee Benefits - Clinical		<u>Maestro Consulting Services</u>	100%	61,290	61,290	22
23	V	<u>17</u> Administrative - Other	792,789	<u>Maestro Consulting Services</u>	100%	0	(792,789)	23
24	V	<u>19</u> Professional Fees		<u>Maestro Consulting Services</u>	100%	53,539	53,539	24
25	V	<u>20</u> Dues, Fees, Subscriptions, Etc.		<u>Maestro Consulting Services</u>	100%	9,810	9,810	25
26	V	<u>21</u> Clerical & General Salaries		<u>Maestro Consulting Services</u>	100%	148,504	148,504	26
27	V	<u>21</u> Clerical & General Expenses		<u>Maestro Consulting Services</u>	100%	72,577	72,577	27
28	V	<u>24</u> Seminars and Education		<u>Maestro Consulting Services</u>	100%	538	538	28
29	V	<u>25</u> Transportation		<u>Maestro Consulting Services</u>	100%	9,806	9,806	29
30	V	<u>26</u> Insurance		<u>Maestro Consulting Services</u>	100%	1,817	1,817	30
31	V	<u>27</u> Employee Benefits - Administrative		<u>Maestro Consulting Services</u>	100%	42,717	42,717	31
32	V	<u>30</u> Depreciation		<u>Maestro Consulting Services</u>	100%	37,102	37,102	32
33	V	<u>32</u> Interest Expense		<u>Maestro Consulting Services</u>	100%	50	50	33
34	V	<u>33</u> Real Estate Tax		<u>Maestro Consulting Services</u>	100%	6,675	6,675	34
35	V	<u>34</u> Building Rental		<u>Maestro Consulting Services</u>	100%	4,565	4,565	35
36	V	<u>35</u> Equipment Rental		<u>Maestro Consulting Services</u>	100%	13,153	13,153	36
37	V	<u>35</u> Auto Lease		<u>Maestro Consulting Services</u>	100%	7,567	7,567	37
38	V							38
39	Total		\$ 792,789			\$ 692,154	\$ * (100,635)	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	10 Nursing and Medical Records	\$ 10,181	Integra Healthcare Equipment, LLC	19%	\$ 8,654	\$ (1,527)	15
16	V	35 Equipment Rental	76,375	Integra Healthcare Equipment, LLC	19%	64,919	(11,456)	16
17	V	39 Oxygen Supplies	12,686	Integra Healthcare Equipment, LLC	19%	10,783	(1,903)	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		\$ 99,242			\$ 84,356	\$ * (14,886)	39

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

VII. RELATED PARTIES (continued)

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	22	Workers Compensation	\$ 165,554	Maple Leaf	100%	\$ 165,554	\$	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			\$ 165,554			\$ 165,554	\$ * 0	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	DIALYSIS	\$ 267,947	CONCERTO DIALYSIS LLC	20%	\$ 227,755	\$	(40,192)	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			\$ 267,947			\$ 227,755	\$ *	(40,192)	39

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

Facility Name & ID Number

Symphony of Crestwood

0051805

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	Symphony Healthcare, LLC	99.99			Symphony Healthcare	Lincolnwood	Sub Lessor	1
2	Symphony HMG, LLC	0.01	SYMPHONY OF CALIFORNIA GARDENS	CHICAGO	Symphony M.L., LLC	Lincolnwood	Main Lessor	2
3			MAPLECREST CARE CENTRE	BELVIDERE	Symphony HMG, LLC	Lincolnwood	Sub Lessor	3
4			NORTHWOODS CARE CENTRE	BELVIDERE	Symphony Financial S	Lincolnwood	Mgmt Co.	4
5			SYCAMORE VILLAGE	SWANSEA	Maestro Consulting Se	Lincolnwood	Mgmt. Co.	5
6			SYMPHONY ARIA	HILLSIDE				6
7			SYMPHONY AT 87TH STREET	CHICAGO				7
8			SYMPHONY AT MIDWAY	CHICAGO				8
9			SYMPHONY AT THE TILLERS	OSWEGO				9
10			SYMPHONY OF BRONZEVILLE	CHICAGO				10
11			SYMPHONY OF BUFFALO GROVE	BUFFALO GROVE				11
12			SYMPHONY OF CHESTERTON	CHESTERTON, IN	7257 N. Lincoln Ave, I	Lincolnwood	Building Rental	12
13			SYMPHONY OF CHICAGO WEST	CHICAGO	Diamond Insurance	Northbrook	Work Comp Ins.	13
14			SYMPHONY OF CRESTWOOD	CRESTWOOD	Mapleleaf Insurance	Grand Cayman	Liability/Work Com	14
15			SYMPHONY OF CROWN POINT	CROWN POINT, IN	Seasons Hospice	Park Ridge	Hospice *	15
16			SYMPHONY OF DYER	DYER, IN	JLR Financial Svcs. C	Lincolnwood	Management Co.	16
17			SYMPHONY OF EVANSTON	EVANSTON	KFT Services, LLC	Lincolnwood	Management Co. **	17
18			SYMPHONY OF GLENDALE	GLENDALE, WI	Drake Louis Enterpris	Lincolnwood	Management Co. **	18
19			SYMPHONY OF HANOVER PARK	HANOVER PARK	Integra Healthcare Eq	Elmhurst	DME & Med. Suppl	19
20			SYMPHONY OF JOLIET	JOLIET	Lifeline Ambulance, L	Chicago	Ambulance	20
21			SYMPHONY OF LINCOLN PARK	CHICAGO	Integra Respiratory Se	Elmhurst	Respiratory Service	21
22			SYMPHONY OF MORGAN PARK	CHICAGO	Lifemed Pharmacy	Bensenville	Pharmacy	22
23			SYMPHONY OF ORCHARD VALLEY	AURORA	ConcertoHealth	Chicago	Clinical Services	23
24			SYMPHONY RESIDENCES OF LINCOLN PA	CHICAGO				24
25			WOODCARE V INC	BRIGHTON, MI	* No expense paid by h			25
26			CLIFFSIDE COMPANY LLC	ST. JOSEPH, MI	entity, therefore no pa			26
27			SYMPHONY APPLEWOOD	WOODHAVEN, MI	** No expense of this r			27
28			SYMPHONY LINDEN	LINDEN, MI	allocated to homes			28
29			SYMPHONY TRI-CITIES	BAY CITY, MI				29
30								30

Facility Name & ID Number Symphony of Crestwood # 0051805 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 of Crestwood

0051805

Report Period Beginning:

1/1/2020

Ending: 2/31/2020

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number (_____) _____

Fax Number (_____) _____

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.

