

Facility Name & ID Number Symphony Of Buffalo Grove

0053702 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	200	Skilled (SNF)	200	73,000	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	200	TOTALS	200	73,000	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	25,655	6,177	23,449	55,281	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	25,655	6,177	23,449	55,281	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 75.73%

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 3/1/2005

J. Was the facility purchased or leased after January 1, 1978?
YES Date 3/1/2005 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 200 and days of care provided 12,347

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 Buffalo Grove # 0053702 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	495,966	38,938	24,796	559,700		559,700	-	559,700		1
2	Food Purchase		399,248		399,248		399,248	-	399,248		2
3	Housekeeping	256,416	43,671	-	300,087		300,087	-	300,087		3
4	Laundry	48,703	15,383	2,915	67,001		67,001	-	67,001		4
5	Heat and Other Utilities			265,163	265,163		265,163	2,115	267,278		5
6	Maintenance	100,918	-	193,982	294,900		294,900	3,474	298,374		6
7	Other (specify):*	-	-	-				-			7
8	TOTAL General Services	902,003	497,240	486,856	1,886,099		1,886,099	5,589	1,891,688		8
	B. Health Care and Programs										
9	Medical Director	-	-	56,100	56,100		56,100	-	56,100		9
10	Nursing and Medical Records	4,672,853	250,928	282,749	5,206,530		5,206,530	141,147	5,347,677		10
10a	Therapy	-	-	-				-			10a
11	Activities	191,540	-	2,695	194,235		194,235	-	194,235		11
12	Social Services	109,353	-	-	109,353		109,353	-	109,353		12
13	CNA Training	-	-	-				-			13
14	Program Transportation	-	-	-				-			14
15	Other (specify):* Mgmt. Alloc of Benefi	-	-	-				43,967	43,967		15
16	TOTAL Health Care and Programs	4,973,746	250,928	341,544	5,566,218		5,566,218	185,114	5,751,332		16
	C. General Administration										
17	Administrative	139,206	-	835,741	974,947		974,947	(835,741)	139,206		17
18	Directors Fees			-				-			18
19	Professional Services			460,466	460,466		460,466	79,482	539,948		19
20	Dues, Fees, Subscriptions & Promotions			48,079	48,079		48,079	(11,384)	36,695		20
21	Clerical & General Office Expenses	155,953	38,714	58,819	253,486		253,486	109,625	363,111		21
22	Employee Benefits & Payroll Taxes			1,028,329	1,028,329		1,028,329	-	1,028,329		22
23	Inservice Training & Education			-				-			23
24	Travel and Seminar			4,360	4,360		4,360	1,032	5,392		24
25	Other Admin. Staff Transportation		-	260	260		260	7,852	8,112		25
26	Insurance-Prop.Liab.Malpractice			551,785	551,785		551,785	3,935	555,720		26
27	Other (specify):* Mgmt. Alloc of Benefi	-	-	-				21,934	21,934		27
28	TOTAL General Administration	295,159	38,714	2,987,839	3,321,712		3,321,712	(623,265)	2,698,447		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,170,908	786,882	3,816,239	10,774,029		10,774,029	(432,562)	10,341,467		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			320,456	320,456		320,456	178,593	499,049			30
31	Amortization of Pre-Op. & Org.			-				-				31
32	Interest			101,649	101,649		101,649	(20,500)	81,149			32
33	Real Estate Taxes			162,753	162,753		162,753	3,980	166,733			33
34	Rent-Facility & Grounds			3,094,478	3,094,478		3,094,478	2,891	3,097,369			34
35	Rent-Equipment & Vehicles			154,223	154,223		154,223	6,315	160,538			35
36	Other (specify):*			-				-				36
37	TOTAL Ownership			3,833,559	3,833,559		3,833,559	171,279	4,004,838			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation	-	-	40,486	40,486		40,486	(19)	40,467			38
39	Ancillary Service Centers	-	388,092	1,945,674	2,333,766		2,333,766	(1,303)	2,332,463			39
40	Barber and Beauty Shops	-	-	-				-				40
41	Coffee and Gift Shops	-	-	-				-				41
42	Provider Participation Fee			370,109	370,109		370,109	-	370,109			42
43	Other (specify):* Non-Allowable Cos	108,820	-	1,515,519	1,624,339		1,624,339	(1,624,339)				43
44	TOTAL Special Cost Centers	108,820	388,092	3,871,788	4,368,700		4,368,700	(1,625,661)	2,743,039			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,279,728	1,174,974	11,521,586	18,976,288		18,976,288	(1,886,944)	17,089,344			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 Buffalo Grove

0053702

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	(16,033)	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	163,440	30		9
10	Interest and Other Investment Income	(20,564)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	3,583	43		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(5,611)	43		18
19	Entertainment				19
20	Contributions	(16,650)	43		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(1,231,291)	43		24
25	Fund Raising, Advertising and Promotional	(39,069)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(396)	43		28
29	Other-Attach Schedule <u>See PG5A</u>	(346,629)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (1,509,220)		\$	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)	(377,724)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (377,724)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (1,886,944)		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 Buffalo Grove

