

		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.

I. IDPH License ID Number: <u>0051797</u> Facility Name: <u>Symphony of Joliet</u> Address: <u>306 North Larkin Ave</u> <u>Joliet</u> <u>60435</u> <div style="display: flex; justify-content: space-between; margin-left: 20px; font-size: small;"> Number City Zip Code </div> County: <u>Will</u> Telephone Number: <u>(815) 744-5560</u> Fax # <u>(815) 744-6914</u> HFS ID Number: _____ Date of Initial License for Current Owners: <u>01/01/2012</u> Type of Ownership: <table style="width:100%; border-collapse: collapse; font-size: small;"> <tr> <td style="width:33%;"><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td style="width:33%;"><input checked="" type="checkbox"/> PROPRIETARY</td> <td style="width:33%;"><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td>IRS Exemption Code _____</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> "Sub-S" Corp.</td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> Limited Liability Co.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>Amanda Springborn</u> Telephone Number: <u>(314) 925-3838</u> Email Address: _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	IRS Exemption Code _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input type="checkbox"/> "Sub-S" Corp.			<input checked="" type="checkbox"/> Limited Liability Co.			<input type="checkbox"/> Trust			<input type="checkbox"/> Other _____		II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER 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. Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment. <table style="width:100%; border-collapse: collapse; font-size: small;"> <tr> <td style="width:20%; vertical-align: top; padding: 5px;">Officer or Administrator of Provider</td> <td style="padding: 5px;">(Signed) _____ (Type or Print Name) _____ (Title) _____ (Signed) _____ (Date) _____</td> </tr> <tr> <td style="width:20%; vertical-align: top; padding: 5px;">Paid Preparer</td> <td style="padding: 5px;">(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>	Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) _____ (Title) _____ (Signed) _____ (Date) _____	Paid Preparer	(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
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MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001
Phone # (217) 782-1630

Facility Name & ID Number Symphony of Joliet

0051797 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	<u>214</u>	Skilled (SNF)	<u>214</u>	<u>78,324</u>	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	<u>214</u>	TOTALS	<u>214</u>	<u>78,324</u>	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	Total		
8	SNF	<u>28,162</u>	<u>2,530</u>	<u>6,076</u>	<u>36,768</u>	8	
9	SNF/PED					9	
10	ICF					10	
11	ICF/DD					11	
12	SC					12	
13	DD 16 OR LESS					13	
14	TOTALS	<u>28,162</u>	<u>2,530</u>	<u>6,076</u>	<u>36,768</u>	14	

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 46.94%

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 12/31/11 NO

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

YES NO If YES, enter number of beds certified 214 and days of care provided 2,410

Medicare Intermediary Wisconsin Physician Services (WPS)

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 Joliet # 0051797 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	320,363	31,454	20,352	372,169		372,169	966	373,135		1
2	Food Purchase		218,322		218,322		218,322		218,322		2
3	Housekeeping	45,772	487,658	-	533,430		533,430		533,430		3
4	Laundry	430	21,953	2,865	25,248		25,248		25,248		4
5	Heat and Other Utilities			208,219	208,219		208,219	1,795	210,014		5
6	Maintenance	77,895	-	138,936	216,831		216,831	3,455	220,286		6
7	Other (specify):* Mgmt alloc of benef	-	-	-				257	257		7
8	TOTAL General Services	444,460	759,387	370,372	1,574,219		1,574,219	6,473	1,580,692		8
	B. Health Care and Programs										
9	Medical Director	-	-	60,850	60,850		60,850		60,850		9
10	Nursing and Medical Records	3,795,437	154,882	181,133	4,131,452		4,131,452	138,098	4,269,550		10
10a	Therapy	-	-	-							10a
11	Activities	103,359	-	-	103,359		103,359		103,359		11
12	Social Services	78,454	-	-	78,454		78,454		78,454		12
13	CNA Training	-	-	-							13
14	Program Transportation	-	-	-							14
15	Other (specify):* Mgmt alloc of benef	-	-	-				43,288	43,288		15
16	TOTAL Health Care and Programs	3,977,250	154,882	241,983	4,374,115		4,374,115	181,386	4,555,501		16
	C. General Administration										
17	Administrative	134,573	-	398,036	532,609		532,609	(398,036)	134,573		17
18	Directors Fees			-							18
19	Professional Services			394,445	394,445		394,445	(32,178)	362,267		19
20	Dues, Fees, Subscriptions & Promotions			50,411	50,411		50,411	(2,602)	47,809		20
21	Clerical & General Office Expenses	298,150	37,928	28,346	364,424		364,424	140,658	505,082		21
22	Employee Benefits & Payroll Taxes			889,297	889,297		889,297		889,297		22
23	Inservice Training & Education			-							23
24	Travel and Seminar			3,205	3,205		3,205	380	3,585		24
25	Other Admin. Staff Transportation		-	759	759		759	6,925	7,684		25
26	Insurance-Prop.Liab.Malpractice			669,852	669,852		669,852	1,284	671,136		26
27	Other (specify):* Mgmt alloc of benef			-				30,170	30,170		27
28	TOTAL General Administration	432,723	37,928	2,434,351	2,905,002		2,905,002	(253,399)	2,651,603		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,854,433	952,197	3,046,706	8,853,336		8,853,336	(65,540)	8,787,796		29

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

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

Facility Name & ID Number

Symphony of Joliet

#0051797

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

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			225,960	225,960		225,960	134,347	360,307			30
31	Amortization of Pre-Op. & Org.			-								31
32	Interest			18,247	18,247		18,247	55,963	74,210			32
33	Real Estate Taxes			126,449	126,449		126,449	4,714	131,163			33
34	Rent-Facility & Grounds			1,931,482	1,931,482		1,931,482	6,144	1,937,626			34
35	Rent-Equipment & Vehicles			170,745	170,745		170,745	5,856	176,601			35
36	Other (specify):*			-								36
37	TOTAL Ownership			2,472,883	2,472,883		2,472,883	207,024	2,679,907			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation	-	-	8,627	8,627		8,627		8,627			38
39	Ancillary Service Centers	-	106,281	673,418	779,699		779,699	(692)	779,007			39
40	Barber and Beauty Shops	-	-	-								40
41	Coffee and Gift Shops	-	-	-								41
42	Provider Participation Fee			326,039	326,039		326,039		326,039			42
43	Other (specify):* Non-Allowable Cos	126,238	-	(54,327)	71,911		71,911	(71,911)				43
44	TOTAL Special Cost Centers	126,238	106,281	953,757	1,186,276		1,186,276	(72,603)	1,113,673			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,980,671	1,058,478	6,473,346	12,512,495		12,512,495	68,881	12,581,376			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 Joliet

0051797

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	(9,266)	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	71,556	30		9
10	Interest and Other Investment Income	(1,877)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,903)	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	(14,067)	43		18
19	Entertainment	(4,123)	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	(240,210)	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	91,487	Var.		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (112,903)		\$	30