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

Facility Name & ID Number Symphony of Crestwood

0051805

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

Maestro Consulting Services

Street Address

7257 N. Lincoln Ave,

City / State / Zip Code

Lincolnwood, IL 60712

Phone Number

(847) 933-2600

Fax Number

()

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	1	Dietary	Bed Days Available	1,642,974	27	\$ 20,270	\$ 19,367	110,898	\$ 1,368	1
2	5	Utilities	Bed Days Available	1,642,974	27	37,663		110,898	2,542	2
3	6	Maintenance Salaries	Bed Days Available	1,642,974	27			110,898		3
4	6	Maintenance Expenses	Bed Days Available	1,642,974	27	72,471		110,898	4,892	4
5	7	Employee Benefits - Dietary/Main	Bed Days Available	1,642,974	27	5,383		110,898	363	5
6	10	Clinical Salaries	Bed Days Available	1,642,974	27	3,156,734	3,156,734	110,898	213,074	6
7	10	Contract Nursing	Bed Days Available	1,642,974	27	3,034		110,898	205	7
8	15	Employee Benefits - Clinical	Bed Days Available	1,642,974	27	908,028		110,898	61,290	8
9	17	Administrative - Other	Bed Days Available	1,642,974	27			110,898		9
10	19	Professional Fees	Bed Days Available	1,642,974	27	793,188		110,898	53,539	10
11	20	Dues, Fees, Subscriptions, Etc.	Bed Days Available	1,642,974	27	145,343		110,898	9,810	11
12	21	Clerical & General Salaries	Bed Days Available	1,642,974	27	2,200,120	2,200,120	110,898	148,504	12
13	21	Clerical & General Expenses	Bed Days Available	1,642,974	27	1,075,235		110,898	72,577	13
14	24	Seminars and Education	Bed Days Available	1,642,974	27	7,970		110,898	538	14
15	25	Transportation	Bed Days Available	1,642,974	27	145,272		110,898	9,806	15
16	26	Insurance	Bed Days Available	1,642,974	27	26,926		110,898	1,817	16
17	27	Employee Benefits - Administrativ	Bed Days Available	1,642,974	27	632,860		110,898	42,717	17
18	30	Depreciation	Bed Days Available	1,642,974	27	549,679		110,898	37,102	18
19	32	Interest Expense	Bed Days Available	1,642,974	27	738		110,898	50	19
20	33	Real Estate Tax	Bed Days Available	1,642,974	27	98,893		110,898	6,675	20
21	34	Building Rental	Bed Days Available	1,642,974	27	67,631		110,898	4,565	21
22	35	Equipment Rental	Bed Days Available	1,642,974	27	194,869		110,898	13,153	22
23	35	Auto Lease	Bed Days Available	1,642,974	27	112,113		110,898	7,567	23
24										24
25	TOTALS					\$ 10,254,420	\$ 5,376,221		\$ 692,154	25

Facility Name & ID Number Symphony of Crestwood

0051805

Report Period Beginning:

1/1/2020

Ending: 2/31/2020

VIII. ALLOCATION OF INDIRECT COSTS

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

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.

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	10	Nursing and Medical Records	Direct Allocation		\$	\$		8,654	1
2	35	Equipment Rental	Direct Allocation					64,919	2
3	39	Oxygen Supplies	Direct Allocation					10,783	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				\$	\$		84,356	25

Facility Name & ID Number Symphony of Crestwood

0051805

Report Period Beginning:

1/1/2020

Ending: 2/31/2020

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization

Maple Leaf Insurance

Street Address

PO Box 69,720 West Bay Rd.

City / State / Zip Code

Grand Cayman, K Y I-1102

Phone Number

(_____) _____

Fax Number

(_____) _____

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.

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	22	Workers Compensation	Direct Allocation		\$	\$		\$ 165,554	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				\$	\$		\$ 165,554	25

Facility Name & ID Number Symphony of Crestwood

0051805

Report Period Beginning:

1/1/2020

Ending: 2/31/2020

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization

Concerto Dialysis

Street Address

4600 W Touhy Ave, Suite 100

City / State / Zip Code

Lincolnwood, IL 60712

Phone Number

(847)233-1200

Fax Number

(

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.

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	10	Dialysis	Direct Allocation		\$	\$		\$ 227,755	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				\$	\$		\$ 227,755	25

Facility Name & ID Number

Symphony of Crestwood

0051805

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**		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	\$ 1,089	1									
2	LifeMed	X	Pharmacy Services	38,731	1/1/18	6,197,033	360,426	01/01/2024	0.075	30,583	2									
3	Select Rehab	X	Medical Supplies/Rental	159,503	12/31/2018	12,216,125	-	12/31/2023	0.002		3									
4	Integra	X	Medical Supplies/Rental	50,680	07/1/19	1,162,530	19,185	6/30/2021	0.043802	1,727	4									
5											5									
Working Capital																				
6	State of Illinois	X	Advance Payment	18,807	5/1/2019	1,245,800	1,245,800	8/1/2021			6									
7	Wisconsin Physician Services	X	Medicare AAP	28,068	4/7/2020	673,623	673,623	4/7/2023			7									
8	Payroll Protection Prgram	X	Payroll Protection	61,876	6/23/2020	1,485,030	1,485,030	6/23/2022	1		8									
9	TOTAL Facility Related			\$425,109.32		\$ 25,150,478	\$ 3,784,064			\$ 33,400	9									
B. Non-Facility Related*																				
10	RFMS									172	10									
11	Cyber Ins									1,188	11									
12							Interest Income Offset			(17,798)	12									
13							Maestro Allocation			50	13									
14	TOTAL Non-Facility Related					\$	\$			\$ (16,388)	14									
15	TOTALS (line 9+line14)					\$ 25,150,478	\$ 3,784,064			\$ 17,012	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 Crestwood

0051805

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

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.		\$	<u>884,385</u>	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	\$	<u>905,002</u>	2
3. Under or (over) accrual (line 2 minus line 1).		\$	<u>20,617</u>	3
4. Real Estate Tax accrual used for 2020 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<u>768,573</u>	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.		<u>6,675</u>	
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.		\$	<u>795,865</u>	7
Real Estate Tax History:				
Real Estate Tax Bill for Calendar Year:	2015	<u>794,158</u>		8
	2016	<u>823,769</u>		9
	2017	<u>883,921</u>		10
	2018	<u>867,044</u>		11
	2019	<u>905,002</u>		12
2019 Tax Accrual = \$905,002 * 0.3593 = \$325,131				
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.