ID# 0053702

Report Period Beginning: 01/01/18

Ending: 12/31/18

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Miscellaneous Income	\$ (260)	21	1
2	Marketing Events	(111,731)	43	2
3	Director of Customer Experience	(46,604)	43	3
4	Admissions Coordinator	(61,625)	43	4
5	Laboratory Costs	(46,481)	43	5
6	X-Ray Costs	(52,431)	43	6
7	Lobbying Dues	(16,504)	20	7
8	Non-allowable legal	(8,413)	19	8
9	Reclass R&M over \$2,500	(2,580)	6	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
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	(346,629)		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%	\$ 2,115	\$	2,115	15
16	V	6 MAINTENANCE SALARIES		MAESTRO CONSULTING SERVICES LLC	100%				16
17	V	6 MAINTENANCE EXPENSES		MAESTRO CONSULTING SERVICES LLC	100%	6,054		6,054	17
18	V	7 EMPLOYEE BENEFITS - MAINTENANCE		MAESTRO CONSULTING SERVICES LLC	100%				18
19	V	10 CLINICAL SALARIES		MAESTRO CONSULTING SERVICES LLC	100%	136,718		136,718	19
20	V	10 CONTRACT NURSING		MAESTRO CONSULTING SERVICES LLC	100%	6,788		6,788	20
21	V	15 EMPLOYEE BENEFITS - CLINICAL		MAESTRO CONSULTING SERVICES LLC	100%	43,967		43,967	21
22	V	17 ADMINISTRATIVE SALARIES	835,741	MAESTRO CONSULTING SERVICES LLC	100%			(835,741)	22
23	V	19 PROFESSIONAL FEES		MAESTRO CONSULTING SERVICES LLC	100%	87,895		87,895	23
24	V	20 DUES, FEES, SUBSCRIPTIONS, ETC.		MAESTRO CONSULTING SERVICES LLC	100%	5,120		5,120	24
25	V	21 CLERICAL & GENERAL SALARIES		MAESTRO CONSULTING SERVICES LLC	100%	68,205		68,205	25
26	V	21 CLERICAL & GENERAL EXPENSES		MAESTRO CONSULTING SERVICES LLC	100%	41,680		41,680	26
27	V	24 SEMINARS AND EDUCATION		MAESTRO CONSULTING SERVICES LLC	100%	1,032		1,032	27
28	V	25 TRANSPORTATION		MAESTRO CONSULTING SERVICES LLC	100%	7,852		7,852	28
29	V	26 INSURANCE		MAESTRO CONSULTING SERVICES LLC	100%	3,935		3,935	29
30	V	27 EMPLOYEE BENEFITS - ADMINISTRATIVE		MAESTRO CONSULTING SERVICES LLC	100%	21,934		21,934	30
31	V	30 DEPRECIATION		MAESTRO CONSULTING SERVICES LLC	100%	15,153		15,153	31
32	V	32 INTEREST EXPENSE		MAESTRO CONSULTING SERVICES LLC	100%	64		64	32
33	V	33 REAL ESTATE TAX		MAESTRO CONSULTING SERVICES LLC	100%	3,980		3,980	33
34	V	34 BUILDING RENTAL		MAESTRO CONSULTING SERVICES LLC	100%	2,891		2,891	34
35	V	35 EQUIPMENT RENTAL		MAESTRO CONSULTING SERVICES LLC	100%	7,160		7,160	35
36	V	35 AUTO LEASE		MAESTRO CONSULTING SERVICES LLC	100%	6,368		6,368	36
37	V								37
38	V								38
39	Total		\$ 835,741			\$ 468,911	\$ *	(366,830)	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	\$ 15,193	Integra Healthcare Equipment, LLC	100%	\$ 12,834	\$ (2,359)	15
16	V	35 Equipment Rental	46,444	Integra Healthcare Equipment, LLC	100%	39,231	(7,213)	16
17	V	39 Oxygen Supplies	9	Integra Healthcare Equipment, LLC	100%	8	(1)	17
18	V	39 Respiratory Consultant	8,385	Integra Healthcare Equipment, LLC	100%	7,083	(1,302)	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		\$ 70,031			\$ 59,156	\$ * (10,875)	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	\$ 197	Lifeline Ambulance	100%	\$ 178	\$ (19)	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			\$ 197			\$ 178	\$ * (19)	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	\$ 168,752	Mapleleaf Insurance	100%	\$ 168,752	\$	15
16	V	26	Liability Insurance	405,699	Mapleleaf Insurance	100%	405,699		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			\$ 574,451			\$ 574,451	\$ *	39

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

Facility Name & ID Number

Symphony Of Buffalo Grove

0053702

Report Period Beginning:

01/01/18

Ending: 12/31/18

VII. RELATED PARTIES

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

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

Facility Name & ID Number Symphony Of Buffalo Grove # 0053702 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	N/A								\$	1	
2										2	
3										3	
4										4	
5										5	
6										6	
7										7	
8										8	
9										9	
10										10	
11	Where applicable, the amounts reported on this page have been adjusted from the actual costs to reflect only the amounts										11
12	anticipated to be considered allowable by the IL. Dept. of HFS.										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 Buffalo Grove

