

		FOR BHF USE					

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

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

<p>I. IDPH License ID Number: <u>0053736</u></p> <p>Facility Name: <u>Symphony of Hanover Park</u></p> <p>Address: <u>2000 West Lake St</u> <u>Hanover Park</u> <u>60133</u> Number City Zip Code</p> <p>County: <u>Cook</u></p> <p>Telephone Number: <u>(630) 556-2000</u> Fax # <u>(630) 823-5454</u></p> <p>HFS ID Number: _____</p> <p>Date of Initial License for Current Owners: <u>5/1/2016</u></p> <p>Type of Ownership:</p> <table style="width:100%"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input checked="" type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td>IRS Exemption Code _____</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> "Sub-S" Corp.</td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> Limited Liability Co.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>Amanda Springborn</u> Telephone Number: <u>(314) 925-3838</u> Email Address: _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	IRS Exemption Code _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input type="checkbox"/> "Sub-S" Corp.			<input checked="" type="checkbox"/> Limited Liability Co.			<input type="checkbox"/> Trust			<input type="checkbox"/> Other _____		<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1/1/2020</u> to <u>12/31/2020</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table style="width:100%"> <tr> <td style="width:20%;">Officer or Administrator of Provider</td> <td>(Signed) _____ (Type or Print Name) _____ (Title) _____</td> </tr> <tr> <td>Paid Preparer</td> <td>(Signed) _____ (Date) _____ (Print Name and Title) _____ (Firm Name & Address) <u>RSM US LLP</u> <u>20 N. Martingale Road, Ste. 500 Schaumburg, IL 60173</u> (Telephone) <u>(847) 517-7070</u> Fax # (847)517-7067</td> </tr> </table> <p align="center"> MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630 </p>	Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) _____ (Title) _____	Paid Preparer	(Signed) _____ (Date) _____ (Print Name and Title) _____ (Firm Name & Address) <u>RSM US LLP</u> <u>20 N. Martingale Road, Ste. 500 Schaumburg, IL 60173</u> (Telephone) <u>(847) 517-7070</u> Fax # (847)517-7067
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																											
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Facility Name & ID Number Symphony of Hanover Park

0053736 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	150	Skilled (SNF)	150	54,900	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	150	TOTALS	150	54,900	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
		3 Medicaid Recipient	Private Pay	4 Other	Total	
8	SNF	7,640	2,191	21,469	31,300	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	7,640	2,191	21,469	31,300	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 57.01%

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

None (Do not include bed reserve days in Section B.)

E. List all services provided by your facility for non-patients.

(E.g., day care, "meals on wheels", outpatient therapy)

None

F. Does the facility maintain a daily midnight census?

Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?

YES NO

Note : Non-allowable costs have been eliminated in Schedule V, Column 7.

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES NO

I. On what date did you start providing long term care at this location?

Date started 05/01/2016

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

YES Date 05/01/2016 NO

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

YES NO If YES, enter number of beds certified 150 and days of care provided 11,680

Medicare Intermediary

National Government Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

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

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

Facility Name & ID Number Symphony of Hanover Park # 0053736 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	412,854	34,225	29,686	476,765		476,765	677	477,442		1
2	Food Purchase		216,264		216,264		216,264	(5,525)	210,739		2
3	Housekeeping	238,000	54,240	-	292,240		292,240		292,240		3
4	Laundry	64,398	30,768	1,680	96,846		96,846		96,846		4
5	Heat and Other Utilities			248,886	248,886		248,886	1,259	250,145		5
6	Maintenance	102,832	-	127,700	230,532		230,532	2,422	232,954		6
7	Other (specify):* Mgmt. Co. Benefit Al	-	-	-				180	180		7
8	TOTAL General Services	818,084	335,497	407,952	1,561,533		1,561,533	(987)	1,560,546		8
	B. Health Care and Programs										
9	Medical Director	-	-	48,132	48,132		48,132		48,132		9
10	Nursing and Medical Records	3,729,573	219,666	277,947	4,227,186		4,227,186	84,498	4,311,684		10
10a	Therapy	-	-	-							10a
11	Activities	97,378	-	-	97,378		97,378		97,378		11
12	Social Services	99,585	-	-	99,585		99,585		99,585		12
13	CNA Training	-	-	-							13
14	Program Transportation	-	-	-							14
15	Other (specify):* Mgmt. Co. Benefit Al	-	-	-				30,342	30,342		15
16	TOTAL Health Care and Programs	3,926,536	219,666	326,079	4,472,281		4,472,281	114,840	4,587,121		16
	C. General Administration										
17	Administrative	137,767	-	666,492	804,259		804,259	(666,492)	137,767		17
18	Directors Fees			-							18
19	Professional Services			376,598	376,598		376,598	11,570	388,168		19
20	Dues, Fees, Subscriptions & Promotions			53,425	53,425		53,425	(6,853)	46,572		20
21	Clerical & General Office Expenses	270,250	15,342	41,539	327,131		327,131	97,316	424,447		21
22	Employee Benefits & Payroll Taxes			756,973	756,973		756,973		756,973		22
23	Inservice Training & Education			-							23
24	Travel and Seminar			3,822	3,822		3,822	266	4,088		24
25	Other Admin. Staff Transportation		-	576	576		576	4,854	5,430		25
26	Insurance-Prop.Liab.Malpractice			472,487	472,487		472,487	900	473,387		26
27	Other (specify):* Mgmt. Co. Benefit Alloc.			-				21,147	21,147		27
28	TOTAL General Administration	408,017	15,342	2,371,912	2,795,271		2,795,271	(537,292)	2,257,979		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,152,637	570,505	3,105,943	8,829,085		8,829,085	(423,439)	8,405,646		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			68,303	68,303		68,303	141,895	210,198			30
31	Amortization of Pre-Op. & Org.			-								31
32	Interest			22,121	22,121		22,121	(3,440)	18,681			32
33	Real Estate Taxes			410,222	410,222		410,222	13,863	424,085			33
34	Rent-Facility & Grounds			3,152,397	3,152,397		3,152,397	2,260	3,154,657			34
35	Rent-Equipment & Vehicles			104,387	104,387		104,387	2,903	107,290			35
36	Other (specify):*			-								36
37	TOTAL Ownership			3,757,430	3,757,430		3,757,430	157,481	3,914,911			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation	-	-	32,161	32,161		32,161		32,161			38
39	Ancillary Service Centers	-	484,659	1,578,763	2,063,422		2,063,422	(5,870)	2,057,552			39
40	Barber and Beauty Shops	-	-	-								40
41	Coffee and Gift Shops	-	-	-								41
42	Provider Participation Fee			201,443	201,443		201,443		201,443			42
43	Other (specify):* Non-Allowable Co	124,868	-	364,552	489,420		489,420	(489,420)				43
44	TOTAL Special Cost Centers	124,868	484,659	2,176,919	2,786,446		2,786,446	(495,290)	2,291,156			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,277,505	1,055,164	9,040,292	15,372,961		15,372,961	(761,248)	14,611,713			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 Hanover Park