Facility Name & ID Number Symphony of Crestwood

0051805 Report Period Beginning:

1/1/2020 Ending:

12/31/2020

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 91,960 B. General Construction Type: Exterior Stone Frame Steel Number of Stories 4

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.

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

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.

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

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)

List entity name, type of business, square footage, and number of beds/units available (where applicable).

N/A

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: N/A 2. Number of Years Over Which it is Being Amortized: N/A
3. Current Period Amortization: N/A 4. Dates Incurred: N/A

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Allocated from Maestro 7257</u>	<u>-</u>	<u>2004</u>	<u>\$ 10,800</u>	1
2					2
3	TOTALS			\$ 10,800	3

Facility Name & ID Number Symphony of Crestwood# 0051805

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		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4					\$	\$		\$	\$	\$	4
5											5
6											6
7											7
8		<u>Allocated from Maestro 7257</u>		<u>2004</u>	<u>97,198</u>		<u>39</u>	<u>2,777</u>	<u>2,777</u>	<u>47,557</u>	8
		Improvement Type**									
9		<u>Architectural Fees</u>		<u>2012</u>	<u>30,284</u>	<u>1,514</u>	<u>20</u>	<u>1,514</u>		<u>12,709</u>	9
10		<u>Elevator - Electrical</u>		<u>2012</u>	<u>19,950</u>	<u>998</u>	<u>20</u>	<u>998</u>		<u>8,073</u>	10
11		<u>Exterior Aluminum</u>		<u>2012</u>	<u>52,666</u>	<u>2,634</u>	<u>20</u>	<u>2,633</u>	(1)	<u>21,308</u>	11
12		<u>Exterior Painting - Back Entrance</u>		<u>2012</u>	<u>53,000</u>	<u>2,650</u>	<u>20</u>	<u>2,650</u>		<u>22,083</u>	12
13		<u>Interior Painting - First Floor</u>		<u>2012</u>	<u>16,140</u>	<u>807</u>	<u>20</u>	<u>807</u>		<u>6,676</u>	13
14		<u>Interior Painting - Second Floor</u>		<u>2012</u>	<u>32,000</u>	<u>1,600</u>	<u>20</u>	<u>1,600</u>		<u>12,945</u>	14
15		<u>Front Entrance - West & S</u>		<u>2012</u>	<u>19,000</u>	<u>950</u>	<u>20</u>	<u>950</u>		<u>7,629</u>	15
16		<u>Cooling Tower - Replace</u>		<u>2012</u>	<u>31,138</u>	<u>1,557</u>	<u>20</u>	<u>1,557</u>		<u>12,880</u>	16
17		<u>Floor Coverings</u>		<u>2012</u>	<u>213,242</u>	<u>10,662</u>	<u>20</u>	<u>10,662</u>		<u>85,619</u>	17
18		<u>Elevator - Fix Car Sills</u>		<u>2012</u>	<u>242,100</u>	<u>12,105</u>	<u>20</u>	<u>12,105</u>		<u>97,207</u>	18
19		<u>Sprinkler System - Entire</u>		<u>2012</u>	<u>326,853</u>	<u>16,343</u>	<u>20</u>	<u>16,343</u>		<u>131,238</u>	19
20		<u>Standby Generator for Service Elevator</u>		<u>2012</u>	<u>55,000</u>		<u>5</u>			<u>55,000</u>	20
21											21
22		<u>Cast Iron sewer located on 1st floor</u>		<u>2013</u>	<u>2,500</u>	<u>125</u>	<u>20</u>	<u>125</u>		<u>1,000</u>	22
23		<u>Installing receptacles on hallway for wall mounting</u>		<u>2013</u>	<u>2,520</u>	<u>126</u>	<u>20</u>	<u>126</u>		<u>1,008</u>	23
24		<u>Demo/Carpentry drywall - Second Floor</u>		<u>2013</u>	<u>16,050</u>	<u>802</u>	<u>20</u>	<u>803</u>	1	<u>6,352</u>	24
25		<u>Contractor fees for facility renovation-Second Floor</u>		<u>2013</u>	<u>11,018</u>	<u>551</u>	<u>20</u>	<u>551</u>		<u>4,362</u>	25
26		<u>Wall Coverings and Painting-Second Floor</u>		<u>2013</u>	<u>18,932</u>	<u>947</u>	<u>20</u>	<u>947</u>		<u>7,496</u>	26
27		<u>Contractor fees for facility renovation-Elevator/Cooling Tower</u>		<u>2013</u>	<u>183,922</u>	<u>9,196</u>	<u>20</u>	<u>9,196</u>		<u>72,802</u>	27
28		<u>Wall coverings-Throughout Facility</u>		<u>2013</u>	<u>91,289</u>	<u>4,564</u>	<u>20</u>	<u>4,564</u>		<u>36,133</u>	28
29		<u>Demo/Carpentry Drywall-Throughout Facility</u>		<u>2013</u>	<u>46,300</u>	<u>2,315</u>	<u>20</u>	<u>2,315</u>		<u>18,327</u>	29
30		<u>Interior Electrical Alarms</u>		<u>2013</u>	<u>75,869</u>	<u>3,974</u>	<u>20</u>	<u>3,793</u>	(181)	<u>30,393</u>	30
31		<u>Electrical modifications standby generator</u>		<u>2013</u>	<u>38,193</u>	<u>1,909</u>	<u>20</u>	<u>1,910</u>	1	<u>15,116</u>	31
32		<u>Interior painting, wall coverings, demo and cap 2 sinks</u>		<u>2013</u>	<u>13,189</u>	<u>659</u>	<u>20</u>	<u>659</u>		<u>5,163</u>	32
33		<u>-Second Floor</u>									33
34		<u>Interior Painting - Second Floor</u>		<u>2013</u>	<u>5,500</u>	<u>550</u>	<u>10</u>	<u>550</u>		<u>4,308</u>	34
35		<u>Interior soffit enclosures, fittings, painting service-2nd Fl</u>		<u>2013</u>	<u>7,960</u>	<u>398</u>	<u>20</u>	<u>398</u>		<u>3,118</u>	35
36		<u>Floor Coverings-Third Floor Dialysis</u>		<u>2013</u>	<u>41,686</u>	<u>2,084</u>	<u>20</u>	<u>2,084</u>		<u>16,152</u>	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 Crestwood# 0051805