0053702

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 _____

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 Buffalo Grove

0053702

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	\$	73,000	\$ 2,115	1
2	6	MAINTENANCE SALARIES	AVAIL. CENSUS DAYS 1,668,541	25			73,000		2
3	6	MAINTENANCE EXPENSES	AVAIL. CENSUS DAYS 1,668,541	25	138,375		73,000	6,054	3
4	7	EMPLOYEE BENEFITS - MAIN	AVAIL. CENSUS DAYS 1,668,541	25			73,000		4
5	10	CLINICAL SALARIES	AVAIL. CENSUS DAYS 1,668,541	25	3,124,933	3,124,933	73,000	136,718	5
6	10	CONTRACT NURSING	AVAIL. CENSUS DAYS 1,668,541	25	155,149		73,000	6,788	6
7	15	EMPLOYEE BENEFITS - CLINI	AVAIL. CENSUS DAYS 1,668,541	25	1,004,938		73,000	43,967	7
8	17	ADMINISTRATIVE MANAGEM	AVAIL. CENSUS DAYS 1,668,541	25			73,000		8
9	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS 1,668,541	25	2,008,992		73,000	87,895	9
10	20	DUES, FEES, SUBSCRIPTIONS,	AVAIL. CENSUS DAYS 1,668,541	25	117,020		73,000	5,120	10
11	21	CLERICAL & GENERAL SALA	AVAIL. CENSUS DAYS 1,668,541	25	1,558,938	1,558,938	73,000	68,205	11
12	21	CLERICAL & GENERAL EXPE	AVAIL. CENSUS DAYS 1,668,541	25	952,676		73,000	41,680	12
13	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS 1,668,541	25	23,599		73,000	1,032	13
14	25	TRANSPORTATION	AVAIL. CENSUS DAYS 1,668,541	25	179,481		73,000	7,852	14
15	26	INSURANCE	AVAIL. CENSUS DAYS 1,668,541	25	89,939		73,000	3,935	15
16	27	EMPLOYEE BENEFITS - ADMI	AVAIL. CENSUS DAYS 1,668,541	25	501,334		73,000	21,934	16
17	30	DEPRECIATION	AVAIL. CENSUS DAYS 1,668,541	25	346,345		73,000	15,153	17
18	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS 1,668,541	25	1,470		73,000	64	18
19	33	REAL ESTATE TAX	AVAIL. CENSUS DAYS 1,668,541	25	90,970		73,000	3,980	19
20	34	BUILDING RENTAL	AVAIL. CENSUS DAYS 1,668,541	25	66,085		73,000	2,891	20
21	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS 1,668,541	25	163,656		73,000	7,160	21
22	35	AUTO LEASE	AVAIL. CENSUS DAYS 1,668,541	25	145,555		73,000	6,368	22
23									23
24									24
25	TOTALS				\$ 10,717,807	\$ 4,683,871		\$ 468,911	25

Facility Name & ID Number Symphony Of Buffalo Grove

0053702

Report Period Beginning:

01/01/18

Ending: 12/31/18

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization Integra Healthcare Equipment, LLC
 Street Address 747 Church Road
 City / State / Zip Code Elmhurst, IL 60126
 Phone Number (630) 834-3700
 Fax Number (630) 834-1500

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	10	Nursing Supplies	Direct Allocation		\$	\$		\$ 12,834	1
2	35	Equipment Rental	Direct Allocation					39,231	2
3	39	Oxygen Supplies	Direct Allocation					8	3
4	39	Respiratory Consultant	Direct Allocation					7,083	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				\$	\$		\$ 59,156	25

Facility Name & ID Number Symphony Of Buffalo Grove

0053702

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		\$	\$		\$ 178	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				\$	\$		\$ 178	25

Facility Name & ID Number Symphony Of Buffalo Grove

0053702

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

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

()

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	22	Workers Compensation	Direct		\$	\$		\$ 168,752	1
2	26	Liability Insurance	Direct					405,699	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				\$	\$		\$ 574,451	25

Facility Name & ID Number Symphony Of Buffalo Grove # 0053702 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	LifeMed	X		Pharmacy Services	38,731	1/1/2018	\$ 6,197,033	\$ 355,182	1/1/2024	0.075	\$ 20,998	1								
2	Omnicare		X	Pharmacy Services	67,444	11/27/2017	2,170,337	49,053	10/20/2020	0.075	4,542	2								
3	Select Rehab		X	Operational	159,503	12/31/2018	12,216,125	862,000	12/31/2023	0.02		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	142,406	6								
7	*Original loan with Symcare Healthcare LLC. Facility pays the interest expense																			
8												8								
9	TOTAL Facility Related				\$265,678.00		\$ 55,583,495	\$ 1,266,235			\$ 167,946	9								
B. Non-Facility Related*																				
10											(66,297)	10								
11											(20,564)	11								
12											64	12								
13												13								
14	TOTAL Non-Facility Related						\$	\$			\$ (86,797)	14								
15	TOTALS (line 9+line14)						\$ 55,583,495	\$ 1,266,235			\$ 81,149	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ N/A Line # N/A

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

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

Facility Name & ID Number Symphony Of Buffalo Grove

0053702

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>202,738</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>180,963</u>	2
3. Under or (over) accrual (line 2 minus line 1).		\$	<u>(21,775)</u>	3
4. Real Estate Tax accrual used for 2018 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<u>184,528</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.)		\$	<u>3,980</u>	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	<u>166,733</u>	7
Real Estate Tax History:				
Real Estate Tax Bill for Calendar Year:	2013	<u>247,100</u>	8	
	2014	<u>236,921</u>	9	
	2015	<u>228,258</u>	10	
	2016	<u>203,799</u>	11	
	2017	<u>180,963</u>	12	
2018 Accrual = \$180,963 X 1.02 = \$184,528 (Rounded)				
Allocated From Maestro: \$3,980				
FOR BHF USE ONLY				
	13	FROM R. E. TAX STATEMENT FOR 2017	\$	13
	14	PLUS APPEAL COST FROM LINE 5	\$	14
	15	LESS REFUND FROM LINE 6	\$	15
	16	AMOUNT TO USE FOR RATE CALCULATION	\$	16

NOTES:

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

2017 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Symphony Of Buffalo Grove COUNTY Lake

FACILITY IDPH LICENSE NUMBER 0053702

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>15-33-404-140</u>	<u>Long Term Care Facility</u>	\$ <u>108,962.41</u>	\$ <u>180,962.41</u>
2. <u>10-27-319-028-0000</u>	<u>Home Office Allocation</u>	\$ <u>87,874.67</u>	\$ <u>3,980.00</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	TOTALS	\$ <u>196,837.08</u>	\$ <u>184,942.41</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 Buffalo Grove

0053702

Report Period Beginning:

01/01/18

Ending:

12/31/18

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 86,000 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 3

