

Facility Name & ID Number Symphony of Hanover Park

0053736 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	150	Skilled (SNF)	150	54,750	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	150	TOTALS	150	54,750	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				
		3 Medicaid Recipient	4 Private Pay	5 Other	6 Total	
8	SNF	3,917	585	26,586	31,088	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	3,917	585	26,586	31,088	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 56.78%

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 05/01/2016

J. Was the facility purchased or leased after January 1, 1978?
YES Date 05/01/2016 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 150 and days of care provided 18,428

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 Hanover Park # 0053736 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	419,673	26,745	29,500	475,918		475,918	-	475,918		1
2	Food Purchase		261,572		261,572		261,572	-	261,572		2
3	Housekeeping	247,271	57,915	-	305,186		305,186	-	305,186		3
4	Laundry	35,595	15,639	4,024	55,258		55,258	-	55,258		4
5	Heat and Other Utilities			251,206	251,206		251,206	1,587	252,793		5
6	Maintenance	88,481	-	121,383	209,864		209,864	4,541	214,405		6
7	Other (specify):*	-	-	-				-			7
8	TOTAL General Services	791,020	361,871	406,113	1,559,004		1,559,004	6,128	1,565,132		8
	B. Health Care and Programs										
9	Medical Director	-	-	41,821	41,821		41,821	-	41,821		9
10	Nursing and Medical Records	3,344,122	198,523	21,774	3,564,419		3,564,419	105,825	3,670,244		10
10a	Therapy	-	-	-				-			10a
11	Activities	93,305	-	2,860	96,165		96,165	-	96,165		11
12	Social Services	87,381	-	-	87,381		87,381	-	87,381		12
13	CNA Training	-	-	-				-			13
14	Program Transportation	-	-	-				-			14
15	Other (specify):* Mgmt. Co. Benefit All	-	-	-				32,975	32,975		15
16	TOTAL Health Care and Programs	3,524,808	198,523	66,455	3,789,786		3,789,786	138,800	3,928,586		16
	C. General Administration										
17	Administrative	128,331	-	759,001	887,332		887,332	(759,001)	128,331		17
18	Directors Fees			-				-			18
19	Professional Services			343,886	343,886		343,886	56,487	400,373		19
20	Dues, Fees, Subscriptions & Promotions			60,510	60,510		60,510	(8,434)	52,076		20
21	Clerical & General Office Expenses	199,988	32,545	68,588	301,121		301,121	81,253	382,374		21
22	Employee Benefits & Payroll Taxes			765,281	765,281		765,281	-	765,281		22
23	Inservice Training & Education			-				-			23
24	Travel and Seminar			1,007	1,007		1,007	774	1,781		24
25	Other Admin. Staff Transportation		-	843	843		843	5,889	6,732		25
26	Insurance-Prop.Liab.Malpractice			369,674	369,674		369,674	2,951	372,625		26
27	Other (specify):* Mgmt. Co. Benefit All	-	-	-				16,450	16,450		27
28	TOTAL General Administration	328,319	32,545	2,368,790	2,729,654		2,729,654	(603,631)	2,126,023		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,644,147	592,939	2,841,358	8,078,444		8,078,444	(458,703)	7,619,741		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			34,299	34,299		34,299	135,735	170,034			30
31	Amortization of Pre-Op. & Org.			-				-				31
32	Interest			128,419	128,419		128,419	(3,698)	124,721			32
33	Real Estate Taxes			1,410,925	1,410,925		1,410,925	2,985	1,413,910			33
34	Rent-Facility & Grounds			3,145,219	3,145,219		3,145,219	2,168	3,147,387			34
35	Rent-Equipment & Vehicles			77,540	77,540		77,540	5,407	82,947			35
36	Other (specify):*			-				-				36
37	TOTAL Ownership			4,796,402	4,796,402		4,796,402	142,597	4,938,999			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation	-	-	7,003	7,003		7,003	-	7,003			38
39	Ancillary Service Centers	-	759,222	2,561,947	3,321,169		3,321,169	(4,052)	3,317,117			39
40	Barber and Beauty Shops	-	-	-				-				40
41	Coffee and Gift Shops	-	-	-				-				41
42	Provider Participation Fee			159,058	159,058		159,058	-	159,058			42
43	Other (specify):* Non-Allowable Cos	123,404	-	814,529	937,933		937,933	(937,933)				43
44	TOTAL Special Cost Centers	123,404	759,222	3,542,537	4,425,163		4,425,163	(941,985)	3,483,178			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,767,551	1,352,161	11,180,297	17,300,009		17,300,009	(1,258,091)	16,041,918			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 Hanover Park