0053736

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	(5,525)	3		4
5	Telephone, TV & Radio in Resident Rooms	(10,124)	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	123,527	30		9
10	Interest and Other Investment Income	(3,465)	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	(76,462)	43		18
19	Entertainment				19
20	Contributions	(4,500)	43		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(43,182)	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	(383,368)	Var.		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (403,099)		\$	30

BHF USE ONLY							
48		49		50		51	

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)	(358,149)	34
35	Other- Attach Schedule		35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (358,149)	36
	(sum of SUBTOTALS		
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (761,248)	37

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

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

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

Symphony of Hanover Park

ID# 0053736

Report Period Beginning: 1/1/2020

Ending: 12/31/2020

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Nonallowable marketing events	\$ (68,349)	43	1
2	Laboratory Costs	(104,710)	43	2
3	X-Ray Costs	(110,881)	43	3
4	Lobbying Expense	(11,710)	20	4
5	Admissions	(64,620)	43	5
6	Nonallowable Legal	(4,462)	19	6
7	Other Income	(12,130)	21	7
8	Theft and Damage Loss	(5,686)	43	8
9	Real Estate Taxes	10,558	33	9
10	Non Allowable Branding Mktg	(5,842)	19	10
11	Community & Guest Relations	(906)	43	11
12	Non Allowable Marketing	(3,842)	19	12
13	Non Allowable Marketing	(788)	19	13
14				14
15				15
16				16
17				17
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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	(383,368)		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-Supplemen		

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

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

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

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	1 Dietary	\$	MAESTRO CONSULTING SERVICES LLC	100%	\$ 677	\$ 677	15
16	V	5 Utilities		MAESTRO CONSULTING SERVICES LLC	100%	1,259	1,259	16
17	V	6 Maintenance Salaries		MAESTRO CONSULTING SERVICES LLC	100%	0		17
18	V	6 Maintenance Expenses		MAESTRO CONSULTING SERVICES LLC	100%	2,422	2,422	18
19	V	7 Employee Benefits - Maintenance		MAESTRO CONSULTING SERVICES LLC	100%	180	180	19
20	V	10 Clinical Salaries		MAESTRO CONSULTING SERVICES LLC	100%	105,482	105,482	20
21	V	10 Contract Nursing		MAESTRO CONSULTING SERVICES LLC	100%	101	101	21
22	V	15 Employee Benefits - Clinical		MAESTRO CONSULTING SERVICES LLC	100%	30,342	30,342	22
23	V	17 Administrative - Other	666,492	MAESTRO CONSULTING SERVICES LLC	100%	0	(666,492)	23
24	V	19 Professional Fees		MAESTRO CONSULTING SERVICES LLC	100%	26,504	26,504	24
25	V	20 Dues, Fees, Subscriptions		MAESTRO CONSULTING SERVICES LLC	100%	4,857	4,857	25
26	V	21 Clerical & General Salaries		MAESTRO CONSULTING SERVICES LLC	100%	73,517	73,517	26
27	V	21 Clerical & General Expenses		MAESTRO CONSULTING SERVICES LLC	100%	35,929	35,929	27
28	V	24 Seminars and Education		MAESTRO CONSULTING SERVICES LLC	100%	266	266	28
29	V	25 Transportation		MAESTRO CONSULTING SERVICES LLC	100%	4,854	4,854	29
30	V	26 Insurance		MAESTRO CONSULTING SERVICES LLC	100%	900	900	30
31	V	27 Employee Benefits - Administrative		MAESTRO CONSULTING SERVICES LLC	100%	21,147	21,147	31
32	V	30 Depreciation		MAESTRO CONSULTING SERVICES LLC	100%	18,368	18,368	32
33	V	32 Interest Expense		MAESTRO CONSULTING SERVICES LLC	100%	25	25	33
34	V	33 Real Estate Tax		MAESTRO CONSULTING SERVICES LLC	100%	3,305	3,305	34
35	V	34 Building Rental		MAESTRO CONSULTING SERVICES LLC	100%	2,260	2,260	35
36	V	35 Equipment Rental		MAESTRO CONSULTING SERVICES LLC	100%	6,512	6,512	36
37	V	35 Auto Lease		MAESTRO CONSULTING SERVICES LLC	100%	3,746	3,746	37
38	V							38
39	Total		\$ 666,492			\$ 342,653	\$ * (323,839)	39

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

VII. RELATED PARTIES (continued)

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	10	DME & Medical Supplies	\$ 11,949	Intergra Healthcare Equipment, LLC	19%	\$ 10,157	\$ (1,792)	15
16	V	35	Equipment Rental	49,031	Intergra Healthcare Equipment, LLC	19%	41,676	(7,355)	16
17	V	39	Oxygen Supplies	22,170	Intergra Healthcare Equipment, LLC	19%	18,845	(3,325)	17
18	V	39	Respiratory Consultant	16,965	Intergra Healthcare Equipment, LLC	19%	14,420	(2,545)	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			\$ 100,115			\$ 85,098	\$ * (15,017)	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	\$ 107,517	Maple Leaf Insurance	100%	\$ 107,517		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			\$ 107,517			\$ 107,517	\$ * 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	\$ 128,620	Concerto Dialysis LLC	20%	\$ 109,327	\$ (19,293)	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			\$ 128,620			\$ 109,327	\$ * (19,293)	39

