

Facility Name & ID Number Symphony Maple Crest, LLC D/B/A Maple Crest Care Centre

0051839 Report Period Beginning: 1/1/18 Ending: 12/31/18

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	86	Skilled (SNF)	86	31,390	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	86	TOTALS	86	31,390	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	14,248	6,173	9,168	29,589	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	14,248	6,173	9,168	29,589	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 94.26%

D. How many bed reserve days during this year were paid by the Department? N/A (Do not include bed reserve days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)

None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
 YES NO Note : Non-allowable costs have been eliminated in Schedule V, Column 7.

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
 YES NO

I. On what date did you start providing long term care at this location?
 Date started 01/01/2012

J. Was the facility purchased or leased after January 1, 1978?
 YES Date 12/31/2011 NO

K. Was the facility certified for Medicare during the reporting year?
 YES NO If YES, enter number of beds certified 86 and days of care provided 4,902

Medicare Intermediary 5151

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/2018 Fiscal Year: 12/31/2018

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

Facility Name & ID Number Symphony Maple Crest, LLC D/B/A Maple C # 0051839 Report Period Beginning: 1/1/18 Ending: 12/31/18

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	184,617	18,814	9,434	212,865		212,865	-	212,865		1
2	Food Purchase		162,024		162,024		162,024	-	162,024		2
3	Housekeeping	79,105	51,699	-	130,804		130,804	-	130,804		3
4	Laundry	45,855	15,487	3,695	65,037		65,037	-	65,037		4
5	Heat and Other Utilities			84,446	84,446		84,446	910	85,356		5
6	Maintenance	42,838	-	85,201	128,039		128,039	2,603	130,642		6
7	Other (specify):* Mgmt alloc of benef	-	-	-				-			7
8	TOTAL General Services	352,415	248,024	182,776	783,215		783,215	3,513	786,728		8
	B. Health Care and Programs										
9	Medical Director	-	-	25,200	25,200		25,200	-	25,200		9
10	Nursing and Medical Records	2,054,344	99,982	15,289	2,169,615		2,169,615	61,269	2,230,884		10
10a	Therapy	-	-	-				-			10a
11	Activities	63,963	-	2,640	66,603		66,603	-	66,603		11
12	Social Services	40,977	-	-	40,977		40,977	-	40,977		12
13	CNA Training	-	-	-				-			13
14	Program Transportation	-	-	-				-			14
15	Other (specify):* Mgmt alloc of benef	-	-	-				18,906	18,906		15
16	TOTAL Health Care and Programs	2,159,284	99,982	43,129	2,302,395		2,302,395	80,175	2,382,570		16
	C. General Administration										
17	Administrative	111,551	-	384,083	495,634		495,634	(384,083)	111,551		17
18	Directors Fees			-				-			18
19	Professional Services			201,377	201,377		201,377	37,581	238,958		19
20	Dues, Fees, Subscriptions & Promotions			23,302	23,302		23,302	(5,384)	17,918		20
21	Clerical & General Office Expenses	80,938	11,168	31,733	123,839		123,839	53,845	177,684		21
22	Employee Benefits & Payroll Taxes			412,097	412,097		412,097	-	412,097		22
23	Inservice Training & Education			-				-			23
24	Travel and Seminar			2,981	2,981		2,981	444	3,425		24
25	Other Admin. Staff Transportation		-	2,662	2,662		2,662	3,377	6,039		25
26	Insurance-Prop.Liab.Malpractice			194,872	194,872		194,872	1,692	196,564		26
27	Other (specify):* Mgmt alloc of benef	-	-	-				9,432	9,432		27
28	TOTAL General Administration	192,489	11,168	1,253,107	1,456,764		1,456,764	(283,096)	1,173,668		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,704,188	359,174	1,479,012	4,542,374		4,542,374	(199,408)	4,342,966		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 Maple Crest, LLC D/B/A Maple Crest Care Centr #0051839 Report Period Beginning: 1/1/18 Ending: 12/31/18

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			52,872	52,872		52,872	14,398	67,270			30
31	Amortization of Pre-Op. & Org.			-				-				31
32	Interest			78,355	78,355		78,355	(10,208)	68,147			32
33	Real Estate Taxes			52,028	52,028		52,028	1,711	53,739			33
34	Rent-Facility & Grounds			920,194	920,194		920,194	1,243	921,437			34
35	Rent-Equipment & Vehicles			59,342	59,342		59,342	5,940	65,282			35
36	Other (specify):*			-				-				36
37	TOTAL Ownership			1,162,791	1,162,791		1,162,791	13,084	1,175,875			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation	-	-	37	37		37	-	37			38
39	Ancillary Service Centers	-	128,627	894,417	1,023,044		1,023,044	-	1,023,044			39
40	Barber and Beauty Shops	-	-	-				-				40
41	Coffee and Gift Shops	-	-	-				-				41
42	Provider Participation Fee			196,941	196,941		196,941	-	196,941			42
43	Other (specify):* Non-Allowable Cos	74,452	-	237,292	311,744		311,744	(311,744)				43
44	TOTAL Special Cost Centers	74,452	128,627	1,328,687	1,531,766		1,531,766	(311,744)	1,220,022			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	2,778,640	487,801	3,970,490	7,236,931		7,236,931	(498,068)	6,738,863			45