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

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

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

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

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

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

N/A

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

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

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1				\$	1
2	<u>Allocated From Maestro-7257 Lincoln</u>		<u>2004</u>	<u>7,000</u>	2
3	TOTALS			\$ 7,000	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				\$	-		\$	\$	\$
5									
6									
7									
8									
	Improvement Type**								
9	Various		2005	104,010		20	5,202	5,202	70,120
10	Various		2006	189,554		20	9,479	9,479	111,384
11	Various		2007	159,767	-	20	7,991	7,991	91,880
12	Various		2008	241,452	-	20	12,074	12,074	132,828
13	Various		2009	148,023	-	20	7,402	7,402	68,497
14	Various		2010	44,577	-	20	2,230	2,230	18,952
15	Various		2011	37,908	-	20	1,896	1,896	14,219
16	Various		2012	44,315	-	20	2,217	2,217	14,408
17	Various		2013	90,717	-	20	4,536	4,536	24,948
18					-		-		
19					-		-		
20					-		-		
21					-		-		
22					-		-		
23					-		-		
24					-		-		
25					-		-		
26					-		-		
27					-		-		
28									
29									
30									
31									
32									
33									
34									
35									
36					-		-		

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Symphony Of Buffalo Grove

0053702

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)		\$ 1,060,323	\$	\$ 53,027	\$ 53,027	\$ 547,236	70

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

Facility Name & ID Number Symphony Of Buffalo Grove# 0053702

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		\$ 1,060,323	\$ -		\$ 53,027	\$ 53,027	\$ 547,236	1
2	Furnish/Install 2 Water Heaters/Install New Water Heater Lines	2014	58,510	-	20	2,926	2,926	13,165	2
3	Hot Water Lines In Boiler Room & Kitchen	2014	2,960	-	20	148	148	666	3
4	Repaired Elevator Pump Motor	2015	6,764	-	20	338	338	1,353	4
5	Compact Water Booster	2015	2,817	-	20	141	141	563	5
6	Pit Ladder In Elevator	2016	8,203	-	20	410	410	1,128	6
7	Wallcovering,Hardtile/Carpet Install - 66 Resident Rooms	2016	502,188	-	20	25,109	25,109	75,328	7
8	Wallcovering, Hardtile/Carpet Install - 66 Resident Rooms	2016	68,452	-	20	3,423	3,423	9,127	8
9	Wallcovering, Hardtile/Carpet Install - 66 Resident Rooms	2016	288,623	-	20	14,431	14,431	38,483	9
10	Wallcoverings, Hardtile/Carpet Install - 66 Resident Rooms	2016	271,212	-	20	13,561	13,561	33,902	10
11	Wallcovering, Hardtile/Carpet Install - 66 Resident Rooms	2016	223,577	-	20	11,179	11,179	27,947	11
12	Architectural Services	2016	47,220	-	20	2,361	2,361	6,099	12
13	Repair Major Holes In Parking Lot, Install Stone, Seal Coating.	2016	13,500	-	20	675	675	1,631	13
14	Wallcovering, Hardtile/Carpet Install - 66 Resident Rooms	2016	265,939	-	20	13,297	13,297	32,134	14
15	Starbox Communication System - Phone Cabeling Work	2016	31,892	-	20	1,595	1,595	4,518	15
16	Walk-In Freezer - Compressor Repair	2016	6,018	-	20	301	301	777	16
17	Starbox Communication System - Phone Cabeling Work	2016	46,981	-	20	2,349	2,349	5,873	17
18	Starbox Phone System - Cabeling	2016	3,266	-	20	163	163	394	18
19	Toning/Connecting Resident Rooms 2Nd Floor-Replace Jacks, Ca	2016	2,869	-	20	143	143	298	19
20	Connect Cables For Don Office, Install New Voice Cable For Fax	2016	3,058	-	20	153	153	331	20
21	Move 1St Floor Data Cables, Fax Lines	2016	4,692	-	20	235	235	547	21
22	Nexus Network Cabeling Work	2016	5,527	-	20	276	276	622	22
23	Dgtell Security System Installation	2016	21,479	-	20	1,074	1,074	2,595	23
24	Elevator Work - Furnish & Install Dorr Restrictors	2016	5,550	-	20	278	278	741	24
25	Nexus Network Paging Sytem Installation - 2Nd Floor	2016	2,794	-	20	140	140	303	25
26	Signs&Banners Interior/Exterior	2016	7,880	-	20	394	394	788	26
27	60 Led Light Fixtures Throughout Facility	2017	8,700	-	20	435	435	870	27
28	Paint For 3Rd Floor Renovation	2017	2,709	-	20	135	135	271	28
29	Install New Concrete Sidewalk- In Garden- Northside	2017	3,400	-	20	170	170	340	29
30	New Mulch & Bushes- Garden/Exterior	2017	14,671	-	20	734	734	1,467	30
31	Triple Rails- Pedestrian Trail- Walking Area	2017	5,587	-	20	279	279	559	31
32	Installation And Cutting Of Shower Room Doors	2017	20,120	-	20	1,006	1,006	2,012	32
33	Compressor Repair- Brass Fitting- Kitchen	2017	5,337	-	20	267	267	534	33
34	TOTAL (lines 1 thru 33)		\$ 3,022,817	\$ -		\$ 151,152	\$ 151,152	\$ 812,603	34