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

Facility Name & ID Number

Symphony of Hanover Park

0053736

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	SYMCARE HEALTHCARE LLC	0.9999	SYMPHONY OF CALIFORNIA GARDENS	CHICAGO	MAESTRO CONSUL	LINCOLNWOOD	MANAGEMENT	1
2	SYMCARE HMG LLC	0.0001	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 RESPIRA	ELMHURST	RESPIRATORY SH	5
6			SYMPHONY AT 87TH STREET	CHICAGO	LIFELINE AMBULA	CHICAGO	AMBULANCE	6
7			SYMPHONY AT MIDWAY	CHICAGO	CONCIERTO DIALY	LINCOLNWOOD	DIALYSIS	7
8			SYMPHONY AT THE TILLERS	OSWEGO				8
9			SYMPHONY OF BRONZEVILLE	CHICAGO				9
10			SYMPHONY OF BUFFALO GROVE	BUFFALO GROVE				10
11			SYMPHONY OF CHESTERTON	CHESTERTON, IN				11
12			SYMPHONY OF CHICAGO WEST	CHICAGO				12
13			SYMPHONY OF CRESTWOOD	CRESTWOOD				13
14			SYMPHONY OF CROWN POINT	CROWN POINT, IN				14
15			SYMPHONY OF DYER	DYER, IN				15
16			SYMPHONY OF EVANSTON	EVANSTON				16
17			SYMPHONY OF GLENDALE	GLENDALE, WI				17
18			SYMPHONY OF HANOVER PARK	HANOVER PARK				18
19			SYMPHONY OF JOLIET	JOLIET				19
20			SYMPHONY OF LINCOLN PARK	CHICAGO				20
21			SYMPHONY OF MORGAN PARK	CHICAGO				21
22			SYMPHONY OF ORCHARD VALLEY	AURORA				22
23			SYMPHONY RESIDENCES OF LINCOLN PA	CHICAGO				23
24			WOODCARE V INC	BRIGHTON, MI				24
25			CLIFFSIDE COMPANY LLC	ST. JOSEPH, MI				25
26			SYMPHONY APPLEWOOD	WOODHAVEN, MI				26
27			SYMPHONY LINDEN	LINDEN, MI				27
28			SYMPHONY TRI-CITIES	BAY CITY, MI				28
29								29
30								30

Facility Name & ID Number

Symphony of Hanover Park

0053736

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 Hanover Park

0053736

Report Period Beginning:

1/1/2020

Ending: 2/31/2020

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

1	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 Hanover Park

0053736

Report Period Beginning:

1/1/2020

Ending: 2/31/2020

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	1	DIETARY	Bed Days Available	1,642,974	27	\$ 20,270	\$ 19,367	54,900	\$ 677	1
2	5	Utilities	Bed Days Available	1,642,974	27	37,663		54,900	1,259	2
3	6	Maintenance Salaries	Bed Days Available	1,642,974	27			54,900		3
4	6	Maintenance Expenses	Bed Days Available	1,642,974	27	72,471		54,900	2,422	4
5	7	Employee Benefits - Maintenance	Bed Days Available	1,642,974	27	5,383		54,900	180	5
6	10	Clinical Salaries	Bed Days Available	1,642,974	27	3,156,734	3,156,734	54,900	105,482	6
7	10	Contract Nursing	Bed Days Available	1,642,974	27	3,034		54,900	101	7
8	15	Employee Benefits - Clinical	Bed Days Available	1,642,974	27	908,028		54,900	30,342	8
9	17	Administrative - Other	Bed Days Available	1,642,974	27			54,900		9
10	19	Professional Fees	Bed Days Available	1,642,974	27	793,188		54,900	26,504	10
11	20	Dues, Fees, Subscriptions, Etc.	Bed Days Available	1,642,974	27	145,343		54,900	4,857	11
12	21	Clerical & General Salaries	Bed Days Available	1,642,974	27	2,200,120	2,200,120	54,900	73,517	12
13	21	Clerical & General Expenses	Bed Days Available	1,642,974	27	1,075,235		54,900	35,929	13
14	24	Seminars and Education	Bed Days Available	1,642,974	27	7,970		54,900	266	14
15	25	Transportation	Bed Days Available	1,642,974	27	145,272		54,900	4,854	15
16	26	Insurance	Bed Days Available	1,642,974	27	26,926		54,900	900	16
17	27	Employee Benefits - Administrati	Bed Days Available	1,642,974	27	632,860		54,900	21,147	17
18	30	Depreciation	Bed Days Available	1,642,974	27	549,679		54,900	18,368	18
19	32	Interest Expense	Bed Days Available	1,642,974	27	738		54,900	25	19
20	33	Real Estate Tax	Bed Days Available	1,642,974	27	98,893		54,900	3,305	20
21	34	Building Rental	Bed Days Available	1,642,974	27	67,631		54,900	2,260	21
22	35	Equipment Rental	Bed Days Available	1,642,974	27	194,869		54,900	6,512	22
23	35	Auto Lease	Bed Days Available	1,642,974	27	112,113		54,900	3,746	23
24										24
25	TOTALS					\$ 10,254,420	\$ 5,376,221		\$ 342,653	25

Facility Name & ID Number Symphony of Hanover Park

0053736

Report Period Beginning:

1/1/2020

Ending: 2/31/2020

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization Integra Healthcare Equipment, LLC
 Street Address 747 Church Road
 City / State / Zip Code Elmhurst, IL 60126
 Phone Number (630) 834-3700
 Fax Number (630) 834-1500

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	10	DME & Medical Supplies	Direct Allocation		\$	\$		\$ 10,157	1
2	35	Equipment Rental	Direct Allocation					41,676	2
3	39	Oxygen Supplies	Direct Allocation					18,845	3
4	39	Respiratory Consultant	Direct Allocation					14,420	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				\$	\$		\$ 85,098	25

Facility Name & ID Number Symphony of Hanover Park

0053736

Report Period Beginning:

1/1/2020

Ending: 2/31/2020

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization Maple Leaf Insurance
 Street Address PO Box 69, 720 West Bay Rd
 City / State / Zip Code Grand Cayman, KY1-1102
 Phone Number (
 Fax Number (

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	22	Workers Compensation	Direct		\$	\$		\$ 107,517	1
2	26	Liability Insurance	Direct						2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$ 107,517	25

Facility Name & ID Number Symphony of Hanover Park

0053736

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 Concerto Dialysis LLC
 Street Address 4600 W Touhy Avenue, 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 Allocation		\$	\$		\$ 109,327	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				\$	\$		\$ 109,327	25

Facility Name & ID Number Symphony of Hanover Park # 0053736 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	\$ 1,617	1								
2	LifeMed	X		Pharmacy Services	38,731	1/1/18	6,197,033	9,710	01/01/2024	0.075	824	2								
3	Select Rehab		X	Operational	159,503	12/31/2018	12,216,125	772,167	12/31/2023	0.002	17,892	3								
4	Integra	X		Medical Supplies/rental	50,680	07/1/19	1,162,530	8,694	6/30/2021	0.0438	783	4								
5												5								
Working Capital																				
6	State of Illinois		X	Advance Payment		5/1/2019	-	-	8/1/2021			6								
7	National Government Services		X	Medicare AAP	\$93,898.29	4/7/2020	2,253,559	2,253,559	4/7/2023			7								
8	CIBC Bank USA		X	Payroll & Other Exp.	\$41,359.38	6/23/2020	992,625	992,625	6/23/2022	0.0100		8								
9	TOTAL Facility Related				\$451,615.74		\$ 24,992,209	\$ 4,036,754			\$ 21,116	9								
B. Non-Facility Related*																				
10	Cyber Ins										85	10								
11	Worthy Ins										921	11								
12								Interest Income offset			(3,465)	12								
13								Maestro Allocation			25	13								
14	TOTAL Non-Facility Related						\$	\$			\$ (2,434)	14								
15	TOTALS (line 9+line14)						\$ 24,992,209	\$ 4,036,754			\$ 18,681	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ N/A Line # N/A

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

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

B. Real Estate Taxes

Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.

1. Real Estate Tax accrual used on 2019 report.		\$	1,117,431	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	\$	611,529	2
3. Under or (over) accrual (line 2 minus line 1).		\$	(505,902)	3
4. Real Estate Tax accrual used for 2020 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	926,682	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.		3,305	
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.		\$	424,085	7
Real Estate Tax History:				
Real Estate Tax Bill for Calendar Year:	2015	964,376	8	
	2016	1,037,441	9	
	2017	1,101,110	10	
	2018	1,111,871	11	
	2019	752,538	12	
Accrual Calculation :				
Real estate taxes paid (\$752,538 X 1.0440%) + second payment \$141,009 = \$926,682				
FOR BHF USE ONLY				
	13	FROM R. E. TAX STATEMENT FOR 2019	\$	13
	14	PLUS APPEAL COST FROM LINE 5	\$	14
	15	LESS REFUND FROM LINE 6	\$	15
	16	AMOUNT TO USE FOR RATE CALCULATION	\$	16

NOTES:

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

2019 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Symphony Of Hanover Park COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0053736

CONTACT PERSON REGARDING THIS REPORT Ari Krupp

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

A. Summary of Real Estate Tax Cost

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

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>06-36-407-021-0000</u>	<u>Land and Property</u>	\$ <u>743,312.15</u>	\$ <u>743,312.15</u>
2. <u>06-36-309-033-0000</u>	<u>Land and Property</u>	\$ <u>9,225.75</u>	\$ <u>9,225.75</u>
3. <u>10-27-319-028-0000</u>	<u>Home Office Allocation</u>	\$ <u>85,535.22</u>	\$ <u>3,305.00</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	TOTALS	\$ <u><u>838,073.12</u></u>	\$ <u><u>755,842.90</u></u>

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

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

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

Facility Name & ID Number Symphony of Hanover Park

0053736 Report Period Beginning:

1/1/2020 Ending:

12/31/2020

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 74,800 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 2

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

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

XI. OWNERSHIP COSTS:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Allocated from Maestro 7257 Lincoln</u>		<u>2011</u>	<u>\$ 5,346</u>	1
2					2
3	TOTALS			\$ 5,346	3

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4				\$	\$		\$	\$	\$
5									
6									
7									
8									
	Improvement Type**								
9	Various		2011	31,067		20	1,553	1,553	14,757
10	Various		2012	3,537		20	177	177	1,503
11	Various		2013	9,588		20	479	479	3,596
12	Parts, Materials To Repair Generator - Entire Facility Csp		2014	26,993		20	1,350	1,350	8,775
13	Paint 2Nd Flr Hall, Dining, 8 Rms; 3Rd Flr Dining; 1St Conf, Hall, Dini		2014	4,476		20	224	224	1,493
14	Custom Build 4 New Counter Tops, 12 New Footboards For Patients		2015	2,820		20	141	141	799
15	Telephone System Installation		2017	48,456		20	2,423	2,423	9,233
16	Electrical Wiring		2018	3,935	297	20	297		891
17	Building renovation		2018	40,000	2,000	20	2,000		4,261
18	PT Room-build out new PT room 3rd floor, additional electrical outlets		2019	15,450	773	20	773		1,856
19	Electrical panel main-install new conduit line from dialysis, new wiring		2019	3,550	178	20	178		427
20	HVAC electrical work-2nd and 3rd floor P-TAC Receptacle revisions		2019	3,936	197	20	197		198
21	Water heater replace		2019	4,402	220	20	220		222
22	Generator ATS-replace test switch, update control panel		2019	4,288	214	20	214		215
23	Hot water system replacement		2020	94,425	751	11	751		751
24	Chiller repair-compressor		2020	9,862	239	7	239		239
25	Boiler Controller replacement		2020	3,203	40	7	40		40
26									
27	Adjust depr to financial statements				4,737			(4,737)	
28									
29									
30									
31									
32									
33									
34									
35									
36									

