



Facility Name & ID Number SYMPHONY AT MIDWAY

# 0053678 Report Period Beginning: 01/01/18 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	<u>249</u>	Skilled (SNF)	<u>249</u>	<u>90,885</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>249</u>	TOTALS	<u>249</u>	<u>90,885</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>46,098</u>	<u>599</u>	<u>38,062</u>	<u>84,759</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>46,098</u>	<u>599</u>	<u>38,062</u>	<u>84,759</u>	14	

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 93.26%

D. How many bed reserve days during this year were paid by the Department? None (Do not include bed reserve days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)  
None

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

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

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

I. On what date did you start providing long term care at this location?  
Date started 06/05/2000

J. Was the facility purchased or leased after January 1, 1978?  
YES  Date 06/05/2000 NO

K. Was the facility certified for Medicare during the reporting year?  
YES  NO  If YES, enter number of beds certified 249 and days of care provided 4,684

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL  MODIFIED CASH\*  CASH\*

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

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

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

Facility Name & ID Number **SYMPHONY AT MIDWAY** # **0053678** Report Period Beginning: **01/01/18** 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
	<b>A. General Services</b>										
1	Dietary	396,279	44,408	50,772	491,459		491,459	-	491,459		1
2	Food Purchase		475,149		475,149		475,149	-	475,149		2
3	Housekeeping	35,718	426,079	-	461,797		461,797	-	461,797		3
4	Laundry	-	313,523	11,070	324,593		324,593	813	325,406		4
5	Heat and Other Utilities			268,955	268,955		268,955	2,634	271,589		5
6	Maintenance	73,786	-	235,869	309,655		309,655	7,537	317,192		6
7	Other (specify):*	-	-	-				-			7
8	<b>TOTAL General Services</b>	505,783	1,259,159	566,666	2,331,608		2,331,608	10,984	2,342,592		8
	<b>B. Health Care and Programs</b>										
9	Medical Director	-	-	22,800	22,800		22,800	-	22,800		9
10	Nursing and Medical Records	4,953,439	356,858	53,578	5,363,875		5,363,875	176,908	5,540,783		10
10a	Therapy	-	-	-				-			10a
11	Activities	181,086	-	1,403	182,489		182,489	-	182,489		11
12	Social Services	135,076	-	-	135,076		135,076	-	135,076		12
13	CNA Training	-	-	-				-			13
14	Program Transportation	-	-	-				-			14
15	Other (specify):* <b>Alloc. Benefits H.O.</b>	-	-	-				54,739	54,739		15
16	<b>TOTAL Health Care and Programs</b>	5,269,601	356,858	77,781	5,704,240		5,704,240	231,647	5,935,887		16
	<b>C. General Administration</b>										
17	Administrative	166,314	-	896,366	1,062,680		1,062,680	(896,366)	166,314		17
18	Directors Fees			-				-			18
19	Professional Services			497,911	497,911		497,911	94,985	592,896		19
20	Dues, Fees, Subscriptions & Promotions			63,997	63,997		63,997	(14,001)	49,996		20
21	Clerical & General Office Expenses	188,437	29,590	48,832	266,859		266,859	136,605	403,464		21
22	Employee Benefits & Payroll Taxes			999,362	999,362		999,362	-	999,362		22
23	Inservice Training & Education			-				-			23
24	Travel and Seminar			4,171	4,171		4,171	1,285	5,456		24
25	Other Admin. Staff Transportation		-	1,252	1,252		1,252	9,776	11,028		25
26	Insurance-Prop.Liab.Malpractice			901,795	901,795		901,795	4,899	906,694		26
27	Other (specify):* <b>Alloc. Benefits H.O.</b>	-	-	-				27,308	27,308		27
28	<b>TOTAL General Administration</b>	354,751	29,590	3,413,686	3,798,027		3,798,027	(635,509)	3,162,518		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	6,130,135	1,645,607	4,058,133	11,833,875		11,833,875	(392,878)	11,440,997		29

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

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

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	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			46,200	46,200		46,200	142,232	188,432			30
31	Amortization of Pre-Op. & Org.			-				-				31
32	Interest			227,109	227,109		227,109	(87,871)	139,238			32
33	Real Estate Taxes			739,104	739,104		739,104	4,955	744,059			33
34	Rent-Facility & Grounds			2,897,400	2,897,400		2,897,400	3,600	2,901,000			34
35	Rent-Equipment & Vehicles			220,545	220,545		220,545	(1,152)	219,393			35
36	Other (specify):*			-				-				36
37	<b>TOTAL Ownership</b>			4,130,358	4,130,358		4,130,358	61,764	4,192,122			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation	-	-	45,461	45,461		45,461	(4,033)	41,428			38
39	Ancillary Service Centers	-	210,186	1,465,982	1,676,168		1,676,168	(8,340)	1,667,828			39
40	Barber and Beauty Shops	-	-	-				-				40
41	Coffee and Gift Shops	-	-	-				-				41
42	Provider Participation Fee			622,383	622,383		622,383	-	622,383			42
43	Other (specify):* <b>Non-Allowable Cos</b>	109,384	-	3,051,205	3,160,589		3,160,589	(3,160,589)				43
44	<b>TOTAL Special Cost Centers</b>	109,384	210,186	5,185,031	5,504,601		5,504,601	(3,172,962)	2,331,639			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	6,239,519	1,855,793	13,373,522	21,468,834		21,468,834	(3,504,076)	17,964,758			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 AT MIDWAY

# 0053678

Report Period Beginning:

01/01/18

Ending:

12/31/18

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	(19,565)	43		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	123,367	30		9
10	Interest and Other Investment Income	(37,761)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	6,429	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	(5,498)	43		18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(2,839,206)	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	(387,147)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	<b>\$ (3,159,381)</b>		<b>\$</b>	<b>30</b>

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)	(344,695)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	<b>\$ (344,695)</b>		<b>36</b>
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	<b>\$ (3,504,076)</b>		<b>37</b>

\*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	<b>TOTAL (C): (sum of lines 38-46)</b>			<b>\$</b>	<b>47</b>

BHF USE ONLY							
48		49		50		51	
							52

SYMPHONY AT MIDWAY

ID# 0053678

Report Period Beginning: 01/01/18

Ending: 12/31/18

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Nonallowable marketing events	\$ (141,697)	43	1
2	Laboratory Costs	(28,660)	43	2
3	X-Ray Costs	(21,173)	43	3
4	Lobbying Expense	(20,375)	20	4
5	Admissions	(58,907)	43	5
6	Community & Guest Relations	(50,327)	43	6
7	Nonallowable Legal	(13,631)	19	7
8	Radiology Costs	(1,985)	43	8
9	Late Payment Interest	(50,190)	32	9
10	Misc. Income	(202)	21	10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>	(387,147)		49

Facility Name & ID Number

SYMPHONY AT MIDWAY

# 0053678

Report Period Beginning:

01/01/18

Ending:

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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 Schedule V	2 Line	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V		\$			\$	\$	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	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 LLC	100%	\$ 2,634	\$	2,634	15
16	V	6 MAINTENANCE SALARIES		MAESTRO CONSULTING SERVICES LLC	100%				16
17	V	6 MAINTENANCE EXPENSES		MAESTRO CONSULTING SERVICES LLC	100%	7,537		7,537	17
18	V	7 EMPLOYEE BENEFITS - MAINTENANCE		MAESTRO CONSULTING SERVICES LLC	100%				18
19	V	10 CLINICAL SALARIES		MAESTRO CONSULTING SERVICES LLC	100%	170,214		170,214	19
20	V	10 CONTRACT NURSING		MAESTRO CONSULTING SERVICES LLC	100%	8,451		8,451	20
21	V	15 EMPLOYEE BENEFITS - CLINICAL		MAESTRO CONSULTING SERVICES LLC	100%	54,739		54,739	21
22	V	17 ADMINISTRATIVE MANAGEMENT FEI	896,366	MAESTRO CONSULTING SERVICES LLC	100%			(896,366)	22
23	V	19 PROFESSIONAL FEES		MAESTRO CONSULTING SERVICES LLC	100%	109,429		109,429	23
24	V	20 DUES, FEES, SUBSCRIPTIONS, ETC.		MAESTRO CONSULTING SERVICES LLC	100%	6,374		6,374	24
25	V	21 CLERICAL & GENERAL SALARIES		MAESTRO CONSULTING SERVICES LLC	100%	84,915		84,915	25
26	V	21 CLERICAL & GENERAL EXPENSES		MAESTRO CONSULTING SERVICES LLC	100%	51,892		51,892	26
27	V	24 SEMINARS AND EDUCATION		MAESTRO CONSULTING SERVICES LLC	100%	1,285		1,285	27
28	V	25 TRANSPORTATION		MAESTRO CONSULTING SERVICES LLC	100%	9,776		9,776	28
29	V	26 INSURANCE		MAESTRO CONSULTING SERVICES LLC	100%	4,899		4,899	29
30	V	27 EMPLOYEE BENEFITS - ADMINISTRATIVE		MAESTRO CONSULTING SERVICES LLC	100%	27,308		27,308	30
31	V	30 DEPRECIATION		MAESTRO CONSULTING SERVICES LLC	100%	18,865		18,865	31
32	V	32 INTEREST EXPENSE		MAESTRO CONSULTING SERVICES LLC	100%	80		80	32
33	V	33 REAL ESTATE TAX		MAESTRO CONSULTING SERVICES LLC	100%	4,955		4,955	33
34	V	34 BUILDING RENTAL		MAESTRO CONSULTING SERVICES LLC	100%	3,600		3,600	34
35	V	35 EQUIPMENT RENTAL		MAESTRO CONSULTING SERVICES LLC	100%	8,914		8,914	35
36	V	35 AUTO LEASE		MAESTRO CONSULTING SERVICES LLC	100%	7,928		7,928	36
37	V								37
38	V								38
39	Total		\$ 896,366			\$ 583,795	\$ *	(312,571)	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 Supplies	\$ 11,315	Integra Healthcare Equipment	100	\$ 9,558	\$ (1,757)	15
16	V	35	Equipment Rental	115,866	Integra Healthcare Equipment	100	97,872	(17,994)	16
17	V	39	Oxygen Supplies	44,817	Integra Healthcare Equipment	100	37,857	(6,960)	17
18	V	39	Occ. Therapy - Other	8,889	Integra Healthcare Equipment	100	7,509	(1,380)	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			\$ 180,887			\$ 152,796	\$ * (28,091)	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	38	Transportation	\$ 42,494	Lifeline Ambulance	100	\$ 38,461	\$	(4,033)	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			\$ 42,494			\$ 38,461	\$ *	(4,033)	39

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

Facility Name & ID Number SYMPHONY AT MIDWAY

# 0053678

Report Period Beginning: 01/01/18

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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	\$ 167,148	Maple Leaf Insurance	100%	\$ 167,148	\$	15
16	V	26	Liability Insurance	565,749	Maple Leaf Insurance	100%	565,749		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			\$ 732,897			\$ 732,897	\$ *	39

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

Facility Name & ID Number

SYMPHONY AT MIDWAY

# 0053678

Report Period Beginning:

01/01/18

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	SYMCARE HEALTHCARE LLC	99.99%	SYMPHONY OF DEERBROOK	DEERBROOK	MAESTRO CONSUL	LINCOLNWOOD	MANAGEMENT	1
2	SYMCARE HMG LLC	0.01%	SYMPHONY OF COUNTRYSIDE	AURORA	7257 N. LINCOLN AV	LINCOLNWOOD	BUILDING RENTA	2
3			SYMPHONY OF CRESTWOOD	CRESTWOOD	MAPLELEAF INSUR	GRAND CAYMAN	LIABILITY/WORK	3
4			SYMPHONY OF MAPLE CREST	BELVIDERE	INTEGRA HEALTHC	ELMHURST	DME & MEDICAL	4
5			SYMPHONY OF NORTHWOODS	BELVIDERE	INTEGRA RESPIRA	ELMHURST	RESPIRATORY SE	5
6			SYMPHONY OF SYCAMORE	QUINCY	LIFELINE AMBULA	CHICAGO	AMBULANCE	6
7			SYMPHONY AT THE TILLERS	OSWEGO				7
8			SYMPHONY OF EVANSTON	EVANSTON				8
9			SYMPHONY OF DYER	DYER, IN				9
10			SYMPHONY OF CHESTERTON	CHESTERTON, IN				10
11			SYMPHONY OF CROWN POINT	CROWN POINT, IN				11
12			SYMPHONY ARIA	HILLSIDE				12
13			SYMPHONY BRONZEVILLE PARK	CHICAGO				13
14			SYMPHONY BUFFALO GROVE	BUFFALO GROVE				14
15			SYMPHONY IVY	CHICAGO				15
16			SYMPHONY JACKSON SQUARE	CHICAGO				16
17			SYMPHONY LINCOLN PARK	CHICAGO				17
18			SYMPHONY MIDWAY	CHICAGO				18
19			SYMPHONY PARK SOUTH	CHICAGO				19
20			SYMPHONY SOUTH SHORE	CHICAGO				20
21			CLAREMONT HANOVER PARK	HANOVER PARK				21
22			CALIFORNIA GARDENS	CHICAGO				22
23			MONROE CORP	CHICAGO				23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

Facility Name & ID Number SYMPHONY AT MIDWAY # 0053678 Report Period Beginning: 01/01/18 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 AT MIDWAY

# 0053678

Report Period Beginning:

01/01/18

Ending: 12/31/18

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					\$	\$		\$	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 AT MIDWAY

# 0053678

Report Period Beginning:

01/01/18

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

1	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	AVAIL. CENSUS DAYS 1,668,541	25	\$ 48,352	\$	90,885	\$ 2,634	1
2	6	MAINTENANCE SALARIES	AVAIL. CENSUS DAYS 1,668,541	25			90,885		2
3	6	MAINTENANCE EXPENSES	AVAIL. CENSUS DAYS 1,668,541	25	138,375		90,885	7,537	3
4	7	EMPLOYEE BENEFITS - MAIN	AVAIL. CENSUS DAYS 1,668,541	25			90,885		4
5	10	CLINICAL SALARIES	AVAIL. CENSUS DAYS 1,668,541	25	3,124,933	3,124,933	90,885	170,214	5
6	10	CONTRACT NURSING	AVAIL. CENSUS DAYS 1,668,541	25	155,149		90,885	8,451	6
7	15	EMPLOYEE BENEFITS - CLINI	AVAIL. CENSUS DAYS 1,668,541	25	1,004,938		90,885	54,739	7
8	17	ADMINISTRATIVE SALARIES	AVAIL. CENSUS DAYS 1,668,541	25			90,885		8
9	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS 1,668,541	25	2,008,992		90,885	109,429	9
10	20	DUES, FEES, SUBSCRIPTIONS,	AVAIL. CENSUS DAYS 1,668,541	25	117,020		90,885	6,374	10
11	21	CLERICAL & GENERAL SALA	AVAIL. CENSUS DAYS 1,668,541	25	1,558,938	1,558,938	90,885	84,915	11
12	21	CLERICAL & GENERAL EXPE	AVAIL. CENSUS DAYS 1,668,541	25	952,676		90,885	51,892	12
13	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS 1,668,541	25	23,599		90,885	1,285	13
14	25	TRANSPORTATION	AVAIL. CENSUS DAYS 1,668,541	25	179,481		90,885	9,776	14
15	26	INSURANCE	AVAIL. CENSUS DAYS 1,668,541	25	89,939		90,885	4,899	15
16	27	EMPLOYEE BENEFITS - ADMI	AVAIL. CENSUS DAYS 1,668,541	25	501,334		90,885	27,308	16
17	30	DEPRECIATION	AVAIL. CENSUS DAYS 1,668,541	25	346,345		90,885	18,865	17
18	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS 1,668,541	25	1,470		90,885	80	18
19	33	REAL ESTATE TAX	AVAIL. CENSUS DAYS 1,668,541	25	90,970		90,885	4,955	19
20	34	BUILDING RENTAL	AVAIL. CENSUS DAYS 1,668,541	25	66,085		90,885	3,600	20
21	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS 1,668,541	25	163,656		90,885	8,914	21
22	35	AUTO LEASE	AVAIL. CENSUS DAYS 1,668,541	25	145,555		90,885	7,928	22
23									23
24									24
25	TOTALS				\$ 10,717,807	\$ 4,683,871		\$ 583,795	25

Facility Name & ID Number SYMPHONY AT MIDWAY

# 0053678

Report Period Beginning:

01/01/18

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 Supplies	Direct Allocation		\$	\$		\$ 9,558	1
2	35	Equipment Rental	Direct Allocation					97,872	2
3	39	Oxygen Supplies	Direct Allocation					37,857	3
4	39	Occ. Therapy - Other	Direct Allocation					7,509	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				\$	\$		\$ 152,796	25

Facility Name & ID Number SYMPHONY AT MIDWAY

# 0053678

Report Period Beginning:

01/01/18

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 Lifeline Ambulance LLC  
 Street Address 2424 S. Wabash Avenue  
 City / State / Zip Code Chicago, IL 60616  
 Phone Number ( 312) 949-9595  
 Fax Number ( 312) 949-9262

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	38	Transportation	Direct Allocation		\$	\$		\$ 38,461	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				\$	\$		\$ 38,461	25

Facility Name & ID Number SYMPHONY AT MIDWAY

# 0053678

Report Period Beginning:

01/01/18

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	Direct		\$	\$		\$ 167,148	1
2	26	Liability Insurance	Direct					565,749	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				\$	\$		\$ 732,897	25

Facility Name & ID Number SYMPHONY AT MIDWAY # 0053678 Report Period Beginning: 01/01/18 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			
<b>A. Directly Facility Related</b>																				
<b>Long-Term</b>																				
1	LifeMed	X		Pharmacy Services	38,731	1/1/2018	\$ 6,197,033	\$ 256,139	1/1/2024	0.075	\$ 14,869	1								
2	Omnicare		X	Pharmacy Services	67,444	11/27/2017	2,170,337	35,718	10/20/2020	0.075	2,497	2								
3	Select Rehab		X	Operational	159,503	12/31/2018	12,216,125	607,000	12/31/2023	0.02		3								
4								Interest due to late payment			50,190	4								
5												5								
<b>Working Capital</b>																				
6	Midcap Financial Trust*		X	Line of Credit (Revolving)	Interest Only	9/18/2018	35,000,000		9/17/2021	Libor +4.25	159,553	6								
7												7								
8												8								
9	<b>TOTAL Facility Related</b>				\$265,678.34		\$ 55,583,495	\$ 898,857			\$ 227,109	9								
<b>B. Non-Facility Related*</b>																				
10								Disallow Interest Due to Late Payment			(50,190)	10								
11								Interest Income			(37,761)	11								
12								Allocated from Mgmt Co.			80	12								
13												13								
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$ (87,871)	14								
15	<b>TOTALS (line 9+line14)</b>						\$ 55,583,495	\$ 898,857			\$ 139,238	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 AT MIDWAY**

# **0053678**

Report Period Beginning:

**01/01/18**

Ending:

**12/31/18**

**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.			\$	<b>644,384</b>	<b>1</b>
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.)	2017		\$	<b>674,872</b>	<b>2</b>
3. Under or (over) accrual (line 2 minus line 1).			\$	<b>30,488</b>	<b>3</b>
4. Real Estate Tax accrual used for 2018 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	<b>708,616</b>	<b>4</b>
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. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>			\$		<b>5</b>
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. <b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		Alloc Fr. Mgmt Co.		<b>4,955</b>	<b>6</b>
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	<b>744,059</b>	<b>7</b>
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2013	<b>539,614</b>	<b>8</b>	<b>FOR BHF USE ONLY</b>	
	2014	<b>550,484</b>	<b>9</b>	13	FROM R. E. TAX STATEMENT FOR 2017 \$ 13
	2015	<b>574,477</b>	<b>10</b>	14	PLUS APPEAL COST FROM LINE 5 \$ 14
	2016	<b>627,906</b>	<b>11</b>	15	LESS REFUND FROM LINE 6 \$ 15
	2017	<b>674,872</b>	<b>12</b>	16	AMOUNT TO USE FOR RATE CALCULATION \$ 16
<b>Real estate taxes paid \$674,872 x 1.05 = \$708,616</b>					
<b>Allocated from Maestro Consulting = \$4,955</b>					

**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 AT MIDWAY COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0053678