0053736

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	(10,221)	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	124,370	30		9
10	Interest and Other Investment Income	(3,746)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	2,564	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	(2,442)	43		18
19	Entertainment	(30)	43		19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(459,492)	21		24
25	Fund Raising, Advertising and Promotional		20		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>	(491,110)	43		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (840,107)		\$	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)	(417,984)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (417,984)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (1,258,091)		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 Hanover Park

ID# 0053736

Report Period Beginning: 01/01/18

Ending: 12/31/18

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Nonallowable marketing events	\$ (65,063)	43	1
2	Laboratory Costs	(143,761)	43	2
3	X-Ray Costs	(136,013)	43	3
4	Lobbying Expense	(12,274)	20	4
5	Admissions	(73,867)	43	5
6	Community & Guest Relations	(49,537)	43	6
7	Nonallowable Legal	(9,434)	19	7
8	Other Income	(1,161)	30	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				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	(491,110)		49

VII. RELATED PARTIES

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

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

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

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

1 Schedule V	2 Line	3 Cost Per General Ledger		5 Cost to Related Organization		6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item	4 Amount	Name of Related Organization					
1	V		\$				\$	\$	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%	\$ 1,587	\$	1,587	15
16	V	6 Maintenance Salaries		MAESTRO CONSULTING SERVICES LLC	100%	0			16
17	V	6 Maintenance Expenses		MAESTRO CONSULTING SERVICES LLC	100%	4,541		4,541	17
18	V	7 Employee Benefits - Maintenance		MAESTRO CONSULTING SERVICES LLC	100%	0			18
19	V	10 Clinical Salaries		MAESTRO CONSULTING SERVICES LLC	100%	102,539		102,539	19
20	V	10 Contract Nursing		MAESTRO CONSULTING SERVICES LLC	100%	5,091		5,091	20
21	V	15 Employee Benefits - Clinical		MAESTRO CONSULTING SERVICES LLC	100%	32,975		32,975	21
22	V	17 Administrative - Other	759,001	MAESTRO CONSULTING SERVICES LLC	100%	0		(759,001)	22
23	V	19 Professional Fees		MAESTRO CONSULTING SERVICES LLC	100%	65,921		65,921	23
24	V	20 Dues, Fees, Subscriptions		MAESTRO CONSULTING SERVICES LLC	100%	3,840		3,840	24
25	V	21 Clerical & General Salaries		MAESTRO CONSULTING SERVICES LLC	100%	51,154		51,154	25
26	V	21 Clerical & General Expenses		MAESTRO CONSULTING SERVICES LLC	100%	31,260		31,260	26
27	V	24 Seminars and Education		MAESTRO CONSULTING SERVICES LLC	100%	774		774	27
28	V	25 Transportation		MAESTRO CONSULTING SERVICES LLC	100%	5,889		5,889	28
29	V	26 Insurance		MAESTRO CONSULTING SERVICES LLC	100%	2,951		2,951	29
30	V	27 Employee Benefits - Administrative		MAESTRO CONSULTING SERVICES LLC	100%	16,450		16,450	30
31	V	30 Depreciation		MAESTRO CONSULTING SERVICES LLC	100%	11,365		11,365	31
32	V	32 Interest Expense		MAESTRO CONSULTING SERVICES LLC	100%	48		48	32
33	V	33 Real Estate Tax		MAESTRO CONSULTING SERVICES LLC	100%	2,985		2,985	33
34	V	34 Building Rental		MAESTRO CONSULTING SERVICES LLC	100%	2,168		2,168	34
35	V	35 Equipment Rental		MAESTRO CONSULTING SERVICES LLC	100%	5,370		5,370	35
36	V	35 Auto Lease		MAESTRO CONSULTING SERVICES LLC	100%	4,776		4,776	36
37	V								37
38	V								38
39	Total		\$ 759,001			\$ 351,684	\$ *	(407,317)	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 DME & Medical Supplies	\$ 11,623	Intergra Healthcare Equipment, LLC	0.19	\$ 9,818	\$ (1,805)	15
16	V	35 Equipment Rental	30,516	Intergra Healthcare Equipment, LLC	0.19	25,777	(4,739)	16
17	V	39 Oxygen	8,998	Intergra Healthcare Equipment, LLC	0.19	7,601	(1,397)	17
18	V	39 Respiratory Consultant	17,094	Intergra Healthcare Equipment, LLC	0.19	14,439	(2,655)	18
19	V	43 Penalties-Administrative	460	Intergra Healthcare Equipment, LLC	0.19	389	(71)	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		\$ 68,691			\$ 58,024	\$ * (10,667)	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	\$ 148,079	Maple Leaf Insurance	100%	\$ 148,079	\$	15
16	V	26	Liability Insurance	340,813	Maple Leaf Insurance	100%	340,813		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			\$ 488,892			\$ 488,892	\$ *	39