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

See Page 12A, Line 70 for total

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

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			\$	\$		\$	\$	\$	37
38	Buildings:								38
39	<u>Allocated from Maestro 7257 N. Lincoln Ave</u>	<u>2004</u>	<u>48,118</u>		<u>35</u>	<u>1,375</u>	<u>1,375</u>	<u>23,543</u>	39
40									40
41									41
42									42
43									43
44	Leasehold Improvements:								44
45	<u>Allocated from Maestro 7257 N. Lincoln Ave</u>	<u>2015</u>	<u>758</u>		<u>20</u>	<u>51</u>	<u>51</u>	<u>270</u>	45
46	<u>Allocated from Maestro 7257 N. Lincoln Ave</u>	<u>2005</u>	<u>4,386</u>		<u>20</u>	<u>157</u>	<u>157</u>	<u>3,688</u>	46
47	<u>Allocated from Maestro 7257 N. Lincoln Ave</u>	<u>2004</u>	<u>956</u>		<u>20</u>	<u>48</u>	<u>48</u>	<u>789</u>	47
48									48
49	<u>Allocated from Maestro Consulting Services</u>	<u>2003</u>	<u>391</u>		<u>20</u>	<u>20</u>	<u>20</u>	<u>335</u>	49
50	<u>Allocated from Maestro Consulting Services</u>	<u>2004</u>	<u>7,946</u>		<u>20</u>	<u>396</u>	<u>396</u>	<u>6,642</u>	50
51	<u>Allocated from Maestro Consulting Services</u>	<u>2005</u>	<u>471</u>		<u>20</u>	<u>24</u>	<u>24</u>	<u>374</u>	51
52	<u>Allocated from Maestro Consulting Services</u>	<u>2006</u>	<u>639</u>		<u>20</u>	<u>32</u>	<u>32</u>	<u>459</u>	52
53	<u>Allocated from Maestro Consulting Services</u>	<u>2008</u>	<u>673</u>		<u>20</u>	<u>34</u>	<u>34</u>	<u>413</u>	53
54	<u>Allocated from Maestro Consulting Services</u>	<u>2009</u>	<u>10,841</u>		<u>20</u>	<u>542</u>	<u>542</u>	<u>6,293</u>	54
55	<u>Allocated from Maestro Consulting Services</u>	<u>2010</u>	<u>1,666</u>		<u>20</u>	<u>83</u>	<u>83</u>	<u>875</u>	55
56	<u>Allocated from Maestro Consulting Services</u>	<u>2011</u>	<u>90</u>		<u>20</u>	<u>5</u>	<u>5</u>	<u>45</u>	56
57	<u>Allocated from Maestro Consulting Services</u>	<u>2012</u>	<u>100</u>		<u>20</u>	<u>5</u>	<u>5</u>	<u>44</u>	57
58	<u>Allocated from Maestro Consulting Services</u>	<u>2014</u>	<u>1,253</u>		<u>20</u>	<u>63</u>	<u>63</u>	<u>414</u>	58
59	<u>Allocated from Maestro Consulting Services</u>	<u>2015</u>	<u>352</u>		<u>20</u>	<u>18</u>	<u>18</u>	<u>94</u>	59
60	<u>Allocated from Maestro Consulting Services</u>	<u>2016</u>	<u>1,544</u>		<u>20</u>	<u>77</u>	<u>77</u>	<u>523</u>	60
61	<u>Allocated from Maestro Consulting Services</u>	<u>2017</u>	<u>206</u>		<u>20</u>	<u>10</u>	<u>10</u>	<u>41</u>	61
62	<u>Allocated from Maestro Consulting Services</u>	<u>2020</u>	<u>334</u>		<u>20</u>	<u>8</u>	<u>8</u>	<u>8</u>	62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 390,712	\$ 9,645		\$ 14,203	\$ 4,558	\$ 94,104	70

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

Facility Name & ID Number Symphony of Hanover Park

0053736

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		\$ 390,712	\$ 9,645		\$ 14,203	\$ 4,558	\$ 94,104	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									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 390,712	\$ 9,645		\$ 14,203	\$ 4,558	\$ 94,104	34

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

Facility Name & ID Number Symphony of Hanover Park

0053736

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	\$ 1,597,030	\$ 52,712	\$ 174,629	\$ 121,917	5-10	\$ 1,394,871	71
72	Current Year Purchases	47,856	5,946	5,946		5-10	5,946	72
73	Fully Depreciated Assets	412,963					412,963	73
74	Allocated from Maestro	140,716		15,420	15,420		67,572	74
75	TOTALS	\$ 2,198,565	\$ 58,658	\$ 195,995	\$ 137,337		\$ 1,881,352	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				\$ -	\$ -	\$ -			\$ -	76
77		Allocated from Maestro		296	-	-			296	77
78					-	-				78
79					-	-				79
80	TOTALS			\$ 296	\$ -	\$ -			\$ 296	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)	\$ 2,594,918	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 68,303	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 210,198	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 141,895	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 1,975,753	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	\$ 13,780	92
93			93
94			94
95		\$ 13,780	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 Hanover Park

0053736

Report Period Beginning: 1/1/2020

Ending: 12/31/2020

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Invesque

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

If NO, see instructions.

YES NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:		<u>150</u>		\$ <u>3,152,397</u>	<u>15</u>	<u>15</u>	3
4	Additions							4
5	<u>Allocated from Maestro Consulting Services</u>				<u>2,260</u>			5
6								6
7	TOTAL		150		\$ 3,154,657			7

10. Effective dates of current rental agreement:

Beginning 11/1/2015

Ending 10/31/2030

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

Fiscal Year Ending Annual Rent

12.	<u>12/31/2021</u>	\$ <u>2,705,179</u>
13.	<u>12/31/2022</u>	\$ <u>2,766,046</u>
14.	<u>12/31/2023</u>	\$ <u>2,828,282</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: _____*

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: \$ 103,544 Description: See Attached Schedule 14A

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>Allocated from Maestro</u>		\$ _____	\$ <u>3,746</u>	17
18					18
19					19
20					20
21	TOTAL		\$ _____	\$ 3,746	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 Hanover Park
IDPH License ID Number: 0053736
Fiscal Year End: 12/31/2020

