

Facility Name & ID Number Symphony Of Bronzeville Park

0053660 Report Period Beginning: 1/1/18 Ending: 12/31/18

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds N/A

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>302</u>	Skilled (SNF)	<u>302</u>	<u>110,230</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>302</u>	TOTALS	<u>302</u>	<u>110,230</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			
8	SNF	<u>54,094</u>	<u>3,700</u>	<u>41,695</u>	<u>99,489</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>54,094</u>	<u>3,700</u>	<u>41,695</u>	<u>99,489</u>		14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 90.26%

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 07/01/1994

J. Was the facility purchased or leased after January 1, 1978?
YES Date 07/01/1994 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 302 and days of care provided 6,868

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRAUAL 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 Bronzeville Park # 0053660 Report Period Beginning: 1/1/18 Ending: 12/31/18

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	438,147	58,934	26,903	523,984		523,984	-	523,984		1
2	Food Purchase		541,620		541,620		541,620	-	541,620		2
3	Housekeeping	31,524	480,817	-	512,341		512,341	-	512,341		3
4	Laundry	-	324,819	12,971	337,790		337,790	-	337,790		4
5	Heat and Other Utilities			359,013	359,013		359,013	3,194	362,207		5
6	Maintenance	89,315	-	277,355	366,670		366,670	9,142	375,812		6
7	Other (specify):*	-	-	-				-			7
8	TOTAL General Services	558,986	1,406,190	676,242	2,641,418		2,641,418	12,336	2,653,754		8
	B. Health Care and Programs										
9	Medical Director	-	-	42,000	42,000		42,000	-	42,000		9
10	Nursing and Medical Records	6,554,021	460,778	255,426	7,270,225		7,270,225	216,001	7,486,226		10
10a	Therapy	-	-	-				-			10a
11	Activities	204,646	-	2,640	207,286		207,286	-	207,286		11
12	Social Services	118,267	-	-	118,267		118,267	-	118,267		12
13	CNA Training	-	-	-				-			13
14	Program Transportation	-	-	-				-			14
15	Other (specify):*	-	-	-				66,390	66,390		15
16	TOTAL Health Care and Programs	6,876,934	460,778	300,066	7,637,778		7,637,778	282,391	7,920,169		16
	C. General Administration										
17	Administrative	134,565	-	1,034,866	1,169,431		1,169,431	(1,034,866)	134,565		17
18	Directors Fees			-				-			18
19	Professional Services			607,347	607,347		607,347	80,098	687,445		19
20	Dues, Fees, Subscriptions & Promotions			80,133	80,133		80,133	(15,926)	64,207		20
21	Clerical & General Office Expenses	218,587	36,639	52,258	307,484		307,484	165,408	472,892		21
22	Employee Benefits & Payroll Taxes			1,351,486	1,351,486		1,351,486	4,529	1,356,015		22
23	Inservice Training & Education			-				-			23
24	Travel and Seminar			8,752	8,752		8,752	(2,970)	5,782		24
25	Other Admin. Staff Transportation		-	2,755	2,755		2,755	11,857	14,612		25
26	Insurance-Prop.Liab.Malpractice			942,678	942,678		942,678	6,319	948,997		26
27	Other (specify):*	-	-	-				33,120	33,120		27
28	TOTAL General Administration	353,152	36,639	4,080,275	4,470,066		4,470,066	(752,431)	3,717,635		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	7,789,072	1,903,607	5,056,583	14,749,262		14,749,262	(457,704)	14,291,558		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			71,264	71,264		71,264	176,881	248,145			30
31	Amortization of Pre-Op. & Org.			-				-				31
32	Interest			193,944	193,944		193,944	(50,937)	143,007			32
33	Real Estate Taxes			535,373	535,373		535,373	6,010	541,383			33
34	Rent-Facility & Grounds			2,465,981	2,465,981		2,465,981	4,366	2,470,347			34
35	Rent-Equipment & Vehicles			157,070	157,070		157,070	7,485	164,555			35
36	Other (specify):*			-				-				36
37	TOTAL Ownership			3,423,632	3,423,632		3,423,632	143,805	3,567,437			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation	-	-	48,196	48,196		48,196	(3,920)	44,276			38
39	Ancillary Service Centers	-	290,045	1,523,034	1,813,079		1,813,079	(6,730)	1,806,349			39
40	Barber and Beauty Shops	-	-	-				-				40
41	Coffee and Gift Shops	-	-	-				-				41
42	Provider Participation Fee			727,554	727,554		727,554	-	727,554			42
43	Other (specify):* Non-Allowable Cos	116,103	-	1,685,690	1,801,793		1,801,793	(1,801,793)				43
44	TOTAL Special Cost Centers	116,103	290,045	3,984,474	4,390,622		4,390,622	(1,812,443)	2,578,179			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	7,905,175	2,193,652	12,464,689	22,563,516		22,563,516	(2,126,342)	20,437,174			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 Bronzeville Park

0053660

Report Period Beginning:

1/1/18

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	(23,570)	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	154,000	30		9
10	Interest and Other Investment Income	(51,034)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	16,070	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	160,579	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	(1,607,435)	43		24
25	Fund Raising, Advertising and Promotional	(651)	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>	(423,207)	Var		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (1,775,248)		\$	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)	(351,094)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (351,094)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (2,126,342)		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 Bronzeville Park

