

Facility Name & ID Number Symphony of Evanston Healthcare

0053256 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	158	Skilled (SNF)	158	57,670	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	158	TOTALS	158	57,670	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				5	
		3 Medicaid Recipient	4 Private Pay	Other	Total		
8	SNF	11,074	11,396	14,617	37,087	8	
9	SNF/PED					9	
10	ICF					10	
11	ICF/DD					11	
12	SC					12	
13	DD 16 OR LESS					13	
14	TOTALS	11,074	11,396	14,617	37,087	14	

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 64.31%

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 11/01/2014

J. Was the facility purchased or leased after January 1, 1978?
YES Date 11/01/2014 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 158 and days of care provided 8,164

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 of Evanston Healthcare # 0053256 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
	A. General Services										
1	Dietary	509,704	38,562	22,563	570,829		570,829	-	570,829		1
2	Food Purchase		275,225		275,225		275,225	-	275,225		2
3	Housekeeping	140,519	40,502	-	181,021		181,021	-	181,021		3
4	Laundry	21,024	21,114	90,223	132,361		132,361	-	132,361		4
5	Heat and Other Utilities			245,503	245,503		245,503	1,671	247,174		5
6	Maintenance	227,647	-	138,800	366,447		366,447	983	367,430		6
7	Other (specify):*	-	-	-				-			7
8	TOTAL General Services	898,894	375,403	497,089	1,771,386		1,771,386	2,654	1,774,040		8
	B. Health Care and Programs										
9	Medical Director	-	-	22,000	22,000		22,000	-	22,000		9
10	Nursing and Medical Records	3,932,846	198,477	40,750	4,172,073		4,172,073	111,769	4,283,842		10
10a	Therapy	-	-	-				-			10a
11	Activities	107,910	-	660	108,570		108,570	-	108,570		11
12	Social Services	94,472	-	-	94,472		94,472	-	94,472		12
13	CNA Training	-	-	-				-			13
14	Program Transportation	-	-	-				-			14
15	Other (specify):* Mgmt Alloc of Benefit	-	-	-				34,734	34,734		15
16	TOTAL Health Care and Programs	4,135,228	198,477	63,410	4,397,115		4,397,115	146,503	4,543,618		16
	C. General Administration										
17	Administrative	82,175	-	667,291	749,466		749,466	(667,291)	82,175		17
18	Directors Fees			-				-			18
19	Professional Services			297,919	297,919		297,919	38,234	336,153		19
20	Dues, Fees, Subscriptions & Promotions			63,341	63,341		63,341	(6,625)	56,716		20
21	Clerical & General Office Expenses	195,950	6,776	73,412	276,138		276,138	102,519	378,657		21
22	Employee Benefits & Payroll Taxes			954,373	954,373		954,373	-	954,373		22
23	Inservice Training & Education			-				-			23
24	Travel and Seminar			461	461		461	816	1,277		24
25	Other Admin. Staff Transportation		-	5,288	5,288		5,288	6,203	11,491		25
26	Insurance-Prop.Liab.Malpractice			409,437	409,437		409,437	3,109	412,546		26
27	Other (specify):* Mgmt Alloc of Benefit	-	-	-				17,328	17,328		27
28	TOTAL General Administration	278,125	6,776	2,471,522	2,756,423		2,756,423	(505,707)	2,250,716		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,312,247	580,656	3,032,021	8,924,924		8,924,924	(356,550)	8,568,374		29

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

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

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			75,458	75,458		75,458	251,044	326,502			30
31	Amortization of Pre-Op. & Org.			-				-				31
32	Interest			73,246	73,246		73,246	(3,376)	69,870			32
33	Real Estate Taxes			312,761	312,761		312,761	3,144	315,905			33
34	Rent-Facility & Grounds			2,288,084	2,288,084		2,288,084	2,284	2,290,368			34
35	Rent-Equipment & Vehicles			164,273	164,273		164,273	(1,235)	163,038			35
36	Other (specify):*			-				-				36
37	TOTAL Ownership			2,913,822	2,913,822		2,913,822	251,861	3,165,683			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation	-	-	44,885	44,885		44,885	(2,404)	42,481			38
39	Ancillary Service Centers	-	247,822	1,787,450	2,035,272		2,035,272	(1,244)	2,034,028			39
40	Barber and Beauty Shops	-	-	-				-				40
41	Coffee and Gift Shops	-	-	-				-				41
42	Provider Participation Fee			261,588	261,588		261,588	-	261,588			42
43	Other (specify):* Non-Allowable Cos	93,389	-	871,406	964,795		964,795	(964,795)				43
44	TOTAL Special Cost Centers	93,389	247,822	2,965,329	3,306,540		3,306,540	(968,443)	2,338,097			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,405,636	828,478	8,911,172	15,145,286		15,145,286	(1,073,132)	14,072,154			45

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

Facility Name & ID Number Symphony of Evanston Healthcare

0053256

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	(24,948)	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	236,012	30		9
10	Interest and Other Investment Income	(5,452)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	1,241	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	(8,204)	43		18
19	Entertainment	(1,865)	43		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	(674,137)	43		24
25	Fund Raising, Advertising and Promotional	(817)	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>	(301,080)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (779,250)		\$	30

BHF USE ONLY							
48		49		50		51	
							52

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(293,882)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (293,882)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (1,073,132)		37