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

Facility Name & ID Number Symphony Of Buffalo Grove

0053702

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		\$ 3,022,817	\$		\$ 151,152	\$ 151,152	\$ 812,603	1
2	1000V 42" Us4 Vertical Rod Exit Devices- Outside Doors	2017	4,618	-	20	462	462	924	2
3	Install Door Holder & Strobe- Interior Doors	2017	3,027		20	151	151	302	3
4	Common Areas/Dialysis Room/Resdent Rooms/Nurses Station	2017	291,225		20	14,561	14,561	29,122	4
5	Wallcovering, Tiling, Carpet, Millwork, Shelving, Doors, Plumbin	2017		-	20	-			5
6	Diffusers, Hvac, Cabinetry	2017		-	20	-			6
7	Offices/Corridors/Bathrooms- Lighting, Shades, Windows, Wallpa	2017	19,763	-	20	988	988	1,976	7
8	Repair To Security System	2017	2,742	-	20	137	137	274	8
9	Replace Lamps On Main Parking Lot	2017	2,852		20	143	143	286	9
10	Wallcovering, tile flooring, carpet, millwork, plumbing - Common	2018	538,920	27,630	20	27,630		27,630	10
11	Areas & 66 Resident Rooms			-		-			11
12	Upgrade elevator room A/C	2018	6,525	399	20	399		399	12
13	Vinyl floor replacement - Dialysis Area	2018	5,575	309	20	309		309	13
14	Vinyl floor replacement - Dialysis Area	2018	4,890	169	20	169		169	14
15	Pluming-new water heater	2018	51,377	1,763	20	1,763		1,763	15
16	Parking-new pavement	2018	94,899	4,346	20	4,346		4,346	16
17	Wiring of HVAC unit in PT room and unit 202	2018	2,580		20	129	129	129	17
18				-		-			18
19				-		-			19
20				-		-			20
21									21
22	Reconcile to financial statement depreciation			163,964		-	(163,964)		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)		\$ 4,051,810	\$ 198,580		\$ 202,339	\$ 3,759	\$ 880,232	34

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

Facility Name & ID Number Symphony Of Buffalo Grove

0053702

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	\$ 4,051,810	\$ 198,580		\$ 202,339	\$ 3,759	\$ 880,232		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)	\$ 4,051,810	\$ 198,580		\$ 202,339	\$ 3,759	\$ 880,232		34

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

Facility Name & ID Number Symphony Of Buffalo Grove

0053702

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 12D, Carried Forward	\$ 4,051,810	\$ 198,580		\$ 202,339	\$ 3,759	\$ 880,232		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)	\$ 4,051,810	\$ 198,580		\$ 202,339	\$ 3,759	\$ 880,232		34

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

Facility Name & ID Number Symphony Of Buffalo Grove

0053702

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 12E, Carried Forward	\$ 4,051,810	\$ 198,580		\$ 202,339	\$ 3,759	\$ 880,232		1
2			-		-				2
3									3
4			-		-				4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	Allocated from purchase price	2013	53,512	-	20	4,459	4,459	27,647	9
10	Elevator & Ashphalt work	2014	79,091	-	20	3,955	3,955	19,775	10
11	2 HVAC Systems	2014	268,641	-	20	13,432	13,432	67,160	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)	\$ 4,453,054	\$ 198,580		\$ 224,185	\$ 25,605	\$ 994,814		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	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		\$ 4,453,054	\$ 198,580		\$ 224,185	\$ 25,605	\$ 994,814	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)	\$ 4,453,054	\$ 198,580		\$ 224,185	\$ 25,605	\$ 994,814	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	\$ 4,453,054	\$ 198,580		\$ 224,185	\$ 25,605	\$ 994,814		1
2	Buildings:								2
3	<u>Allocated From Maestro- 7257 Lincoln</u>	2004	63,001	35	1800	1,800	27,226		3
4									4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	<u>Allocated From Maestro</u>	2003	513	20	25	25	387		9
10	<u>Allocated From Maestro</u>	2004	10,404	20	518	518	7,659		10
11	<u>Allocated From Maestro</u>	2005	617	20	31	31	427		11
12	<u>Allocated From Maestro</u>	2006	836	20	42	42	517		12
13	<u>Allocated From Maestro</u>	2008	882	20	44	44	452		13
14	<u>Allocated From Maestro</u>	2009	14,194	20	710	710	6,820		14
15	<u>Allocated From Maestro</u>	2010	2,181	20	109	109	928		15
16	<u>Allocated From Maestro</u>	2011	118	20	6	6	47		16
17	<u>Allocated From Maestro</u>	2012	131	20	7	7	44		17
18	<u>Allocated From Maestro</u>	2014	1,641	20	82	82	378		18
19	<u>Allocated From Maestro</u>	2015	461	20	23	23	77		19
20	<u>Allocated From Maestro</u>	2016	2,022	20	202	202	483		20
21	<u>Allocated From Maestro</u>	2017	270	20	14	14	27		21
22									22
23	<u>Allocated From Maestro- 7257 Lincoln</u>	2004	1,252	20	63	63	908		23
24	<u>Allocated From Maestro- 7257 Lincoln</u>	2005	5,743	20	206	206	4,417		24
25	<u>Allocated From Maestro- 7257 Lincoln</u>	2015	993	20	66	66	221		25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 4,558,313	\$ 198,580	\$ 228,133	\$ 29,553	\$ 1,045,832		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 12H, Carried Forward	\$ 4,558,313	\$ 198,580		\$ 228,133	\$ 29,553	\$ 1,045,832		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)	\$ 4,558,313	\$ 198,580		\$ 228,133	\$ 29,553	\$ 1,045,832		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	\$ 3,001,583	\$ 120,085	\$ 257,920	\$ 137,835	10	\$ 1,454,628	71
72	Current Year Purchases	8,327	408	408	-	10	408	72
73	Fully Depreciated Assets	133,803			-	10	133,803	73
74	Maestro Allocation	180,991		11,205	11,205	10	69,084	74
75	TOTALS	\$ 3,324,704	\$ 120,493	\$ 269,533	\$ 149,040		\$ 1,657,923	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	Facility		2018	\$ 15,230	\$ 1,383	\$ 1,383	\$ -	7	\$ 1,383	76
77		Allocated From Maestro	2017	388			-	5	388	77
78							-			78
79							-			79
80	TOTALS			\$ 15,618	\$ 1,383	\$ 1,383	\$ -		\$ 1,771	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)	\$ 7,905,635	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 320,456	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 499,049	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 178,593	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 2,705,526	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	Interior Renovation &	\$ 67,093	92
93	Parking Lot		93
94			94
95		\$ 67,093	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 Buffalo Grove