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>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>19-03-304-004-0000</u>	<u>Long Term Care Property</u>	\$ <u>2,186.48</u>	\$ <u>2,186.48</u>
2. <u>19-03-304-005-0000</u>	<u>Long Term Care Property</u>	\$ <u>3,023.24</u>	\$ <u>3,023.24</u>
3. <u>19-03-304-006-0000</u>	<u>Long Term Care Property</u>	\$ <u>9,410.71</u>	\$ <u>9,410.71</u>
4. <u>19-03-304-007-0000</u>	<u>Long Term Care Property</u>	\$ <u>165,509.31</u>	\$ <u>165,509.31</u>
5. <u>19-03-304-008-0000</u>	<u>Long Term Care Property</u>	\$ <u>289,683.58</u>	\$ <u>289,683.58</u>
6. <u>19-03-304-009-0000</u>	<u>Long Term Care Property</u>	\$ <u>193,924.67</u>	\$ <u>193,924.67</u>
7. <u>19-03-304-023-0000</u>	<u>Long Term Care Property</u>	\$ <u>11,134.20</u>	\$ <u>11,134.20</u>
8. <u>10-27-319-028-0000</u>	<u>Home Office</u>	\$ <u>87,874.67</u>	\$ <u>4,955.00</u>
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	<b>TOTALS</b>	\$ <u><u>762,746.86</u></u>	\$ <u><u>679,827.19</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.**

Facility Name & ID Number SYMPHONY AT MIDWAY

# 0053678 Report Period Beginning:

01/01/18 Ending:

12/31/18

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 98,903 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 4

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

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

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

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

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

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

None

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

1. Total Amount Incurred: \_\_\_\_\_ 2. Number of Years Over Which it is Being Amortized: \_\_\_\_\_  
3. Current Period Amortization: \_\_\_\_\_ 4. Dates Incurred: \_\_\_\_\_

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

**XI. OWNERSHIP COSTS:**

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1				\$	1
2	Allocated from Maestro - 7257 Lincoln		2004	8,715	2
3	TOTALS			\$ 8,715	3

Facility Name & ID Number **SYMPHONY AT MIDWAY**

# **0053678**

Report Period Beginning:

**01/01/18**

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	2	3	4	5	6	7	8	9	
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4				\$	-		\$	\$	\$
5									
6									
7									
8									
	<b>Improvement Type**</b>								
9	Various		2000	186,297		20	9,284	9,284	171,887
10	Various		2001	47,574		20	2,379	2,379	41,843
11	Various		2002	15,861	-	20	-	-	15,861
12	Various		2003	126,758	-	20	5,399	5,399	126,758
13	Various		2004	42,166	-	20	1,280	1,280	42,166
14	Various		2005	29,048	-	20	497	497	28,780
15	Various		2006	172,462	-	20	2,519	2,519	164,933
16	Various		2007	3,200	-	20	-	-	3,200
17	Various		2009	23,132	-	20	148	148	21,521
18	Various		2010	254,899	-	20	22,416	22,416	200,874
19	Various		2011	261,021	-	20	21,016	21,016	162,259
20	Various		2012	32,175	-	20	3,422	3,422	29,513
21	Various		2013	5,760	-	20	288	288	1,613
22					-		-		
23					-		-		
24					-		-		
25					-		-		
26					-		-		
27					-		-		
28									
29									
30									
31									
32									
33									
34									
35									
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 AT MIDWAY

# 0053678

Report Period Beginning:

01/01/18

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		\$	\$		\$	\$	\$	37
38			-		-			38
39								39
40			-		-			40
41			-		-			41
42			-		-			42
43								43
44			-		-			44
45			-		-			45
46			-		-			46
47			-		-			47
48			-		-			48
49			-		-			49
50			-		-			50
51			-		-			51
52			-		-			52
53			-		-			53
54			-		-			54
55			-		-			55
56			-		-			56
57			-		-			57
58			-		-			58
59			-		-			59
60			-		-			60
61			-		-			61
62			-		-			62
63			-		-			63
64			-		-			64
65			-		-			65
66			-		-			66
67			-		-			67
68								68
69					-			69
70		\$ 1,200,353	\$		\$ 68,647	\$ 68,647	\$ 1,011,209	70

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

Facility Name & ID Number SYMPHONY AT MIDWAY

# 0053678

Report Period Beginning:

01/01/18

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	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	<b>Totals from Page 12A, Carried Forward</b>	\$ 1,200,353	\$ -		\$ 68,647	\$ 68,647	\$ 1,011,209		1
2	Install New Vinyl Base In All Residents Rooms With New Tiles	2014 5,500	-	20	275	275	1,306		2
3	Shower Room Demolition & Repair - 2Nd & 3Rd Floor	2014 36,600	-	20	1,830	1,830	8,083		3
4	Install 18 Window Sills For Dining Rm On 1St,2Nd,3Rd,4Th Floor	2014 4,500	-	20	225	225	1,013		4
5	On Floor/Walls, Remove Drywall By Shower	2014 19,200	-	20	960	960	4,000		5
6	Repaired Sewer Storm Lines	2015 6,500	-	20	325	325	1,300		6
7	Install Electrical Sub-Panel & Circuit Breaker In Basement	2015 5,215	-	20	261	261	1,043		7
8	Scrape Iron Fence & Replace Railing	2015 8,500	-	20	425	425	1,700		8
9	66X Cubicle Curtains In Golden Color	2016 4,281	-	20	214	214	642		9
10	Room Entry Door Refacing With Pl.Lam Both Sides	2016 2,750	-	20	138	138	413		10
11	Solid Core Birch 20 Min Smoke Label Doors In Rooms	2016 7,634	-	20	382	382	1,145		11
12	Walkin Freezer-New Pressure Switch, New Filter Drier With Torc	2016 2,726	-	20	136	136	409		12
13	Plumbing Service To Repair Leak On Hot Water Main At Tank	2016 5,885	-	20	294	294	883		13
14	Electrical-New Junction Box & Extend 100 Amp 3 Phase To Top C	2016 2,670	-	20	134	134	401		14
15	Kitchen Floor And Wall Repairs	2017 3,055	-	20	153	153	306		15
16	Replace Kitchen Cooler Condens	2017 5,972	-	20	299	299	597		16
17	Fence Repairs	2017 4,800	-	20	240	240	480		17
18	Plumbing Install Bypass For Domestic Hot Water Feeding Tmv	2017 5,895	-	20	295	295	590		18
19	Doors For Rms 325,403, 413	2017 2,619	-	20	131	131	262		19
20	Sprinkler replacement - Lower Level	2018 8,016	376	20	376		376		20
21			-		-				21
22			-		-				22
23									23
24	Reconcile to financial statement depreciation		5,748			(5,748)			24
25			-		-				25
26									26
27			-		-				27
28			-		-				28
29			-		-				29
30			-		-				30
31			-		-				31
32			-		-				32
33			-		-				33
34	<b>TOTAL (lines 1 thru 33)</b>	\$ 1,342,670	\$ 6,124		\$ 75,739	\$ 69,615	\$ 1,036,157		34

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

Facility Name &amp; ID Number SYMPHONY AT MIDWAY

# 0053678

Report Period Beginning:

01/01/18

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	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	<b>Totals from Page 12E, Carried Forward</b>		\$ 1,342,670	\$ 6,124		\$ 75,739	\$ 69,615	\$ 1,036,157	1
2				-		-			2
3									3
4				-		-			4
5									5
6									6
7									7
8	<b>Leasehold Improvements:</b>								8
9	Various	2005	45,177	-	20	2,259	2,259	31,625	9
10	Repair Door Closures	2006	5,062	-	20	253	253	3,036	10
11	Repair Door Holders	2006	7,201	-	20	360	360	4,320	11
12	Tv Lounge/Stairway	2007	5,000	-	20	250	250	3,000	12
13	Flooring 4Th Floor Corridor	2007	41,150	-	20	2,058	2,058	24,694	13
14	Install - Card Swipe And Door Strike	2007	3,501	-	20	175	175	2,100	14
15	2 Tormax Ttx Ii Low Engergy Operator	2007	3,470	-	20	174	174	2,086	15
16	10 Fantagraph Pleated Shades, Window Fashions	2007	5,394	-	20	270	270	3,238	16
17	Fire Sprinkler Work	2007	4,929	-	20	246	246	2,954	17
18	Admission/Hallway Lobby/Reception Area	2007	6,560	-	20	328	328	3,936	18
19	6 Track System For Cubicle Curtain	2007	3,310	-	20	166	166	1,990	19
20	1St Floor 22 Resident Washrooms	2007	4,620	-	20	231	231	2,772	20
21	14 Pleated Shades/Blinds Window Fashion	2007	8,154	-	20	408	408	4,894	21
22	1 Tormax Ttx Ii Low Engergy Operator	2007	4,968	-	20	248	248	2,978	22
23	Door Closer/ Holders	2007	4,045	-	20	202	202	2,426	23
24	Generator Upgrade	2007	5,793	-	20	290	290	3,478	24
25	Flooring 22 Residents Washrooms	2007	4,920	-	20	246	246	2,952	25
26	Flooring Admission Hallway/Lobby/Reception Area	2007	6,560	-	20	328	328	3,936	26
27	1St Floor Reface 34 Doors	2007	2,295	-	20	115	115	1,380	27
28	1St Floor Reface 34 Doors	2007	2,295	-	20	115	115	1,380	28
29	Door Locks	2007	2,832	-	20	142	142	1,702	29
30	Construct Patient Room	2007	5,000	-	20	250	250	3,000	30
31	Ventilation Work For Generator	2007	26,978	-	20	1,349	1,349	16,188	31
32	Window Coverings	2007	23,163	-	20	1,158	1,158	13,896	32
33	Construct Closets	2007	6,000	-	20	300	300	3,600	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 1,581,047	\$ 6,124		\$ 87,660	\$ 81,536	\$ 1,183,718	34

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

**XI. OWNERSHIP COSTS (continued)**

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12F, Carried Forward</b>		\$ 1,581,047	\$ 6,124		\$ 87,660	\$ 81,536	\$ 1,183,718	1
2	Flooring	2007	3,890		20	195	195	2,338	2
3	Drapery	2007	5,169		20	258	258	3,098	3
4	Painted 33 Rooms; Holes Patching & Repairing	2008	6,930		20	347	347	4,104	4
5	Armstrong Wide Material - Connection Corlon Stone Harbor - Floorin	2008	4,471		20	224	224	2,649	5
6	Replaced Door Closures & Holders For Rooms	2008	10,865		20	543	543	6,518	6
7	Reface Doors & Metal Door Kickplates	2008	8,050		20	403	403	4,834	7
8	Routing And Cracksealing Of Parking Lot; Concrete Removal & Repl	2008	6,909		20	345	345	3,681	8
9	Sign Lightbox And Banner	2008	5,726		20	286	286	2,956	9
10	Landscape Irrigation System	2008	6,500		20	325	325	3,250	10
11	Painting Walls in 31 Rooms	2009	8,725		20	436	436	4,362	11
12	Landscape retaining Walls, Plants, Perennials, and Mulch	2009	9,000		20	450	450	4,500	12
13	Chair Rail - Oak Color	2009	4,410		20	221	221	2,208	13
14	2nd and 3rd Flr Dining Rm- Tiles, Window Treatments, Chair Rails	2009	59,648		20	2968	2,968	29,680	14
15	Outside Security System - Monitors, Strobe Lights, Indoor and Outdoc	2009	21,603		20	1080	1,080	10,800	15
16	Painting 30 Rooms	2009	12,305		20	615	615	6,152	16
17	Landscaping, Rocks, Boulders, Plants, and Mulch	2009	9,000		20	450	450	4,500	17
18	Chair Rails for 3rd Floor	2009	2,482		20	124	124	1,240	18
19	5 Indoor Cameras; 1 Outdoor Camera; 6 Boxes of Wire	2009	3,465		20	173	173	1,732	19
20	Wifi Cable Wiring	2013	5,500		20	275	275	1,650	20
21	Solid-State Starter	2013	3,047		20	152	152	912	21
22	1 Crv Heat Exchanger Cb 1796 Ch1801H	2013	4,910		20	246	246	1,230	22
23	Sand down and satin 250 doors, laminate and reinstalled doors	2014	22,500		20	1125	1,125	5,625	23
24	Removed and installed floor tiling-resident rooms on 1,2,3 & 4th FL	2014	62,000		20	3100	3,100	15,500	24
25	1st, 2nd, 3rd, and 4th Floor Dining Room - Wallcoverings	2014	38,297		20	1915	1,915	9,575	25
26	8 Fire doors	2014	5,000		20	250	250	1,250	26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 1,911,449	\$ 6,124		\$ 104,166	\$ 98,042	\$ 1,318,062	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	<b>Totals from Page 12G, Carried Forward</b>	\$ 1,911,449	\$ 6,124		\$ 104,166	\$ 98,042	\$ 1,318,062		1
2	<b>Buildings:</b>								2
3	<u>Allocated from Maestro/7257 Lincoln</u>	2004	78,436	-	35	2241	2,241	33,896	3
4									4
5									5
6									6
7									7
8	<b>Leasehold Improvements:</b>								8
9	<u>Allocated from Maestro Consulting Services</u>	2003	638	-	20	32	32	482	9
10	<u>Allocated from Maestro Consulting Services</u>	2004	12,953	-	20	646	646	9,535	10
11	<u>Allocated from Maestro Consulting Services</u>	2005	768	-	20	38	38	532	11
12	<u>Allocated from Maestro Consulting Services</u>	2006	1,041	-	20	52	52	644	12
13	<u>Allocated from Maestro Consulting Services</u>	2008	1,098	-	20	55	55	563	13
14	<u>Allocated from Maestro Consulting Services</u>	2009	17,671	-	20	884	884	8,491	14
15	<u>Allocated from Maestro Consulting Services</u>	2010	2,716	-	20	136	136	1,155	15
16	<u>Allocated from Maestro Consulting Services</u>	2011	147	-	20	7	7	58	16
17	<u>Allocated from Maestro Consulting Services</u>	2012	163	-	20	8	8	55	17
18	<u>Allocated from Maestro Consulting Services</u>	2014	2,042	-	20	102	102	470	18
19	<u>Allocated from Maestro Consulting Services</u>	2015	574	-	20	29	29	96	19
20	<u>Allocated from Maestro Consulting Services</u>	2016	2,517	-	20	252	252	601	20
21	<u>Allocated from Maestro Consulting Services</u>	2017	337	-	20	17	17	34	21
22									22
23	<u>Allocated from Maestro/7257 Lincoln</u>	2015	1,236	-	20	82	82	275	23
24	<u>Allocated from Maestro/7257 Lincoln</u>	2005	7,150	-	20	256	256	5,500	24
25	<u>Allocated from Maestro/7257 Lincoln</u>	2004	1,559	-	20	78	78	1,130	25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 2,042,495	\$ 6,124		\$ 109,081	\$ 102,957	\$ 1,381,579	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	\$ 820,619	\$ 34,066	\$ 59,391	\$ 25,325	10	\$ 578,535	71
72	Current Year Purchases	59,919	6,010	6,010	-	10	6,010	72
73	Fully Depreciated Assets	691,202			-	10	691,202	73
74	Allocated from Maestro	225,334	-	13,950	13,950		86,010	74
75	TOTALS	\$ 1,797,074	\$ 40,076	\$ 79,351	\$ 39,275		\$ 1,361,757	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	2017	\$ 483	\$ -	\$ -	\$ -	5	\$ 483	76
77							-			77
78							-			78
79							-			79
80	TOTALS			\$ 483	\$ -	\$ -	\$ -		\$ 483	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)	\$ 3,848,767	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 46,200	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 188,432	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 142,232	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 2,743,819	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	\$ 10,610	92
93			93
94			94
95		\$ 10,610	95