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

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

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

Symphony of Evanston Healthcare

ID# 0053256

Report Period Beginning: 01/01/18

Ending: 12/31/18

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-Allowable Marketing Events	\$ (120,640)	43	1
2	Laboratory Costs	(23,205)	43	2
3	X-Ray Costs	(18,649)	43	3
4	Theft and Damage Loss	(23)	43	4
5	Admissions Coordinator Salary	(48,933)	43	5
6	Community & Guest Relations Salary	(44,481)	43	6
7	Misc. Income	(110)	21	7
8	To capitalize repairs and maintenance	(3,800)	6	8
9	Lobbying Dues/Chamber of Commerce dues	(10,670)	20	9
10	Out of period legal	(29,928)	19	10
11	To adjust professional fees to proper account	(641)	19	11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(301,080)		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 Schedule V	2 Line	3 Cost Per General Ledger		5 Cost to Related Organization		6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item	4 Amount	Name of Related Organization					
1	V	19	Professional Fees	\$	Symphony Financial Services, LLC	100%	\$ 83	\$ 83	1
2	V	21	Clerical & General Office Expense		Symphony Financial Services, LLC	100%	15,103	15,103	2
3	V	30	Depreciation		Symphony Financial Services, LLC	100%	3,061	3,061	3
4	V	32	Interest		Symphony Financial Services, LLC	100%	2,025	2,025	4
5	V	35	Rent-Equipment & Vehicles		Symphony Financial Services, LLC	100%	1,708	1,708	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			\$			\$ 21,980	\$ * 21,980	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%	\$ 1,671	\$ 1,671	15
16	V	6 MAINTENANCE SALARIES		MAESTRO CONSULTING SERVICES LLC	100%			16
17	V	6 MAINTENANCE EXPENSES		MAESTRO CONSULTING SERVICES LLC	100%	4,783	4,783	17
18	V	7 EMPLOYEE BENEFITS - MAINTENANCE		MAESTRO CONSULTING SERVICES LLC	100%			18
19	V	10 CLINICAL SALARIES		MAESTRO CONSULTING SERVICES LLC	100%	108,007	108,007	19
20	V	10 CONTRACT NURSING		MAESTRO CONSULTING SERVICES LLC	100%	5,362	5,362	20
21	V	15 EMPLOYEE BENEFITS - CLINICAL		MAESTRO CONSULTING SERVICES LLC	100%	34,734	34,734	21
22	V	17 ADMINISTRATIVE OTHER-MGMT FEE	667,291	MAESTRO CONSULTING SERVICES LLC	100%		(667,291)	22
23	V	19 PROFESSIONAL FEES		MAESTRO CONSULTING SERVICES LLC	100%	69,437	69,437	23
24	V	20 DUES, FEES, SUBSCRIPTIONS, ETC.		MAESTRO CONSULTING SERVICES LLC	100%	4,045	4,045	24
25	V	21 CLERICAL & GENERAL SALARIES		MAESTRO CONSULTING SERVICES LLC	100%	53,882	53,882	25
26	V	21 CLERICAL & GENERAL EXPENSES		MAESTRO CONSULTING SERVICES LLC	100%	32,927	32,927	26
27	V	24 SEMINARS AND EDUCATION		MAESTRO CONSULTING SERVICES LLC	100%	816	816	27
28	V	25 TRANSPORTATION		MAESTRO CONSULTING SERVICES LLC	100%	6,203	6,203	28
29	V	26 INSURANCE		MAESTRO CONSULTING SERVICES LLC	100%	3,109	3,109	29
30	V	27 EMPLOYEE BENEFITS - ADMINISTRATIVE		MAESTRO CONSULTING SERVICES LLC	100%	17,328	17,328	30
31	V	30 DEPRECIATION		MAESTRO CONSULTING SERVICES LLC	100%	11,971	11,971	31
32	V	32 INTEREST EXPENSE		MAESTRO CONSULTING SERVICES LLC	100%	51	51	32
33	V	33 REAL ESTATE TAX		MAESTRO CONSULTING SERVICES LLC	100%	3,144	3,144	33
34	V	34 BUILDING RENTAL		MAESTRO CONSULTING SERVICES LLC	100%	2,284	2,284	34
35	V	35 EQUIPMENT RENTAL		MAESTRO CONSULTING SERVICES LLC	100%	5,656	5,656	35
36	V	35 AUTO LEASE		MAESTRO CONSULTING SERVICES LLC	100%	5,031	5,031	36
37	V							37
38	V							38
39	Total		\$ 667,291			\$ 370,441	\$ * (296,850)	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	Medical Supplies	\$ 10,301	Integra Healthcare Equipment LLC	100%	\$ 8,701	\$ (1,600)	15
16	V	35	Equipment Rental	87,763	Integra Healthcare Equipment LLC	100%	74,133	(13,630)	16
17	V	39	Oxygen Supplies	8,010	Integra Healthcare Equipment LLC	100%	6,766	(1,244)	17
18	V	43	Penalties	863	Integra Healthcare Equipment LLC	100%	729	(134)	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			\$ 106,937			\$ 90,329	\$ * (16,608)	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	\$ 25,337	Lifeline Ambulance LLC	100%	\$ 22,933	\$ (2,404)	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			\$ 25,337			\$ 22,933	\$ * (2,404)	39

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

VII. RELATED PARTIES (continued)

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	22	Workers Compensation	\$ 170,536	Maple Leaf Insurance	100%	\$ 170,536	\$	15
16	V	26	Liability Insurance	362,150	Maple Leaf Insurance	100%	362,150		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			\$ 532,686			\$ 532,686	\$ *	39

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

Facility Name & ID Number

Symphony of Evanston Healthcare

0053256

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	DRAKE LOUIS ENTERPRISE, LLC	38%	CALIFORNIA GARDENS	CHICAGO	MAESTRO CONSUL	LINCOLNWOOD	MANAGEMENT	1
2	FAIRHOME TRUST U/A/D 12/31/12	26%	MAPLECREST CARE CENTRE	BELVIDERE	7257 N. LINCOLN AV	LINCOLNWOOD	BUILDING RENTA	2
3	WILLOW DELTA TRUST	15%			MAPLELEAF INSUR	GRAND CAYMAN	LIABILITY/WORK	3
4	MAW TRUST	10%	MONROE PAVILION	CHICAGO	INTEGRA HEALTHC	ELMHURST	DME & MEDICAL	4
5	BENOIT HOLDINGS LLC	6%	NORTHWOODS CARE CENTRE	BELVIDERE	INTEGRA RESPIRA	ELMHURST	RESPIRATORY SE	5
6	SKITTLES HUNTINGTON, LLC	4%	SYCAMORE VILLAGE	SWANSEA	LIFELINE AMBULA	CHICAGO	AMBULANCE	6
7			SYMPHONY ARIA	HILLSIDE				7
8			SYMPHONY AT 87TH STREET	CHICAGO				8
9			SYMPHONY AT MIDWAY	CHICAGO				9
10			SYMPHONY AT THE TILLERS	OSWEGO				10
11			SYMPHONY OF BRONZEVILLE	CHICAGO				11
12			SYMPHONY OF BUFFALO GROVE	BUFFALO GROVE				12
13			SYMPHONY OF CHESTERTON	CHESTERTON, IN				13
14			SYMPHONY OF CHICAGO WEST	CHICAGO				14
15			SYMPHONY OF CRESTWOOD	CRESTWOOD				15
16			SYMPHONY OF CROWN POINT	CROWN POINT, IN				16
17								17
18			SYMPHONY OF DYER	DYER, IN				18
19			SYMPHONY OF GLENDALE	GLENDALE, WI				19
20			SYMPHONY OF HANOVER PARK	HANOVER PARK				20
21			SYMPHONY OF JOLIET	JOLIET				21
22								22
23			SYMPHONY OF LINCOLN PARK	CHICAGO				23
24			SYMPHONY OF MORGAN PARK	CHICAGO				24
25			SYMPHONY OF ORCHARD VALLEY	AURORA				25
26			SYMPHONY OF SOUTH SHORE	CHICAGO				26
27			SYMPHONY RESIDENCES OF LINCOLN PA	CHICAGO				27
28								28
29								29
30								30