Schedule 14A

XIV. Rental Costs

Line 16 Rental Amount for Moveable Equipment

Rental Description	Amount
Medical Equipment	49,186
Nursing Equipment	23,855
Building Equipment	5,162
Office Equipmpent	26,184
Maestro Allocation	6,512
Integra Allocation	(7,355)
Total - Line 16	<u>103,544</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?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>It is the policy of this facility to only hire certified nurses aides. If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	1 Schedule V Line & Column Reference	2		3		4		5		6		7		8	
			Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)							
			Units of Service	Cost	Units	Cost										
1	Licensed Occupational Therapist	39(03)	hrs	\$	8,017	\$ 577,228	\$	8,017	\$ 577,228		8,017	\$ 577,228				1
2	Licensed Speech and Language Development Therapist	39(03)	hrs		2,810	202,298		2,810	202,298							2
3	Licensed Recreational Therapist		hrs													3
4	Licensed Physical Therapist	39(03)	hrs		9,230	664,573		9,230	664,573							4
5	Physician Care		visits													5
6	Dental Care		visits													6
7	Work Related Program		hrs													7
8	Habilitation		hrs													8
9	Pharmacy	39(02)	# of prescripts						477,233						477,233	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs													10
11	Academic Education		hrs													11
12	Other (specify): <u>Oxygen</u>	39(2) (7)							4,101						4,101	12
13	Other (specify): <u>See SCH 16A</u>	39(03)						1,635	117,699				1,635	117,699		13
14	TOTAL			\$	21,692	\$ 1,561,798	\$	21,692	\$ 481,334		21,692	\$ 2,043,132				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 Hanover Park
IDPH Licen: 0053736
Fiscal Year 12/31/2020

Schedule 16A

Other Ancillary Services

Rental Description	Amount
Inhalation Therapy Costs-Medicare A	129
I.V. Therapy Costs-Medicaid	1,790
I.V. Therapy Costs-Medicare A	60,924
I.V. Therapy Costs-Managed Care	45,667
I.V. Therapy Costs-Private	150
Other Ancillary Costs-Medicare A	8,208
Other Ancillary Costs-Managed Care	600
EKG Costs-Medicare A	231
Total - Line 13	<u>117,699</u>

Facility Name & ID Number **Symphony of Hanover Park**

0053736

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

Ending: **12/31/2020**

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of **12/31/2020**

(last day of reporting year)

This report must be completed even if financial statements are attached.

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 2,000	\$ 2,000	1
2	Cash-Patient Deposits	1,048	1,048	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>813,152</u>)	2,136,973	2,136,973	3
4	Supply Inventory (priced at _____)	-	-	4
5	Short-Term Investments	-	-	5
6	Prepaid Insurance	5,129	5,129	6
7	Other Prepaid Expenses	18,576	18,576	7
8	Accounts Receivable (owners or related parties)	-	-	8
9	Other(specify): <u>See Attached Schedule</u>	3,474	3,474	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,167,200	\$ 2,167,200	10
B. Long-Term Assets				
11	Long-Term Notes Receivable	-	-	11
12	Long-Term Investments	-	-	12
13	Land	-	5,346	13
14	Buildings, at Historical Cost	-	48,118	14
15	Leasehold Improvements, at Historical Cost	161,296	342,594	15
16	Equipment, at Historical Cost	356,396	2,198,861	16
17	Accumulated Depreciation (book methods)	(162,862)	(1,975,753)	17
18	Deferred Charges	-	-	18
19	Organization & Pre-Operating Costs	-	-	19
20	Accumulated Amortization - Organization & Pre-Operating Costs	-	-	20
21	Restricted Funds	-	-	21
22	Other Long-Term Assets (specify: _____)	-	-	22
23	Other(specify): <u>See Attached Schedule</u>	15,633	15,633	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 370,463	\$ 634,799	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,537,663	\$ 2,801,999	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 719,402	\$ 719,402	26
27	Officer's Accounts Payable	-	-	27
28	Accounts Payable-Patient Deposits	5,530	5,530	28
29	Short-Term Notes Payable	-	-	29
30	Accrued Salaries Payable	324,167	324,167	30
31	Accrued Taxes Payable (excluding real estate taxes)	288,902	288,902	31
32	Accrued Real Estate Taxes(Sch.IX-B)	926,682	926,682	32
33	Accrued Interest Payable	-	-	33
34	Deferred Compensation	-	-	34
35	Federal and State Income Taxes	-	-	35
Other Current Liabilities(specify):				
36	<u>See Attached Schedule</u>	2,167,702	2,167,702	36
37	_____	-	-	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 4,432,385	\$ 4,432,385	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	4,036,754	4,036,754	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)	\$ 4,036,754	\$ 4,036,754	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 8,469,139	\$ 8,469,139	46
47	TOTAL EQUITY(page 18, line 24)	\$ (5,931,476)	\$ (5,667,140)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,537,663	\$ 2,801,999	48

*(See instructions.)

Facility Name: Symphony of Hanover Park
 IDPH License ID Number: 0053736
 Fiscal Year End: 12/31/2020

Schedule 17A

XV. Balance Sheet

Line 9 Current Assets Other (specify):

Description	After	
	Operating	Consolidation
Accounts Receivable - Employee Loans	3,474	3,474
Total - Line 9	3,474	3,474

XV. Balance Sheet

Line 23 Long-Term Assets Other (specify):

Description	After	
	Operating	Consolidation
Clearing Account	(11,150)	(11,150)
Fixed Assets - Construction in Process	13,780	13,780
Other Assets - Security Deposits	-	-
Due To/From - Buffalo Grove LLC	-	-
Due To/From - Deerbrook LLC	4,401	4,401
Due To/From - Evanston Healthcare LLC	1,529	1,529
Due To/From - Tillers	235	235
Due To/From - Symcare Healthcare	-	-
Due To/From - Hanover Park - OLD	6,838	6,838
Total - Line 23	15,633	15,633

XV. Balance Sheet

Line 36 Other Current Liabilities (specify):