BHF USE ONLY							
48		49		50		51	
							52

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

		1	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)	181,784		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 181,784		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ 68,881		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 JolietID# 0051797Report Period Beginning: 1/1/2020Ending: 12/31/2020

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Nonallowable marketing events	\$ (77,011)	43	1
2	Laboratory Costs	(20,086)	43	2
3	X-Ray Costs	(6,806)	43	3
4	Theft and Damage Loss	(375)	43	4
5	Lobbying Expense	(9,181)	20	5
6	Admissions Salary	(56,390)	43	6
7	Gains and losses on sale of fixed assets	(457,183)	43	7
8	Nonallowable Legal	(61,597)	19	8
9	Trust Overcharges	16	43	9
10	Community Relations Director	(118)	43	10
11	Other Income	(15,485)	21	11
12	Nonallowable Branding Mktg	(8,394)	19	12
13	Chamber of Commerce	(350)	20	13
14	Closing Costs & Adjustment to Prior Year Exp	(25,558)	6	14
15	Gain/Loss Deferred Rent	830,005	43	15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
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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	91,487		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:	
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)	
1	V	30 Depreciation	\$	Symphony of Joliet Propco	100	\$ 36,587	\$ 36,587	1
2	V	32 Amortization		Symphony of Joliet Propco	100	2,920	2,920	2
3	V	32 Interest		Symphony of Joliet Propco	100	57,805	57,805	3
4	V	43 Closing Costs & Adj to PY Exp		Symphony of Joliet Propco	100	15,664	15,664	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		\$			\$ 112,976	\$ * 112,976	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> <u>DIETARY</u>	\$	<u>Maestro Consulting Services</u>	100%	\$ 966	\$ 966	15
16	V	<u>5</u> <u>Utilities</u>		<u>Maestro Consulting Services</u>	100%	1,795	1,795	16
17	V	<u>6</u> <u>Maintenance Salaries</u>		<u>Maestro Consulting Services</u>	100%			17
18	V	<u>6</u> <u>Maintenance Expenses</u>		<u>Maestro Consulting Services</u>	100%	3,455	3,455	18
19	V	<u>7</u> <u>Employee Benefits - Maintenance</u>		<u>Maestro Consulting Services</u>	100%	257	257	19
20	V	<u>10</u> <u>Clinical Salaries</u>		<u>Maestro Consulting Services</u>	100%	150,488	150,488	20
21	V	<u>10</u> <u>Contract Nursing</u>		<u>Maestro Consulting Services</u>	100%	145	145	21
22	V	<u>15</u> <u>Employee Benefits - Clinical</u>		<u>Maestro Consulting Services</u>	100%	43,288	43,288	22
23	V	<u>17</u> <u>Administrative - Other</u>	398,036	<u>Maestro Consulting Services</u>	100%		(398,036)	23
24	V	<u>19</u> <u>Professional Fees</u>		<u>Maestro Consulting Services</u>	100%	37,813	37,813	24
25	V	<u>20</u> <u>Dues, Fees, Subscriptions, Etc.</u>		<u>Maestro Consulting Services</u>	100%	6,929	6,929	25
26	V	<u>21</u> <u>Clerical & General Salaries</u>		<u>Maestro Consulting Services</u>	100%	104,884	104,884	26
27	V	<u>21</u> <u>Clerical & General Expenses</u>		<u>Maestro Consulting Services</u>	100%	51,259	51,259	27
28	V	<u>24</u> <u>Seminars and Education</u>		<u>Maestro Consulting Services</u>	100%	380	380	28
29	V	<u>25</u> <u>Transportation</u>		<u>Maestro Consulting Services</u>	100%	6,925	6,925	29
30	V	<u>26</u> <u>Insurance</u>		<u>Maestro Consulting Services</u>	100%	1,284	1,284	30
31	V	<u>27</u> <u>Employee Benefits - Administrative</u>		<u>Maestro Consulting Services</u>	100%	30,170	30,170	31
32	V	<u>30</u> <u>Depreciation</u>		<u>Maestro Consulting Services</u>	100%	26,204	26,204	32
33	V	<u>32</u> <u>Interest Expense</u>		<u>Maestro Consulting Services</u>	100%	35	35	33
34	V	<u>33</u> <u>Real Estate Tax</u>		<u>Maestro Consulting Services</u>	100%	4,714	4,714	34
35	V	<u>34</u> <u>Building Rental</u>		<u>Maestro Consulting Services</u>	100%	3,224	3,224	35
36	V	<u>35</u> <u>Equipment Rental</u>		<u>Maestro Consulting Services</u>	100%	9,290	9,290	36
37	V	<u>35</u> <u>Auto Lease</u>		<u>Maestro Consulting Services</u>	100%	5,345	5,345	37
38	V							38
39	Total		\$ 398,036			\$ 488,850	\$ * 90,814	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	\$ 3,806	Integra Healthcare Equipment, LLC	19%	\$ 3,235	\$ (571)	15
16	V	35 Equipment Rental	58,529	Integra Healthcare Equipment, LLC	19%	49,750	(8,779)	16
17	V	39 Oxygen Supplies	4,615	Integra Healthcare Equipment, LLC	19%	3,923	(692)	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		\$ 66,950			\$ 56,908	\$ * (10,042)	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	Worker's Compensation	\$ 136,503	Maple Leaf Insurance	100%	\$ 136,503	\$	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			\$ 136,503			\$ 136,503	\$ * 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	\$ 79,760	Concerto Dialysis, LLC	20%	\$ 67,796	\$	(11,964)	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			\$ 79,760			\$ 67,796	\$ *	(11,964)	39