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

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

**XII. RENTAL COSTS**

**A. Building and Fixed Equipment (See instructions.)**

1. Name of Party Holding Lease: Invesque

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

If NO, see instructions.

YES  NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:			<u>11/1/2015</u>	\$ <u>2,897,400</u>	<u>15</u>	<u>15</u>	3
4	Additions							4
5	<u>Allocated from Maestro Consulting</u>				<u>3,600</u>			5
6								6
7	TOTAL				\$ <u>2,901,000</u>			7

10. Effective dates of current rental agreement:

Beginning 11/1/2015

Ending 10/31/2030

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

Fiscal Year Ending Annual Rent

12.	<u>12/31/2019</u>	\$ <u>2,674,982</u>
13.	<u>12/31/2020</u>	\$ <u>2,735,169</u>
14.	<u>12/31/2021</u>	\$ <u>2,796,710</u>

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized by the length of the lease \_\_\_\_\_.

N/A

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: \$ 211,465

Description: See Attached Schedule

(Attach a schedule detailing the breakdown of movable equipment)

**C. Vehicle Rental (See instructions.)**

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>Allocated from Maestro Consulting</u>		\$ _____	\$ <u>7,928</u>	17
18					18
19					19
20					20
21	TOTAL		\$ _____	\$ <u>7,928</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 AT MIDWAY  
**IDPH License ID Number:** 0053678  
**Fiscal Year End:** 12/31/18

**Schedule 14A**

**XIV. Rental Costs**

**Line 16 Rental Amount for Moveable Equipment**

<b>Rental Description</b>	<b>Amount</b>
Bariatric Beds/Pressurized mattresses	124,089
Vital monitors	3,916
Copier	90,598
Music over the paging system	850
Postage machine	537
Water dispenser	555
Integra Allocation	(17,994)
Maestro Allocation	8,914
<b>Total - Line 16</b>	<b><u>211,465</u></b>

**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>
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**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) (7)	hrs	\$	7,880	\$ 565,950	\$	7,880	\$ 565,950	1
2	Licensed Speech and Language Development Therapist	39 (3)	hrs		3,328	239,600		3,328	239,600	2
3	Licensed Recreational Therapist		hrs		7,863	566,166		7,863	566,166	3
4	Licensed Physical Therapist	39 (3)	hrs							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				165,369		165,369	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)					37,857		37,857	12
13	Other (specify): <u>See Sch 16A</u>	39 (3)			1,223	88,072		1,223	88,072	13
14	<b>TOTAL</b>			\$	20,294	\$ 1,459,788	\$ 203,226	20,294	\$ 1,663,014	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 AT MIDWAY  
**IDPH License ID Number:** 0053678  
**Fiscal Year End:** 12/31/18

**Schedule 16A**

**XIV. Special Services (Direct Cost)**

**Line 13 Other (specify)**

<u>Description</u>	<u>Units</u>	<u>Amount</u>
Inhalation Therapy Costs-Private		108
Inhalation Therapy Costs-Medicare A		6,219
Inhalation Therapy Costs-Medicaid		14,454
Other Ancillary Costs-Medicare A		(200)
I.V. Therapy Costs-Medicaid		19,500
I.V. Therapy Costs-Private		1,050
Other Ancillary Costs-Private		655
I.V. Therapy Costs-Medicare A		12,059
I.V. Therapy Costs-Managed Care		31,041
Inhalation Therapy Costs-Managed Care		3,186
<b>Total - Line 13</b>	<b>-</b>	<b>88,072</b>

Facility Name & ID Number **SYMPHONY AT MIDWAY**

# **0053678**

Report Period Beginning: **01/01/18**

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*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$ (30,702)	\$ (30,702)	1
2	Cash-Patient Deposits	48,697	48,697	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>3,850,127</u> )	6,843,841	6,843,841	3
4	Supply Inventory (priced at _____ )			4
5	Short-Term Investments			5
6	Prepaid Insurance	3,980	3,980	6
7	Other Prepaid Expenses	63,173	63,173	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): _____			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 6,928,989	\$ 6,928,989	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		8,715	13
14	Buildings, at Historical Cost		78,436	14
15	Leasehold Improvements, at Historical Cost	25,287	1,964,059	15
16	Equipment, at Historical Cost	231,955	1,797,557	16
17	Accumulated Depreciation (book methods)	(72,732)	(2,743,819)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify): _____			22
23	Other(specify): <u>See Attached Schedule</u>	1,302,452	1,302,452	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 1,486,962	\$ 2,407,400	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 8,415,951	\$ 9,336,389	25

		1	2	
		Operating	After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 1,947,609	\$ 1,947,609	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	48,697	48,697	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	549,851	549,851	30
31	Accrued Taxes Payable (excluding real estate taxes)	(58,568)	(58,568)	31
32	Accrued Real Estate Taxes(Sch.IX-B)	708,616	708,616	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	<u>See Attached Schedule</u>	7,587,731	7,587,731	36
37	_____			37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 10,783,936	\$ 10,783,936	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable	898,857	898,857	39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43	_____			43
44	_____			44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 898,857	\$ 898,857	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 11,682,793	\$ 11,682,793	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ (3,266,842)	\$ (2,346,404)	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 8,415,951	\$ 9,336,389	48

\*(See instructions.)