Facility Name & ID Number Symphony of Evanston Healthcare # 0053256 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 of Evanston Healthcare

0053256

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	19	Professional Services	Occupied Bed Days	480,705	9	\$ 694	\$ 57,670	\$ 83	1
2	21	Clerical & General Office Expense	Occupied Bed Days	480,705	9	125,888	57,670	15,103	2
3	30	Depreciation	Occupied Bed Days	480,705	9	25,515	57,670	3,061	3
4	32	Interest	Occupied Bed Days	480,705	9	16,882	57,670	2,025	4
5	35	Rent-Equipment & Vehicles	Occupied Bed Days	480,705	9	14,234	57,670	1,708	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	\$	\$ 21,980	25

Facility Name & ID Number Symphony of Evanston Healthcare

0053256

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	\$	57,670	\$ 1,671	1
2	6	MAINTENANCE SALARIES	AVAIL. CENSUS DAYS 1,668,541	25			57,670		2
3	6	MAINTENANCE EXPENSES	AVAIL. CENSUS DAYS 1,668,541	25	138,375		57,670	4,783	3
4	7	EMPLOYEE BENEFITS - MAIN	AVAIL. CENSUS DAYS 1,668,541	25			57,670		4
5	10	CLINICAL SALARIES	AVAIL. CENSUS DAYS 1,668,541	25	3,124,933	3,124,933	57,670	108,007	5
6	10	CONTRACT NURSING	AVAIL. CENSUS DAYS 1,668,541	25	155,149		57,670	5,362	6
7	15	EMPLOYEE BENEFITS - CLINI	AVAIL. CENSUS DAYS 1,668,541	25	1,004,938		57,670	34,734	7
8	17	ADMINISTRATIVE OTHER MG	AVAIL. CENSUS DAYS 1,668,541	25			57,670		8
9	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS 1,668,541	25	2,008,992		57,670	69,437	9
10	20	DUES, FEES, SUBSCRIPTIONS,	AVAIL. CENSUS DAYS 1,668,541	25	117,020		57,670	4,045	10
11	21	CLERICAL & GENERAL SALA	AVAIL. CENSUS DAYS 1,668,541	25	1,558,938	1,558,938	57,670	53,882	11
12	21	CLERICAL & GENERAL EXPE	AVAIL. CENSUS DAYS 1,668,541	25	952,676		57,670	32,927	12
13	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS 1,668,541	25	23,599		57,670	816	13
14	25	TRANSPORTATION	AVAIL. CENSUS DAYS 1,668,541	25	179,481		57,670	6,203	14
15	26	INSURANCE	AVAIL. CENSUS DAYS 1,668,541	25	89,939		57,670	3,109	15
16	27	EMPLOYEE BENEFITS - ADMI	AVAIL. CENSUS DAYS 1,668,541	25	501,334		57,670	17,328	16
17	30	DEPRECIATION	AVAIL. CENSUS DAYS 1,668,541	25	346,345		57,670	11,971	17
18	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS 1,668,541	25	1,470		57,670	51	18
19	33	REAL ESTATE TAX	AVAIL. CENSUS DAYS 1,668,541	25	90,970		57,670	3,144	19
20	34	BUILDING RENTAL	AVAIL. CENSUS DAYS 1,668,541	25	66,085		57,670	2,284	20
21	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS 1,668,541	25	163,656		57,670	5,656	21
22	35	AUTO LEASE	AVAIL. CENSUS DAYS 1,668,541	25	145,555		57,670	5,031	22
23									23
24									24
25	TOTALS				\$ 10,717,807	\$ 4,683,871		\$ 370,441	25

Facility Name & ID Number Symphony of Evanston Healthcare

0053256

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	Medical Supplies	Direct Allocation		\$	\$		\$ 8,701	1
2	35	Equipment Rental	Direct Allocation					74,133	2
3	39	Oxygen Supplies	Direct Allocation					6,766	3
4	43	Penalties	Direct Allocation					729	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				\$	\$		\$ 90,329	25

Facility Name & ID Number Symphony of Evanston Healthcare

0053256

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		\$	\$		\$ 22,933	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				\$	\$		\$ 22,933	25

Facility Name & ID Number Symphony of Evanston Healthcare

0053256

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		\$	\$		\$ 170,536	1
2	26	Liability Insurance	Direct					362,150	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				\$	\$		\$ 532,686	25

Facility Name & ID Number Symphony of Evanston Healthcare # 0053256 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			
A. Directly Facility Related																				
Long-Term																				
1	Life Med	X		Pharmacy Services	38,731	1/1/2018	\$ 6,197,033	\$ 267,082	1/1/2024	0.075	\$ 16,847	1								
2	Omnicare		X	Pharmacy Services	67,444	11/27/2017	2,170,337	6,249	10/20/2020	0.075	3,617	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		9/17/2021	Libor +4.25%	52,782	6								
7												7								
8												8								
9	TOTAL Facility Related				\$106,175.00		\$ 43,367,370	\$ 273,331			\$ 73,246	9								
B. Non-Facility Related*																				
10												10								
11											(5,452)	11								
12											2,076	12								
13												13								
14	TOTAL Non-Facility Related						\$	\$			\$ (3,376)	14								
15	TOTALS (line 9+line14)						\$ 43,367,370	\$ 273,331			\$ 69,870	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: Symphony of Evanston Healthcare
 IDPH License ID Number: 0053256
 Fiscal Year End: 12/31/18

Schedule 9A

IX. Interest Expense and Real Estate Tax Expense

	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							\$	\$			\$	1							
2												2							
3												3							
4												4							
5												5							
	Working Capital																		
6												6							
7												7							
8												8							
9	TOTAL Facility Related				\$0.00		\$	0	\$	0	\$	0	9						
	B. Non-Facility Related*																		
10												10							
11												11							
12												12							
13												13							
14	TOTAL Non-Facility Related				\$0.00		\$	0	\$	0	\$	0	14						