ID# 0053660

Report Period Beginning: 1/1/18

Ending: 12/31/18

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Nonallowable marketing events	\$ (156,395)	43	1
2	Laboratory Costs	(31,941)	43	2
3	X-Ray Costs	(41,485)	43	3
4	Admissions	(88,625)	43	4
5	Community & Guest Relations	(27,433)	43	5
6	Nonallowable Legal	(35,927)	19	6
7	Chamber of commerce dues	(23,657)	20	7
8	Misc. Income	(518)	21	8
9	Radiology Costs	(907)	43	9
10	Nonallowable Legal in Pro Fee Account	(16,319)	19	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	Total	(423,207)		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	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%	\$ 3,194	\$	3,194	15
16	V	6 MAINTENANCE SALARIES		MAESTRO CONSULTING SERVICES LLC	100%				16
17	V	6 MAINTENANCE EXPENSES		MAESTRO CONSULTING SERVICES LLC	100%	9,142		9,142	17
18	V	7 EMPLOYEE BENEFITS - MAINTENANCE		MAESTRO CONSULTING SERVICES LLC	100%				18
19	V	10 CLINICAL SALARIES		MAESTRO CONSULTING SERVICES LLC	100%	206,445		206,445	19
20	V	10 CONTRACT NURSING		MAESTRO CONSULTING SERVICES LLC	100%	10,250		10,250	20
21	V	15 EMPLOYEE BENEFITS - CLINICAL		MAESTRO CONSULTING SERVICES LLC	100%	66,390		66,390	21
22	V	17 ADMINISTRATIVE-MANAGEMENT FE	1,034,866	MAESTRO CONSULTING SERVICES LLC	100%			(1,034,866)	22
23	V	19 PROFESSIONAL FEES		MAESTRO CONSULTING SERVICES LLC	100%	132,721		132,721	23
24	V	20 DUES, FEES, SUBSCRIPTIONS, ETC.		MAESTRO CONSULTING SERVICES LLC	100%	7,731		7,731	24
25	V	21 CLERICAL & GENERAL SALARIES		MAESTRO CONSULTING SERVICES LLC	100%	102,989		102,989	25
26	V	21 CLERICAL & GENERAL EXPENSES		MAESTRO CONSULTING SERVICES LLC	100%	62,937		62,937	26
27	V	24 SEMINARS AND EDUCATION		MAESTRO CONSULTING SERVICES LLC	100%	1,559		1,559	27
28	V	25 TRANSPORTATION		MAESTRO CONSULTING SERVICES LLC	100%	11,857		11,857	28
29	V	26 INSURANCE		MAESTRO CONSULTING SERVICES LLC	100%	5,942		5,942	29
30	V	27 EMPLOYEE BENEFITS - ADMINISTRATIVE		MAESTRO CONSULTING SERVICES LLC	100%	33,120		33,120	30
31	V	30 DEPRECIATION		MAESTRO CONSULTING SERVICES LLC	100%	22,881		22,881	31
32	V	32 INTEREST EXPENSE		MAESTRO CONSULTING SERVICES LLC	100%	97		97	32
33	V	33 REAL ESTATE TAX		MAESTRO CONSULTING SERVICES LLC	100%	6,010		6,010	33
34	V	34 BUILDING RENTAL		MAESTRO CONSULTING SERVICES LLC	100%	4,366		4,366	34
35	V	35 EQUIPMENT RENTAL		MAESTRO CONSULTING SERVICES LLC	100%	10,812		10,812	35
36	V	35 AUTO LEASE		MAESTRO CONSULTING SERVICES LLC	100%	9,616		9,616	36
37	V								37
38	V								38
39	Total		\$ 1,034,866			\$ 708,059	\$ *	(326,807)	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	\$ 4,469	Intergra Healthcare Equipment LLC	100%	\$ 3,775	\$ (694)	15
16	V	35	Equipment Rental	83,349	Intergra Healthcare Equipment LLC	100%	70,405	(12,944)	16
17	V	39	Oxygen Supplies	43,330	Intergra Healthcare Equipment LLC	100%	36,600	(6,730)	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			\$ 131,147			\$ 110,780	\$ * (20,367)	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	\$ 41,307	Lifeline Ambulance LLC	100%	\$ 37,387	\$ (3,920)	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			\$ 41,307			\$ 37,387	\$ * (3,920)	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	\$ 221,887	MAPLE LEAF INSURANCE	100%	\$ 221,887	\$	15
16	V	26	Liability Insurance	679,753	MAPLE LEAF INSURANCE	100%	679,753		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			\$ 901,640			\$ 901,640	\$ *	39

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

Facility Name & ID Number

Symphony Of Bronzeville Park

0053660

Report Period Beginning:

1/1/18

Ending:

12/31/18

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	SYMCARE HEALTHCARE LLC	99.99%	CALIFORNIA GARDENS	CHICAGO	MAESTRO CONSUL	LINCOLNWOOD	MANAGEMENT	1
2	SYMCARE HMG LLC	0.01%	MONROE PAVILION	CHICAGO	7257 N. LINCOLN AV	LINCOLNWOOD	BUILDING RENTA	2
3			NORTHWOODS CARE CENTRE	BELVIDERE	MAPLELEAF INSUR	GRAND CAYMAN	LIABILITY/WORK	3
4			SYCAMORE VILLAGE	SWANSEA	INTEGRA HEALTHC	ELMHURST	DME & MEDICAL	4
5			SYMPHONY ARIA	HILLSIDE	INTEGRA RESPIRA	ELMHURST	RESPIRATORY SE	5
6			SYMPHONY AT 87TH STREET	CHICAGO	LIFELINE AMBULA	CHICAGO	AMBULANCE	6
7			SYMPHONY AT MIDWAY	CHICAGO				7
8			SYMPHONY AT THE TILLERS	OSWEGO				8
9			SYMPHONY OF BUFFALO GROVE	BUFFALO GROVE				9
10			SYMPHONY OF CHESTERTON	CHESTERTON, IN				10
11			SYMPHONY OF CHICAGO WEST	CHICAGO				11
12			SYMPHONY OF CRESTWOOD	CRESTWOOD				12
13			SYMPHONY OF CROWN POINT	CROWN POINT, IN				13
14			SYMPHONY OF DYER	DYER, IN				14
15			SYMPHONY OF EVANSTON	EVANSTON				15
16			SYMPHONY OF GLENDALE	GLENDALE, WI				16
17			SYMPHONY OF HANOVER PARK	HANOVER PARK				17
18			SYMPHONY OF JOLIET	JOLIET				18
19			SYMPHONY OF LINCOLN PARK	CHICAGO				19
20			SYMPHONY OF MORGAN PARK	CHICAGO				20
21			SYMPHONY OF ORCHARD VALLEY	AURORA				21
22			SYMPHONY OF SOUTH SHORE	CHICAGO				22
23			SYMPHONY RESIDENCES OF LINCOLN PA	CHICAGO				23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

Facility Name & ID Number Symphony Of Bronzeville Park # 0053660 Report Period Beginning: 1/1/18 Ending: 12/31/18