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

Facility Name & ID Number

Symphony of Joliet

0051797

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 of California Gardens	Chicago	Symphony Healthcare	Lincolnwood	Sub Lessor	1
2	Symphony HMG, LLC	0.01	Symphony Crestwood, LLC D/B/A Symphony of Crestwood	Crestwood	Symphony M.L., LLC	Lincolnwood	Main Lessor	2
3			Symphony Countryside, LLC D/B/A Countrysid Aurora	Aurora	Symphony HMG, LLC	Lincolnwood	Sub Lessor	3
4			Symphony Maple Crest, LLC D/B/A Maple Cre	Belvidere	Symphony Financial S	Lincolnwood	Mgmt Co.	4
5			Symphony Northwoods, LLC D/B/A Northwood	Belvidere	Maestro Consulting Se	Lincolnwood	Mgmt. Co.	5
6			Symphony Evanston Healthcare	Evanston				6
7			Symphony of Dyer	Indiana				7
8			Symphony of Crown Point	Indiana				8
9			Symphony of Chesterton	Indiana				9
10			Woodcare V Inc	Brighton, MI				10
11			Cliffside Company LLC	St. Joseph, MI				11
12			Symphony Applewood	Woodhaven, MI	7257 N. Lincoln Ave, I	Lincolnwood	Building Rental	12
13			Symphony Linden	Linden, MI	Diamond Insurance	Northbrook	Work Comp Ins.	13
14			Symphony Tri-Cities	Bay City, MI	Mapleleaf Insurance	Grand Cayman	Liability/Work Com	14
15					Seasons Hospice	Park Ridge	Hospice *	15
16					JLR Financial Svcs. C	Lincolnwood	Management Co.	16
17			Sycamore Village	Swansea	KFT Services, LLC	Lincolnwood	Management Co. **	17
18			Symphony of Aria	Hillside	Drake Louis Enterpris	Lincolnwood	Management Co. **	18
19			Symphony at 87th Street	Chicago	Integra Healthcare Eq	Elmhurst	DME & Med. Suppl	19
20			Symphony at Midway	Chicago	Lifeline Ambulance, L	Chicago	Ambulance	20
21			Symphony at Tillers	Oswego	Integra Respiratory Se	Elmhurst	Respiratory Service	21
22			Symphony at Bronzeville	Chicago	Lifemed Pharmacy	Bensenville	Pharmacy	22
23			Symphony of Buffalo Grove	Buffalo Grove	ConcertoHealth	Chicago	Clinical Services	23
24			Symphony of Chicago West	Chicago				24
25			Symphony of Glendale	Glendale, Wiscosin	* No expense paid by h			25
26			Symphony of Hanover Park	Hanover Park	entity, therefore no pa			26
27			Symphony of Lincoln Park	Chicago	** No expense of this r			27
28			Symphony of Morgan Park	Chicago	allocated to homes			28
29			Symphony of South Shore	Chicago				29
30			Symphony Residences of Lincoln Park	Chicago				30

Facility Name & ID Number

Symphony of Joliet

0051797

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 Joliet

0051797

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 Joliet

0051797

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	78,324	\$ 966	1
2	5	Utilities	Bed Days Available	1,642,974	27	37,663		78,324	1,795	2
3	6	Maintenance Salaries	Bed Days Available	1,642,974	27			78,324		3
4	6	Maintenance Expenses	Bed Days Available	1,642,974	27	72,471		78,324	3,455	4
5	7	Employee Benefits - Maintenance	Bed Days Available	1,642,974	27	5,383		78,324	257	5
6	10	Clinical Salaries	Bed Days Available	1,642,974	27	3,156,734	3,156,734	78,324	150,488	6
7	10	Contract Nursing	Bed Days Available	1,642,974	27	3,034		78,324	145	7
8	15	Employee Benefits - Clinical	Bed Days Available	1,642,974	27	908,028		78,324	43,288	8
9	17	Administrative - Other	Bed Days Available	1,642,974	27			78,324		9
10	19	Professional Fees	Bed Days Available	1,642,974	27	793,188		78,324	37,813	10
11	20	Dues, Fees, Subscriptions, Etc.	Bed Days Available	1,642,974	27	145,343		78,324	6,929	11
12	21	Clerical & General Salaries	Bed Days Available	1,642,974	27	2,200,120	2,200,120	78,324	104,884	12
13	21	Clerical & General Expenses	Bed Days Available	1,642,974	27	1,075,235		78,324	51,259	13
14	24	Seminars and Education	Bed Days Available	1,642,974	27	7,970		78,324	380	14
15	25	Transportation	Bed Days Available	1,642,974	27	145,272		78,324	6,925	15
16	26	Insurance	Bed Days Available	1,642,974	27	26,926		78,324	1,284	16
17	27	Employee Benefits - Administrative	Bed Days Available	1,642,974	27	632,860		78,324	30,170	17
18	30	Depreciation	Bed Days Available	1,642,974	27	549,679		78,324	26,204	18
19	32	Interest Expense	Bed Days Available	1,642,974	27	738		78,324	35	19
20	33	Real Estate Tax	Bed Days Available	1,642,974	27	98,893		78,324	4,714	20
21	34	Building Rental	Bed Days Available	1,642,974	27	67,631		78,324	3,224	21
22	35	Equipment Rental	Bed Days Available	1,642,974	27	194,869		78,324	9,290	22
23	35	Auto Lease	Bed Days Available	1,642,974	27	112,113		78,324	5,345	23
24										24
25	TOTALS					\$ 10,254,420	\$ 5,376,221		\$ 488,850	25

Facility Name & ID Number Symphony of Joliet

0051797

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		\$	\$		\$ 3,235	1
2	35	Equipment Rental	Direct Allocation					49,750	2
3	39	Oxygen Supplies	Direct Allocation					4,615	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				\$	\$		\$ 57,600	25

Facility Name & ID Number Symphony of Joliet

0051797

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 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	22	Worker's Compensation	Direct Allocation		\$	\$		\$ 136,503	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				\$	\$		\$ 136,503	25

Facility Name & ID Number Symphony of Joliet

0051797

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 Ave, Suite 100
 City / State / Zip Code Lincolnwood, IL
 Phone Number (847) 233-1200
 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	10	Dialysis	Direct		\$	\$		\$ 67,796	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				\$	\$		\$ 67,796	25

Facility Name & ID Number Symphony of Joliet # 0051797 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	2	3	4	5	6	7	8	9	10		
										Name of Lender	Related** YES NO
A. Directly Facility Related											
Long-Term											
1	Omnicare	X	Pharmacy Services	67,444	11/27/2017	\$ 2,170,337	\$ -	10/20/2020	0.075	\$ 777	1
2	LifeMed	X	Pharmacy Services	38,731	1/1/2018	6,197,033	176,374	1/1/2024	0.075	14,966	2
3	Integra	X	Medical supplies/rental	50,680	7/1/2019	1,162,530	17,508	6/30/2021	0.043802	1,576	3
4	White Oak Healthcare Finance, LLC	X	Mortgage		12/10/2020	14,244,534	14,244,534	12/9/2023	Libor+6%	57,805	4
5											5
Working Capital											
6	State of Illinois	X	Advance Payment		5/1/2019	216,800	216,800	8/1/2021			6
7	NGS	X	Medicare AAP	25,567	4/7/2020	613,613	613,613	4/7/2023			7
8	CIBC Bank USA	X	Payroll & Oper Exp	53,039	6/23/2020	1,272,929	1,272,929	6/23/2022	0.01		8
9	TOTAL Facility Related			\$235,460.99		\$ 25,877,776	\$ 16,541,759			\$ 75,124	9
B. Non-Facility Related*											
10	Cyber Ins									122	10
11	Worthy Ins									806	11
12								Interest Income Offset		(1,877)	12
13								Maestro Alloca		35	13
14	TOTAL Non-Facility Related					\$	\$			\$ (914)	14
15	TOTALS (line 9+line14)					\$ 25,877,776	\$ 16,541,759			\$ 74,210	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 Joliet