Facility Name & ID Number Symphony of Evanston Healthcare

0053256

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.			\$	<u>287,684</u>	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	2017		\$	<u>292,900</u>	2
3. Under or (over) accrual (line 2 minus line 1).			\$	<u>5,216</u>	3
4. Real Estate Tax accrual used for 2018 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	<u>307,545</u>	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)			\$		5
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.)		Alloc Fr. Mgmt Co.		<u>3,144</u>	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	<u>315,905</u>	7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2013	<u>409,218</u>	8	FOR BHF USE ONLY	
	2014	<u>223,557</u>	9	13	FROM R. E. TAX STATEMENT FOR 2017 \$
	2015	<u>225,704</u>	10	14	PLUS APPEAL COST FROM LINE 5 \$
	2016	<u>277,809</u>	11	15	LESS REFUND FROM LINE 6 \$
	2017	<u>292,900</u>	12	16	AMOUNT TO USE FOR RATE CALCULATION \$
2018 Accrual = \$292,900 X 1.05 = \$307,545 (Rounded)					

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 Evanston Healthcare COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0053256

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>11-18-109-057-0000</u>	<u>Long Term Care Property</u>	\$ <u>292,900.07</u>	\$ <u>292,900.07</u>
2. <u>10-27-319-028-0000</u>	<u>Maestro - Home Office Allocation</u>	\$ <u>87,874.67</u>	\$ <u>3,144.00</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	TOTALS	\$ <u><u>380,774.74</u></u>	\$ <u><u>296,044.07</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 of Evanston Healthcare

0053256

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					\$	-		\$		\$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9											9
10								-			10
11						-		-			11
12						-		-			12
13						-		-			13
14						-		-			14
15						-		-			15
16						-		-			16
17						-		-			17
18						-		-			18
19						-		-			19
20						-		-			20
21						-		-			21
22						-		-			22
23						-		-			23
24						-		-			24
25						-		-			25
26						-		-			26
27						-		-			27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36						-		-			36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Symphony of Evanston Healthcare

0053256

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	TOTAL (lines 4 thru 69)		\$	\$		\$	\$	70

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

Facility Name & ID Number Symphony of Evanston Healthcare# 0053256

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	Totals from Page 12A, Carried Forward		\$	\$		\$	\$	\$	1
2	Interior Design Services	2014	4,000	-	20	200	200	800	2
3	Interior Design Services	2014	19,500	-	20	975	975	3,900	3
4	Field Work, Drawings	2015	9,180	-	20	421	421	1,683	4
5	Field Work, Drawings, Project Submission	2015	12,180	-	20	558	558	2,233	5
6	Demo-Remove Existing Finishes, Floor, Light Ceiling Fixtures, Flo	2015	10,775	-	20	449	449	1,796	6
7	Tile Avila Blanco, Grout Tec Sanded, Mortar Wall White	2015	15,628	-	20	586	586	2,344	7
8	Van Gogh Wood Plan Adhesive	2015	12,954	-	20	486	486	1,943	8
9	Van Gogh Wood Plan Adhesive	2015	11,663	-	20	389	389	1,555	9
10	Flooring Kardean Van Gogh Wood Plank	2015	19,308	-	20	644	644	2,574	10
11	Interior Design	2015	4,000		20	183	183	733	11
12	Garage Door, Fire Doors	2015	3,599		20	45	45	180	12
13	Power Wash, Panel & Vents Painting, Repair Fence Posts	2015	8,500		20	106	106	425	13
14	Paint Stucco Surface	2015	9,400		20	118	118	471	14
15	Light Fixtures, Ceiling Mount, Wallscones	2015	32,995		20	583	583	2,331	15
16	Orchids & Flowers Draper	2015	2,678	-	20	45	45	179	16
17	Flooring Tile, Plumbing, Adhesive	2015	103,136		20	3,868	3,868	15,471	17
18	Floor, Painting, Wall Vinyl, Carpentry, Electrical, Plumb-4&5Th Fl	2015	131,033		20	4,368	4,368	17,471	18
19	Flooring, Doors, Carpentry, Plumbing, Electrical, Fireplace-1St Fl	2015	91,737		20	3,058	3,058	12,232	19
20	Lighting, Grout For Rooms, Schluter-Rooms 10-16	2015	4,120	-	20	137	137	549	20
21	Flooring, Electrical, Plumbing, Carpentry, Painting, Wall Vinyl ...	2015	123,763	-	20	4,125	4,125	16,502	21
22	Flooring, Painting, Drop Ceiling, Carpentry, Electrical-4&5Th Fl	2015	131,022	-	20	3,821	3,821	15,286	22
23	Speakers, Lighting, Wall Vinyl	2015	6,893		20	172	172	689	23
24	Flooring, Carpentry, Painting, Plumbing, Electrical, Fireplace-1St Fl	2015	91,737		20	2,293	2,293	9,173	24
25	Flooring, Carpentry, Painting, Plumbing, Electrical, Fireplace-1St Fl	2015	92,013	-	20	2,300	2,300	9,201	25
26	Floor, Painting, Wall Vinyl, Plumbing, Electrical-4&5Th Fl	2015	131,049		20	2,730	2,730	10,921	26
27	Flooring, Electrical, Plumbing Fixtures, Wood Work, Wall Vinyl	2015	61,881	-	20	1,805	1,805	7,220	27
28	Flooring, Electrical, Plumbing Fixtures, Painging, Wall Vinyl	2015	55,693	-	20	1,392	1,392	5,569	28
29	Lights, Glass Mirror, Switches, Flooring, Plumbing-4&5Th Fl	2015	14,824	-	20	309	309	1,235	29
30	Electical, Wood Work, Drop Ceiling, Doors, Plumbing-4&5Th Fl	2015	40,395	-	20	842	842	3,366	30
31	Demo, Flooring, Lighting, Plumbing, Painting, Permits-1St Fl	2015	34,782	-	20	580	580	2,319	31
32	Ventilator For 4Th And 5Th Floor	2015	4,397	-	20	92	92	366	32
33	Two Exhaust Grills 4Th & 5Th Floor	2015	3,653	-	20	61	61	244	33
34	TOTAL (lines 1 thru 33)		\$ 1,298,486	\$		\$ 37,740	\$ 37,740	\$ 150,960	34