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference
						Hours	Percent	Description	Amount	
1	No owners receive compensation from this facility								\$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13								TOTAL	\$	13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Symphony Of Bronzeville Park

0053660

Report Period Beginning:

1/1/18

Ending: 12/31/18

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

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

Facility Name & ID Number Symphony Of Bronzeville Park

0053660

Report Period Beginning:

1/1/18

Ending: 12/31/18

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization

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	\$ 110,230	\$ 3,194	1
2	6	MAINTENANCE SALARIES	AVAIL. CENSUS DAYS	1,668,541	25		110,230		2
3	6	MAINTENANCE EXPENSES	AVAIL. CENSUS DAYS	1,668,541	25	138,375	110,230	9,142	3
4	7	EMPLOYEE BENEFITS - MAIN	AVAIL. CENSUS DAYS	1,668,541	25		110,230		4
5	10	CLINICAL SALARIES	AVAIL. CENSUS DAYS	1,668,541	25	3,124,933	3,124,933	206,445	5
6	10	CONTRACT NURSING	AVAIL. CENSUS DAYS	1,668,541	25	155,149	110,230	10,250	6
7	15	EMPLOYEE BENEFITS - CLINI	AVAIL. CENSUS DAYS	1,668,541	25	1,004,938	110,230	66,390	7
8	17	ADMINISTRATIVE MANAGEM	AVAIL. CENSUS DAYS	1,668,541	25		110,230		8
9	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS	1,668,541	25	2,008,992	110,230	132,721	9
10	20	DUES, FEES, SUBSCRIPTIONS,	AVAIL. CENSUS DAYS	1,668,541	25	117,020	110,230	7,731	10
11	21	CLERICAL & GENERAL SALA	AVAIL. CENSUS DAYS	1,668,541	25	1,558,938	1,558,938	102,989	11
12	21	CLERICAL & GENERAL EXPE	AVAIL. CENSUS DAYS	1,668,541	25	952,676	110,230	62,937	12
13	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS	1,668,541	25	23,599	110,230	1,559	13
14	25	TRANSPORTATION	AVAIL. CENSUS DAYS	1,668,541	25	179,481	110,230	11,857	14
15	26	INSURANCE	AVAIL. CENSUS DAYS	1,668,541	25	89,939	110,230	5,942	15
16	27	EMPLOYEE BENEFITS - ADMI	AVAIL. CENSUS DAYS	1,668,541	25	501,334	110,230	33,120	16
17	30	DEPRECIATION	AVAIL. CENSUS DAYS	1,668,541	25	346,345	110,230	22,881	17
18	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS	1,668,541	25	1,470	110,230	97	18
19	33	REAL ESTATE TAX	AVAIL. CENSUS DAYS	1,668,541	25	90,970	110,230	6,010	19
20	34	BUILDING RENTAL	AVAIL. CENSUS DAYS	1,668,541	25	66,085	110,230	4,366	20
21	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS	1,668,541	25	163,656	110,230	10,812	21
22	35	AUTO LEASE	AVAIL. CENSUS DAYS	1,668,541	25	145,555	110,230	9,616	22
23									23
24									24
25	TOTALS				\$ 10,717,807	\$ 4,683,871		\$ 708,059	25

Facility Name & ID Number Symphony Of Bronzeville Park

0053660

Report Period Beginning:

1/1/18

Ending: 12/31/18

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization

Integra Healthcare Equipment, LLC

Street Address

747 Church Road

City / State / Zip Code

Elmhurst, IL 60126

Phone Number

(630) 834-3700

Fax Number

(630) 834-1500

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	10	Nursing Supplies	Direct Allocation		\$	\$		\$ 3,775	1
2	35	Equipment Rental	Direct Allocation					70,405	2
3	39	Oxygen Supplies	Direct Allocation					36,600	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				\$	\$		\$ 110,780	25

Facility Name & ID Number Symphony Of Bronzeville Park

0053660

Report Period Beginning:

1/1/18

Ending: 12/31/18

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization 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		\$	\$		\$ 37,387	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				\$	\$		\$ 37,387	25

Facility Name & ID Number Symphony Of Bronzeville Park

0053660

Report Period Beginning:

1/1/18

Ending: 12/31/18

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization

Maple Leaf Insurance

Street Address

PO Box 69, 720 West Bay Rd

City / State / Zip Code

Grand Cayman, KY1-1102

Phone Number

(

Fax Number

(

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	22	Workers Compensation	Direct Allocation		\$	\$		\$ 221,887	1
2	26	Liability Insurance	Direct Allocation					679,753	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				\$	\$		\$ 901,640	25

Facility Name & ID Number Symphony Of Bronzeville Park # 0053660 Report Period Beginning: 1/1/18 Ending: 12/31/18

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
A. Directly Facility Related																				
Long-Term																				
1	Omnicare	X		Pharmacy Services	38,371.00	1/1/2018	\$ 6,197,033	\$ 275,201	1/1/2024	0.075	\$ 3,403	1								
2	LifeMed		X	Pharmacy Services	67,444.34	11/27/2017	2,170,337	40,474	10/20/2020	0.075	15,965	2								
3	Select Rehab		X	Operational	159,503	12/31/2018	12,216,125	726,000	12/31/2023	0.02		3								
4												4								
5												5								
Working Capital																				
6	Midcap Financial Trust*		X	Line of Credit (Revolving)	Interest	9/18/2018	35,000,000		9/17/2021	LIBOR+4.25%	174,576	6								
7												7								
8												8								
9	TOTAL Facility Related				\$265,318.34		\$ 55,583,495	\$ 1,041,675			\$ 193,944	9								
B. Non-Facility Related*																				
10												10								
11								Interest Income offset			(51,034)	11								
12								Allocated from Mgmt Co.			97	12								
13												13								
14	TOTAL Non-Facility Related						\$	\$			(50,937)	14								
15	TOTALS (line 9+line14)						\$ 55,583,495	\$ 1,041,675			\$ 143,007	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ ENTER AMT. Line # _____

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

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

Facility Name & ID Number Symphony Of Bronzeville Park

0053660

Report Period Beginning:

1/1/18

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>478,614</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>494,628</u>	2
3. Under or (over) accrual (line 2 minus line 1).			\$	<u>16,014</u>	3
4. Real Estate Tax accrual used for 2018 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	<u>519,359</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>6,010</u>	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	<u>541,383</u>	7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2013	<u>280,314</u>	8	FOR BHF USE ONLY	
	2014	<u>285,961</u>	9	13	FROM R. E. TAX STATEMENT FOR 2017 \$
	2015	<u>421,046</u>	10	14	PLUS APPEAL COST FROM LINE 5 \$
	2016	<u>460,205</u>	11	15	LESS REFUND FROM LINE 6 \$
	2017	<u>494,628</u>	12	16	AMOUNT TO USE FOR RATE CALCULATION \$
<u>Real estate taxes paid 494,628 x 1.05 = \$519,359</u>					
<u>Allocated from Maestro Consulting = \$6,010</u>					

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 Of Bronzeville Park COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0053660

CONTACT PERSON REGARDING THIS REPORT Ari Krupp

TELEPHONE (410) 258-7363 FAX #: (847) 282-6301

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>17-34-119-048-0000</u>	<u>Long Term Care Property</u>	\$ <u>161,762.52</u>	\$ <u>161,762.52</u>
2. <u>17-34-119-049-0000</u>	<u>Long Term Care Property</u>	\$ <u>332,865.20</u>	\$ <u>332,865.20</u>
3. <u>10-27-319-028-0001</u>	<u>Allocated-7257 N. Lincoln</u>	\$ <u>87,874.67</u>	\$ <u>6,010.00</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u>582,502.39</u>	\$ <u>500,637.72</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 Bronzeville Park

0053660

Report Period Beginning:

1/1/18

Ending:

12/31/18

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 72,844 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:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1				\$	1
2	<u>Allocated from 7257 N. Lincoln Av</u>		<u>2004</u>	<u>10,570</u>	2
3	TOTALS			\$ <u>10,570</u>	3

XI. OWNERSHIP COSTS (continued)

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

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4					\$	-		\$	\$	\$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Various		1980		8,303		20	149	149	8,018	9
10	Various		1981		1,872		20	-		1,872	10
11	Various		1982		5,523	-	20	-		5,523	11
12	Various		1983		1,550	-	20	-		1,550	12
13	Various		1984		5,062	-	20	-		5,062	13
14	Various		1985		24,500	-	20	-		24,500	14
15	Various		1986		8,802	-	20	-		8,802	15
16	Various		1987		5,151	-	20	164	164	5,076	16
17	Various		1988		14,372	-	20	456	456	13,706	17
18	Various		1989		55,710	-	20	1,769	1,769	51,364	18
19	Various		1990		4,899	-	20	155	155	4,361	19
20	Various		1991		9,582	-	20	304	304	8,226	20
21	Various		1992		4,834	-	20	153	153	3,996	21
22	Various		1993		13,785	-	20	353	353	8,851	22
23	Various		1994		23,773	-	20	150	150	21,371	23
24	Various		1995		20,890	-	20	-		20,888	24
25	Various		1996		87,605	-	20	-		87,603	25
26	Various		1997		40,122	-	20	4	4	40,122	26
27	Various		1998		132,735	-	20	4,337	4,337	132,735	27
28	Various		1999		419,788	-	20	20,989	20,989	404,739	28
29	Various		2000		90,604	-	20	4,530	4,530	83,665	29
30	Various		2001		75,436	-	20	3,772	3,772	65,818	30
31	Various		2002		39,859	-	20			39,859	31
32	Various		2003		55,783	-	20	874	874	53,050	32
33	Various		2004		70,089	-	20			70,089	33
34	Various		2005		356,449	-	20	8,449	8,449	317,948	34
35	Various		2006		75,373	-	20	3,970	3,970	62,444	35
36	Various		2007		41,387	-	20	2,069	2,069	24,832	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 Bronzeville Park

0053660

Report Period Beginning:

1/1/18

Ending:

12/31/18

XI. OWNERSHIP COSTS (continued)

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

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Various	2008	\$ 213,640	\$ -	20	\$ 19,121	\$ 19,121	\$ 204,151	37
38	Various	2009	208,483	-	20	14,807	14,807	146,363	38
39	Various	2010	282,649	-	20	17,408	17,408	258,167	39
40	Various	2011	114,479	-	20	11,119	11,119	86,548	40
41	Various	2012	79,757	-	20	7,280	7,280	46,567	41
42	Various	2013	410,463	-	20	20,523	20,523	116,810	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)		\$ 3,003,308	\$ -		\$ 142,906	\$ 142,906	\$ 2,434,675	70

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

Facility Name & ID Number Symphony Of Bronzeville Park# 0053660

Report Period Beginning:

1/1/18

Ending:

12/31/18**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	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		\$ 3,003,308	\$ -		\$ 142,906	\$ 142,906	\$ 2,434,675	1
2	Pump Repair	2014	3,554	-	20	355	355	1,481	2
3	Remove Dry Wall In 2Nd Flr Shower Rms, Remove & Install 2 Ne	2014	3,950	-	20	395	395	1,843	3
4	Water Valve Repairs	2014	2,830	-	20	142	142	625	4
5	Landscaping - Plants & Soil	2014	7,746	-	20	387	387	1,743	5
6	Repaired Elevator Pits	2014	2,936	-	20	147	147	673	6
7	1St & 3Rd Floor Door Repairs	2014	2,520	-	20	126	126	599	7
8	Window Glazing	2014	75,000	-	20	3,750	3,750	18,750	8
9	Caulk 156 Windows And Tuckpoint Around 50 Window Sill	2014	22,500	-	20	1,125	1,125	5,625	9
10	Parking Lot - Repair Asphalt, Routed Cracks, Sealed 2 Coatings	2014	11,500	-	20	575	575	2,875	10
11	Installed Pvi Water Heater	2015	21,000	-	20	1,050	1,050	4,200	11
12	Removed And Installed Concrete Ramp	2015	4,200	-	20	210	210	840	12
13	Chiller Upgrade - Reconfigure Panel Components/Wiring	2016	19,591	-	20	980	980	2,123	13
14	Repair Ground Pipe Near Conference Room	2016	2,850	-	20	143	143	345	14
15	Plumbing - Replace 6" Pipe	2016	3,250	-	20	163	163	393	15
16	Plumbing - Replace Storm Pipe In Lower Level	2016	3,650	-	20	183	183	426	16
17	Chiller Control Board	2017	13,256	-	20	663	663	1,326	17
18	Chiller Room Ventilation	2017	48,517	-	20	2,426	2,426	4,852	18
19	Mechanical Room Upgrade	2017	9,820	-	20	491	491	982	19
20	Pipe Replacement	2017	2,920	-	20	146	146	292	20
21	Plumbing Service To Replace Cast Iron Piping	2017	7,340	-	20	367	367	734	21
22	Ventilation Project	2017	21,385	-	20	1,069	1,069	2,139	22
23	Building Fan Coil Replacement	2017	59,700	-	20	2,985	2,985	5,970	23
24	Installation Of Concrete Patch To All Surfaces And Stairs	2017	4,500	-	20	225	225	450	24
25	First Q Wander System	2017	2,533	-	20	127	127	253	25
26	Boiler Repair	2017	3,885	-	20	194	194	388	26
27	Camera System	2017	34,262	-	20	1,713	1,713	3,426	27
28	Walk In Freezer Replacment	2017	13,043	-	20	652	652	1,304	28
29	Phone System Upgrade	2017	45,938	-	20	2,297	2,297	4,594	29
30	Roof Repairs	2017	6,950	-	20	348	348	695	30
31	Cooling Towers Repairs	2017	14,212	-	20	711	711	1,421	31
32	Plumbing Services To Repair Pipe	2017	3,560	-	20	178	178	356	32
33	Plumbing To Complete Storm Drain Repairs	2017	3,680	-	20	184	184	368	33
34	TOTAL (lines 1 thru 33)		\$ 3,485,886	\$ -		\$ 167,412	\$ 167,412	\$ 2,506,766	34

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

Facility Name & ID Number Symphony Of Bronzeville Park

0053660

Report Period Beginning:

1/1/18

Ending:

12/31/18

XI. OWNERSHIP COSTS (continued)

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

1	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		\$ 3,485,886	\$		\$ 167,412	\$ 167,412	\$ 2,506,766	1
2	Plumbing Service To Replace Hot Water Line	2017	3,690	-	20	185	185	369	2
3	Plumbing In Boiler Room	2017	4,310		20	216	216	432	3
4	Chiller Repair	2017	24,735		20	1,237	1,237	2,474	4
5	Evapco Tower - Towe Repair - Roof	2018	102,194	5,473	20	5,473		5,473	5
6	Walk in freezer install- Main Kitchen Lower Level	2018	13,043	2,587	20	2,587		2,587	6
7	Cooling System Tower - Roof	2018	4,679	613	20	613		613	7
8	Camera System Throughout the Facility	2018	38,532	1,742	20	1,742		1,742	8
9	Elevator condensing unit - Lower Level	2018	6,294	10	20	10		10	9
10									10
11				-		-			11
12				-		-			12
13	Ties to financial statement depreciation			20,853		-	(20,853)		13
14				-		-			14
15				-		-			15
16									16
17				-		-			17
18				-		-			18
19				-		-			19
20				-		-			20
21									21
22				-		-			22
23				-		-			23
24									24
25									25
26									26
27									27
28				-		-			28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,683,363	\$ 31,278		\$ 179,474	\$ 148,196	\$ 2,520,465	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 12G, Carried Forward		\$ 3,683,363	\$ 31,278		\$ 179,474	\$ 148,196	\$ 2,520,465	1
2	Buildings:								2
3	<u>Allocated from 7257 N. Lincoln</u>	2004	95,132	-	35	2718	2,718	41,111	3
4									4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	<u>Allocated from Maestro Consulting</u>	2003	774	-	20	38	38	585	9
10	<u>Allocated from Maestro Consulting</u>	2004	15,710	-	20	783	783	11,564	10
11	<u>Allocated from Maestro Consulting</u>	2005	931	-	20	47	47	645	11
12	<u>Allocated from Maestro Consulting</u>	2006	1,263	-	20	63	63	781	12
13	<u>Allocated from Maestro Consulting</u>	2008	1,331	-	20	67	67	683	13
14	<u>Allocated from Maestro Consulting</u>	2009	21,433	-	20	1,072	1,072	10,298	14
15	<u>Allocated from Maestro Consulting</u>	2010	3,294	-	20	165	165	1,401	15
16	<u>Allocated from Maestro Consulting</u>	2011	178	-	20	9	9	70	16
17	<u>Allocated from Maestro Consulting</u>	2012	198	-	20	10	10	67	17
18	<u>Allocated from Maestro Consulting</u>	2014	2,477	-	20	124	124	571	18
19	<u>Allocated from Maestro Consulting</u>	2015	697	-	20	35	35	116	19
20	<u>Allocated from Maestro Consulting</u>	2016	3,053	-	20	305	305	729	20
21	<u>Allocated from Maestro Consulting</u>	2017	407	-	20	20	20	41	21
22									22
23	<u>Allocated from 7257 N. Lincoln</u>	2015	1,500	-	20	100	100	333	23
24	<u>Allocated from 7257 N. Lincoln</u>	2005	8,672	-	20	311	311	6,670	24
25	<u>Allocated from 7257 N. Lincoln</u>	2004	1,891	-	20	95	95	1,371	25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,842,304	\$ 31,278		\$ 185,436	\$ 154,158	\$ 2,597,501	34

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

Facility Name & ID Number Symphony Of Bronzeville Park

0053660

Report Period Beginning:

1/1/18

Ending:

12/31/18

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 3,842,304	\$ 31,278		\$ 185,436	\$ 154,158	\$ 2,597,501	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 3,842,304	\$ 31,278		\$ 185,436	\$ 154,158	\$ 2,597,501	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	\$ 648,633	\$ 34,700	\$ 40,504	\$ 5,804		\$ 572,178	71
72	Current Year Purchases	64,355	5,286	5,286	-		5,286	72
73	Fully Depreciated Assets	1,369,783			-		1,369,783	73
74	Allocated from Maestro	273,297	-	16,919	16,919		104,317	74
75	TOTALS	\$ 2,356,068	\$ 39,986	\$ 62,709	\$ 22,723		\$ 2,051,564	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	\$ 585	\$ -	\$ -	\$ -	5	\$ 585	76
77							-			77
78							-			78
79							-			79
80	TOTALS			\$ 585	\$ -	\$ -	\$ -		\$ 585	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)	\$ 6,209,527	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 71,264	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 248,145	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 176,881	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 4,649,650	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		\$	\$	\$	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.