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

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	(8,365)	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	6,216	30		9
10	Interest and Other Investment Income	(11,338)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	2,058	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	(1,995)	43		18
19	Entertainment				19
20	Contributions	(4,255)	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	(155,822)	43		24
25	Fund Raising, Advertising and Promotional	(3,644)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule <u>See PG5A</u>	(149,171)	Var.		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (326,316)		\$	30

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(171,752)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (171,752)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (498,068)		37

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

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

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

BHF USE ONLY							
48		49		50		51	

Symphony Maple Crest, LLC D/B/A Maple Crest Care Centre

ID# 0051839

Report Period Beginning: 1/1/18

Ending: 12/31/18

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Nonallowable marketing events	\$ (53,594)	43	1
2	Laboratory Costs	(12,977)	43	2
3	X-Ray Costs	(13,972)	43	3
4	Real Estate Taxes	0	33	4
5	Theft Damage and Loss	(450)	43	5
6	Nonallowable Legal	(259)	19	6
7	Marketing Salaries	(172)	43	7
8	Lobbying expense	(7,585)	20	8
9	Radiology Costs	(700)	43	9
10	EKG Costs	(1,330)	43	10
11	Admissions Coordinator	(26,832)	43	11
12	Director of Customer Experience	566	43	12
13	Community Relations	(30,240)	43	13
14	Other Income	(1,626)	21	14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(149,171)		49

VII. RELATED PARTIES

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

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

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	N/A	\$	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		\$			\$	\$ *	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 Schedule V	2 Line	3 Cost Per General Ledger		4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization		8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item								
15	V	19	Professional Fees	\$	Symphony Financial Services, LLC	100%	\$ 45	\$ 45	15	
16	V	21	Clerical & Gen office exp		Symphony Financial Services, LLC	100%	8,220	8,220	16	
17	V	30	Depreciation		Symphony Financial Services, LLC	100%	1,666	1,666	17	
18	V	32	Interest		Symphony Financial Services, LLC	100%	1,102	1,102	18	
19	V	35	Equipment Rental		Symphony Financial Services, LLC	100%	929	929	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			\$			\$ 11,962	\$ * 11,962	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	5 Utilities	\$	Maestro Consulting Services	100	\$ 910	\$ 910	15
16	V	6 Maintenance Salaries		Maestro Consulting Services	100			16
17	V	6 Maintenance Expenses		Maestro Consulting Services	100	2,603	2,603	17
18	V	7 Employee Benefits - Maintenance		Maestro Consulting Services	100			18
19	V	10 Clinical Salaries		Maestro Consulting Services	100	58,789	58,789	19
20	V	10 Contract Nursing		Maestro Consulting Services	100	2,919	2,919	20
21	V	15 Employee Benefits - Clinical		Maestro Consulting Services	100	18,906	18,906	21
22	V	17 Administrative - Other	384,083	Maestro Consulting Services	100		(384,083)	22
23	V	19 Professional Fees		Maestro Consulting Services	100	37,795	37,795	23
24	V	20 Dues, Fees, Subscriptions		Maestro Consulting Services	100	2,201	2,201	24
25	V	21 Clerical & General Salaries		Maestro Consulting Services	100	29,328	29,328	25
26	V	21 Clerical & General Expenses		Maestro Consulting Services	100	17,923	17,923	26
27	V	24 Seminars and Education		Maestro Consulting Services	100	444	444	27
28	V	25 Transportation		Maestro Consulting Services	100	3,377	3,377	28
29	V	26 Insurance		Maestro Consulting Services	100	1,692	1,692	29
30	V	27 Employee Benefits - Administrative		Maestro Consulting Services	100	9,432	9,432	30
31	V	30 Depreciation		Maestro Consulting Services	100	6,516	6,516	31
32	V	32 Interest Expense		Maestro Consulting Services	100	28	28	32
33	V	33 Real Estate Tax		Maestro Consulting Services	100	1,711	1,711	33
34	V	34 Building Rental		Maestro Consulting Services	100	1,243	1,243	34
35	V	35 Equipment Rental		Maestro Consulting Services	100	3,079	3,079	35
36	V	35 Auto Lease		Maestro Consulting Services	100	2,738	2,738	36
37	V							37
38	V							38
39	Total		\$ 384,083			\$ 201,634	\$ * (182,449)	39

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

Facility Name & ID Number Symphony Maple Crest, LLC D/B/A Maple Crest Care Centre # 0051839 Report Period Beginning: 1/1/18 Ending: 12/31/18

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	\$ 2,827	Integra Healthcare Equipment, LLC	19%	\$ 2,388	\$ (439)
16	V	35 Rent-Equipment & Vehicles	5,192	Integra Healthcare Equipment, LLC	19%	4,386	(806)
17	V	43 Penalties-Administrative	124	Integra Healthcare Equipment, LLC	19%	105	(19)
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 8,143			\$ 6,878	\$ * (1,265)

* 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	\$ 78,596	Maple Leaf Insurance	100%	\$ 78,596	\$
16	V	26 Liability Insurance	177,223	Maple Leaf Insurance	100%	177,223	
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 255,819			\$ 255,819	\$ *

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

Facility Name & ID Number

Symphony Maple Crest, LLC D/B/A Maple Crest Care Centre

0051839

Report Period Beginning:

1/1/18

Ending:

12/31/18

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	Debra Hartman	28.49						1
2	Hartman Family Fdn	5.23	Symphony Countryside, LLC D/B/A Countryside Aurora		Symphony M.L., LLC	Lincolnwood	Main Lessor	2
3	Hartman Dynasty Trust	5.23	Symphony Crestwood, LLC D/B/A Symphony of Crestwood		Symphony HMG, LLC	Lincolnwood	Sub Lessor	3
4	Mark Hartman	5.23	Symphony Deerbrook, LLC D/B/A Symphony of Joliet		Symphony Financial Se	Lincolnwood	Mgmt Co.	4
5	Julie Thomas	5.23	Symphony Maple Crest, LLC D/B/A Maple Crest Belvidere		Maestro Consulting Se	Lincolnwood	Mgmt. Co.	5
6	Rena Dickman	5.23						6
7	Robert Hartman	4.65	Symphony McKinley, LLC D/B/A McKinley Cou	Decatur				7
8	Jack Hartman	3.49	Symphony Northwoods, LLC D/B/A Northwoods	Belvidere				8
9	Joseph Hartman	3.49	Symphony Evanston Healthcare	Evanston				9
10	David J. Hartman	23.26	Symphony of Dyer	Indiana				10
11	Mark Hartman-Benoit Holdings	3.49	Symphony of Crown Point	Indiana	Nucare Services	Lincolnwood	Bookkeeping Mgmt	11
12			Symphony of Chesterton	Indiana	7257 N. Lincoln Ave, L	Lincolnwood	Building Rental	12
13	Penina Hartman	2.33			Diamond Insurance	Northbrook	Work Comp Ins.	13
14	Drake Louis	4.65			Mapleleaf Insurance	Grand Cayman	Liability/Work Com	14
15			California Gardens Corp.	Chicago	Seasons Hospice	Park Ridge	Hospice *	15
16			Monroe Pavillion	Chicago	JLR Financial Svcs. Co	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 Equ	Elmhurst	DME & Med. Suppl	19
20			Symphony at Midway	Chicago	Lifeline Ambulance, LI	Chicago	Ambulance	20
21			Symphony at Tillers	Oswego	Integra Respiratory Se	Elmhurst	Respiratory Services	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 pag			26
27			Symphony of Lincoln Park	Chicago	** No expense of this re			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 Maple Crest, LLC D/B/A Maple Crest # 0051839 Report Period Beginning: 1/1/18 Ending: 12/31/18

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 Maple Crest, LLC D/B/A Maple Crest Care Cent # 0051839 Report Period Beginning: 1/1/18 Ending: 12/31/18

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 Symphony Financial Services, LLC
 Street Address 7257 N. Lincoln Ave,
 City / State / Zip Code Lincolnwood, IL 60712
 Phone Number (847) 933-2600
 Fax Number ()

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	19	Professional Fees	Occupied Bed Days	480,705	9	\$ 694	\$ 31,390	\$ 45	1
2	21	Clerical & Gen office exp	Occupied Bed Days	480,705	9	125,888	31,390	8,220	2
3	30	Depreciation	Occupied Bed Days	480,705	9	25,515	31,390	1,666	3
4	32	Interest	Occupied Bed Days	480,705	9	16,882	31,390	1,102	4
5	35	Equipment Rental	Occupied Bed Days	480,705	9	14,234	31,390	929	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					\$ 183,213	\$	\$ 11,962	25

Facility Name & ID Number Symphony Maple Crest, LLC D/B/A Maple Crest Care Cent # 0051839 Report Period Beginning: 1/1/18 Ending: 12/31/18

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
 Street Address 7257 N. Lincoln Ave,
 City / State / Zip Code Lincolnwood, IL 60712
 Phone Number (847) 933-2600
 Fax Number ()

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	5	Utilities	Bed Days Available	1,668,541	25	\$ 48,352	\$ 31,390	\$ 910	1
2	6	Maintenance Salaries	Bed Days Available	1,668,541	25		31,390		2
3	6	Maintenance Expenses	Bed Days Available	1,668,541	25	138,375	31,390	2,603	3
4	7	Employee Benefits - Maintenance	Bed Days Available	1,668,541	25		31,390		4
5	10	Clinical Salaries	Bed Days Available	1,668,541	25	3,124,933	3,124,933	58,789	5
6	10	Contract Nursing	Bed Days Available	1,668,541	25	155,149	31,390	2,919	6
7	15	Employee Benefits - Clinical	Bed Days Available	1,668,541	25	1,004,938	31,390	18,906	7
8	17	Administrative Salaries	Bed Days Available	1,668,541	25		31,390		8
9	19	Professional Fees	Bed Days Available	1,668,541	25	2,008,992	31,390	37,795	9
10	20	Dues, Fees, Subscriptions, Etc.	Bed Days Available	1,668,541	25	117,020	31,390	2,201	10
11	21	Clerical & General Salaries	Bed Days Available	1,668,541	25	1,558,938	1,558,938	29,328	11
12	21	Clerical & General Expenses	Bed Days Available	1,668,541	25	952,676	31,390	17,923	12
13	24	Seminars & Education	Bed Days Available	1,668,541	25	23,599	31,390	444	13
14	25	Transportation	Bed Days Available	1,668,541	25	179,481	31,390	3,377	14
15	26	Insurance	Bed Days Available	1,668,541	25	89,939	31,390	1,692	15
16	27	Employee Benefits - Administrative	Bed Days Available	1,668,541	25	501,334	31,390	9,432	16
17	30	Depreciation	Bed Days Available	1,668,541	25	346,345	31,390	6,516	17
18	32	Interest Expense	Bed Days Available	1,668,541	25	1,470	31,390	28	18
19	33	Real Estate Tax	Bed Days Available	1,668,541	25	90,970	31,390	1,711	19
20	34	Building Rental	Bed Days Available	1,668,541	25	66,085	31,390	1,243	20
21	35	Equipment Rental	Bed Days Available	1,668,541	25	163,656	31,390	3,079	21
22	35	Auto Lease	Bed Days Available	1,668,541	25	145,555	31,390	2,738	22
23									23
24									24
25	TOTALS					\$ 10,717,807	\$ 4,683,871	\$ 201,634	25