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

Facility Name & ID Number Symphony of Evanston Healthcare# 0053256

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	Totals from Page 12B, Carried Forward		\$ 1,298,486	\$ -		\$ 37,740	\$ 37,740	\$ 150,960	1
2	Ac Split System	2015	2,500	-	20	42	42	167	2
3	Custome Build Work Desk, Counters,	2015	5,300		20	88	88	353	3
4	Support Column Cover & Base Cabinet, Food Serving Station	2015	2,900		20	48	48	193	4
5	Interior Stainless Steel Passenger Elevators	2015	3,200	-	20	53	53	213	5
6	Relaminated Patient Room	2015	9,800	-	20	204	204	817	6
7	Replace Nurse Call Master	2015	7,704	-	20	642	642	2,568	7
8	Troubleshoot Air Handling	2015	5,454	-	20	454	454	1,818	8
9	Compressor - Repaired Leak And Charge	2015	2,984		20	199	199	796	9
10	Night Ir Turret Pow Camera	2015	29,345		20	1,956	1,956	7,825	10
11	Replace Compressor, Added Suction Filter & Valve	2015	12,460	-	20	623	623	2,492	11
12	Installed Air Conditioning	2015	10,960	-	20	548	548	2,192	12
13	Ceiling, Overbed, And Bathroom Light Fixtures	2015	57,800	-	20	2,890	2,890	11,560	13
14	4Th & 5Th Floor Nurse Call System	2015	4,820	-	20	241	241	964	14
15	Lighting, Plumbing, Electrical Work In Bathrooms	2016	25,391	-	20	1,270	1,270	3,809	15
16	& Resident Rooms	2016			20				16
17	Satum Ceiling Fixture	2016	10,614	-	20	531	531	1,592	17
18	Flooring - Van Gogh Field Woodplank	2016	6,070	-	20	304	304	911	18
19	Flooring Installation - 1St, 2Nd & 3Rd Floor	2016	57,240	-	20	2,862	2,862	8,586	19
20	Flooring Installation - 1St, 2Nd & 3Rd Floor Architect Fees	2016	10,780	-	20	539	539	1,617	20
21	Carpet Installation On 2Nd And 3Rd Floors	2016	6,332		20	317	317	951	21
22	Bathroom Tiles, Plumbing Fixtures, Electrical Work, New Doors,	2016	30,253	-	20	1,513	1,513	4,538	22
23	Plumbing - Repair Hi-Lo Tmv And Balance Return System	2016	7,012	-	20	351	351	1,052	23
24	Domestic Water Booster System	2016	4,615		20	231	231	693	24
25	Insinkerator Disposal	2016	2,666		20	133	133	399	25
26	Sliding Door	2016	4,265		20	427	427	1,281	26
27	Ejector Pump Replacement	2016	2,796		20	140	140	420	27
28	Elevator Repair	2016	6,872	-	20	344	344	687	28
29	Flooring/Tiling/Plumbing- Resident Rooms And Bathrooms	2017	68,070		20	3,403	3,403	6,806	29
30	7 Door Holders- Surface Mount Chrome- Throughout Facility	2017	2,785		20	139	139	278	30
31	Flooring- 2Nd And 3Rd Floor Rooms	2017	32,925		20	1,646	1,646	3,292	31
32	Carpeting 3Rd Floor Rooms	2017	10,885		20	544	544	1,088	32
33	Funish & Supply Conduit- Elevator For Wanderguard Wiring	2017	8,500		20	425	425	850	33
34	TOTAL (lines 1 thru 33)		\$ 1,751,783	\$ -		\$ 60,845	\$ 60,845	\$ 221,768	34

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

Facility Name & ID Number Symphony of Evanston Healthcare

0053256

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	Totals from Page 12C, Carried Forward		\$ 1,751,783	\$		\$ 60,845	\$ 60,845	\$ 221,768	1
2	Replaced Ducts Split System- Mechanical System	2017	13,494	-	20	675	675	1,349	2
3	Paving Of Parking Lot	2017	7,899		20	395	395	790	3
4	New Shunt Trip Breakers And Low Voltage Control Wires- Eleva	2017	13,780		20	689	689	1,378	4
5	Boiler Replacement	2017	46,900		20	2,345	2,345	4,690	5
6	Replace Motor And Coupling On Circulation Pump	2017	2,742		20	137	137	274	6
7	Code Alert System	2017	44,474		20	2,224	2,224	4,448	7
8	Chiller- Tubes, Circuits, Refrigerant	2017	28,960	-	20	1,448	1,448	2,896	8
9	Carpeting /Flooring In 2Nd And 3Rd Floor Resident Rooms And I	2017	34,128		20	1,706	1,706	3,412	9
10	16 Led Recessed Lighting Fixtures- Throughout Facility	2017	2,977		20	149	149	298	10
11	Door Rim Device, trim and door strike	2018	4,165	255	20	255		255	11
12	Architectrual Services-Evacuation plan	2018	3,260	180	20	180		180	12
13	3 New key switches to lock lower level 3 elevators	2018	3,435	89	20	89		89	13
14					20				14
15	Architectrual Services-2nd and 3rd floor modifications	2018	5,880	394	20	394		394	15
16	3 Shut breakers for elevator	2018	6,890	500	20	500		500	16
17	Exposition Carpet-Hallways	2018	34,127	4,373	20	4,373		4,373	17
18	Concrete repair and stone installation around transformer	2018	3,800	190	20	190		190	18
19	2nd fl elevator lobby, 2nd fl sitting room, 2nd floor	2018	113,054	11,974	20	11,974		11,974	19
20	dining room, 3rd floor elevator lobby, 3rd floor activity room,			-		-			20
21	3rd floor dining room, private dining-floor labor, millwork,					-			21
22	install lighting, wallpaper, drapery.								22
23									23
24	To adjust to financial statement depreciation			10,770			(10,770)		24
25									25
26									26
27									27
28				-		-			28
29				-		-			29
30				-		-			30
31				-		-			31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,121,748	\$ 28,725		\$ 88,568	\$ 59,843	\$ 259,259	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	Totals from Page 12D, Carried Forward		\$ 2,121,748	\$ 28,725		\$ 88,568	\$ 59,843	\$ 259,259	1
2	Buildings:			-		-			2
3	<u>Allocated From Maestro- 7257 Lincoln</u>	2004	49,771	-	35	1,422	1,422	21,508	3
4				-		-			4
5				-		-			5
6				-		-			6
7				-		-			7
8	Leasehold Improvements:								8
9	<u>Allocated From Maestro</u>	2003	405	-	20	20	20	306	9
10	<u>Allocated From Maestro</u>	2004	8,219	-	20	410	410	6,050	10
11	<u>Allocated From Maestro</u>	2005	487	-	20	24	24	338	11
12	<u>Allocated From Maestro</u>	2006	661	-	20	33	33	409	12
13	<u>Allocated From Maestro</u>	2008	696	-	20	35	35	357	13
14	<u>Allocated From Maestro</u>	2009	11,213	-	20	561	561	5,387	14
15	<u>Allocated From Maestro</u>	2010	1,723	-	20	86	86	733	15
16	<u>Allocated From Maestro</u>	2011	93	-	20	5	5	37	16
17	<u>Allocated From Maestro</u>	2012	104	-	20	5	5	35	17
18	<u>Allocated From Maestro</u>	2014	1,296	-	20	65	65	299	18
19	<u>Allocated From Maestro</u>	2015	365	-	20	18	18	61	19
20	<u>Allocated From Maestro</u>	2016	1,597	-	20	160	160	381	20
21	<u>Allocated From Maestro</u>	2017	214	-	20	11	11	21	21
22				-		-			22
23	<u>Allocated From Maestro- 7257 Lincoln</u>	2015	785	-	20	52	52	174	23
24	<u>Allocated From Maestro- 7257 Lincoln</u>	2005	4,537	-	20	163	163	3,490	24
25	<u>Allocated From Maestro- 7257 Lincoln</u>	2004	989	-	20	49	49	717	25
26				-		-			26
27				-		-			27
28				-		-			28
29				-		-			29
30				-		-			30
31				-		-			31
32				-		-			32
33				-		-			33
34	TOTAL (lines 1 thru 33)		\$ 2,204,903	\$ 28,725		\$ 91,687	\$ 62,962	\$ 299,562	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	\$ 2,104,078	\$ 40,440	\$ 216,609	\$ 176,169	10	\$ 858,766	71
72	Current Year Purchases	33,931	6,293	6,293	-	10	6,293	72
73	Fully Depreciated Assets	17,443			-	10	17,443	73
74	Mgmt Co. Allocation	162,489		11,913	11,913	10	71,778	74
75	TOTALS	\$ 2,317,941	\$ 46,733	\$ 234,815	\$ 188,082		\$ 954,280	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	\$ 306	\$	\$ -	\$ -	5	\$ 306	76
77							-			77
78							-			78
79							-			79
80	TOTALS			\$ 306	\$	\$	\$		\$ 306	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 4,528,680	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 75,458	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 326,502	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 251,044	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 1,254,148	85