0053702

Report Period Beginning: 01/01/18

Ending: 12/31/18

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Invesque (sale/leaseback arrangement)

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>200</u>	<u>11/1/2015</u>	\$ <u>3,094,478</u>	<u>15</u>	<u>15</u>	3
4	Additions							4
5								5
6	Allocated From Maestro				<u>2,891</u>			6
7	TOTAL		200		\$ <u>3,097,369</u>			7

10. Effective dates of current rental agreement:

Beginning 1/1/2015

Ending 10/31/2030

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

	Fiscal Year Ending	Annual Rent
--	--------------------	-------------

12.	<u>12/31/2019</u>	\$ <u>2,845,000</u>
13.	<u>12/31/2020</u>	\$ <u>2,909,013</u>
14.	<u>12/31/2021</u>	\$ <u>2,974,466</u>

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

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

N/A

9. Option to Buy: YES NO Terms: _____ *

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

15. Is Movable equipment rental included in building rental?

YES NO

16. Rental Amount for movable equipment: \$ 149,574 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	Facility	<u>2013 Goshen Bus</u>	\$ <u>1149</u>	\$ <u>4,596</u>	17
18	Allocated From Maestro			<u>6,368</u>	18
19					19
20					20
21	TOTAL		\$ <u>1,149</u>	\$ <u>10,964</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 Buffalo Grove
IDPH License ID Number: 0053702
Fiscal Year End: 12/31/18

Schedule 14A

XIV. Rental Costs

Line 16 Rental Amount for Moveable Equipment

Rental Description	Amount
Copiers	14,844
Copiers	43,222
Bariatric beds/pressurized mattresses	46,551
Postage Machine	1,072
Oxygen concentrators, tanks	35,633
Music over paging system	176
Vital Monitors	8,129
Maestro Allocation	7,160
Integra allocation	(7,213)
Total - Line 16	<u>149,574</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			Total
		1	2	3	
		Drop-outs	Completed	Contract	
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	Schedule V Line & Column Reference	2 Staff		4 Outside Practitioner (other than consultant)		6 Supplies (Actual or Allocated)	7 Total Units (Column 2 + 4)	8 Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	5					
					Units	Cost				
1	Licensed Occupational Therapist	39(3)	hrs	\$	9,448	\$ 680,291	\$	9,448	\$ 680,291	1
2	Licensed Speech and Language Development Therapist	39(3)	hrs		1,696	122,147		1,696	122,147	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39(3)	hrs		14,271	1,027,527		14,271	1,027,527	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				345,579		345,579	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Oxygen</u>	39(2)					42,512		42,512	12
13	Other (specify): <u>See Sch 16A</u>				1,425	102,584		1,425	102,584	13
14	TOTAL			\$	26,840	\$ 1,932,549	\$ 388,091	26,840	\$ 2,320,640	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 Buffalo Grove
IDPH License ID Number: 0053702
Fiscal Year End: 12/31/18

Schedule 16A

XIV. Special Services (Direct Cost)

Line 13 Other (specify)

Description	Units	Amount
Inhalation Therapy Costs	230.75	16,614
Other Ancillary Costs	7	477
I.V. Therapy	1,187	85,493
Total - Line 13	1,425	102,584

Facility Name & ID Number Symphony Of Buffalo Grove

0053702

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	\$ (5,296)	\$ (5,296)	1
2	Cash-Patient Deposits	14,551	14,551	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (1,135,123))	2,305,341	2,305,341	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	4,720	4,720	6
7	Other Prepaid Expenses	11,181	11,181	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,330,497	\$ 2,330,497	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		7,000	13
14	Buildings, at Historical Cost		63,001	14
15	Leasehold Improvements, at Historical Cost	3,084,522	4,495,312	15
16	Equipment, at Historical Cost	782,997	3,340,322	16
17	Accumulated Depreciation (book methods)	(739,547)	(2,705,526)	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 CIP)	67,093	67,093	22
23	Other(specify): See Sch 17A	2,405,720	2,405,720	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 5,600,785	\$ 7,672,922	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 7,931,282	\$ 10,003,419	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,932,919	\$ 1,932,919	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	17,766	17,766	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	376,265	376,265	30
31	Accrued Taxes Payable (excluding real estate taxes)	73,574	73,574	31
32	Accrued Real Estate Taxes(Sch.IX-B)	184,528	184,528	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See Sch 17A	5,970,739	5,970,739	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 8,555,791	\$ 8,555,791	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	1,266,235	1,266,235	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)	\$ 1,266,235	\$ 1,266,235	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 9,822,026	\$ 9,822,026	46
47	TOTAL EQUITY(page 18, line 24)	\$ (1,890,744)	\$ 181,393	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 7,931,282	\$ 10,003,419	48

*(See instructions.)