Facility Name & ID Number

Symphony Of Bronzeville Park

0053660

Report Period Beginning: 1/1/18

Ending: 12/31/18

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: 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	<u>1977</u>	<u>302</u>	<u>11/1/2015</u>	\$ <u>2,465,981</u>	<u>15</u>	<u>15</u>	3
4							4
5	<u>Allocated from Maestro Consulting Services</u>			<u>4,366</u>			5
6							6
7	TOTAL			\$ 2,470,347			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. 12/31/2019 \$ 2,276,639

13. 12/31/2020 \$ 2,327,864

14. 12/31/2021 \$ 2,380,241

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: \$ 154,939

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 Services</u>		\$ _____	\$ <u>9,616</u>	17
18					18
19					19
20					20
21	TOTAL		\$ _____	\$ 9,616	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 Bronzeville Park
IDPH License ID Number: 0053660
Fiscal Year End: 12/31/18

Schedule 14A

XIV. Rental Costs

Line 16 Rental Amount for Moveable Equipment

Rental Description	Amount
Bariatric Beds/Pressurized mattresses	83,199
Vital monitors	4,895
Copier	64,018
Music over the paging system	4,241
Postage Machine	717
Maestro Allocation	10,812
Integra Allocation	(12,943)
Total - Line 16	154,939

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		Cost	Outside Practitioner (other than consultant)		Total Cost (Col. 3 + 5 + 6)						
			Units of Service			Units	Cost							
1	Licensed Occupational Therapist	39(3)	hrs	\$	6,885	\$ 495,751						6,885	\$ 495,751	1
2	Licensed Speech and Language Development Therapist	39(3)	hrs		3,457	248,874						3,457	248,874	2
3	Licensed Recreational Therapist		hrs		9,411	677,578						9,411	677,578	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							246,715			246,715	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)								36,600			36,600	12
13	Other (specify): <u>See Sch 16A</u>	39(3)			1,333	95,945						1,333	95,945	13
14	TOTAL			\$	21,086	\$ 1,518,148	\$	283,315	\$	21,086	\$	1,801,463	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 Bronzeville Park
IDPH License ID Number: 0053660
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-Medicaid		11,462
Inhalation Therapy Costs-Medicare A		3,212
Inhalation Therapy Costs-Managed Care		1,184
Inhalation Therapy Costs-Private		225
Inhalation Therapy Costs-Veteran		81
I.V. Therapy Costs-Medicaid		18,600
I.V. Therapy Costs-Medicare A		28,423
I.V. Therapy Costs-Managed Care		15,289
I.V. Therapy Costs-Private		450
I.V. Therapy Costs-Veteran		5,253
Other Ancillary Costs-Veteran		165
Other Ancillary Costs-Medicare A		561
Other Ancillary Costs-Private		130
Other Ancillary Costs-Veteran		10,910
Total - Line 13	-	95,945

Facility Name & ID Number Symphony Of Bronzeville Park

0053660

Report Period Beginning: 1/1/18

Ending: 12/31/18

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/18 (last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ (1,674)	\$ (1,674)	1
2	Cash-Patient Deposits	62,076	62,076	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>2,853,648</u>)	6,780,307	6,780,307	3
4	Supply Inventory (priced at _____)			4
5	Short-Term Investments			5
6	Prepaid Insurance	5,471	5,471	6
7	Other Prepaid Expenses	(40,055)	(40,055)	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Acct. Rec. Empl Loans</u>	8,225	8,225	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 6,814,350	\$ 6,814,350	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		10,570	13
14	Buildings, at Historical Cost		95,132	14
15	Leasehold Improvements, at Historical Cost	291,327	3,747,172	15
16	Equipment, at Historical Cost	346,472	2,356,653	16
17	Accumulated Depreciation (book methods)	(110,648)	(4,649,650)	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>	1,324,156	1,324,156	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,851,307	\$ 2,884,033	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 8,665,657	\$ 9,698,383	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,839,448	\$ 1,839,448	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	62,076	62,076	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	524,033	524,033	30
31	Accrued Taxes Payable (excluding real estate taxes)	(20,621)	(20,621)	31
32	Accrued Real Estate Taxes(Sch.IX-B)	519,359	519,359	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>	8,626,190	8,623,190	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 11,550,485	\$ 11,547,485	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	1,041,675	1,041,675	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)	\$ 1,041,675	\$ 1,041,675	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 12,592,160	\$ 12,589,160	46
47	TOTAL EQUITY(page 18, line 24)	\$ (3,926,503)	\$ (2,890,777)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 8,665,657	\$ 9,698,383	48

*(See instructions.)

Facility Name: Symphony Of Bronzeville Park
 IDPH License ID Number: 0053660
 Fiscal Year End: 12/31/18

Schedule 17A

XV. Balance Sheet

XV. Balance Sheet

Line 23 Long-Term Assets Other (specify):

Description	After	
	Operating	Consolidation
SBPL Due To/From - 87Th Street	71,000	71,000
SBPL Due To/From - Aria LLC	60,792	60,792
SBPL Due To/From - Buffalo Grove LLC	95,000	95,000
SBPL Due To/From - Hanover Park	10,000	10,000
SBPL Due To/From - Morgan Park	35,124	35,124
SBPL Due To/From - Bronzeville - OLD	958,892	958,892
SBPL Due To/From - Chevy Chase Assoc.	93,348	93,348
Total - Line 23	1,324,156	1,324,156

XV. Balance Sheet

Line 36 Other Current Liabilities (specify):