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

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

G. Construction-in-Progress

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

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: 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>158</u>		\$ <u>2,288,084</u>			3
4	Additions							4
5								5
6	Allocated From Maestro				<u>2,284</u>			6
7	TOTAL		<u>158</u>		\$ <u>2,290,368</u>			7

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

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

Fiscal Year Ending Annual Rent

12. /2019 \$ _____

13. /2020 \$ _____

14. /2021 \$ _____

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: \$ 143,854

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>Facility</u>	<u>2015 Ford Challenger</u>	\$ <u>1,179</u>	\$ <u>14,153</u>	17
18	<u>Allocated From Maestro</u>			<u>5,031</u>	18
19					19
20					20
21	TOTAL		\$ <u>1,179.00</u>	\$ <u>19,184</u>	21

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

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

Facility Name: Symphony of Evanston Healthcare
IDPH License ID Number: 0053256
Fiscal Year End: 12/31/18

Schedule 14A

XIV. Rental Costs

Line 16 Rental Amount for Moveable Equipment

Rental Description	Amount
Bariatric Beds and Mattresses	86,507
Vital Monitors	6,675
Copier	42,921
Music Over Paging System	406
Postage Machine	576
Phone System	13,035
Allocation from Maestro	5,656
Allocation Symphony Financial	1,708
Allocation Integra	(13,630)
Total - Line 16	<u>143,854</u>

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>It is the policy of this facility to only hire certified nurses aides. If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. <u>CLASSROOM PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. <u>CLINICAL PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
---	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	1 Schedule V Line & Column Reference	2		3		4		5		6 Supplies (Actual or Allocated)	7 Total Units (Column 2 + 4)	8	
			Staff		Outside Practitioner (other than consultant)		Total Cost (Col. 3 + 5 + 6)							
			Units of Service	Cost	Units	Cost								
1	Licensed Occupational Therapist	39(3)	hrs	\$	9,066	\$ 652,787						9,066	\$ 652,787	1
2	Licensed Speech and Language Development Therapist	39(3)	hrs		2,469	177,764						2,469	177,764	2
3	Licensed Recreational Therapist		hrs											3
4	Licensed Physical Therapist	39(3)	hrs		11,832	851,936						11,832	851,936	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							239,812			239,812	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)								6,766			6,766	12
13	Other (specify): <u>See Sch 16A</u>				1,412	101,680						1,412	101,680	13
14	TOTAL			\$	24,779	\$ 1,784,167	\$	246,578	\$	24,779	\$	2,030,745	14	

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

Facility Name: Symphony of Evanston Healthcare
IDPH License ID Number: 0053256
Fiscal Year End: 12/31/18

Schedule 16A

XIV. Special Services (Direct Cost)

Line 13 Other (specify)

Description	Units	Amount
Inhalation Therapy Costs-Private	82	5,904
Inhalation Therapy Costs-Medicare A	371	26,735
Inhalation Therapy Costs-Medicaid	101	7,277
Other Ancillary Costs-Medicare A	11	768
I.V. Therapy Costs Medicare A	348	25,085
I.V. Therapy Costs Managed Care	342	24,617
I.V. Therapy Costs Medicaid	5	350
Inhalation Therapy Costs Managed Care	146	10,494
I.V. Therapy Costs-Private	6	450
Total - Line 13	1,412	101,680

Facility Name & ID Number Symphony of Evanston Healthcare

0053256

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*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ (28,580)	\$ (28,580)	1
2	Cash-Patient Deposits	39,907	39,907	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (1,381,931))	3,491,972	3,491,972	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	2,524	2,524	6
7	Other Prepaid Expenses	428,696	428,696	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,934,519	\$ 3,934,519	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		5,530	13
14	Buildings, at Historical Cost		49,771	14
15	Leasehold Improvements, at Historical Cost	315,020	2,155,132	15
16	Equipment, at Historical Cost	241,207	2,318,247	16
17	Accumulated Depreciation (book methods)	(111,342)	(1,254,148)	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 (sp)			22
23	Other(specify): <u>See Attached Schedule</u>	3,125,923	3,125,923	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 3,570,808	\$ 6,400,455	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 7,505,327	\$ 10,334,974	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 2,264,831	\$ 2,264,831	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	210	210	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	282,410	282,410	30
31	Accrued Taxes Payable (excluding real estate taxes)	49,198	48,557	31
32	Accrued Real Estate Taxes(Sch.IX-B)	307,545	307,545	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>See Attached Schedule</u>	9,246,755	9,246,755	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 12,150,949	\$ 12,150,308	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	273,331	273,331	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)	\$ 273,331	\$ 273,331	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 12,424,280	\$ 12,423,639	46
47	TOTAL EQUITY(page 18, line 24)	\$ (4,918,953)	\$ (2,088,665)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 7,505,327	\$ 10,334,974	48

*(See instructions.)