Description	After	
	Operating	Consolidation
CSA I/C Related/Party Due To/From Accts	27,451	27,451
Due To/From - Symphony Healthcare	5,305	5,305
Due To/From - Symcare ML	(280,397)	(280,397)
Due To/From - Maestro	72,863	72,863
Due To/From - Nucare Insurance Susp.	581	581
Accrued Payables	37,246	37,246
Accrued Payables - Professional Fees	26,717	26,717
Accrued Payables - Health Insurance	(1,759)	(1,759)
Accrued Payable - Dental Insurance	1,092	1,092
Accrued Payables - Vision Insurance	105	105
Accrued Payables - Life Insurance	23,221	23,221
Accrued Payables - Short Term Disability	(18,470)	(18,470)
Accrued Payables - 401K Deductions	7,835	7,835
Accrued Payables - 401K Loan Repayments	227	227
Accrued Payables - Heart and Soul Foundation	36	36
Accrued Payables - Garnishments	224	224
Employee Purchases	268	268
Fringe Benefits - Flow Through	1,076	1,076
Accrued Payables - WC/GL Insurance	627,967	627,967
Accrued Payables - OIG Audit	15,740	15,740
Accrued Payables - Bed Taxes Add'l	10,464	10,464
Accrued Payables - Management Fees	(50,305)	(50,305)
Accrued Payables - Interest	2,672	2,672
Accrued Payables - Rent	(75,129)	(75,129)
Accrued Payables - Sales Tax	1,661	1,661
Sales Tax Payable - Manual	(1,747)	(1,747)
Deferred Rent	1,546,216	1,546,216
Deferred Income	186,542	186,542
Total - Line 36	2,167,702	2,167,702

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (5,115,947)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (5,115,947)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(815,529)	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)	\$ (815,529)	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)	\$ (5,931,476)	24 *

* This must agree with page 17, line 47.

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

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

1

I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 13,194,499	1
2	Discounts and Allowances for all Levels	(5,100,700)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 8,093,799	3
B. Ancillary Revenue			
4	Day Care	-	4
5	Other Care for Outpatients	-	5
6	Therapy	3,906,561	6
7	Oxygen	23	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 3,906,584	8
C. Other Operating Revenue			
9	Payments for Education	-	9
10	Other Government Grants	1,244,643	10
11	CNA Training Reimbursements	-	11
12	Gift and Coffee Shop	5,525	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	760,538	17
18	Sale of Supplies to Non-Patients	-	18
19	Laboratory	374,560	19
20	Radiology and X-Ray	115,647	20
21	Other Medical Services	62,483	21
22	Laundry	-	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 2,563,396	23
D. Non-Operating Revenue			
24	Contributions	-	24
25	Interest and Other Investment Income***	3,465	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 3,465	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	(9,812)	28
28a		-	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ (9,812)	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 14,557,432	30

2

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,561,533	31
32	Health Care	4,472,281	32
33	General Administration	2,795,271	33
B. Capital Expense			
34	Ownership	3,757,430	34
C. Ancillary Expense			
35	Special Cost Centers	2,585,003	35
36	Provider Participation Fee	201,443	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 15,372,961	40
41	Income before Income Taxes (line 30 minus line 40)**	(815,529)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (815,529)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 1,625,646	44
45	Private Pay - Net Inpatient Revenue	573,771	45
46	Medicare - Net Inpatient Revenue	3,768,031	46
47	Other-(specify) <u>Hospice</u>	683,031	47
48	Other-(specify) <u>Managed Care</u>	1,443,320	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 8,093,799	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 Hanover Park
IDPH License ID Number: 0053736
Fiscal Year End: 12/31/2020

Schedule 19A

XVII. Income Statement

Line 28 Other Revenue (specify):

<u>Description</u>	<u>Amount</u>
Other revenue	12,130
Other Services - Revenue-Managed Care	(21,942)
Total - Line 28	<u><u>(9,812)</u></u>

Facility Name & ID Number **Symphony of Hanover Park**

0053736

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	1,872	2,081	\$ 126,783	\$ 60.92	1
2	Assistant Director of Nursing		563			2
3	Registered Nurses	33,752	39,269	1,346,609	34.29	3
4	Licensed Practical Nurses	32,008	36,911	946,286	25.64	4
5	CNAs & Orderlies	51,422	55,421	950,023	17.14	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,944	2,120	41,825	19.73	9
10	Activity Assistants	4,081	4,307	55,553	12.90	10
11	Social Service Workers	3,780	3,936	99,585	25.30	11
12	Dietician					12
13	Food Service Supervisor	1,865	2,137	81,263	38.03	13
14	Head Cook					14
15	Cook Helpers/Assistants	4,044	4,362	115,857	26.56	15
16	Dishwashers	18,689	20,171	215,734	10.70	16
17	Maintenance Workers	4,299	4,718	102,832	21.79	17
18	Housekeepers	16,812	18,197	238,000	13.08	18
19	Laundry	4,126	4,559	64,398	14.13	19
20	Administrator	2,032	2,145	137,767	64.23	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager	1,936	2,136	47,662	22.31	23
24	Clerical	10,867	11,732	155,654	13.27	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	5,560	6,281	125,728	20.02	31
32	Other Health Care see SCH 20A	7,637	8,418	300,515	35.70	32
33	Other(specify) Admission/Directo	3,750	4,074	124,868	30.65	33
34	TOTAL (lines 1 - 33)	210,476	232,975	\$ 5,277,505 *	\$ 22.65	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	\$ 29,686	01(03)	35
36	Medical Director	Monthly	48,132	09(03)	36
37	Medical Records Consultant				37
38	Nurse Consultant	Monthly	220	10(03)(07)	38
39	Pharmacist Consultant	Monthly	4,435	10(03)	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	Monthly	14,420	39(3)(7)	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)		\$ 96,893		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	28	\$ 16,248	10(3)	50
51	Licensed Practical Nurses	779	38,759	10(3)	51
52	Certified Nurse Assistants/Aides	3,023	87,581	10(3)	52
53	TOTAL (lines 50 - 52)	3,830	\$ 142,588		53