0051797

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.				\$	135,649	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			\$	128,252	2
3. Under or (over) accrual (line 2 minus line 1).				\$	(7,397)	3
4. Real Estate Tax accrual used for 2020 report. (Detail and explain your calculation of this accrual on the lines below.)				\$	133,846	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)				\$		5
			Alloc. Fr. Mgmt. Co.		4,714	
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.				\$	131,163	7
Real Estate Tax History:						
Real Estate Tax Bill for Calendar Year:	2015	148,109	8			
	2016	143,448	9			
	2017	137,863	10			
	2018	132,989	11			
	2019	128,252	12			
2020 Tax Accrual = Tax Bill \$128,252 X 1.04% = \$133,846						
				FOR BHF USE ONLY		
				13	FROM R. E. TAX STATEMENT FOR 2019 \$	13
				14	PLUS APPEAL COST FROM LINE 5 \$	14
				15	LESS REFUND FROM LINE 6 \$	15
				16	AMOUNT TO USE FOR RATE CALCULATION \$	16

NOTES:

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

2019 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Symphony Deerbrook, LLC D/B/A Symphony of Joliet COUNTY Will

FACILITY IDPH LICENSE NUMBER 0051797

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>30-07-07-401-034-0000</u>	<u>Nursing Home</u>	\$ <u>128,252.44</u>	\$ <u>128,252.44</u>
2. <u>10-27-319-028-0000</u>	<u>Land & Property Mgmt. Co.</u>	\$ <u>85,535.22</u>	\$ <u>4,714.00</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	TOTALS	\$ <u>213,787.66</u>	\$ <u>132,966.44</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 Joliet

0051797 Report Period Beginning:

1/1/2020 Ending:

12/31/2020

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 55,380 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: 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>Resident Care</u>	<u>-</u>	<u>2020</u>	<u>\$ 2,259,283</u>	<u>1</u>
2	<u>Allocation from Maestro</u>			<u>7628</u>	<u>2</u>
3	TOTALS			\$ 2,266,911	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	214	2020		\$ 12,002,356	\$	30	\$ 35,491	\$ 35,491	\$ 35,491	4
5										5
6										6
7										7
8	Allocated from Maestro 7257		2004	68,648		39	1,961	1,961	33,588	8
	Improvement Type**									
9	Power Receptacles/Electrical Work		2013	10,699		20	535	535	4,180	9
10	Interior Electrical Alarm - 1st Floor		2013	24,618		20	1,231	1,231	9,335	10
11										11
12	Wallpaper/Paint - 1st & 2nd Floor - Lobby, Hallways, Admission Office, Therapy, North Bedrooms, East Bedrooms, Nurse's station, Conference Room and Activity Room		2013	25,654		20	1,283	1,283	9,582	12
13										13
14										14
15										15
16	First & Second Floor - East and North Wings		2013	42,950		20	2,148	2,148	16,284	16
17	-Refinish walls, sconces & wood trims around door (Hallway)									17
18	- Resident Lounge - Wood Panel & Trims									18
19										19
20	Spa/Shower floors, walls, sconces, chalk layers and counter walls - East Wing/Rooms		2013	19,826		20	991	991	7,437	20
21										21
22										22
23	Glass windows - 1st Floor - Dining Room		2013	5,640		20	282	282	1,998	23
24										24
25	Plumbing / Valves in bathroom - 1st floor - Lobby, Dining Room		2013	2,511		20	126	126	888	25
26										26
27	Demolition/Carpentry - 1st Floor - bathrooms in East Bedrooms, Lobby, Dining Room; Front West Side (Exterior)		2013	439,856		20	21,993	21,993	165,273	27
28										28
29										29
30	Frames/Wood Doors - 1st Fl. - Lobby, Dining, Admissions & Conf.Rooms		2013	4,794		20	240	240	1,799	30
31										31
32	Masonry Work - Exterior Renovation (Open Wall for Windows)		2013	6,270		20	314	314	2,376	32
33										33
34	Signage - Exterior, Vestibule and Dining Room (1st Floor)		2013	14,365		20	718	718	5,483	34
35										35
36										36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Symphony of Joliet

0051797

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	Remove/Install of flooring - 1st Floor -	2013	\$ 60,699	\$	20	\$ 3,035	\$ 3,035	\$ 22,153	37
38	Lobby, Hallway, Dining Room, Admissions & Conf. Rooms, Ther								38
39	North, East and South Bedrooms								39
40									40
41	Custom Millwork -1st Floor-Lobby, Dining Room and Therapy	2013	130,000		20	6,500	6,500	48,750	41
42									42
43	Construction Draw-1st Fl - Lobby, Dining & Resident Rooms	2013	125,563		20	6,278	6,278	47,435	43
44	(North, East and South Bedrooms), Exterior, Admissions & Conf.								44
45									45
46	Architecture Fees & Structural Engineering (Throughout Facility	2013	21,665		20	1,083	1,083	8,192	46
47	-1st Floor - Dining Room & Resident Rooms (North, East and Sou								47
48									48
49									49
50	Facility Remodeling	2014	425,942		20	21,297	21,297	139,628	50
51	-Interior Demo, Carpentry Drywall (Throughout Facility)								51
52	-General Contracting & Architechtual Fees (Throughout Facili								52
53	-Remove & Reinstall Electric & Phone: 1st & 2nd Fl. Nurses' S								53
54	-Install Coax Cable in Wall in New TV Room 2nd Floor								54
55	-Replace Outlets in New TV Room 2nd Floor								55
56	-Rough in 2 Outlets for Sink (Beauty Salon)								56
57	-Rough in Electric for New TV Room 2nd Floor								57
58	-2 Washroom Floors - Florim Layers (Beauty Salon)								58
59	-Plumbing: Reinstall Hand Sink & Foot Pedals (Beauty Salon)								59
60	-Widen 2 Openings in 8" Block Wall - Bigger Doors for								60
61	Beauty Salon / Nurses' Station								61
62	-Furnish & Install New Shaw & Wall Base: Nurses' Station								62
63	-Laminate/Granite Tops: P.T. Room Nurses' Station								63
64	-Interior Painting, Interior Demo/Carpentry/Drywall,								64
65	Floor Coverings, Interior Electrical/Alarms, Plumbing								65
66	Therapy Room Nurses' Station								66
67	-Interior Electrical/Alarms for Elevator								67
68	-Exterior Demo/Framing/Carpentry-Facade, Roof, Storefront, s								68
69	-Engineering for Roof Framing Revisions								69
70	TOTAL (lines 4 thru 69)		\$ 13,432,056	\$		\$ 105,505	\$ 105,505	\$ 559,871	70