Facility Name & ID Number Symphony Maple Crest, LLC D/B/A Maple Crest Care Cent # 0051839 Report Period Beginning: 1/1/18 Ending: 12/31/18

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	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		\$	\$		2,388	1
2	35	Rent-Equipment & Vehicles	Direct Allocation					4,386	2
3	43	Penalties-Administrative	Direct Allocation					105	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				\$	\$		6,878	25

Facility Name & ID Number Symphony Maple Crest, LLC D/B/A Maple Crest Care Cent # 0051839 Report Period Beginning: 1/1/18 Ending: 12/31/18

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			\$	\$		78,596	1
2	26	Liability Insurance						177,223	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				\$	\$		255,819	25

Facility Name & ID Number Symphony Maple Crest, LLC D/B/A Maple C # 0051839 Report Period Beginning: 1/1/18 Ending: 12/31/18

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	LifeMed	X		Pharmacy Services	\$ 38,731	1/1/18	\$ 6,197,033	\$ 90,076	1/1/24	0.075	\$ 5,705	1								
2	Omnicare		X	Pharmacy Services	\$ 67,444	11/27/17	2,170,337	19,156	10/20/20	0.075	1,415	2								
3												3								
4												4								
5												5								
Working Capital																				
6	Midcap Financial Trust*		X	Line of Credit (Revolving)	Interest Only	9/18/2018	\$ 35,000,000		9/17/21	LIBOR + 4.25'	71,235	6								
7	* Original loan with Symcare			Capital Improvements (CAPEX)								7								
8												8								
9	TOTAL Facility Related				\$106,175.34		\$ 43,367,370	\$ 109,232			\$ 78,355	9								
B. Non-Facility Related*																				
10												10								
11												11								
12												12								
13												13								
14	TOTAL Non-Facility Related						\$	\$			\$ (10,208)	14								
15	TOTALS (line 9+line14)						\$ 43,367,370	\$ 109,232			\$ 68,147	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 2017 report.

2017

\$ 54,359 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.)

\$ 51,896 2

3. Under or (over) accrual (line 2 minus line 1).

\$ (2,463) 3

4. Real Estate Tax accrual used for 2018 report. (Detail and explain your calculation of this accrual on the lines below.)

\$ 54,491 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. 1,711

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.

\$ 53,739 7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:	2013	<u>50,908</u>	8
	2014	<u>52,744</u>	9
	2015	<u>56,341</u>	10
	2016	<u>53,295</u>	11
	2017	<u>51,896</u>	12

2017 Tax Accrual = \$53,295 * 1.02 = \$54,360; Use \$54,360

FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2017	\$ 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.**

2017 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Symphony Maple Crest, LLC D/B/A Maple Crest Care Centre COUNTY Boone

FACILITY IDPH LICENSE NUMBER 0051839

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 2017 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 2017.

(A)	(B)	(C)	(D) <u>Tax</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Applicable to Nursing Home</u>
1. <u>05-14-100-015</u>	<u>Facility</u>	\$ <u>51,896.00</u>	\$ <u>51,896.00</u>
2. <u>10-27-319-028-0000</u>	<u>Land & Property Mgmt. Co.</u>	\$ <u>87,874.67</u>	\$ <u>1,711.00</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>139,770.67</u></u>	\$ <u><u>53,607.00</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 a copy of the original 2017 tax bills which were listed in Section A to this statement. Be sure to use the 2017 tax bill which is normally paid during 2018.

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.

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 36000 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 1

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)
 List entity name, type of business, square footage, and number of beds/units available (where applicable).