Description	After	
	Operating	Consolidation
SBPL Due To/From - Ivy LLC	18,000	18,000
SBPL Due To/From - Jackson Square LLC	88,079	88,079
SBPL CSA I/C Related/Party Due To/From Accts	13,270	13,270
SBPL Due To/From - Lincoln Park LLC	35,000	35,000
SBPL Due To/From - Midway	210,000	210,000
SBPL Due To/From - South Shore	125,000	125,000
SBPL Due To/From - California Gardens Nursing and Reha	5,151	5,151
SBPL Due To/From - Symcare Healthcare	4,975,996	4,975,996
SBPL Due To/From - Symcare ML	1,280,037	1,280,037
SBPL Due To/From - Maestro	315,328	315,328
SBPL Accrued Payables	124,367	124,367
SBPL Accrued Payables - Professional Fees	24,636	21,636
SBPL Accrued Payables - Health Insurance	83,322	83,322
SBPL Accrued Payable - Dental Insurance	(246)	(246)
SBPL Accrued Payables - Vision Insurance	25	25
SBPL Accrued Payables - Life Insurance	1,389	1,389
SBPL Accrued Payables - Short Term Disability	(579)	(579)
SBPL Accrued Payables - Payroll Union Dues	4,137	4,137
SBPL Accrued Payables - 401K Deductions	(116)	(116)
SBPL Accrued Payables - WC/GL Insurance	257,111	257,111
SBPL Accrued Payables - Bed Taxes	(22,719)	(22,719)
SBPL Accrued Payables - Bed Taxes Add'l	(32,631)	(32,631)
SBPL Accrued Payables - Management Fees	169,225	169,225
SBPL Accrued Payables - Interest	1,165	1,165
SBPL Accrued Payables - Sales Tax	45	45
SBPL Deferred Rent	951,198	951,198
Total - Line 36	8,626,190	8,623,190

XVI. STATEMENT OF CHANGES IN EQUITY

		1	
		Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (2,511,212)	1
2	Restatements (describe):		2
3	Prior period adjustment	(24,104)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (2,535,316)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,391,187)	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)	\$ (1,391,187)	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)	\$ (3,926,503)	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	\$ 20,694,468	1
2	Discounts and Allowances for all Levels	(3,188,807)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 17,505,661	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	3,144,430	6
7	Oxygen	610	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 3,145,040	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	265,834	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	93,648	19
20	Radiology and X-Ray	29,242	20
21	Other Medical Services	34,118	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 422,842	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	51,034	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 51,034	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	47,752	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 47,752	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 21,172,329	30

2		3	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,641,418	31
32	Health Care	7,637,778	32
33	General Administration	4,470,066	33
B. Capital Expense			
34	Ownership	3,423,632	34
C. Ancillary Expense			
35	Special Cost Centers	3,663,068	35
36	Provider Participation Fee	727,554	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 22,563,516	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,391,187)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,391,187)	43
III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 9,242,280	44
45	Private Pay - Net Inpatient Revenue	496,219	45
46	Medicare - Net Inpatient Revenue	1,884,825	46
47	Other-(specify) Hospice / Veteran	1,401,831	47
48	Other-(specify) Managed Care / MAIP	4,480,506	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 17,505,661	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 Bronzeville Park
IDPH License ID Number: 0053660
Fiscal Year End: 12/31/18

Schedule 19A

XVII. Income Statement

Line 28 Other Revenue (specify):

Description	Amount
SBPL Other Services - Revenue-Managed Care	35,314
SPBL Other Income-Other	(518)
SBPL Transportation - Other Revenue-Other	(10,231)
SBPL Closing Costs & Adjustment to Prior Year Exp-Admin	(72,317)
Total - Line 28	<u>(47,752)</u>

Facility Name & ID Number Symphony Of Bronzeville Park

0053660

Report Period Beginning:

1/1/18

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	1,870	1,993	\$ 110,529	\$ 55.45	1
2	Assistant Director of Nursing	1,896	2,168	81,416	37.56	2
3	Registered Nurses	24,183	28,007	919,266	32.82	3
4	Licensed Practical Nurses	77,550	88,339	2,379,544	26.94	4
5	CNAs & Orderlies	163,529	180,787	2,445,133	13.52	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	13,570	14,731	204,646	13.89	10
11	Social Service Workers	4,386	4,953	118,267	23.88	11
12	Dietician					12
13	Food Service Supervisor	2,142	2,396	71,481	29.84	13
14	Head Cook	4,817	5,254	70,580	13.43	14
15	Cook Helpers/Assistants	21,949	24,179	296,086	12.25	15
16	Dishwashers					16
17	Maintenance Workers	3,839	4,348	89,315	20.54	17
18	Housekeepers	2,222	2,353	31,524	13.40	18
19	Laundry					19
20	Administrator	1,924	2,161	134,565	62.26	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	11,250	12,182	218,587	17.94	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	6,402	6,922	121,636	17.57	31
32	Other Health C: See Sch 20A	14,851	16,976	496,497	29.25	32
33	Other(specify) <u>Admissions Coord</u>	5,241	5,624	116,103	20.65	33
34	TOTAL (lines 1 - 33)	361,623	403,373	\$ 7,905,175 *	\$ 19.60	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	\$ 26,903	1(3) 35
36	Medical Director	Monthly	42,000	9(3) 36
37	Medical Records Consultant			37
38	Nurse Consultant			38
39	Pharmacist Consultant	Monthly	29,973	10(3) 39
40	Physical Therapy Consultant			40
41	Occupational Therapy Consultant			41
42	Respiratory Therapy Consultant	Monthly	561	39(3) 42
43	Speech Therapy Consultant			43
44	Activity Consultant	Monthly	2,640	11(3) 44
45	Social Service Consultant			45
46	Other(specify)			46
47	<u>Psychiatric Consult</u>	Monthly	10,940	10(3) 47
48	<u>Dental Consultant</u>	Monthly	4,325	39(3) 48
49	TOTAL (lines 35 - 48)		\$ 117,342	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 Of Bronzeville Park
IDPH License ID Number: 0053660
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
Alzheimers	1,635	1,742	47,977	\$ 27.55
MDS Coordinator	5,052	5,983	232,309	\$ 38.83
Wound Care	8,164	9,251	216,211	\$ 23.37
Total - Line 32 O	14,851	16,976	496,497	