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	Custom Built Cabinetry-Nurse Station, Comp Wk Station	2013	\$ 14,140	\$ 707	20	\$ 707		\$ 5,538	37
38	Hallway and bathroom doors	2013	2,640	132	20	132		1,034	38
39	Demo/Carpentry Drywall and plumbing-Fourth Fl Showers	2013	35,902	1,795	20	1,795		13,912	39
40	Replaced floor drain-Fourth Floor Showers	2013	2,900	145	20	145		1,112	40
41	Demo/Carpentry Drywall-Fourth Floor	2013	7,925	396	20	396		3,004	41
42	Contractor fees for facility renovation-Throughout Facility	2013	8,731	436	20	437	1	3,309	42
43	Interior Electrical Alarms	2013	51,532	2,577	20	2,577		19,541	43
44	Interior painting - 4th floor	2013	31,250	3,125	10	3,125		23,698	44
45	2nd floor north spa room floor coverings	2013	14,300	715	20	715		5,422	45
46	Sun Shade Installation	2013	9,620	481	20	481		3,648	46
47	Carpentry drywall, asphalt patching for trench and generator	2013	38,625	1,931	20	1,931		14,322	47
48	-Second Floor & Corridors								48
49	Painting - First floor	2013	12,800	1,280	10	1,280		9,493	49
50	Custom Built Cabinetry-First Floor Dialysis	2013	20,940	1,047	20	1,047		7,591	50
51	Demo Carpentry/Drywall Material and Labor-1st Fl Dialysis	2013	21,379	1,069	20	1,069		7,750	51
52	Installation of Louvers-Third Floor Dialysis	2013	151,750	7,587	20	7,588	1	55,008	52
53	Contractor fees for facility renovation-Throughout Facility	2013	28,436	1,422	20	1,422		10,309	53
54	Fire pump installation-raceways & conductors for tampers	2013	37,113	1,856	20	1,856		13,455	54
55	Exterior painting	2013	2,500	250	10	250		1,813	55
56	Conference Room wallpaper	2013	8,277	414	20	414		3,001	56
57	Roofing labor and materials	2013	7,100	355	20	355		2,574	57
58	Staining courtyard (3,450 sq ft)	2013	10,350	1,035	10	1,035		7,504	58
59									59
60	Plumbing Improvements	2014	6,450	323	20	323		2,206	60
61	-Cut 1-1/2" Galvanized & Gate Valve Replaced								61
62	-Port Ball Valve to Allow Water to 2,3, & 4th Floor								62
63	-Removed & Replaced Wall Hung Toilet, Sloan Flush Valve								63
64	Automatic Door	2014	5,995	298	20	300	2	1,902	64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 2,274,154	\$ 109,396		\$ 111,996	\$ 2,600	\$ 959,799	70

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

Facility Name & ID Number Symphony of Crestwood# 0051805

Report Period Beginning:

1/1/2020

Ending:

12/31/2020**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 2,274,154	\$ 109,396		\$ 111,996	\$ 2,600	\$ 959,799	1
2	Facility Remodeling	2014	446,362	22,318	20	22,318		147,649	2
3	-Demo/Carpentry/Drywall-Throughout Facility								3
4	-Permits-Throughout Facility								4
5	-General Contracting-Throughout Facility								5
6	-Rough in Temporary Dialysis Room								6
7	-2" Feeders to 3rd Flr to 1st Flr, & 2nd Floor Shower Room								7
8	-Demo Elec in Vestibule Entry								8
9	-F&I Piping and Trim into New Ceiling, Shower Remodel								9
10	-New Lobby Admissions Office								10
11	-Administrative Office, F7I Mill Work Wall Base								11
12	-F&I Vinyl Plank Floor & Wall Base - Breakroom								12
13	-Custom Counter Tops - Dialysis Office								13
14	-Add Reliable Dry Sidewall Sprinkler Head in Vestibule								14
15	- Dialysis Room on the 1st Floor								15
16	-Fire Prot, Floor Coverings, Interior Painting-1st & 3rd Fl								16
17	-Architectual Svc, Roof Repairs, Interior Elec-1st & 3rd Fl								17
18	-Alarms-First & Third Floor								18
19	-Gazebo								19
20	-Interior Electrical/Alarms-First Floor Dialysis								20
21	-Plumbing-First Floor								21
22	- Supervision-Throughout Facility								22
23	- Architect Fees-Throughout Facility								23
24	- Plumbing-Throughout Facility								24
25	- Demo, Carpentry, Drywall-Shower Room								25
26	- Pipe Existing Emergency Panel to New Panel-Shower Rm								26
27	- Plumbing-Shower Room								27
28	- Floor Covering-Shower Room								28
29	- Open Walls & Ceiling for Exhaust-1st Floor								29
30	- Exhaust fan for 11 Risers, Ductwork to Exterior-1st Fl								30
31	- Exhaust Discharge, Coring of Outside Walls-1st Floor								31
32	- Pour Concrete, Demo-1st Floor								32
33	- Third floor dialysis architecture fees								33
34	TOTAL (lines 1 thru 33)		\$ 2,720,516	\$ 131,714		\$ 134,314	\$ 2,600	\$ 1,107,448	34

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

Facility Name & ID Number Symphony of Crestwood# 0051805

Report Period Beginning:

1/1/2020

Ending:

12/31/2020**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 2,720,516	\$ 131,714		\$ 134,314	\$ 2,600	\$ 1,107,448	1
2	IDPH Dialysis -Architecture Fees, Electric, Plumbing,	2015	47,470	2,373	20	2,374	1	14,042	2
3	-Construction Fee								3
4	Millwork & Trim on 3rd & 4th Floor Nurses Stations	2015	26,000	1,300	20	1,300		6,825	4
5									5
6	Installed new flooring on 4th floor	2016	21,352	534	20	1,068	534	3,204	6
7	Installed 3 Isolation Ball Valves for chilled water piping in	2016	8,500	106	20	425	319	849	7
8	Therapy Room								8
9	Electrical work in Office Room	2016	2,730	46	20	137	91	321	9
10	Pipe replacement in Kitchen	2016	4,960	21	20	248	227	332	10
11									11
12	Cisco direct phone system throughout facility	2016	14,854	2,723	5	2,971	248	13,863	12
13	Installed replacement 60 ton chiller compressor in the	2016	19,737	1,597	5	3,947	2,350	10,335	13
14	ground level mechanical/boiler room								14
15									15
16	Heater Booster 6 Gal 24Kw	2017	3,790	758	5	758		3,017	16
17	Domestic Water Heater	2017	44,500	8,900	5	8,900		35,116	17
18	New Bogan Ceiling Paging Speak	2017	6,331	1,266	5	1,266		4,482	18
19	Pit Ladders - Elevator	2017	5,331	381	14	381		1,515	19
20	F&I 29X60 Smoke Damper, Modify	2017	3,850	275	14	275		1,078	20
21	Tee Jay Services	2018	10,691	764	14	764		1,720	21
22	Air Conditioner	2018	13,110	1,873	7	1,873		4,549	22
23	Galvanized Steel door insulated, frame, hinges, bolt	2019	4,017	268	15	268		297	23
24	Fire Alarm System new and install in entire building	2020	66,535	4,096	15	4,096		4,096	24
25	Plumbing service remove concrete, excavate and replace								25
26	P-Trap for floor sink.	2020	5,250	64	15	64		64	26
27	Replace exterior building lights and parking area	2020	3,970	20	15	20		20	27
28	Flooring, ceiling, lighting, painting hallway, room431-434	2020	105,682	7,007	15	7,007		7,007	28
29	Hot water water coil-Bohn air handler	2020	12,685	1,218	7	1,218		1,218	29
30	Pump handler motor-boiler tubes, install new gaskets	2020	5,142	662	7	662		662	30
31									31
32									32
33	Reconcile to book depreciation			(16,154)			16,154		33
34	TOTAL (lines 1 thru 33)		\$ 3,157,003	\$ 151,812		\$ 174,335	\$ 22,523	\$ 1,222,058	34

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

Facility Name & ID Number Symphony of Crestwood# 0051805

Report Period Beginning:

1/1/2020

Ending:

12/31/2020**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 3,157,003	\$ 151,812		\$ 174,335	\$ 22,523	\$ 1,222,058	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10	Allocated from Maestro Consulting Services	2003	791		39	40	40	677	10
11	Allocated from Maestro Consulting Services	2004	16,052		39	801	801	13,417	11
12	Allocated from Maestro Consulting Services	2005	952		39	48	48	755	12
13	Allocated from Maestro Consulting Services	2006	1,290		39	65	65	927	13
14	Allocated from Maestro Consulting Services	2008	1,360		39	68	68	833	14
15	Allocated from Maestro Consulting Services	2009	21,898		20	1,093	1,093	12,712	15
16	Allocated from Maestro Consulting Services	2010	3,365		20	168	168	1,768	16
17	Allocated from Maestro Consulting Services	2011	182		20	9	9	90	17
18	Allocated from Maestro Consulting Services	2012	202		20	10	10	89	18
19	Allocated from Maestro Consulting Services	2014	2,531		20	127	127	836	19
20	Allocated from Maestro Consulting Services	2015	712		20	36	36	190	20
21	Allocated from Maestro Consulting Services	2016	3,119		20	156	156	1,056	21
22	Allocated from Maestro Consulting Services	2017	417		20	21	21	83	22
23	Allocated from Maestro Consulting Services	2020	674		20	17	17	17	23
24									24
25	Allocated from Maestro 7257	2004	1,932		10	97	97	1,594	25
26	Allocated from Maestro 7257	2005	8,860		10	317	317	7,450	26
27	Allocated from Maestro 7257	2015	1,532		15	102	102	545	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,222,872	\$ 151,812		\$ 177,510	\$ 25,698	\$ 1,265,097	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	\$ 446,458	\$ 64,548	\$ 64,548	\$	5	\$ 355,027	71
72	Current Year Purchases	67,918	9,512	9,512		5	9,512	72
73	Fully Depreciated Assets	842,012					842,012	73
74	Allocated from Maestro	284,247		31,150	31,150		136,495	74
75	TOTALS	\$ 1,640,635	\$ 74,060	\$ 105,210	\$ 31,150		\$ 1,343,046	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			\$ 598	\$	\$	\$		\$ 598	76
77					-	-				77
78					-	-				78
79					-	-				79
80	TOTALS			\$ 598	\$	\$	\$		\$ 598	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)		\$ 4,874,905	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)		\$ 225,872	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)		\$ 282,720	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)		\$ 56,848	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)		\$ 2,608,741	85

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

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

G. Construction-in-Progress

	Description	Cost	
92	N/A	\$ -	92
93			93
94			94
95		\$	95

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Crestwood Healthcare Property, LLC

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	<u>1974</u>	<u>303</u>	<u>12/31/2011</u>	\$ <u>1,930,343</u>	<u>10</u>	<u>10</u>	3
4							4
5							5
6	<u>Allocated from Mgmt. Co.</u>			<u>4,565</u>			6
7	TOTAL	303		\$ 1,934,908			7

10. Effective dates of current rental agreement:

Beginning 12/31/2011

Ending 12/31/2021

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>1,750,000</u>
13.	<u>12/31/2022</u>	\$ <u>1,800,000</u>
14.	<u>12/31/2023</u>	\$ <u>1,850,000</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 _____.