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>Alloc Fr Maestro 7257</u>	<u>-</u>	<u>2004</u>	<u>\$ 3,010</u>	<u>1</u>
2					<u>2</u>
3	TOTALS			\$ 3,010	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				\$	\$ -		\$ -	\$	\$	4
5										5
6										6
7										7
8	Allocated from Maestro 7257	2004		27,090			774	774	11,707	8
Improvement Type**										
9	F&I Smoke Detector above fire alarm control panel in		2013	3,725	186	20	186		1,117	9
10	100 Wing Nurse Station						-			10
11					-		-			11
12	Facility Remodeling		2014	396,750	19,838	20	19,838		93,256	12
13	-Demo/carpentry/drywall throughout facility				-		-			13
14	-Railing throughout facility				-		-			14
15	-Pulled wires for lights, rough in & installed can lights in				-		-			15
16	200 Wing Spa				-		-			16
17	-Rough in fire place area, rough in floor box in				-		-			17
18	200 Wing Spa				-		-			18
19	-Hallway, restrooms, dining room & recreation room -				-		-			19
20	remove wallpaper & prep wall				-		-			20
21	-Spa wall and floor tile in salon				-		-			21
22	-Plumbing work done in salon				-		-			22
23	-Electrical throughout facility				-		-			23
24	-Interior painting in resident rooms, front offices,				-		-			24
25	reception area and therapy room				-		-			25
26	-Floor coverings throughout facility				-		-			26
27	-Vestibule work				-		-			27
28	-Automatic doors throughout Facility				-		-			28
29	-Permits				-		-			29
30	-Gazebo outside				-		-			30
31	-Architectural services				-		-			31
32	-General contractors fees				-		-			32
33					-		-			33
34					-		-			34
35					-		-			35
36					-		-			36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Symphony Maple Crest, LLC D/B/A Maple Crest Care Centre# 0051839

Report Period Beginning:

1/1/18

Ending:

12/31/18

XI. OWNERSHIP COSTS (continued)

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

	1	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	Architecture fee, Electric power for new entrance door	2015	\$ 10,187	\$ 510	20	\$ 510	\$	\$ 1,954	37
38	Repair broken drain pipe, Kitchen floor	2015	4,995	249	20	249		914	38
39	Dark bronze glass and aluminum door and frame	2015	19,144	957	20	957		2,951	39
40	-1 dining room, 1 end of 100 Hallway (LTC) and 200 Hallway			-		-			40
41				-		-			41
42	Installed electrical work: new conduit, trench and back fill from	2016	3,910	196	20	196		506	42
43	the main valve to the back of the building, fire wire to main fire pan								43
44				-		-			44
45	Replace A-coil in air handler	2017	7,281	1,456	10	1,456		1,524	45
46	R&M - Replaced LED parking lot head and installed new timers.	2017	2,774		10	277	277	416	46
47	R&M - Welded and repaired holes in boiler and water heater pipes.	2017	4,013	-	20	201	201	301	47
48	Installed new insulation, new vent damper and new belts for boiler.			-		-			48
49	Install New Phone System throughout building	2018	20,535	8	7	8		8	49
50				-		-			50
51	Tie to book Depreciation			(5,738)			5,738		51
52				-		-			52
53	Allocated from Maestro Consulting Services	2003	220	-		11	11	167	53
54	Allocated from Maestro Consulting Services	2004	4,474	-		223	223	3,293	54
55	Allocated from Maestro Consulting Services	2005	265	-		13	13	184	55
56	Allocated from Maestro Consulting Services	2006	360	-		18	18	222	56
57	Allocated from Maestro Consulting Services	2008	379	-		19	19	194	57
58	Allocated from Maestro Consulting Services	2009	6,103	-		305	305	2,933	58
59	Allocated from Maestro Consulting Services	2010	938	-		47	47	399	59
60	Allocated from Maestro Consulting Services	2011	51	-		3	3	20	60
61	Allocated from Maestro Consulting Services	2012	56	-		3	3	19	61
62	Allocated from Maestro Consulting Services	2014	705	-		35	35	162	62
63	Allocated from Maestro Consulting Services	2015	198	-		10	10	33	63
64	Allocated from Maestro Consulting Services	2016	869	-		87	87	208	64
65	Allocated from Maestro Consulting Services	2017	116	-		6	6	12	65
66	Allocated from Maestro 7257	2004	538	-		27	27	390	66
67	Allocated from Maestro 7257	2005	2,470	-		89	89	1,900	67
68	Allocated from Maestro 7257	2015	427	-		28	28	95	68
69				-		-			69
70	TOTAL (lines 4 thru 69)		\$ 518,573	\$ 17,662		\$ 25,576	\$ 7,914	\$ 124,885	70

**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	\$ 177,649	\$ 33,683	\$ 33,683	\$ -		\$ 149,343	71
72	Current Year Purchases	11,832	1,527	1,527	-		1,527	72
73	Fully Depreciated Assets	14,060			-		14,060	73
74	See SCH 13A	88,443		6,484	6,484		39,069	74
75	TOTALS	\$ 291,984	\$ 35,210	\$ 41,694	\$ 6,484		\$ 203,999	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			\$ 167	\$ -	\$ -	\$ -		\$ 167	76
77							-			77
78							-			78
79							-			79
80	TOTALS			\$ 167	\$ -	\$ -	\$ -		\$ 167	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)		\$ 813,734	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)		\$ 52,872	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)		\$ 67,270	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)		\$ 14,398	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)		\$ 329,051	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	\$ 1,341	92
93			93
94			94
95		\$ 1,341	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: Symphony Maple Crest, LLC D/B/A Maple Crest Care Centre
IDPH License ID Number: 0051839
Fiscal Year End: 12/31/18

Schedule 13A

XI. Ownership Costs

Line 74 - Equipment Costs - Excluding Transportation

Category of			Current Book	Straight Line		Component	Accumulated
Equipment	Cost		Depreciation	Depreciation	Adjustments	Life	Depreciation
Allocated from Symphony Financial Services, LLC		10,617		1,666	1,666	5-7	9,363
Allocated from Maestro Consulting Services		77,826		4,818	4,818	5-10	29,706
					-		
TOTAL		88,443	-	6,484	6,484		39,069