XIX. SUPPORT SCHEDULES

A. Administrative Salaries			Ownership	D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	%	Amount	Description	Amount	Description	Amount	
<u>Niquitta Berry</u>	<u>Administrator</u>	<u>0</u>	\$ <u>134,565</u>	<u>Workers' Compensation Insurance</u>	\$ <u>223,132</u>	<u>IDPH License Fee</u>	\$ _____	
_____	_____	_____	_____	<u>Unemployment Compensation Insurance</u>	<u>93,200</u>	<u>Advertising: Employee Recruitment</u>	<u>13,875</u>	
_____	_____	_____	_____	<u>FICA Taxes</u>	<u>573,298</u>	<u>Health Care Worker Background Check</u>	_____	
_____	_____	_____	_____	<u>Employee Health Insurance</u>	<u>385,405</u>	(Indicate # of checks performed <u>485</u>)	<u>5,820</u>	
_____	_____	_____	_____	<u>Employee Meals</u>	_____	<u>Patient Background Checks</u>	<u>2,660</u>	
_____	_____	_____	_____	<u>Illinois Municipal Retirement Fund (IMRF)*</u>	_____	<u>Dues and Subscriptions</u>	<u>24,074</u>	
_____	_____	_____	_____	<u>Employee Retirement</u>	<u>57,169</u>	<u>Licenses and Fees</u>	<u>9,063</u>	
TOTAL (agree to Schedule V, line 17, col. 1)			\$ <u>134,565</u>	<u>Employee Benefits - Other</u>	<u>16,353</u>	<u>Health Care Council of Illinois</u>	<u>24,616</u>	
(List each licensed administrator separately.)				<u>Employees' Physical Exams</u>	<u>5,227</u>	<u>Relias Learning, LLC</u>	<u>25</u>	
				<u>401K</u>	<u>2,231</u>	<u>Allocated from Maestro Consulting</u>	<u>7,731</u>	
				_____	_____	<u>Less: Public Relations Expense</u>	<u>(23,657)</u>	
				_____	_____	<u>Non-allowable advertising</u>	(_____)	
				_____	_____	<u>Yellow page advertising</u>	(_____)	
				TOTAL (agree to Schedule V, line 22, col.8)	\$ <u>1,356,015</u>	TOTAL (agree to Sch. V, line 20, col. 8)	\$ <u>64,207</u>	
TOTAL (agree to Schedule V, line 17, col. 3)			\$ <u>1,034,866</u>	E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
(Attach a copy of any management service agreement)				Description	Line #	Amount	Description	Amount
				_____	_____	\$ _____	<u>Out-of-State Travel</u>	\$ _____
				_____	_____	_____	_____	_____
				_____	_____	_____	<u>In-State Travel</u>	_____
				_____	_____	_____	_____	_____
				_____	_____	_____	<u>Seminar Expense</u>	<u>4,223</u>
				_____	_____	_____	<u>Allocated from Maestro Consulting</u>	<u>1,559</u>
				_____	_____	_____	_____	_____
				_____	_____	_____	<u>Entertainment Expense</u>	(_____)
TOTAL (agree to Schedule V, line 19, column 3)			\$ <u>607,347</u>	TOTAL		\$ _____	(agree to Sch. V, line 24, col. 8)	\$ <u>5,782</u>
(For legal fee disclosure, see page 39 of instructions)								

* Attach copy of IMRF notifications

**See instructions.

Facility Name: Symphony Of Bronzeville Park
 IDPH License ID Number: 0053660
 Fiscal Year End: 12/31/18

Schedule 21C

XIX. SUPPORT SCHEDULES
 C. Professional Services

Vendor	Type	Amount
Dart Chart	Software	9,161
Data Robot, Inc.	Computer Services	1,811
Digital Marketing Seo & Web Design	Branding	583
Duane Morris LLP	Legal	16,319
Dutton Casey & Mesoloras	Legal Fees	1,128
Formation Healthcare Group, LLC	Montly Subscription Fee	1,471
Fox Law Offices LLC	Legal Fees	1,265
Fyi Systems, Inc.	Computer IT	608
Health Data Systems Inc	Programming	4,263
Holland & Knight	Legal Fees	3,053
Language Line Services	Phone Interpretation	1,743
Law Offices Of Ellen E. Douglass	Legal Fees	825
Life Safety Resources, LLC	Construction Management	2,914
Ltc Consulting Services	Collection Agency	46,502
Maestro Consulting	Consulting Services	110,437
Managed Care Group	IT Support	1,466
Marcum	Accreditation	75
Market Metrix	Customer and Employee Metrix Subscrip	1,246
Mccabe Kirshner P.C.	Legal Fees	109,452
Mood Media	Branding	47
Mts Consulting, LLC	Tax Consulting	13,235
Neal, Gerber & Eisenberg, LLP	Legal Fees	86
Nexuscomm, LLC	Cable	9,753
Patient Ping, Inc.	Care Coordination Network	1,000
Personnel Planners, Inc	Qtrly Unemployment Claims	4,008
Pointclickcare Technologies Inc.	Cloud Based Software and Services	49,209
Prime Care Technologies	PBJ Reporting Module Access Fee	272
Real Time Medical Systems LLC	Clinical and Financial Analytis Service	4,220
Resolute Healthcare Solutions	Healthcare Consulting	1,336
RSM US LLP	Accounting	32,906
SB2 Inc.	Legal Fees	3,291
Scott Norton	Computer Consulting	430
Seyfarth Shaw LLP	Legal Fees	35,008
Snowflake Computing, Inc.	Computer Services	970
Stone Pogrund & Korey LLC	Legal Fees	19,505
Telemedicine Solutions, LLC	Wound Rounds Care	22,795
Tracking System	Computer Services	66
Wencel Worldwide, Inc.	Branding	4,094
	From Page 21	90,794

Total (agree to Schedule V, line 19, column 3) 607,347

Allocated from Management Company Legal Fees	
Allocated from Management Company Professional Services	132,721
Less: Non-Allowable Legal Fees	(35,927)
Less: Non-Allowable Legal Fees in Pro Fee Account	(16,319)
Less: Reclassed Fees out of Internet & Software	(377)

Total (agree to Schedule V, line 19, column 8) 687,445

Facility Name & ID Number Symphony Of Bronzeville Park# 0053660

Report Period Beginning:

1/1/18

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 \$24,616
- (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? 10
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 5,979 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.
Bronzeville Park Nursing & Living Center, #0040592, 11/01/15
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 727,554
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? Adequate records have been maintained
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: RSM US LLP
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? 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.