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

Facility Name & ID Number Symphony of Joliet# 0051797

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		\$ 13,432,056	\$		\$ 105,505	\$ 105,505	\$ 559,871	1
2	Continued from Page 12A								2
3	-Sprinkler System Repair (Throughout Facility)								3
4	-Interior Electrical Alarms (Throughout Facility)								4
5	-Install Sconce lighting - Front Entrance								5
6									6
7	Demo/Carpentry/Drywall, Architecture Fees - IDPH Approvals and Correspondence	2015	22,720		20	1,136	1,136	6,627	7
8									8
9	-Intall 9 Fixtures on West Face of Building								9
10	-Intall 1 Fixture in Entry Way into Building								10
11									11
12	Replaced 3/4" Double Check on Fire System (Bypass Meter)	2015	4,269		20	213	213	1,229	12
13	-Replaced Watts 3" No. 2 Gate Valve on RPZ for Domestic Water								13
14									14
15	-Installed repair kit for 4" Ames Double Check Valve								15
16									16
17	Replacing Concrete Pad Measuring 18x17 and 25x4 Ramp	2015	3,700		20	185	185	1,018	17
18									18
19	New Conduit Head, Pulled Wire & Restored Power to 4 Rooms	2015	4,593		20	230	230	1,188	19
20									20
21	Removed Old Units, Installed Trane 7.5 Ton Dual Compressor 2 Stage Rooftop Units, Trane Automatic Outdoor Air Economizers	2015	20,325		20	1,016	1,016	5,758	21
22									22
23									23
24									24
25	Installed EM Sub Panel Installation in the electrical room	2016	2,960		20	148	148	654	25
26									26
27	Installed Star2Star Phone System through facility	2016	38,346		5	7,669	7,669	35,789	27
28									28
29	Removed Old Units, Installed Trane 7.5 Ton Dual Compressor 2 Stage Rooftop Units, Trane Automatic Outdoor Air Economizers	2016	20,325		5	4,065	4,065	18,293	29
30									30
31									31
32	Replaced two condenser fans, two capacitors, pole contactors, and belt on rooftop	2016	2,628		5	527	527	2,542	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 13,551,922	\$		\$ 120,694	\$ 120,694	\$ 632,969	34

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

Facility Name & ID Number Symphony of Joliet

0051797

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		\$ 13,551,922	\$		\$ 120,694	\$ 120,694	\$ 632,969	1
2									2
3	Remodel - Hall, 2nd Floor dining & activity rm, 4 B wing units, el	2017	108,500		15	7,234	7,234	25,318	3
4	R & M - Install new septic basin	2017	2,800		15	186	186	652	4
5	Installation Of A 65 Channel Antenna	2017	17,625		10	1,762	1,762	6,168	5
6	Installation Of 65 Channel Ana	2017	5,875		10	588	588	2,058	6
7	43" Toshiba Led,Overbed Light	2017	3,214		15	214	214	749	7
8	Trane M Ysc060G3Eha 5 Ton HVAC	2017	8,708		10	870	870	3,046	8
9	2X4 Lithonia Led Light Fixture	2017	5,800		15	386	386	1,352	9
10	Compressor, Refrigerant, Labor	2017	4,842		12	404	404	1,414	10
11	Flooring/Painting - 1st & 2nd Floor, Media Rm, Shower Rooms 10	2017	24,875		12	2,072	2,072	7,253	11
12	LIGHT FIXTURES FOR DINING ROOM	2017	10,629		15	708	708	2,479	12
13	Vinyl Flooring & Carpet - Offices, lobby & inset on 2nd floor livin	2017	24,971		15	1,664	1,664	5,825	13
14	ARCHITECTURAL - JOLIET COFFEE	2017	11,040		15	736	736	2,576	14
15	REPLACED CONCRETE SECTION ON S	2017	2,500		15	166	166	582	15
16	Paint-1st & 2nd Floor halls, Dining Room, Lobby, A100-106, B122	2017	3,692		15	246	246	861	16
17	Carpet, Vinyl Flooring - 1st Floor, Lobby, all room A&B Wings, 2	2017	81,661		15	5,444	5,444	19,054	17
18	Permit for Starbucks - coffee shop	2017	3,369		15	224	224	784	18
19	Stanko Flooring-Hallway 1st & 2nd Floor	2018	85,870		14	6,134	6,134	18,401	19
20	Shower Room renovation-plumbing, flooring, etc	2018	12,000		14	857	857	2,573	20
21	Paint 1st & 2nd Floor Hallways	2018	19,258		14	1,376	1,376	3,988	21
22	Vinyl floor starbucks, art in dining room, acrovyn for handrails-1,	2018	18,490		14	1,321	1,321	3,704	22
23	Replace 2 electrical panel servicing 1st Floor Electrical Room	2018	6,800		14	486	486	1,072	23
24	Heat exchanger - Rooftop for Main Kitchen	2018	2,978		5	596	596	1,608	24
25	New trane dual circuit condensing unit-Rooftop for PT	2018	22,845		7	3,264	3,264	8,504	25
26	Roof replacement and repairs	2019	13,800		15	920	920	1,403	26
27	Shunt trip safety breakers for both elevator cars.	2019	8,800		15	587	587	710	27
28	Repair damaged wires-back of building, new water pump, trench	2019	7,323		15	488	488	595	28
29	Renovation of dialysis room-flooring, windows, insullation,	2019	25,725		15	1,715	1,715	1,971	29
30	plumbing, painting, electrical plates								30
31	29 Compact Dome audio cameras, wiring, installation	2019	27,680		7	3,954	3,954	7,406	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 14,123,592	\$		\$ 165,296	\$ 165,296	\$ 765,075	34