Facility Name & ID Number Symphony Maple Crest, LLC D/B/A Maple Crest Care Centri# 0051839 Report Period Beginning: 1/1/18 Ending: 12/31/18

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>1972</u>	<u>86</u>	<u>12/31/2011</u>	\$ <u>918,656</u>	<u>10</u>	<u>10</u>	3
4	Additions						4
5							5
6	<u>Allocated from Maestro</u>			<u>1,243</u>			6
7	TOTAL	<u>86</u>		\$ <u>919,899</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. 12/31/2019 \$ 519,038

13. 12/31/2020 \$ 529,419

14. 12/31/2021 \$ 540,007

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 1,538

15,379

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

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?

YES NO

16. Rental Amount for movable equipment: \$ 56,764 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	<u>Facility</u>	<u>2016 Van</u>	\$ <u>482</u>	\$ <u>5,780</u>	17
18					18
19					19
20	<u>Allocated from Maestro</u>			<u>2,738</u>	20
21	TOTAL		\$ <u>482.00</u>	\$ <u>8,518</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 Maple Crest, LLC D/B/A Maple Crest Care Centre
IDPH License ID Number: 0051839
Fiscal Year End: 12/31/18

Schedule 14A

XIV. Rental Costs

Line 16 Rental Amount for Moveable Equipment

Rental Description	Amount
Contact's and Eyeglasses	7,574
Bariatric Beds/Pressurized mattresses	5,193
Wound Vac	4,468
Vital Monitors	2,136
Cleaning Service	192
IT Service	(265)
Music over the paging system	253
Copier	8,346
Financial Services	6,101
Computer Lease	900
Copier	22,131
Internet	-
Copier	(5,429)
Water Cooler	1,290
Plumbing	673
Allocated from Symphony	929
Allocated from Integra	(806)
Allocated from Maestro	3,079
Total - Line 16	<u>56,764</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			
		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	1 Schedule V Line & Column Reference	2		3		4		6 Supplies (Actual or Allocated)	7 Total Units (Column 2 + 4)	8 Total Cost (Col. 3 + 5 + 6)	
			Staff		Outside Practitioner (other than consultant)							
			Units of Service	Cost	Units	Cost						
1	Licensed Occupational Therapist	39(3)	hrs	\$	5,041	\$	362,983	\$	5,041	\$	362,983	1
2	Licensed Speech and Language Development Therapist	39(3)	hrs		517		37,223		517		37,223	2
3	Licensed Recreational Therapist		hrs									3
4	Licensed Physical Therapist	39(3)	hrs		6,615		476,285		6,615		476,285	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					118,392			118,392	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs									10
11	Academic Education		hrs									11
12	Other (specify): <u>See Sch 16A</u>	39(3)			246		17,733		246		17,733	12
13	Other (specify): <u>Oxygen</u>	39(2)						10,235			10,235	13
14	TOTAL			\$	12,419	\$	894,224	\$	128,627	\$	1,022,851	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 Maple Crest, LLC D/B/A Maple Crest Care Centre
IDPH License ID Number: 0051839
Fiscal Year End: 12/31/18

Schedule 16A

XIV. Special Services (Direct Cost)

Line 12 Other (specify)

Description	Amount
Inhalation Therapy Costs-Medicaid	603
Inhalation Therapy Costs-Medicare A	1,576
Inhalation Therapy Costs-Managed Care	250
Inhalation Therapy Costs-Private	82
I.V. Therapy Costs-Medicaid	-
I.V. Therapy Costs-Medicare A	11,907
I.V. Therapy Costs-Managed Care	2,512
Other Ancillary Costs-Medicare A	803
Other Ancillary Costs-Managed Care	-
Total - Line 12	<u>17,733</u>

Facility Name & ID Number Symphony Maple Crest, LLC D/B/A Maple Crest Care Cent # 0051839 Report Period Beginning: 1/1/18 Ending: 12/31/18
 XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/18 (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	7,999	7,999	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>351,690</u>)	956,896	956,896	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	2,629	2,629	6
7	Other Prepaid Expenses	235,949	235,949	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,205,473	\$ 1,205,473	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		3,010	13
14	Buildings, at Historical Cost		27,090	14
15	Leasehold Improvements, at Historical Cost	461,626	491,483	15
16	Equipment, at Historical Cost	232,164	292,151	16
17	Accumulated Depreciation (book methods)	(266,068)	(329,051)	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 (spec) <u>Lease cost, net</u>	4,616	4,616	22
23	Other(specify): <u>See Schedule 17A</u>	6,058,869	6,058,869	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 6,491,207	\$ 6,548,168	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 7,696,680	\$ 7,753,641	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 1,803,357	\$ 1,803,357	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	19,141	19,141	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	247,872	247,872	30
31	Accrued Taxes Payable (excluding real estate taxes)	28,749	28,749	31
32	Accrued Real Estate Taxes(Sch.IX-B)	54,491	54,491	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>	1,408,898	1,408,898	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,562,508	\$ 3,562,508	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	109,232	109,232	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)	\$ 109,232	\$ 109,232	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 3,671,740	\$ 3,671,740	46
47	TOTAL EQUITY(page 18, line 24)	\$ 4,024,940	\$ 4,081,901	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 7,696,680	\$ 7,753,641	48

*(See instructions.)