Facility Name: SYMPHONY AT MIDWAY  
 IDPH License ID Number: 0053678  
 Fiscal Year End: 12/31/18

Schedule 17A

XV. Balance Sheet

Line 23 Long-Term Assets Other (specify):

Description	After	
	Operating	Consolidation
SM Clearing Account	(434)	(434)
SM Fixed Assets - Construction in Process	10,610	10,610
SM CSA I/C Related/Party Due To/From Accts	-	-
SM Due To/From - 87Th Street	719	719
SM Due To/From - Bronzeville Park LLC	210,000	210,000
SM Due To/From - South Shore	120,000	120,000
SM Due To/From - Ren @ Midway - OLD	937,089	937,089
SM Due To/From - Nucare Insurance Susp.	-	-
SM Due To/From - Claridge LLC	24,468	24,468
<b>Total - Line 23</b>	<b>1,302,452</b>	<b>1,302,452</b>

XV. Balance Sheet

Line 36 Other Current Liabilities (specify):

Description	After	
	Operating	Consolidation
SM Due To/From - Aria LLC	(40,000)	(40,000)
SM Due To/From - Jackson Square LLC	(169,869)	(169,869)
SM Due To/From - Lincoln Park LLC	(104,000)	(104,000)
SM Due To/From - Morgan Park	(82,186)	(82,186)
SM Due To/From - California Gardens Nursing and Reha	(5,330)	(5,330)
SM Due To/From - Monroe Corp	(52)	(52)
SM Due To/From - Symcare Healthcare	(3,350,829)	(3,350,829)
SM Due To/From - Symcare ML	(1,611,482)	(1,611,482)
SM Due To/From - Maestro	(498,767)	(498,767)
SM Accrued Payables	(79,044)	(79,044)
SM Accrued Payables - Professional Fees	(24,636)	(24,636)
SM Accrued Payables - Health Insurance	(71,028)	(71,028)
SM Accrued Payable - Dental Insurance	(369)	(369)
SM Accrued Payables - Vision Insurance	(147)	(147)
SM Accrued Payables - Life Insurance	(2,256)	(2,256)
SM Accrued Payables - Short Term Disability	1,140	1,140
SM Accrued Payables - Payroll Union Dues	(15,185)	(15,185)
SM Accrued Payables - Payroll Credit Union	79	79
SM Accrued Payables - 401K Deductions	7,426	7,426
SM Accrued Payables - 401K Loan Repayments	(289)	(289)
SM Accrued Payables - Garnishments	2,557	2,557
SM Accrued Payables - WC/GL Insurance	(300,291)	(300,291)
SM Accrued Payables - Bed Taxes	1	1
SM Accrued Payables - Bed Taxes Add'l	26,189	26,189
SM Accrued Payables - Management Fees	(156,400)	(156,400)
SM Accrued Payables - Interest	(735)	(735)
SM Accrued Payables - Sales Tax	(229)	(229)
SM Deferred Rent	(1,111,999)	(1,111,999)
<b>Total - Line 36</b>	<b>(7,587,731)</b>	<b>(7,587,731)</b>

**XVI. STATEMENT OF CHANGES IN EQUITY**

		<b>1 Total</b>	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>(115,773)</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>			<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>(115,773)</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	(3,151,078)	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	( )	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe) <b>Rounding</b>	9	<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>(3,151,069)</b>	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>(3,266,842)</b>	<b>24</b> *

\* 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		2	
I. Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 17,619,878	1
2	Discounts and Allowances for all Levels	(2,557,666)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 15,062,212	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,831,652	6
7	Oxygen	4,826	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 2,836,478	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop	(396)	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	294,688	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	79,274	19
20	Radiology and X-Ray	20,681	20
21	Other Medical Services	30,675	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 424,922	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	37,761	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 37,761	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>See Supplemental Schedule</u>	(43,617)	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ (43,617)	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 18,317,756	30

1		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	2,331,608	31
32	Health Care	5,704,240	32
33	General Administration	3,798,027	33
<b>B. Capital Expense</b>			
34	Ownership	4,130,358	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	4,882,218	35
36	Provider Participation Fee	622,383	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 21,468,834	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(3,151,078)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (3,151,078)	43
<b>III. Net Inpatient Revenue detailed by Payer Source</b>			
44	Medicaid - Net Inpatient Revenue	\$ 9,071,670	44
45	Private Pay - Net Inpatient Revenue	234,400	45
46	Medicare - Net Inpatient Revenue	990,654	46
47	Other-(specify) <b>MAIP/Hospice</b>	893,964	47
48	Other-(specify) <b>Managed Care</b>	3,871,524	48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 15,062,212	49

\* This must agree with page 4, line 45, column 4.  
 \*\* Does this agree with taxable income (loss) per Federal Income Tax Return? No^ If not, please attach a reconciliation.  
 \*\*\* See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.  
 \*\*\*\* Provide a detailed breakdown of "Other Revenue" on an attached sheet.  
 ^ Entity is a cash basis taxpayer

Facility Name: SYMPHONY AT MIDWAY  
IDPH License ID Number: 0053678  
Fiscal Year End: 12/31/18

**Schedule 19A**

**XVII. Income Statement**

**Line 28 Other Revenue (specify):**

<b>Description</b>	<b>Amount</b>
SM Preferred Insurance Provider Incentive - Revenue-	(85,100)
SM Other Services - Revenue-Managed Care	136,284
SM Transportation - Other Revenue-Other	(17,542)
SM Other Income-Other	(202)
SM Closing Costs & Adjustment to Prior Year Exp-Admin	10,177
<b>Total - Line 28</b>	<b><u>43,617</u></b>

Facility Name & ID Number **SYMPHONY AT MIDWAY**

# **0053678**

Report Period Beginning: **01/01/18**

Ending:

**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	1,741	2,039	\$ 137,943	\$ 67.64	1
2	Assistant Director of Nursing	2,200	2,389	100,532	42.08	2
3	Registered Nurses	11,473	12,471	408,168	32.73	3
4	Licensed Practical Nurses	65,237	77,803	2,090,142	26.86	4
5	CNAs & Orderlies	113,366	129,857	1,735,835	13.37	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	12,082	13,648	181,086	13.27	10
11	Social Service Workers	5,476	6,064	135,076	22.28	11
12	Dietician					12
13	Food Service Supervisor	1,960	2,196	65,473	29.81	13
14	Head Cook	6,530	7,491	114,494	15.29	14
15	Cook Helpers/Assistants	15,538	17,847	216,312	12.12	15
16	Dishwashers					16
17	Maintenance Workers	3,837	4,317	73,786	17.09	17
18	Housekeepers	2,259	2,593	35,718	13.77	18
19	Laundry					19
20	Administrator	2,181	2,402	166,314	69.23	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	8,281	9,244	188,437	20.39	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	6,260	7,149	125,325	17.53	31
32	Other Health C: See Sch 20A	10,527	11,939	355,494	29.78	32
33	Other(specify) <u>Admis./Relations</u>	3,605	4,104	109,384	26.65	33
34	TOTAL (lines 1 - 33)	272,550	313,553	\$ 6,239,519 *	\$ 19.90	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	\$ 50,772	1(3)	35
36	Medical Director	Monthly	22,800	9(3)	36
37	Medical Records Consultant				37
38	Nurse Consultant	Monthly	11,641	10(7)	38
39	Pharmacist Consultant	Monthly	25,563	10(3)	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	Monthly	1,214	39(3)	42
43	Speech Therapy Consultant				43
44	Activity Consultant	Monthly	1,403	11(3)	44
45	Social Service Consultant				45
46	Other(specify) <u>Dental Consultant</u>	Monthly	3,600	39(3)	46
47	<u>Psychiatric Consultant</u>	Monthly	15,780	10(3)	47
48					48
49	TOTAL (lines 35 - 48)		\$ 132,773		49