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

Facility Name & ID Number Symphony of Joliet# 0051797

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		\$ 14,123,592	\$		\$ 165,296	\$ 165,296	\$ 765,075	1
2	Electrical-install 250-300ft conduit exposee around room 223-225								2
3	replace existing 208v recepticles total 3	2020	10,500		15	350	350	350	3
4	Replaced water heater	2020	6,200		15	207	207	207	4
5	Repair shingles flat roof	2020	15,300		15	510	510	510	5
6	Replaced sanitary pipe rm 131	2020	6,750		15	225	225	225	6
7	Install new 240v 40 amp rm 127	2020	2,624		15	87	87	87	7
8	Kitchen ceiling repairs	2020	3,250		15	108	108	108	8
9	Galvanized steel insulated door	2020	4,488		15	150	150	150	9
10									10
11	Circulating pump in water heater	2020	3,105	188	7	188		188	11
12	Soft Start for elevator	2020	3,850	56	7	56		56	12
13	Flat roof repairs shingle	2020	2,500		15	83	83	83	13
14	Allocated from Maestro Consulting Services	2003	558		39	28	28	478	14
15	Allocated from Maestro Consulting Services	2004	11,337		39	565	565	9,476	15
16	Allocated from Maestro Consulting Services	2005	672		39	34	34	533	16
17	Allocated from Maestro Consulting Services	2006	911		39	46	46	655	17
18	Allocated from Maestro Consulting Services	2008	961		39	48	48	589	18
19	Allocated from Maestro Consulting Services	2009	15,466		20	773	773	8,978	19
20	Allocated from Maestro Consulting Services	2010	2,377		20	119	119	1,249	20
21	Allocated from Maestro Consulting Services	2011	128		20	6	6	64	21
22	Allocated from Maestro Consulting Services	2012	143		20	7	7	63	22
23	Allocated from Maestro Consulting Services	2014	1,788		20	89	89	591	23
24	Allocated from Maestro Consulting Services	2015	503		20	25	25	134	24
25	Allocated from Maestro Consulting Services	2016	2,203		20	110	110	745	25
26	Allocated from Maestro Consulting Services	2017	294		20	16	16	58	26
27	Allocated from Maestro Consulting Services	2020	476		20	12	12	12	27
28	Allocated from Maestro 7257	2015	1,082		10	72	72	385	28
29	Allocated from Maestro 7257	2205	6,258		10	224	224	5,262	29
30	Allocated from Maestro 7257	2004	1,364		15	68	68	1,125	30
31									31
32	Book depreciation tied to financial statements			58,008			(58,008)		32
33									33
34	TOTAL (lines 1 thru 33)		\$ 14,228,680	\$ 58,252		\$ 169,502	\$ 111,250	\$ 797,436	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	\$ 821,296	\$ 155,619	\$ 155,619	\$	5	\$ 799,497	71
72	Current Year Purchases	193,184	12,089	13,185	1,096	5	13,185	72
73	Fully Depreciated Assets	41,099					41,099	73
74	Allocated from Maestro	200,755		22,001	22,001	5	96,402	74
75	TOTALS	\$ 1,256,334	\$ 167,708	\$ 190,805	\$ 23,097		\$ 950,183	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Allocated from Maestro Consulting Services			\$ 422	\$ -	\$ -	\$		\$ 422	76
77					-	-				77
78					-	-				78
79					-	-				79
80	TOTALS			\$ 422	\$	\$	\$		\$ 422	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)	\$ 17,752,347	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 225,960	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 360,307	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 134,347	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 1,748,041	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	Construction in Progress	\$ 379,607	92
93			93
94			94
95		\$ 379,607	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 Joliet

0051797

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: Eclipse Kensington Master Landlord, 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	Original Building:	<u>1975</u>	<u>214</u>	<u>12/31/2011</u>	\$ <u>1,931,482</u>	<u>10</u>	<u>10</u>	3
4	Additions							4
5	<u>Allocated from Symphony of Joliet Propco</u>				<u>2,920</u>			5
6	<u>Allocated from Maestro</u>				<u>3,224</u>			6
7	TOTAL		<u>214</u>		\$ <u>1,937,626</u>			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. 12/31/21 \$ 1,889,971

13. 12/31/22 \$ 1,927,770

14. 12/31/23 \$ 1,966,326

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 10.

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: \$ 159,947 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	<u>Facility</u>	<u>2016 Ford Van</u>	<u>958</u>	<u>11,309</u>	18
19					19
20	<u>Allocated from Maestro</u>			<u>5,345</u>	20
21	TOTAL		\$ <u>958.00</u>	\$ <u>16,654</u>	21

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

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

Facility Name: Symphony of Joliet
IDPH License ID Number: 0051797
Fiscal Year End: 12/31/2020

Schedule 14A

XIV. Rental Costs

Line 16 Rental Amount for Moveable Equipment

Rental Description	Amount
Medical Equipment	81,559
Nursing Equipment	7,473
Building Equipment	5,236
Office Equipment	65,168
Maestro Allocation	9,290
Integra Equip rental	(8,779)
Total - Line 16	<u>159,947</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	\$	3,447	\$ 248,175	\$	3,447	\$ 248,175	1
2	Licensed Speech and Language Development Therapist	39(3)	hrs		792	57,021		792	57,021	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39(3)	hrs		3,461	249,182		3,461	249,182	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				103,958		103,958	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)					1,631		1,631	12
13	Other (specify): <u>See Sch 16A</u>	39(3)			7,086	85,027		7,086	85,027	13
14	TOTAL			\$	14,785	\$ 639,405	\$ 105,589	14,785	\$ 744,994	14

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

Facility Name: Symphony of Joliet
IDPH License ID Number: 0051797
Fiscal Year End: 12/31/2020

Schedule 16A

XIV. Special Services
Line 14 Other (specify):

Description	Amount
Inhalation Therapy Costs-Medicaid	19,764
Inhalation Therapy Costs-Medicare A	2,291
Inhalation Therapy Costs-Managed Care	943
Inhalation Therapy Costs-Private	1,690
I.V. Therapy Costs-Medicaid	6,366
I.V. Therapy Costs-Medicare A	18,138
I.V. Therapy Costs-Managed Care	31,861
I.V. Therapy Costs-Private	1,925
Other Ancillary Costs-Medicare A	2,049
Total - Line 14	<u>85,027</u>

Facility Name & ID Number **Symphony of Joliet**# **0051797**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	106,590	106,590	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>982,767</u>)	1,948,468	1,948,468	3
4	Supply Inventory (priced at)	-	-	4
5	Short-Term Investments	-	-	5
6	Prepaid Insurance	17,813	17,813	6
7	Other Prepaid Expenses	27,565	27,565	7
8	Accounts Receivable (owners or related parties)	-	-	8
9	Other(specify): <u>See Schedule 17A</u>	745,490	745,490	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,847,926	\$ 2,847,926	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	-	-	11
12	Long-Term Investments	-	-	12
13	Land	-	2,266,911	13
14	Buildings, at Historical Cost	-	12,071,004	14
15	Leasehold Improvements, at Historical Cost	-	2,157,676	15
16	Equipment, at Historical Cost	1,183,262	1,256,756	16
17	Accumulated Depreciation (book methods)	(837,998)	(1,748,041)	17
18	Deferred Charges	-	-	18
19	Organization & Pre-Operating Costs	-	36,904	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 Schedule 17A</u>	4,012,745	4,024,282	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 4,358,009	\$ 20,065,492	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 7,205,935	\$ 22,913,418	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 2,316,781	\$ 2,316,781	26
27	Officer's Accounts Payable	-	-	27
28	Accounts Payable-Patient Deposits	95,668	95,668	28
29	Short-Term Notes Payable	-	-	29
30	Accrued Salaries Payable	415,782	415,782	30
31	Accrued Taxes Payable (excluding real estate taxes)	233,086	233,086	31
32	Accrued Real Estate Taxes(Sch.IX-B)	126,449	133,846	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>	7,200,383	7,472,042	36
37		-	-	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 10,388,149	\$ 10,667,205	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	2,297,225	16,541,759	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)	\$ 2,297,225	\$ 16,541,759	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 12,685,374	\$ 27,208,964	46
47	TOTAL EQUITY(page 18, line 24)	\$ (5,479,439)	\$ (4,295,546)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 7,205,935	\$ 22,913,418	48

*(See instructions.)