Facility Name: Symphony Of Buffalo Grove
 IDPH License ID Number: 0053702
 Fiscal Year End: 12/31/18

Schedule 17A

XV. Balance Sheet

Line 23 Long-Term Assets Other (specify):

Description	After	
	Operating	Consolidation
Clearing Account	(1,890)	(1,890)
Other Assets-Security Deposits	3,350	3,350
Due to/from Lincoln Park	8,462	8,462
Due to/from Morgan Park	55,000	55,000
Due to/from Symcare Healthcare	1,639,408	1,639,408
Due to/from Maestro	127,786	127,786
Due to/from Buffalo Grove-OLD	573,604	573,604
Total - Line 23	2,405,720	2,405,720

XV. Balance Sheet

Line 36 Other Current Liabilities (specify):

Description	After	
	Operating	Consolidation
Due To/From - 87Th Street	45,000	45,000
Due To/From - Aria LLC	2,000	2,000
Due To/From - Bronzeville Park LLC	95,000	95,000
Due To/From - Ivy LLC	15,500	15,500
Due To/From - Jackson Square LLC	126,000	126,000
Due To/From - Tillers	1,040	1,040
Due To/From - Symphony Financial Services	558	558
Due To/From - Symcare ML	1,204,817	1,204,817
Due To/From - Ren @ Midway - OLD	1,128	1,128
Accrued Payables	117,252	117,252
Accrued Payables - Professional Fees	24,637	24,637
Accrued Payables - Health Insurance	199,860	199,860
Accrued Payable - Dental Insurance	582	582
Accrued Payables - Vision Insurance	(88)	(88)
Accrued Payables - Life Insurance	2,373	2,373
Accrued Payables - Short Term Disability	(2,013)	(2,013)
Accrued Payables - 401K Deductions	4,107	4,107
Accrued Payables - 401K Loan Repayments	732	732
Accrued Payables - Heart and Soul Foundation	2	2
Accrued Payables - Garnishments	(730)	(730)
Accrued Payables - WC/GL Insurance	60,000	60,000
Accrued Payables - Bed Taxes Add'l	11,330	11,330
Accrued Payables - Management Fees	(1,531)	(1,531)
Accrued Payables - Interest	1,330	1,330
Accrued Payables - Rent		
Accrued Payables - Sales Tax	1,141	1,141
Deferred Rent	1,264,560	1,264,560
Lease Holds Payable	2,796,152	2,796,152
Total - Line 36	5,970,739	5,970,739

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (163,291)	1
2	Restatements (describe):		2
3	Prior period adjustment	27,246	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (136,045)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,754,699)	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)	\$ (1,754,699)	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)	\$ (1,890,744)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Symphony Of Buffalo Grove# 0053702Report Period Beginning: 01/01/18Ending: 12/31/18**XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.****Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.**

		1	
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 16,594,817	1
2	Discounts and Allowances for all Levels	(4,467,980)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 12,126,837	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	4,218,111	6
7	Oxygen	740	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 4,218,851	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	15,102	12
13	Barber and Beauty Care	487	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	545,382	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	143,355	19
20	Radiology and X-Ray	45,581	20
21	Other Medical Services	45,839	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 795,746	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income****	20,564	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 20,564	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See attachment 19A</u>	59,591	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 59,591	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 17,221,589	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,886,099	31
32	Health Care	5,566,218	32
33	General Administration	3,321,712	33
B. Capital Expense			
34	Ownership	3,833,559	34
C. Ancillary Expense			
35	Special Cost Centers	3,998,591	35
36	Provider Participation Fee	370,109	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 18,976,288	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,754,699)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,754,699)	43
III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 5,105,778	44
45	Private Pay - Net Inpatient Revenue	1,559,260	45
46	Medicare - Net Inpatient Revenue	3,429,293	46
47	Other-(specify) <u>Hospice</u>	1,437,248	47
48	Other-(specify) <u>MAIP/Managed Care</u>	595,258	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 12,126,837	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 Buffalo Grove
IDPH License ID Number: 0053702
Fiscal Year End: 12/31/18

Schedule 19A

XVII. Income Statement

Line 28 Other Revenue (specify):

Description	Amount
Other Services-Revenue Managed Care	(10,825)
Other Income-Other	260
Closing Costs & Adjustment to Prior	70,156
Total - Line 28	<u>59,591</u>

Facility Name & ID Number Symphony Of Buffalo Grove

0053702

Report Period Beginning: 01/01/18

Ending: 12/31/18

12/31/18

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,852	2,049	\$ 118,068	\$ 57.62	1
2	Assistant Director of Nursing	1,816	2,086	93,491	44.82	2
3	Registered Nurses	35,448	40,094	1,322,937	33.00	3
4	Licensed Practical Nurses	39,012	43,743	1,172,812	26.81	4
5	CNAs & Orderlies	101,838	114,222	1,605,660	14.06	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	13,078	14,405	191,540	13.30	10
11	Social Service Workers	3,952	4,257	109,353	25.69	11
12	Dietician					12
13	Food Service Supervisor	2,580	3,043	99,739	32.78	13
14	Head Cook	6,573	7,455	114,910	15.41	14
15	Cook Helpers/Assistants	22,210	24,772	281,317	11.36	15
16	Dishwashers					16
17	Maintenance Workers	4,907	5,409	100,918	18.66	17
18	Housekeepers	20,001	22,343	256,416	11.48	18
19	Laundry	4,150	4,455	48,703	10.93	19
20	Administrator	1,795	1,978	81,469	41.19	20
21	Assistant Administrator	2,025	2,153	57,737	26.82	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	7,777	8,209	155,953	19.00	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	4,994	5,499	97,527	17.74	31
32	Other Health C: See Sch 20A	7,732	8,554	262,358	30.67	32
33	Other(specify) <u>Admission/Comm</u>	3,374	3,673	108,820	29.63	33
34	TOTAL (lines 1 - 33)	285,114	318,399	\$ 6,279,728 *	\$ 19.72	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	\$ 24,796	1(3) 35
36	Medical Director		56,100	9(3) 36
37	Medical Records Consultant			37
38	Nurse Consultant	Monthly	6,788	10(7) 38
39	Pharmacist Consultant	Monthly	18,584	10(3) 39
40	Physical Therapy Consultant			40
41	Occupational Therapy Consultant			41
42	Respiratory Therapy Consultant	Monthly	6,723	39(7) 42
43	Speech Therapy Consultant			43
44	Activity Consultant	Monthly	2,695	11(3) 44
45	Social Service Consultant			45
46	Other(specify)			46
47	Dental Consultant	Monthly	5,100	39(3) 47
48				48
49	TOTAL (lines 35 - 48)		\$ 120,786	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 Buffalo Grove
IDPH License ID Number: 0053702
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	6,497	7,188	222,963	\$ 31.02
Alzheimers	1,235	1,366	39,395	\$ 28.84
Total - Line	7,732	8,554	262,358	