Facility Name: Symphony of Hanover Park
IDPH License ID Number: 0053736
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	5,729	6,330	233,581	\$ 36.90
Human Resource Director	1,908	2,088	66,934	\$ 32.06
Total - Line 32 Other Health Care (specify):	7,637	8,418	300,515	

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	
JoMarie Silver	Administrator	0	\$ 80,192	Workers' Compensation Insurance	\$ 107,813	IDPH License Fee	\$ 1,161	
Bart Becker	Administrator		57,575	Unemployment Compensation Insurance	29,492	Advertising: Employee Recruitment	4,582	
				FICA Taxes	373,505	Health Care Worker Background Check		
				Employee Health Insurance	226,029	(Indicate # of checks performed <u>239</u>)	2,873	
				Employee Meals		Patient Background Checks <u>605</u>	7,260	
				Illinois Municipal Retirement Fund (IMRF)*		Misc. Dues & Subscriptions	5,332	
				Employee Retirement	12,907	License and Permits	23,420	
				Employee Benefits - Other	5,079	Health Care Council of Illinois	8,797	
				Employees' Physical Exams	2,148			
TOTAL (agree to Schedule V, line 17, col. 1)								
(List each licensed administrator separately.)								
\$ 137,767								
B. Administrative - Other								
Description			Amount					
Management Fees (Eliminated in Col. 7)			\$ 666,492					
TOTAL (agree to Schedule V, line 17, col. 3)								
(Attach a copy of any management service agreement)								
\$ 666,492								
C. Professional Services				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Vendor/Payee	Type		Amount	Description	Line #	Description	Amount	
See Supplemental Schedule	Various		\$ 376,598	N/A		Out-of-State Travel	\$	
						In-State Travel		
						Seminar Expense	3,822	
						Allocation from Maestro	266	
						Entertainment Expense	()	
TOTAL (agree to Schedule V, line 19, column 3)								
(For legal fee disclosure, see page 39 of instructions)								
\$ 376,598								
				TOTAL	\$	TOTAL	\$ 4,088	

* Attach copy of IMRF notifications

**See instructions.

Facility Name: Symphony of Hanover Park
 IDPH License ID Number: 0053736
 Fiscal Year End: 12/31/2020

Schedule 21C

XIX. SUPPORT SCHEDULES
C. Professional Services

Vendor	Type	Amount
ABILITY CHOICE	Secure Exchange Managed Services	(67)
Allscripts LLC	Referral System	3,526
Alteryx, Inc.	Data Analytics	2,317
applioi-applicant tracing system	applioi-applicant tracking system	76
CATS- APPLICANT TRACKING SYSTEM	Applicant Tracking System	404
CDW	Computer service	1,194
Comcast Cable	Internet and cable	26,614
Creative Technology Solutions	IT Support	3,113
Darktrace Limited	Cyber Security	1,787
Data Robot-Cloud Professional	Data Storage	1,505
Definitive Healthcare	Data Analytics	808
EMMI Solutions	Data Analytics	(255)
Enquire Solutions LLC	Marketing solution	788
ENTERPRISE IMMUNE SYSTEM	Immune System tracker	150
enVista, LLC		572
FORMATION HEALTHCARE	Monthly Subscription Fee	823
Health Data Systems Inc	Programming	3,057
Intellcomp Technologies Inc.	IT Support	23,259
IntelliLogix	IT Support	365
It's Never 2 Late	Wellness Activities Interactive app	836
KRONOS SUPPORT SERVICES	Payroll service	6,260
Managed Care Group LLC	IT Support	7,062
Microsoft Corp	Computer service	4,242
Navigator Group Purchasing, In		215
Nexuscomm, LLC	Phone/fax service	8,874
NICL Laboratories	Lab services	200
PatientPing, Inc.	Care Coordination	8,097
Pay access	Payroll	108
PointClickCare Technologies Inc.	Cloud based software and services	17,703
PRIME CARE TECHNOLOGIES	PBJ Reporting Module Access Fee	2,520
Reputation.com, Inc.	Online Reputation Management	722
Reside Admissions LLC	Admission Process Consulting	4,624
Scott Norton	HR Services	215
SNF software	IT Support	92
Sprout Social Inc.	Social Media Management	1,719
Sterling Communication Technologies Inc	Telecommunication solutions	2,748
Striv Technologies LLC dba Striv360	IT Support	2,580
Team TSI Corporation	Collection	3,231
Telemedicine Solutions, LLC	Wound Rounds Care	5,656
Third Eye Health Inc.	Data Analytics	4,894
Wencel	Branding	5,842
RSM	Accounting fees	41,520
McCabe, Kirshner P.C.	Legal Counsel	9,526
MKB	Legal Counsel	41,870
Stone, Pogrund & Korey LLC	Collection, guardianship etc	4,462
Abbey Road Tax Consultants, LLC	Real Estate appeal-Accounting	100,031
Achieve Accreditation	Accreditation	9,081
ADP, LLC	Payroll service	1,191
Advanced Care Medical Specialist	Infectious Disease Consult	583
Corporation Service Company	Annual Filing	1,111
Language Line Services	Language lesson	15
MTS Consulting, LLC	Tax Consulting	1,827
National Datacare Corporation	trust service charge	1,853
Personnel Planners, Inc	Qtrly Unemployment Claims	1,125
Petty Cash - Symphony of Hanover Park	Misc.	80
SB2	Legal Fees -appeal Medicaid/Medicare cl	3,842
Total (agree to Schedule V, line 19, column 3)		376,598
Allocated from Management Company Legal Fees		
Allocated from Management Company Professional Services		26,504
Less: Non-Allowable Legal Fees		(8,304)
Less: Non-Allowable Branding & Marketing		(6,630)
Total (agree to Schedule V, line 19, column 8)		388,168

Facility Name & ID Number Symphony of Hanover Park

0053736

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 - \$23,420
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 5-10 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 0 Line 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. 5/1/16
- (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 Hanover Park #0049957
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 201,443
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% Ln 1
 - d. Have vehicle usage logs been maintained? Adequate records have been maintained
 - e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
 - f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
 - g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: RSM US LLP
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? N/A
- (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.