Facility Name: Symphony of Joliet
 IDPH License ID Number: 0051797
 Fiscal Year End: 12/31/2020

Schedule 17A

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

Description	After	
	Operating	Consolidation
CSA I/C Related/Party Due To/From Accts	56,997	56,997
Due to/from 87th Street	3,285	
Due to/from Maple Ridge	395,000	
Due to/from California Gardens	208	
Due to/from Symdiana Healthcare	290,000	
Total - Line 9	745,490	56,997

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

Description	After	
	Operating	Consolidation
Fixed Assets - Construction in Process	379,607	379,607
Other Assets-Escrow Deposits	-	11,537
Due To/From - Crestwood LLC	1,232,915	1,232,915
Due To/From - Decatur	178,000	178,000
Due To/From - Lincoln Park LLC	1,423	1,423
Due To/From - Tillers	3,588	3,588
Due To/From - Symphony ML	1,272,929	1,272,929
Due To/From - Evanston Realty	50,000	50,000
Due To/From - Maestro	890,788	890,788
Total - Line 23	4,009,250	4,020,787

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

Description	After	
	Operating	Consolidation
Cash	21,811	21,811
Overhead Related/Party Due To/From Accts	50,000	50,000
Due To/From - Bronzeville	18,075	18,075
Due To/From - Evanston Healthcare LLC	342,762	342,762
Due To/From - Hanover Park	4,401	4,401
Due To/From - Jackson Square	1,044	1,044
Due To/From - Maple Crest LLC	181,000	181,000
Due To/From - McKinley LLC	85,000	85,000
Due To/From - Midway	6,565	6,565
Due To/From - Northwoods LLC	16,040	16,040
Due To/From - Sycamore LLC	30,000	30,000
Due To/From - Orchard Valley	97,403	97,403
Due To/From - Symphony of Cal Gardens	1,165	1,165
Due To/From - Crown Point LLC	3,384	3,384
Due To/From - Dyer LLC	509	509
Due To/From - Symphony Healthcare	2,064,030	2,335,689
Due To/From - Symphony Financial Services	213,796	213,796
Due To/From - Symcare Healthcare	1,375,562	1,375,562
Due To/From - Nuicare Services	32,841	32,841
Accrued Payables	14,939	14,939
Accrued Payables - Professional Fees	32,410	32,410
Accounts Payable - Resident Refunds	40	40
Accrued Payables - Health Insurance	22,998	22,998
Accrued Payable - Dental Insurance	(9,416)	(9,416)
Accrued Payables - Vision Insurance	(583)	(583)
Accrued Payables - Life Insurance	26,570	26,570
Accrued Payables - Short Term Disability	(23,983)	(23,983)
Fringe Benefits - Flow Through	339	339
Accrued Payables - WC/GL Insurance	573,962	573,962
Accrued Payables - Bed Taxes Add'l	15,109	15,109
Accrued Payables - Management Fees	756,821	756,821
Accrued Payables - Sales Tax	1,092	1,092
Sales Tax Payable - Manual	297	297
Deferred Income	245,081	245,081
Total - Line 36	6,201,064	6,472,723

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (3,290,399)	1
2	Restatements (describe):		2
3	Prior Period Adjustment	370,742	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (2,919,657)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(2,559,782)	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)	\$ (2,559,782)	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)	\$ (5,479,439)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Symphony of Joliet# 0051797Report Period Beginning: 1/1/2020Ending: 12/31/2020**XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required**

classifications of revenue and expense must be provided on this form, even if financial statements are attached.

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

1

I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 8,567,839	1
2	Discounts and Allowances for all Levels	(1,158,643)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 7,409,196	3
B. Ancillary Revenue			
4	Day Care	-	4
5	Other Care for Outpatients	-	5
6	Therapy	1,125,159	6
7	Oxygen	235	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,125,394	8
C. Other Operating Revenue			
9	Payments for Education	-	9
10	Other Government Grants	1,099,983	10
11	CNA Training Reimbursements	-	11
12	Gift and Coffee Shop	(7,462)	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	209,177	17
18	Sale of Supplies to Non-Patients	-	18
19	Laboratory	34,736	19
20	Radiology and X-Ray	8,770	20
21	Other Medical Services	(96,546)	21
22	Laundry	-	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,248,658	23
D. Non-Operating Revenue			
24	Contributions	-	24
25	Interest and Other Investment Income***	1,877	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 1,877	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Medicare & Managed Care Rentals	167,588	28
28a		-	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 167,588	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 9,952,713	30

2

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,574,219	31
32	Health Care	4,374,115	32
33	General Administration	2,905,002	33
B. Capital Expense			
34	Ownership	2,472,883	34
C. Ancillary Expense			
35	Special Cost Centers	860,237	35
36	Provider Participation Fee	326,039	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 12,512,495	40
41	Income before Income Taxes (line 30 minus line 40)**	(2,559,782)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (2,559,782)	43

III. Net Inpatient Revenue detailed by Payer Source		Amount	
44	Medicaid - Net Inpatient Revenue	\$ 5,988,864	44
45	Private Pay - Net Inpatient Revenue	486,554	45
46	Medicare - Net Inpatient Revenue	780,915	46
47	Other-(specify) <u>MAIP</u>	388,327	47
48	Other-(specify) <u>Managed Care/Veteran/Hospice/VTRN</u>	(235,464)	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 7,409,196	49

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

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

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

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

^Entity is a cash basis taxpayer.

Facility Name & ID Number Symphony of Joliet

0051797

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	1,933	2,165	\$ 129,110	\$ 59.65	1
2	Assistant Director of Nursing	1,990	2,053	98,390	47.92	2
3	Registered Nurses	30,599	34,866	1,193,184	34.22	3
4	Licensed Practical Nurses	22,418	25,215	790,456	31.35	4
5	CNAs & Orderlies	62,401	73,168	1,330,574	18.19	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	5,304	5,847	103,359	17.68	10
11	Social Service Workers	2,635	2,973	78,454	26.39	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	1,820	1,882	57,722	30.66	14
15	Cook Helpers/Assistants	4,525	4,778	74,584	15.61	15
16	Dishwashers	13,391	14,690	188,057	12.80	16
17	Maintenance Workers	2,023	2,566	77,895	30.35	17
18	Housekeepers	1,782	2,020	46,202	22.87	18
19	Laundry					19
20	Administrator	1,992	2,080	134,573	64.70	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager	2,066	2,235	61,828	27.66	23
24	Clerical	13,206	15,108	167,197	11.07	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	4,539	5,328	140,743	26.42	31
32	Other Health C: See Sch 20A	4,992	5,367	182,105	33.93	32
33	Other(specify) <u>Admissions Coord</u>	3,792	3,870	126,238	32.62	33
34	TOTAL (lines 1 - 33)	181,407	206,211	\$ 4,980,671 *	\$ 24.15	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	\$ 20,352	1(3) 35
36	Medical Director	Monthly	60,850	9(3) 36
37	Medical Records Consultant			37
38	Nurse Consultant	Monthly	145	10(7) 38
39	Pharmacist Consultant	Monthly	11,859	10(3) 39
40	Physical Therapy Consultant			40
41	Occupational Therapy Consultant			41
42	Respiratory Therapy Consultant	Monthly	34,013	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)		\$ 127,219	49