Facility Name: Symphony Maple Crest, LLC D/B/A Maple Crest Care Centre
 IDPH License ID Number: 0051839
 Fiscal Year End: 12/31/18

Schedule 17A

XV. Balance Sheet

Line 23 Long-Term Assets Other (specify):

	Description	After	
		Operating	Consolidation
118000	Fixed Assets - Construction in Process	1,341	1,341
119500	Other Assets - Security Deposits	102,004	102,004
120105	Due To/From - Crestwood LLC	588,500	588,500
120106	Due To/From - Decatur	236,000	236,000
120107	Due To/From - Deerbrook LLC	181,000	181,000
120108	Due To/From - Evanston Healthcare LLC	500	500
120114	Due To/From - Maple Ridge LLC	95,000	95,000
120115	Due To/From - McKinley LLC	(47,994)	(47,994)
120120	Due To/From - Sycamore LLC	24,400	24,400
120121	Due To/From - Tillers	8,736	8,736
120124	Due To/From - Orchard Valley	22,234	22,234
120201	Due To/From - Chesterton LLC	198,000	198,000
120202	Due To/From - Crown Point LLC	-	-
120203	Due To/From - Dyer LLC	-	-
120301	Due To/From - Glendale	136	136
127012	Due To/From - Symphony Healthcare	4,393,312	4,393,312
127013	Due To/From - Symphony Financial Services	81,694	81,694
127021	Due To/From - Symdiana Healthcare	283,500	283,500
128002	SMC Due To/From - Maestro	(109,494)	(109,494)
	Total - Line 23	6,058,869	6,058,869

XV. Balance Sheet

Line 36 Other Current Liabilities (specify):

	Description	After	
		Operating	Consolidation
1220	ACCUMULATED AMORTIZATION DEFERRED RENT	-	-
100100	Cash	75,102	75,102
120000	CSA I/C Related/Party Due To/From Accts	(53,704)	(53,704)
120118	Due To/From - Northwoods LLC	28,732	28,732
127014	Due To/From - Symcare Healthcare	17,736	17,736
200030	Resident Receivable Balance	-	-
200100	Accrued Payables	7,467	7,467
200101	Accrued Payables - Professional Fees	14,648	14,648
200120	Accrued Payables - Health Insurance	35,073	35,073
200121	Accrued Payable - Dental Insurance	220	220
200122	Accrued Payables - Vision Insurance	35	35
200123	Accrued Payables - Life Insurance	1,296	1,296
200124	Accrued Payables - Short Term Disability	(477)	(477)
200232	Accrued Payables - Payroll SWT - WI	99	99
200290	Accrued Payables - 401K Deductions	(50)	(50)
200291	Accrued Payables - 401K Loan Repayments	296	296
200300	Accrued Payables - Garnishments	327	327
200410	Accrued Payables - WC/GL Insurance	10,000	10,000
200500	Accrued Payables - Bed Taxes	21,786	21,786
200510	Accrued Payables - Bed Taxes Add'l	50,939	50,939
200600	Accrued Payables - Management Fees	356,165	356,165
200800	Accrued Payables - Interest	(326)	(326)
200900	Accrued Payables - Rent	99,555	99,555
200950	Accrued Payables - Sales Tax	61	61
200951	Sales Tax Payable - Manual	66	66
202000	Deferred Rent	378,929	378,929
203000	Lease Holds Payable	364,923	364,923
	Total - Line 36	1,408,898	1,408,898

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 3,306,597	1
2	Restatements (describe):		2
3	<u>Prior Period Adjustment</u>	130,668	3
4	<u>Rounding</u>	1	4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 3,437,266	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	587,674	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)	\$ 587,674	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)	\$ 4,024,940	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	\$ 7,503,717	1
2	Discounts and Allowances for all Levels	(1,762,488)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 5,741,229	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,835,800	6
7	Oxygen	68	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,835,868	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	177,032	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	48,067	19
20	Radiology and X-Ray	16,054	20
21	Other Medical Services	(6,632)	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 234,521	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	11,338	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 11,338	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>Miscellaneous Income</u>	1,649	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 1,649	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 7,824,605	30

2

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	783,215	31
32	Health Care	2,302,395	32
33	General Administration	1,456,764	33
B. Capital Expense			
34	Ownership	1,162,791	34
C. Ancillary Expense			
35	Special Cost Centers	1,334,825	35
36	Provider Participation Fee	196,941	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 7,236,931	40
41	Income before Income Taxes (line 30 minus line 40)**	587,674	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 587,674	43

III. Net Inpatient Revenue detailed by Payer Source		Amount	
44	Medicaid - Net Inpatient Revenue	\$ 2,563,421	44
45	Private Pay - Net Inpatient Revenue	1,309,424	45
46	Medicare - Net Inpatient Revenue	1,177,952	46
47	Other-(specify) <u>MAIP</u>	413,622	47
48	Other-(specify) <u>Managed Care/Veeran/Hospice</u>	276,810	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 5,741,229	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 Maple Crest, LLC D/B/A Maple Crest Care Centr** # **0051839**