9. Option to Buy: YES NO Terms: N/A *

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: \$ 176,829 Description: See 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					18
19					19
20	<u>Allocated from Mgmt. Co.</u>			<u>7,567</u>	20
21	TOTAL		\$ _____	\$ 7,567	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 Crestwood
IDPH License ID Number: 0051805
Fiscal Year End: 12/31/2020

Schedule 14A

XIV. Rental Costs

Line 16 Rental Amount for Moveable Equipment

Rental Description	Amount
Medical Equipment	75,628
Nursing Equipment	6,941
Building Equipment	7,097
Office Equipment	85,466
Integra Allocation	(11,456)
Maestro Allocation	13,153
Total - Line 16	<u>176,829</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. <u>CLASSROOM PORTION:</u></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. <u>CLINICAL PORTION:</u></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			
		1	2	3	4
		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.)

	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	\$	4,444	\$ 319,972	\$	4,444	\$ 319,972	1
2	Licensed Speech and Language Development Therapist	39(3)	hrs		1,080	77,747		1,080	77,747	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39(3)	hrs		4,971	357,911		4,971	357,911	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39(2)	# of prescripts				207,310		207,310	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>See Sch. 16A</u>	39(3)			1,428	102,796		1,428	102,796	12
13	Other (specify): <u>Oxygen</u>	39(2) (7)					10,783		10,783	13
14	TOTAL			\$	11,923	\$ 858,426	\$ 218,093	11,923	\$ 1,076,519	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 Nan Symphony of Crestwood
IDPH Licen: 0051805
Fiscal Year : 12/31/2020

Schedule 16A

Other Ancillary Services

Rental Description	Amount
Inhalation Therapy Costs-Medicaid	8,206
Inhalation Therapy Costs-Private	567
Inhalation Therapy Costs-Medicare A	5,167
Inhalation Therapy Costs-Managed Care	3,685
Other Ancillary Costs-Private	-
Other Ancillary Costs-Medicare A	17,894
Other Ancillary Costs-Medicaid	320
Other Ancillary Costs-Managed Care	30
I.V. Therapy Costs-Private	150
I.V. Therapy Costs-Medicare A	16,582
I.V. Therapy Costs-Medicaid	26,699
I.V. Therapy Costs-Managed Care	23,496
Total - Line 12	<u>102,796</u>

Facility Name & ID Number Symphony of Crestwood# 0051805Report Period Beginning: 1/1/2020Ending: 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	\$ 4,000	\$ 4,000	1
2	Cash-Patient Deposits	148,571	148,571	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>5,085,322</u>)	3,137,692	3,137,692	3
4	Supply Inventory (priced at _____)	-	-	4
5	Short-Term Investments	-	-	5
6	Prepaid Insurance	22,385	22,385	6
7	Other Prepaid Expenses	474,908	474,908	7
8	Accounts Receivable (owners or related parties)	-	-	8
9	Other(specify): _____	-	-	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,787,556	\$ 3,787,556	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	-	-	11
12	Long-Term Investments	-	-	12
13	Land	-	10,800	13
14	Buildings, at Historical Cost	-	97,198	14
15	Leasehold Improvements, at Historical Cost	2,884,655	3,125,674	15
16	Equipment, at Historical Cost	1,411,272	1,641,233	16
17	Accumulated Depreciation (book methods)	(2,296,963)	(2,608,741)	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>	691,999	691,999	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,690,963	\$ 2,958,163	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,478,519	\$ 6,745,719	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,995,945	\$ 1,995,945	26
27	Officer's Accounts Payable	-	-	27
28	Accounts Payable-Patient Deposits	248,638	248,638	28
29	Short-Term Notes Payable	-	-	29
30	Accrued Salaries Payable	491,425	491,425	30
31	Accrued Taxes Payable (excluding real estate taxes)	398,448	398,448	31
32	Accrued Real Estate Taxes(Sch.IX-B)	923,101	768,573	32
33	Accrued Interest Payable	-	-	33
34	Deferred Compensation	-	-	34
35	Federal and State Income Taxes	-	-	35
	Other Current Liabilities(specify):			
36	<u>See Schedule 17A</u>	18,901,961	18,901,961	36
37	_____	-	-	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 22,959,518	\$ 22,804,990	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	3,784,064	3,784,064	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)	\$ 3,784,064	\$ 3,784,064	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 26,743,582	\$ 26,589,054	46
47	TOTAL EQUITY(page 18, line 24)	\$ (20,265,063)	\$ (19,843,335)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 6,478,519	\$ 6,745,719	48

*(See instructions.)

Facility Name: Symphony of Crestwood
 IDPH License ID Number: 0051805
 Fiscal Year End: 12/31/2020

Schedule 17A

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

Description	Operating	After Consolidation
Other Assets - Security Deposits	263,867	263,867
Due To/From - Maple Ridge LLC	170,000	170,000
Due To/From - McKinley LLC	185,000	185,000
Due To/From - Midway	(2,052)	(2,052)
Due To/From - Sycamore LLC	25,000	25,000
Due To/From - Symphony of Cal Gardens	184	184
Due To/From - Evanston Realty	50,000	50,000
Total - Line 23	691,999	691,999