**C. CONTRACT NURSES**

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

Facility Name: SYMPHONY AT MIDWAY  
IDPH License ID Number: 0053678  
Fiscal Year End: 12/31/18

**Schedule 20A**

**XVIII. Staffing and Salary Costs**  
**Line 32 Other Health Care (specify):**

<b>Description</b>	<b># of Hrs. Actually Worked</b>	<b># of Hrs. Paid and Accrued</b>	<b>Total Salaries</b>	<b>Average Hourly Wage</b>
Alzheimers	1,328	1,481	45,505	\$ 30.73
MDS Coordinator	3,982	4,462	224,701	\$ 50.36
Wound Care	5,217	5,996	85,388	\$ 14.24
<b>Total - Line 32 O</b>	<b>10,527</b>	<b>11,939</b>	<b>355,594</b>	

**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	
Mike Hunter	Administrator	0	\$ 166,314	Workers' Compensation Insurance	\$ 164,076	IDPH License Fee	\$ 1,990	
				Unemployment Compensation Insurance	65,396	Advertising: Employee Recruitment	3,697	
				FICA Taxes	454,152	Health Care Worker Background Check		
				Employee Health Insurance	235,486	(Indicate # of checks performed 432 )	5,178	
				Employee Meals		Patient Background Checks	2,480	
				Illinois Municipal Retirement Fund (IMRF)*		Dues & Subscription	354	
				Employee Retirement	48,664	Licenses & Permits	9,548	
				Employee Benefits - Other	20,392	Health Care Council of Illinois	40,750	
				Employees' Physical Exams	6,960	Disallow Lobbying Fees	(20,375)	
				401K	4,236	Allocated from Maestro Consulting Services	6,374	
						Less: Public Relations Expense	( )	
						Non-allowable advertising	( )	
						Yellow page advertising	( )	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 166,314	TOTAL (agree to Schedule V, line 22, col.8)		TOTAL (agree to Sch. V, line 20, col. 8)		
				\$ 999,362		\$ 49,996		
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 - Maestro Consulting Services			\$ 896,366				Out-of-State Travel	\$
							In-State Travel	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 896,366	TOTAL			Seminar Expense	4,171
				\$			Allocated from Maestro	1,285
C. Professional Services								
Vendor/Payee	Type	Amount						
Ability Network, Inc	Secure Exc. Mngd. Services	\$ 8,845					Entertainment Expense ( )	
Achieve Accreditation	Accreditation	8,357					(agree to Sch. V, line 24, col. 8)	
Allscripts	IT System	3,346					TOTAL	
Alteryx, Inc	Data Analytics	1,247					\$ 5,456	
American Express	Internet	5,536						
Byron L. Mason	Legal Fees	1,568						
Cerida Investment Corp.	Business Services	530						
Comcast Cable	Internet	30,123						
Corporation Service Company	Annual Filing	305						
Creative Technology Solutions	IT Support	24,868						
Curaspan Health Group	Online Referral Service	2,135						
See Supplemental Schedule		411,051						
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 497,911					

\* Attach copy of IMRF notifications

\*\*See instructions.

**Schedule 21C**

**XIX. SUPPORT SCHEDULES**

**C. Professional Services**

<b>Vendor</b>	<b>Type</b>	<b>Amount</b>
Dart Chart	Software	8,994
Data Robot, Inc.	Computer Services	1,534
Delaney Delaney & Voorn, Ltd.	Legal Fees	883
Digital Marketing Seo & Web Design	Branding	494
Formation Healthcare Group, LLC	Montly Subscription Fee	1,246
Fyi Systems, Inc.	Computer IT	515
Health Data Systems Inc	Programming	3,738
Ira I. Silverstein	Legal Fees	1,556
James Stephen Meyer	Legal Fees	1,100
Language Line Services	Phone Interpretation	4,725
Eduard Adam Glavinskias	Legal Fees	1,100
Ltc Consulting Services	Collection Agency	57,927
Maestro Consulting	Consulting Services	85,550
Managed Care Group	IT Support	1,466
Marcum	Accreditation	9,414
Market Metrix	Customer and Employee Metrix Subscription	1,055
McCabe Kirshner P.C.	Legal Fees	95,311
Mts Consulting, LLC	Tax Consulting	5,717
Neal, Gerber & Eisenberg, LLP	Legal Fees	73
Nexuscomm, LLC	Cable	7,199
On Shift, Inc.	Online Scheduling Service	14,840
Patient Ping, Inc.	Care Coordination Network	1,000
Personnel Planners, Inc	Qtrly Unemployment Claims	2,298
Pointclickcare Technologies Inc.	Cloud Based Software and Services	39,970
Prime Care Technologies	PBJ Reporting Module Access Fee	247
Real Time Medical Systems LLC	Clinical and Financial Analytisis Service	4,331
RSM US LLP	Accounting	22,932
SB2 Inc.	Legal Fees	263
SB2 Inc.	Consulting Services	2,480
Scott Norton	Computer Consulting	406
Snowflake Computing, Inc.	Computer Services	822
Stone Pogrund & Korey LLC	Legal Fees	9,625
Telemedicine Solutions, LLC	Wound Rounds Care	17,976
Tracking System	Computer Services	66
Transworld Systems Inc	Collection Service	70
Wencel Worldwide, Inc.	Branding	3,315
Meikem Inc	Laundry Supplies	813
	From Page 21	86,860
	<b>Total (agree to Schedule V, line 19, column 3)</b>	<b>497,911</b>
Allocated from Management Company Legal Fees		
Allocated from Management Company Professional Services		109,429
Less: Non-Allowable Legal Fees		(13,631)
Less: Reclassed out of Professional Services		(813)
	<b>Total (agree to Schedule V, line 19, column 8)</b>	<b>592,896</b>

Facility Name &amp; ID Number SYMPHONY AT MIDWAY

# 0053678

Report Period Beginning:

01/01/18

Ending:

12/31/18

**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. Health Care Council of Illinois \$40,750
- (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? 7 yr
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 0 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? Yes  
If YES, give effective date of lease. 11/1/2015
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES X NO        If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.  
Renaissance at Midway #0041749 11/01/2015
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 622,383  
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. \$ N/A Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation  
a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.  
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A  
c. What percent of all travel expense relates to transportation of nurses and patients? 100%  
d. Have vehicle usage logs been maintained? N/A  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A  
g. Does the facility transport residents to and from day training? No  
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? Yes  
Firm Name: RSM US LLP
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? 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.