Facility Name: Symphony of Evanston Healthcare
 IDPH License ID Number: 0053256
 Fiscal Year End: 12/31/18

Schedule 17A

XV. Balance Sheet

Line 23 Long-Term Assets Other (specify):

Description	After	
	Operating	Consolidation
Cleraing Account	20	20
Fixed Asset-Construction in Process	(1)	(1)
CSA I/C Related/Party Due To/From Accts	279,509	279,509
Due To/From Decatur	25,000	25,000
Due To/From Deerbrook LLC	195,000	195,000
Due To/From Lincoln Park LLC	528	528
Due To/From Maple Ridge LLC	143,000	143,000
Due To/From Symcare	20,000	20,000
Due To/From Tillers	357,500	357,500
Due To/From California Gardens Nursing anc	214,860	214,860
Due To/From Monroe Corp	20,000	20,000
Due To/From Symphony ML	975,000	975,000
Due To/From Evanston Realty	155,507	155,507
Due To/From Northwoods	74,000	74,000
Due To/From Symdiana Healthcare	666,000	666,000
Total - Line 23	3,125,923	3,125,923

XV. Balance Sheet

Line 36 Other Current Liabilities (specify):

Description	After	
	Operating	Consolidation
Due To/From Hanover Park	3,866	3,866
Due To/From Maple Crest LLC	500	500
Due To/From McKinley LLC	30,000	30,000
Due To/From Chesterton LLC	36,000	36,000
Due To/From Symphony Healthcare	690,000	690,000
Due To/From Symphony Financial Services	330,950	330,950
Due To/From Symcare Healthcare	1,983,461	1,983,461
Due To/From Symcare ML	326,327	326,327
Due To/From Symcare HMG	900,000	900,000
Due To/From Maestro	420,419	420,419
Accrued Payables	41,223	41,223
Accrued Payables-Professional Fees	56,250	56,250
Accrued Payables Health Insurance	207,094	207,094
Accrued Payables Dental Insurance	(400)	(400)
Accrued Payables Vision Insurance	(103)	(103)
Accrued Payables Life Insurance	430	430
Accrued Payables Short Term Disability	(1,894)	(1,894)
Accrued Payables 401K Deductions	6,403	6,403
Accrued Payables 401K Loan Repayments	919	919
Accrued Payables Garnishments	(1,547)	(1,547)
Accrued Payables WC/GL Insurance	157,785	157,785
Accrued Payables Bed Taxes	4,327	4,327
Accrued Payables Bed Taxes Add'l	15,308	15,308
Accrued Payables Management Fees	330,721	330,721
Accrued Payables Interest	(2,632)	(2,632)
Accrued Payables Rent	3,486,317	3,486,317
Accrued Payables Sales Tax	29	29
Sales Tax Payable Manual	39	39
Deferred Rent	233,006	233,006
Lease Holds Payable	(8,043)	(8,043)
Total - Line 36	9,246,755	9,246,755

XVI. STATEMENT OF CHANGES IN EQUITY

		1	
		Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (3,540,320)	1
2	Restatements (describe):		2
3	Prior period adjustment	11,196	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (3,529,124)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,389,829)	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)	\$ (1,389,829)	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)	\$ (4,918,953)	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		2	
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 12,966,153	1
2	Discounts and Allowances for all Levels	(3,788,127)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 9,178,026	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	3,894,790	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 3,894,790	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	(38,087)	12
13	Barber and Beauty Care	(27)	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	376,914	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	70,767	19
20	Radiology and X-Ray	16,000	20
21	Other Medical Services	134,933	21
22	Laundry	8,971	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 569,471	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	5,452	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 5,452	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	107,718	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 107,718	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 13,755,457	30

1		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,771,386	31
32	Health Care	4,397,115	32
33	General Administration	2,756,423	33
B. Capital Expense			
34	Ownership	2,913,822	34
C. Ancillary Expense			
35	Special Cost Centers	3,044,952	35
36	Provider Participation Fee	261,588	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 15,145,286	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,389,829)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,389,829)	43
III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 2,265,804	44
45	Private Pay - Net Inpatient Revenue	3,779,116	45
46	Medicare - Net Inpatient Revenue	2,169,582	46
47	Other-(specify) <u>Hospice</u>	325,636	47
48	Other-(specify) <u>Managed Care</u>	637,888	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 9,178,026	49

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

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

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

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

^ Entity is a cash basis taxpayer

Facility Name: Symphony of Evanston Healthcare
IDPH License ID Number: 0053256
Fiscal Year End: 12/31/18

Schedule 19A

XVII. Income Statement

Line 28 Other Revenue (specify):

Description	Amount
Other Services-Revenue Managed Care	(16,354)
Other Income-Other	110
Closing Costs & Adjustments to Prior year Exp-Admin	123,962
Total - Line 28	<u>107,718</u>