Report Period Beginning: **1/1/18**

Ending: **12/31/18**

12/31/18

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	1,661	1,836	\$ 90,413	\$ 49.24	1
2	Assistant Director of Nursing	1,757	1,959	69,830	35.64	2
3	Registered Nurses	14,953	16,733	485,121	28.99	3
4	Licensed Practical Nurses	14,667	16,705	421,159	25.21	4
5	CNAs & Orderlies	56,325	61,062	854,296	13.99	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	4,854	5,336	63,963	11.99	10
11	Social Service Workers	2,053	2,188	40,977	18.73	11
12	Dietician					12
13	Food Service Supervisor	1,592	1,841	46,603	25.31	13
14	Head Cook	4,269	4,409	47,040	10.67	14
15	Cook Helpers/Assistants	8,862	9,576	90,974	9.50	15
16	Dishwashers	0	0	0		16
17	Maintenance Workers	1,950	2,122	42,838	20.19	17
18	Housekeepers	7,158	7,669	79,105	10.32	18
19	Laundry	4,797	5,092	45,855	9.01	19
20	Administrator	1,858	1,988	111,551	56.12	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	3,863	4,170	80,938	19.41	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	2,016	2,305	45,025	19.53	31
32	Other Health C; MDS	2,321	2,476	88,500	35.74	32
33	Other(specify) <u>See Sch 20A</u>	2,961	3,262	74,452	22.83	33
34	TOTAL (lines 1 - 33)	137,915	150,729	\$ 2,778,640 *	\$ 18.43	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	\$ 9,434	1(3)	35
36	Medical Director	Monthly	25,200	9(3)	36
37	Medical Records Consultant				37
38	Nurse Consultant	Monthly	2,919	10(7)	38
39	Pharmacist Consultant	Monthly	8,735	10(3)	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	Monthly	193	39(3)	42
43	Speech Therapy Consultant				43
44	Activity Consultant	Monthly	2,640	11(3)	44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 49,121		49

C. CONTRACT NURSES

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

Facility Name: Symphony Maple Crest, LLC D/B/A Maple Crest Care Centre
IDPH License ID Number: 0051839
Fiscal Year End: 12/31/18

Schedule 20A

XVIII. Staffing and Salary Costs
Line 33 Other Health Care (specify):

Description	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Total Salaries	Average Hourly Wage
Admissions Coordinator	1,164	1,954	44,605	\$ 22.83
Community Relations	1,797	1,325	30,240	\$ 22.83
Director of Customer Experience	-	(25)	(566)	\$ 22.83
Marketing	-	8	173	\$ 22.83
Total - Line 32 Other Health Care (specify):	2,961	3,262	74,452	

Facility Name: Symphony Maple Crest, LLC D/B/A Maple Crest Care Centre
 IDPH License ID Number: 0051839
 Fiscal Year End: 12/31/18

Schedule 21C

XIX. SUPPORT SCHEDULES

C. Professional Services

Vendor	Type	Amount
Creative Technology Solutions	IT Support	19,979
Ability Network	Secure Exchange Managed Services	6,194
Telemedicine Solutions, LLC	Wound Rounds Care	6,193
Allscripts	Quarterly Referral Management Core Integ	2,346
Constant Care	Care Connection	228
Health Data Systems	Programming	2,262
Nexuscomm	Trust fund and Medicaid billing services	2,564
IIT/Sourcetech	Operator Monthly Support Fee	1,380
Wencel Worldwide, Inc	Branding	2,476
Scott Norton	Computer Consulting	321
Real Time Medical	Clinical and Financial Analytis Service	2,475
Alteryx	Data analytics	431
Accrual	Legal fees	3,912
Snowflake Computing, Inc	Computer Services	284
FYI Systems, Inc	Alteryx Services	178
Managed Care Group	IT Support	1,466
Applicant Tracking System	Recruiting	66
Mood Media	Marketing fee	52
RSM US LLP	Accounting	13,922
MKB	Legal Fees	31,716
McCabe, Kirshner	Legal Fees	3,600
Much Shelist	Legal Fees	44
SB2	Legal Fees	978
Stone,Pgrud & Korey	Legal Fees	259
Neal, Gerber & Eisenberg	Legal Fees	25
National Datacare	Trust fund and Medicaid billing services	1,944
Personnel Planners	Qtrly Unemployment Claims	930
RFMS Care	Management Service Fee	322
Maestro	Professional Services	1,540
LTC Consulting	Collection Agency	4,564
Transworld	Consulting services	588
Liturgical Publication	Religious organization	155
MTS Consulting	Tax consulting	1,857
Corporation Service	fee	253
Jan Paul Storey	Consulting services	36
Shirley Martin	Salary	(903)
Other	Other	31,860
	From pg 21	54,883
Total (agree to Schedule V, line 19, column 3)		201,377
Allocated from Symphony Professional Services		45
Allocated from Management Company Professional Services		37,795
Less: Non-Allowable Legal Fees		(259)
Total (agree to Schedule V, line 19, column 8)		238,958

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. IL Council LTC - \$15,170
- (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? 5-7 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(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. \$ 196,941
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 0 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
c. What percent of all travel expense relates to transportation of nurses and patients? 5
d. Have vehicle usage logs been maintained? Adequate records have been maintained
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: RSM US LLP
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes
Attach invoices and a summary of services for all architect and appraisal fees.