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

Description	Operating	After Consolidation
Cash	17,224	17,224
CSA I/C Related/Party Due To/From Accts	(310,976)	(310,976)
Overhead Related/Party Due To/From Accts	50,000	50,000
Due To/From - Decatur	460,500	460,500
Due To/From - Deerbrook LLC	1,232,915	1,232,915
Due To/From - Jackson Square LLC	180	180
Due To/From - Lincoln Park LLC	839	839
Due To/From - Maple Crest LLC	588,500	588,500
Due To/From - Northwoods LLC	47,000	47,000
Due To/From - Tillers	199,197	199,197
Due To/From - California Gardens Nursing an	55,992	55,992
Due To/From - Orchard Valley	830,395	830,395
Due To/From - Symphony ML	(1,465,030)	(1,465,030)
Due To/From - Symphony Healthcare	7,164,396	7,164,396
Due To/From - Symphony Financial Services	2,789,214	2,789,214
Due To/From - Symcare Healthcare	1,823,505	1,823,505
Due To/From - Symdiana Healthcare	12,000	12,000
Due To/From - Maestro	435,570	435,570
Due To/From - Nuicare Services	41,003	41,003
Accrued Payables	48,204	48,204
Accrued Payables - Professional Fees	32,050	32,050
Accrued Payables - Health Insurance	38,123	38,123
Accrued Payable - Dental Insurance	(6,038)	(6,038)
Accrued Payables - Vision Insurance	(494)	(494)
Accrued Payables - Life Insurance	61,692	61,692
Accrued Payables - Short Term Disability	(48,032)	(48,032)
Accrued Payables - Payroll SWT - IN	167	167
Accrued Payables - Payroll Union Dues	2,038	2,038
Accrued Payables - 401K Deductions	5,117	5,117
Accrued Payables - 401K Loan Repayments	487	487
Accrued Payables - Garnishments	1,105	1,105
Employee Purchases	24	24
Fringe Benefits - Flow Through	352	352
Accrued Payables - WC/GL Insurance	412,509	412,509
Accrued Payables - Bed Taxes	(1,120)	(1,120)
Accrued Payables - Bed Taxes Add'l	27,716	27,716
Accrued Payables - Management Fees	1,373,840	1,373,840
Accrued Payables - Interest	-	-
Accrued Payables - Rent	437,499	437,499
Accrued Payables - Sales Tax	603	603
Sales Tax Payable - Manual	244	244
Deferred Rent	1,030,655	1,030,655
Deferred Income	451,416	451,416
Lease Holds Payable	1,062,444	1,062,444
Total - Line 36	18,903,025	18,903,025

XVI. STATEMENT OF CHANGES IN EQUITY

		1	
		Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (19,634,998)	1
2	Restatements (describe):		2
3	Prior Period Adjustment	(130,282)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (19,765,280)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(499,783)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (499,783)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (20,265,063)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Symphony of Crestwood# 0051805Report 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.

I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 15,416,791	1
2	Discounts and Allowances for all Levels	(2,010,765)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 13,406,026	3
B. Ancillary Revenue			
4	Day Care	-	4
5	Other Care for Outpatients	-	5
6	Therapy	1,653,328	6
7	Oxygen	20,923	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,674,251	8
C. Other Operating Revenue			
9	Payments for Education	-	9
10	Other Government Grants	1,480,642	10
11	CNA Training Reimbursements	-	11
12	Gift and Coffee Shop	-	12
13	Barber and Beauty Care	-	13
14	Non-Patient Meals	-	14
15	Telephone, Television and Radio	-	15
16	Rental of Facility Space	-	16
17	Sale of Drugs	310,290	17
18	Sale of Supplies to Non-Patients	-	18
19	Laboratory	77,634	19
20	Radiology and X-Ray	23,788	20
21	Other Medical Services	(73,209)	21
22	Laundry	-	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,819,145	23
D. Non-Operating Revenue			
24	Contributions	-	24
25	Interest and Other Investment Income***	17,798	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 17,798	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Sch 19A</u>	414,195	28
28a		-	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 414,195	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 17,331,415	30

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,317,802	31
32	Health Care	6,501,497	32
33	General Administration	4,216,059	33
B. Capital Expense			
34	Ownership	3,155,297	34
C. Ancillary Expense			
35	Special Cost Centers	1,102,928	35
36	Provider Participation Fee	537,615	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 17,831,198	40
41	Income before Income Taxes (line 30 minus line 40)**	(499,783)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (499,783)	43

III. Net Inpatient Revenue detailed by Payer Source		Amount	
44	Medicaid - Net Inpatient Revenue	\$ 11,421,935	44
45	Private Pay - Net Inpatient Revenue	271,428	45
46	Medicare - Net Inpatient Revenue	1,411,386	46
47	Other-(specify) <u>Hospice</u>	667,385	47
48	Other-(specify) <u>Managed Care</u>	(366,108)	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 13,406,026	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 Crestwood
IDPH License ID Number: 0051805
Fiscal Year End: 12/31/2020

Schedule 19A

XVII. Income Statement

Line 28 Other Revenue (specify):

Description	Amount
Preferred Insurance Provider Incentive - Revenue-	402,138
Transportation - Other Revenue-Other	158
Miscellaneous Revenue	11,899
Total - Line 28	<u>414,195</u>

Facility Name & ID Number Symphony of Crestwood

0051805

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	1,904	2,056	\$ 128,798	\$ 62.64	1
2	Assistant Director of Nursing	1,795	1,949	95,885	49.20	2
3	Registered Nurses	19,660	21,919	637,968	29.11	3
4	Licensed Practical Nurses	63,982	76,170	2,465,259	32.37	4
5	CNAs & Orderlies	91,781	103,468	1,891,281	18.28	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,856	2,048	39,561	19.32	9
10	Activity Assistants	12,883	14,317	227,916	15.92	10
11	Social Service Workers	3,687	4,192	94,711	22.59	11
12	Dietician					12
13	Food Service Supervisor	3,736	4,264	124,501	29.20	13
14	Head Cook					14
15	Cook Helpers/Assistants	5,476	6,111	101,026	16.53	15
16	Dishwashers	16,632	18,689	257,686	13.79	16
17	Maintenance Workers	3,973	4,251	112,268	26.41	17
18	Housekeepers	2,093	2,198	41,576	18.91	18
19	Laundry					19
20	Administrator	2,144	2,353	201,696	85.72	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager	1,816	2,080	52,472	25.23	23
24	Clerical	12,717	13,306	204,087	15.34	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	5,657	6,467	129,742	20.06	31
32	Other Health C: SCH 20A	6,891	7,755	252,779	32.60	32
33	Other(specify) Admissions	8,455	8,664	233,340	26.93	33
34	TOTAL (lines 1 - 33)	267,137	302,257	\$ 7,292,552 *	\$ 24.13	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	\$ 29,417	1(3) 35
36	Medical Director	Monthly	30,000	9(3) 36
37	Medical Records Consultant			37
38	Nurse Consultant	Monthly	205	10(7) 38
39	Pharmacist Consultant	Monthly	22,589	10(3) 39
40	Physical Therapy Consultant			40
41	Occupational Therapy Consultant			41
42	Respiratory Therapy Consultant	Monthly	3,885	39(3) 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)		\$ 86,096	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 of Crestwood
IDPH License ID Number: 0051805
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	5,131	5,810	191,856	\$ 33.02
Human Resource Director	1,760	1,945	60,922	\$ 31.32
Total - Line 32 Other Health Care (specify):	6,891	7,755	252,779	