C. CONTRACT NURSES

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	60	\$ 5,892	10(3) 50
51	Licensed Practical Nurses	83	4,331	10(3) 51
52	Certified Nurse Assistants/Aides	1,441	74,950	10(3) 52
53	TOTAL (lines 50 - 52)	1,584	\$ 85,173	53

Facility Name: Symphony of Joliet
IDPH License ID Number: 0051797
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	2,954	3,235	112,979	\$ 34.93
Human Resource Director	2,038	2,132	69,125	\$ 32.42
Total - Line 32 Other Health Care (specify):	4,992	5,367	182,104	

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

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	
Jamie Krieps	Administrator	0	\$ 134,573	Workers' Compensation Insurance	\$ 136,503	IDPH License Fee	\$ 1,990	
				Unemployment Compensation Insurance	296	Advertising: Employee Recruitment	4,447	
				FICA Taxes	360,664	Health Care Worker Background Check (Indicate # of checks performed <u>126.2</u>)	1,514	
				Employee Health Insurance	346,890	Patient Background Checks <u>95</u>	1,140	
				Employee Meals		Lobbying expense & Chamber of Commerce	5,063	
				Illinois Municipal Retirement Fund (IMRF)*		Healthcare Council of Illinois	18,361	
				Employee Retirement	11,713	Miscellaneous Licenses & Fees	350	
				Employee Benefits - Other	8,782	Miscellaneous Dues & Subscriptions	17,546	
				Employees' Physical Exams	24,449	Allocated from Maestro	6,929	
						Less: Public Relations Expense	(9,531)	
						Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 134,573	TOTAL (agree to Schedule V, line 22, col.8)		TOTAL (agree to Sch. V, line 20, col. 8)		
					\$ 889,297		\$ 47,809	
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)			\$ 398,036	N/A			Out-of-State Travel	\$
							In-State Travel	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 398,036				Seminar Expense	3,205
							Allocated from Maestro	380
C. Professional Services								
Vendor/Payee	Type		Amount					
See Schedule 21C			\$ 394,445					
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 394,445	TOTAL			TOTAL (agree to Sch. V, line 24, col. 8)	
							\$ 3,585	

* Attach copy of IMRF notifications

**See instructions.

Facility Name: Symphony of Joliet
 IDPH License ID Number: 0051797
 Fiscal Year End: 12/31/2020

Schedule 21C

XIX. SUPPORT SCHEDULES
C. Professional Services

Vendor	Type	Amount
ABILITY Network, Inc.	Data Analytics	(95)
Allscripts LLC	English lesson	3,885
Alteryx	Referral System	3,038
applioi-applicant tracing system	Data Analytics	76
CATS- APPLICANT TRACKING SYSTEM	Internet	404
CDW	Data Storage	1,704
Cisco Systems Capital Corp.	Computer service	20,717
Comcast Cable	Applicant Tracking System	27,060
Creative Technology Solutions	IT Support	3,225
Darktrace Limited	Cyber defense	2,228
Data Robot-Cloud Professional	Data Storage	2,261
EMMI Solutions	Cloud based software and services	(364)
Enquire Solutions LLC	Cloud based software and services	1,124
Enterprise	Immune System tracker	214
enVista, LLC	Cloud based software and services	816
Formation Healthcare Group, LL	Monthly Subscription Fee	1,174
GTT Communications	IT Support	106
Health Data Systems Inc	Programming	3,357
Intellicomp Technologies Inc.	Cloud based software and services	21,547
IntelliLogix	Cloud based software and services	489
Kronos	Payroll service	6,717
Life Safety Resources, LLC	Cloud based software and services	534
Managed Care Group LLC	IT Support	6,833
MCS Affiliated	IT Support	(594)
Microsoft Office	Cloud based software and services	6,052
Navigator Group Purchasing, In	Cloud based software and services	307
Nexuscomm, LLC	Phone/fax service	6,764
PatientPing, Inc.	Data Analytics	3,000
Pay access	Cloud based software and services	154
PointClickCare Technologies Inc.	Cloud based software and services	51,471
Prime Care Tech-PBJ access	PBJ Reporting Module Access Fee	2,520
Reputation.com, Inc.	Customer Experience Management	1,031
Reside Admissions LLC	Cloud based software and services	2,824
Scott Norton	Cloud based software and services	215
Sprout Social Inc.	Cloud based software and services	2,452
Striv Technologies LLC dba Striv360	Cloud based software and services	2,400
Team TSI Corporation	Cloud based software and services	5,053
Telemedicine Solutions, LLC	Wound Rounds Care	17,502
Third Eye Health Inc.	Cloud based software and services	33
Wencel Worldwide, Inc	Branding	7,270
Corporation Service Company	Annual Filing	1,836
RSM US LLP	Accounting	38,815
Duane Morris LLP	Legal	52,223
Stone, Pogrund & Korey LLC	Legal	3,892
MKB	Legal	47,149
Achieve Accreditation	Accreditation	8,296
ADP, LLC	Payroll service	1,700
Advanced Care Medical Speciali	Administration	832
Corporation Service Company	Annual Filing	1,836
HR-Revolution, LLC	Human Resources	75
Language Line Services	Language lesson	189
MTS Consulting, LLC	Consulting	2,807
National Datacare Corporation	trust service charge	5,824
Personnel Planners, Inc	Qtrly Unemployment Claims	3,128
SB2 Inc.	Consulting Services	5,482
Transworld Systems Inc	Consulting Services	4,855
Total (agree to Schedule V, line 19, column 3)		394,445

Allocated from Management Company Professional Services	37,813
Less: Non-Allowable Legal Fees	(61,596)
Less: Marketing	(8,394)
Total (agree to Schedule V, line 19, column 8)	362,267

Facility Name & ID Number Symphony of Joliet# 0051797Report Period Beginning: 1/1/2020Ending: 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. HC Council of Illinois - \$18,361
- (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. \$ 579 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. \$ 326,039
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? 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? N/A
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: RSM US LLP
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes
Attach invoices and a summary of services for all architect and appraisal fees.