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	
Melissa Dominowski	Administrator	0.00%	\$ 81,469	Workers' Compensation Insurance	\$ 167,378	IDPH License Fee	\$ 1,990	
Kelley McHugh	Asst. Admin.	0.00%	57,737	Unemployment Compensation Insurance	42,686	Advertising: Employee Recruitment	893	
				FICA Taxes	460,760	Health Care Worker Background Check (Indicate # of checks performed <u>275</u>)	3,300	
				Employee Health Insurance	335,651	Patient Background Checks <u>403</u>	4,840	
				Employee Meals		Dues & Subscriptions	135	
				Illinois Municipal Retirement Fund (IMRF)*		Licenses & Permits	3,914	
				Pension Contributions	1,823	Health Care Council of Illinois	33,007	
				Other Employee Benefits	6,915	Lobbying Dues	(16,504)	
				Employee Physicals	3,156	Allocated From Maestro	5,120	
				401K	9,960	Less: Public Relations Expense	()	
						Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 139,206	TOTAL (agree to Schedule V, line 22, col.8)		TOTAL (agree to Sch. V, line 20, col. 8)		
				\$ 1,028,329		\$ 36,695		
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount
Management Fees (Eliminated in Col. 7)			\$ 835,741				Out-of-State Travel	\$
							In-State Travel	
							Seminar Expense	4,360
							Allocated from Maestro	1,032
							Entertainment Expense	()
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 835,741	TOTAL		\$	TOTAL (agree to Sch. V, line 24, col. 8)	
							\$ 5,392	
C. Professional Services								
Vendor/Payee	Type					Amount		
See Attached Sch 21C						\$ 460,466		
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 460,466					

* Attach copy of IMRF notifications

**See instructions.

Facility Name: **Symphony Of Buffalo Grove**
 IDPH License ID Number: **0053702**
 Fiscal Year End: **12/31/18**

Schedule 21C

XIX. SUPPORT SCHEDULES

C. Professional Services

Vendor	Type	Amount
Ability Network, Inc.	Secure Exchange Managed Services	7,587
Achieve Accreditation	Accreditation	8,454
Allscripts, LLC	Pharmacy Consulting	3,194
Alteryx, Inc.	Data Analytics	887
American Express	Internet	4,293
Call One	Sales Support	9,555
CATS-Applicant Tracking System	Recruitment life cycle	66
Cerida Investment Corp.	Business Services	376
Cisco Systems Capital Corp.	Software for copiers	1,220
Comcast Cable	Internet	27,912
Corporation Service Company	Annual Filing	305
Creative Technology Solutions	IT Support	22,708
Dart Chart	Software	8,379
DataRobot Inc.	Computer Services	1,090
Digital Marketing SEO & Web design	Branding	351
Duane Morris	Legal	11,380
Formation Healthcare Group	Monthly Subscription Fee	886
FYI Systems Inc.	Computer IT	366
Health Data Systems Inc.	Programming	3,738
HIPP Law Office	Collections	213
Jan Paul Storey	Business Consulting	74
Life Safety Resources, LLC	Testing of safety systems	2,636
LTC Consulting Services	Collection Agency	30,205
Maestro Consulting Services	Consulting Services	119,378
McCabe Kirshner P.C.	In House Legal Council	59,282
Managed Care Group, LLC	IT Support	1,466
Marcum LLP	Accounting	10,955
Market Metrix	Customer Employee Metrix Subscription	750
MTS Consulting, LLC	Tax Consulting	875
Mood Media	Branding	46
Much Shelist	Legal	(250)
National Datacare Corporation	Trust fund and Medicaid billing services	1,737
Nexuscomm, LLC	Cable	3,920
Neal, Gerber, Eisenberg, LLP	Legal	51
On Shift	Scheduling Software	10,563
Patient Ping	Care Coordination Network	1,000
Personnel Planners, Inc.	Unemployment Consulting	1,569
Point Click Care Technologies, LLC	Cloud based software services	31,583
Prime Care Technologies	PBJ Reporting Module Access Fee	207
Real Time Medical Systems, LLC	Clinical and Financial Analytics Service	3,218
Resolute Healthcare Solutions	Healthcare Consulting	9,954
RSM US LLP	Accounting	22,152
SB2 Inc.	Legal	2,906
Stone, Poggrund & Korey	Legal	8,201
Scott Norton	Computer Consulting	369
Snowflake Computing, Inc.	Computer Services	584
Telemedicine Solutions, LLC	Wound Rounds Care	15,414
Transworld Systems, Inc.	Invoice System	2,965
Wencel Worldwide, Inc.	Branding	4,376
Silver Vue, Inc.	Cloud based software services	1,320
Total (agree to Schedule V, line 19, column 3)		460,466
Allocated from Management Company Professional Services		87,895
Less: Non-Allowable Legal Fees		(8,413)
Total (agree to Schedule V, line 19, column 8)		539,948

Facility Name & ID Number Symphony Of Buffalo Grove# 0053702Report Period Beginning: 01/01/18Ending: 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 on LTC \$33,007
- (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. \$ 0 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? Yes
If YES, give effective date of lease. 11/1/2015
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES X NO If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.
Claremont Rehab & Living Center IDPH# 0047043
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 370,109
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% ln 14
d. Have vehicle usage logs been maintained? Yes
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? No
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.