Facility Name & ID Number **Symphony of Crestwood**

0051805

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

Ending: **12/31/2020**

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	
Matthew Gidley	Administrator	0	\$ 148,889	Workers' Compensation Insurance	\$ 165,554	IDPH License Fee	\$ 1,990	
Frank Bensema	Administrator	0	28,123	Unemployment Compensation Insurance	8,047	Advertising: Employee Recruitment	4,447	
Maestro Allocated salaries	Administrator	0	24,683	FICA Taxes	519,295	Health Care Worker Background Check (Indicate # of checks performed <u>159</u>)	1,910	
				Employee Health Insurance	423,419	Patient Background Checks <u>152</u>	1,820	
				Employee Meals		Miscellaneous Licenses & Fees	7,861	
				Illinois Municipal Retirement Fund (IMRF)*		Health Care Council of IL	47,207	
				Employee Benefits - Other	10,005	Miscellaneous Dues & Subscriptions	3,766	
				Employees' Physical Exams	2,735	Lobbying Expense	(23,604)	
				401K	20,560	Allocated from Mgmt. Co.	9,810	
						Less: Public Relations Expense	()	
						Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 201,696	TOTAL (agree to Schedule V, line 22, col.8)		TOTAL (agree to Sch. V, line 20, col. 8)		
				\$ 1,149,615		\$ 55,207		
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount
Management Fees (Eliminated in Col. 7)			\$ 792,789	N/A		\$	Out-of-State Travel	\$
							In-State Travel	
							Seminar Expense	7,661
							Allocated from Mgmt. Co.	538
							Entertainment Expense	()
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 792,789	TOTAL		\$	TOTAL (agree to Sch. V, line 24, col. 8)	
							\$ 8,199	
C. Professional Services								
Vendor/Payee	Type		Amount					
See Schedule 21C	Various		\$ 469,831					
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 469,831					

* Attach copy of IMRF notifications

**See instructions.

Facility Name: Symphony of Crestwood
 IDPH License ID Number: 0051805
 Fiscal Year End: 12/31/2020

Schedule 21C

XIX. SUPPORT SCHEDULES
C. Professional Services

Vendor	Type	Amount
ABILITY CHOICE	Secure Exchange Managed Services	(131)
Allscripts LLC	Referral System	5,545
Alteryx, Inc.	Data Analytics	4,395
applioi-applicant tracing system	applioi-applicant tracking system	76
CATS- APPLICANT TRACKING SYSTEM	Applicant Tracking System	404
CDW	IT Support	2,413
Comcast Cable	Internet and cable	25,402
Creative Technology Solutions	IT Support	3,367
Darktrace Limited	Cyber Security	3,425
Data Robot-Cloud Professional	Data Storage	3,353
EMMI Solutions	Data Analytics	(502)
Enquire Solutions LLC	Marketing solution	1,592
ENTERPRISE IMMUNE SYSTEM	Immune System tracker	296
enVista, LLC	IT Support	1,156
FORMATION HEALTHCARE	Monthly Subscription Fee	1,630
Health Data Systems Inc	Programming	3,057
Intellcomp Technologies Inc.	IT Support	23,751
IntelliLogix	IT Support	693
KRONOS SUPPORT SERVICES	Payroll service	8,224
Managed Care Group LLC	IT Support	7,080
Mercai LLC	Software license	5,639
Microsoft Corp	Computer service	8,568
Navigator Group Purchasing, In	Data Analytics	435
Nexuscomm, LLC	Phone/fax service	4,300
NICL Laboratories	Lab services	200
Pay access	Payroll	217
PatientPing, Inc.	Care Collaboration	7,097
PointClickCare Technologies Inc.	Cloud based software and services	73,887
PRIME CARE TECHNOLOGIES	PBJ Reporting Module Access Fee	2,520
Reputation.com, Inc.	Online Reputation Management	1,421
Reside Admissions LLC	Admission Process Consulting	4,624
Scott Norton	HR Services	215
Sprout Social Inc.	Social Media Management	3,404
Striv Technologies LLC dba Striv360	IT Support	2,400
Team TSI Corporation	Collection	6,965
Telemedicine Solutions, LLC	Wound Rounds Care	24,773
Third Eye Health Inc.	Data Analytics	6,324
Wencel	Branding	9,107
RSM and Marcum		41,077
Hipp Law	Collection	497
Jean Adams	Guardianship	1,472
Law Offices of Mary J. Raleigh	Guardianship	1,980
MKB	Legal Counsel	89,147
Stone, Pogrud & Korey LLC	Collection, guardianship etc	37,245
Achieve Accreditation	Accreditation	9,023
Advanced Care Medical Speciali		1,173
ADP, LLC	Payroll service	2,349
Corporation Service Company	Annual Filing	866
Language Line Services	Language lesson	475
MTS Consulting, LLC	Consulting	3,892
National Datacare Corporation	trust service charge	7,539
Personnel Planners, Inc	Qtrly Unemployment Claims	2,646
SB2	Legal Fees -appeal Medicaid/Medicare cl	7,572
Transworld Systems Inc	Collection	5,555

Total (agree to Schedule V, line 19, column 3) 469,831

Allocated from Management Company Legal Fees	
Allocated from Management Company Professional Services	53,539
Less: Non-Allowable Legal Fees	(48,766)
Less: Non-Allowable Branding	(10,699)
Less: Non-Allowable Collection	(12,521)
Total (agree to Schedule V, line 19, column 8)	<u>451,385</u>

Facility Name & ID Number Symphony of Crestwood# 0051805

Report Period Beginning:

1/1/2020

Ending:

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

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. Health Care Council of Illinois - \$47,207
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 5 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(2)
- (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. \$ 537,615
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? N/A 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? 5
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? No
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
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.