Facility Name & ID Number Symphony of Evanston Healthcare

0053256

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	1,667	1,885	\$ 94,334	\$ 50.04	1
2	Assistant Director of Nursing					2
3	Registered Nurses	40,035	44,242	1,536,743	34.73	3
4	Licensed Practical Nurses	23,765	26,453	725,740	27.44	4
5	CNAs & Orderlies	81,148	90,830	1,311,794	14.44	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	5,975	6,536	107,910	16.51	10
11	Social Service Workers	3,465	3,691	94,472	25.60	11
12	Dietician					12
13	Food Service Supervisor	1,967	2,096	45,352	21.64	13
14	Head Cook	8,067	8,875	125,539	14.15	14
15	Cook Helpers/Assistants	25,815	28,019	338,813	12.09	15
16	Dishwashers					16
17	Maintenance Workers	10,208	11,501	227,647	19.79	17
18	Housekeepers	10,782	11,745	140,519	11.96	18
19	Laundry	1,575	1,770	21,024	11.88	19
20	Administrator	1,911	2,079	82,175	39.53	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	9,713	10,627	195,950	18.44	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	4,159	4,644	79,900	17.20	31
32	Other Health C: See Sch 20A	5,160	5,596	184,335	32.94	32
33	Other(specify) <u>Admission/Comm</u>	3,545	3,970	93,389	23.52	33
34	TOTAL (lines 1 - 33)	238,957	264,559	\$ 5,405,636 *	\$ 20.43	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	\$ 22,563	1(3) 35
36	Medical Director	Monthly	22,000	9(3) 36
37	Medical Records Consultant			37
38	Nurse Consultant	Monthly	5,819	10(3)(7) 38
39	Pharmacist Consultant	Monthly	13,693	10(3) 39
40	Physical Therapy Consultant			40
41	Occupational Therapy Consultant			41
42	Respiratory Therapy Consultant	Monthly	3,283	39(3) 42
43	Speech Therapy Consultant			43
44	Activity Consultant	Monthly	660	11(3) 44
45	Social Service Consultant			45
46	Other(specify)			46
47				47
48				48
49	TOTAL (lines 35 - 48)		\$ 68,018	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 of Evanston Healthcare
IDPH License ID Number: 0053256
Fiscal Year End: 12/31/18

Schedule 20A

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

Description	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Total Salaries	Average Hourly Wage
MDS Coordinator	3,997	4,335	161,665	\$ 37.29
Alzheimers	1,163	1,261	22,670	\$ 17.98
Total - Line 32 Other Health Care (specify):	5,160	5,596	184,335	

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	
Philip Stone	Administrator	0.00%	\$ 82,175	Workers' Compensation Insurance	\$ 172,445	IDPH License Fee	\$	
				Unemployment Compensation Insurance	59,843	Advertising: Employee Recruitment	190	
				FICA Taxes	398,257	Health Care Worker Background Check		
				Employee Health Insurance	297,520	(Indicate # of checks performed 174)	2,087	
				Employee Meals		Patient Background Checks	499	
				Illinois Municipal Retirement Fund (IMRF)*		Dues & Subscriptions	24,222	
				Pension Contribution	2,495	Licenses & Permits	18,426	
				Other Employee Benefits	7,602	Health Care Council of Illinois	12,427	
				Employee Physicals	2,170	Lobbying and chamber of commerce	(10,670)	
				401K	14,041	Allocated from Maestro	4,045	
						Less: Public Relations Expense	()	
						Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 82,175	TOTAL (agree to Schedule V, line 22, col.8)		\$ 56,716		
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 (Eliminated in Col. 7)			\$ 667,291				Out-of-State Travel	\$
							In-State Travel	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 667,291				Seminar Expense	461
							Allocated from Maestro	816
							Entertainment Expense	()
							(agree to Sch. V, line 24, col. 8)	
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 297,919	TOTAL		\$	TOTAL	\$ 1,277

* Attach copy of IMRF notifications

**See instructions.

Facility Name: Symphony of Evanston Healthcare
 IDPH License ID Number: 0053256
 Fiscal Year End: 12/31/18

Schedule 21C

XIX. SUPPORT SCHEDULES

C. Professional Services

Vendor	Type	Amount
Ability Network, Inc.	Secure Exchange Managed Services	6,813
Achieve Accreditation	Accreditation	9,196
Allscripts, LLC	Pharmacy Consulting	3,112
Alteryx, Inc.	Data Analytics	791
American Express	Internet	2,241
CATS-Applicant Tracking System	Recruitment life cycle	66
Care Cost	Membership	144
Cerida Investment Corp.	Business Services	336
Comcast Cable	Internet	29,817
Corporation Service Company	Annual Filing	2,171
Creative Technology Solutions	IT Support	22,138
Dart Chart	Software	9,377
DataRobot Inc.	Computer Services	973
Digital Marketing SEO & Web design	Branding	313
Formation Healthcare Group	Monthly Subscription Fee	791
FYI Systems Inc.	Computer IT	327
Gabriel Environment Group	Environment Services	453
Health Data Systems Inc.	Programming	4,155
IVANS/PBJ	Access Fees	641
Jan Paul Storey	Business Consulting	66
Language Line Services	Phone Interpretation	176
Life Safety Resources, LLC	Testing of safety systems	3,284
LTC Consulting Services	Collection Agency	18,831
Maestro Consulting Services	Consulting Services	45,066
McCabe Kirshner P.C.	Business Consulting	481
McCabe Kirshner P.C.	Legal	42,205
Managed Care Group, LLC	IT Support	1,466
Marcum LLP	Accounting	6,467
Market Matrix	Customer Employee Matrix Subscription	670
National Datacare Corporation	Trust fund and Medicaid billing services	901
Nexuscomm, LLC	Cable	5,673
Neal, Gerber, Eisenberg, LLP	Legal	46
NICL Laboratories	Interface	200
On Shift	Scheduling Software	
Patient Ping	Care Coordination Network	1,000
Personnel Planners, Inc.	Unemployment Consulting	1,575
Point Click Care Technologies, LLC	Cloud based software services	23,358
Prime Care Technologies	PBJ Reporting Module Access Fee	197
Real Time Medical Systems, LLC	Clinical and Financial Analytics Service	3,094
RSM US LLP	Accounting	12,207
SB2 Inc.	Business Consulting	1,738
Stone, Pogrud & Korey	Legal	19,864
Scott Norton	Computer Consulting	359
Snowflake Computing, Inc.	Computer Services	521
Telemedicine Solutions, LLC	Wound Rounds Care	7,527
Transworld Systems, Inc.	Invoice System	217
Wencel Worldwide, Inc.	Branding	4,776
Petty Cash	Various	607
Vedder Price	Legal	8,504
Accrual Legal	Legal	(7,012)

Total (agree to Schedule V, line 19, column 3) 297,919

Allocated from Management Company Professional Services	69,520
Less: Non-Allowable Legal Fees	(29,928)
Reclass Non-Professional Fees	(1,358)
Total (agree to Schedule V, line 19, column 8)	336,153

Facility Name & ID Number Symphony of Evanston Healthcare# 0053256

Report Period Beginning:

01/01/18

Ending:

12/31/18**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. Health Care Council of Illinois \$12,427
- (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 year
- (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? 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. \$ 261,588
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? N/A Indicate the amount. \$ N/A
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? N/A If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
c. What percent of all travel expense relates to transportation of nurses and patients? 100% Ln 1
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.