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

Facility Name & ID Number

Symphony of Hanover Park

0053736

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					MAPLELEAF INSUR	GRAND CAYMAN	LIABILITY/WORK	3
4			MONROE PAVILION	CHICAGO	INTEGRA HEALTHC	ELMHURST	DME & MEDICAL	4
5			NORTHWOODS CARE CENTRE	BELVIDERE	INTEGRA RESPIRA	ELMHURST	RESPIRATORY SE	5
6			SYCAMORE VILLAGE	SWANSEA	LIFELINE AMBULA	CHICAGO	AMBULANCE	6
7			SYMPHONY ARIA	HILLSIDE				7
8			SYMPHONY AT 87TH STREET	CHICAGO				8
9			SYMPHONY AT MIDWAY	CHICAGO				9
10			SYMPHONY AT THE TILLERS	OSWEGO				10
11			SYMPHONY OF BRONZEVILLE	CHICAGO				11
12			SYMPHONY OF BUFFALO GROVE	BUFFALO GROVE				12
13			SYMPHONY OF CHESTERTON	CHESTERTON, IN				13
14			SYMPHONY OF CHICAGO WEST	CHICAGO				14
15			SYMPHONY OF CRESTWOOD	CRESTWOOD				15
16			SYMPHONY OF CROWN POINT	CROWN POINT, IN				16
17								17
18			SYMPHONY OF DYER	DYER, IN				18
19			SYMPHONY OF EVANSTON	EVANSTON				19
20			SYMPHONY OF GLENDALE	GLENDALE, WI				20
21			SYMPHONY OF JOLIET	JOLIET				21
22								22
23			SYMPHONY OF LINCOLN PARK	CHICAGO				23
24			SYMPHONY OF MORGAN PARK	CHICAGO				24
25			SYMPHONY OF ORCHARD VALLEY	AURORA				25
26			SYMPHONY OF SOUTH SHORE	CHICAGO				26
27			SYMPHONY RESIDENCES OF LINCOLN PA	CHICAGO				27
28								28
29								29
30								30

Facility Name & ID Number

Symphony of Hanover Park

0053736

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								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

Facility Name & ID Number Symphony of Hanover Park # 0053736 Report Period Beginning: 01/01/18 Ending: 12/31/18

VII. RELATED PARTIES (continued)

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

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

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

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

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

Facility Name & ID Number Symphony of Hanover Park

0053736

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 Hanover Park

0053736

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	Bed Days Available	1,668,541	25	\$ 48,352	\$ 54,750	\$ 1,587	1
2	6	Maintenance Salaries	Bed Days Available	1,668,541	25		54,750		2
3	6	Maintenance Expenses	Bed Days Available	1,668,541	25	138,375	54,750	4,541	3
4	7	Employee Benefits - Maintenance	Bed Days Available	1,668,541	25		54,750		4
5	10	Clinical Salaries	Bed Days Available	1,668,541	25	3,124,933	3,124,933	102,539	5
6	10	Contract Nursing	Bed Days Available	1,668,541	25	155,149	54,750	5,091	6
7	15	Employee Benefits - Clinical	Bed Days Available	1,668,541	25	1,004,938	54,750	32,975	7
8	17	Administrative - Other	Bed Days Available	1,668,541	25		54,750		8
9	19	Professional Fees	Bed Days Available	1,668,541	25	2,008,992	54,750	65,921	9
10	20	Dues, Fees, Subscriptions, Etc.	Bed Days Available	1,668,541	25	117,020	54,750	3,840	10
11	21	Clerical & General Salaries	Bed Days Available	1,668,541	25	1,558,938	1,558,938	51,154	11
12	21	Clerical & General Expenses	Bed Days Available	1,668,541	25	952,676	54,750	31,260	12
13	24	Seminars and Education	Bed Days Available	1,668,541	25	23,599	54,750	774	13
14	25	Transportation	Bed Days Available	1,668,541	25	179,481	54,750	5,889	14
15	26	Insurance	Bed Days Available	1,668,541	25	89,939	54,750	2,951	15
16	27	Employee Benefits - Administrative	Bed Days Available	1,668,541	25	501,334	54,750	16,450	16
17	30	Depreciation	Bed Days Available	1,668,541	25	346,345	54,750	11,365	17
18	32	Interest Expense	Bed Days Available	1,668,541	25	1,470	54,750	48	18
19	33	Real Estate Tax	Bed Days Available	1,668,541	25	90,970	54,750	2,985	19
20	34	Building Rental	Bed Days Available	1,668,541	25	66,085	54,750	2,168	20
21	35	Equipment Rental	Bed Days Available	1,668,541	25	163,656	54,750	5,370	21
22	35	Auto Lease	Bed Days Available	1,668,541	25	145,555	54,750	4,776	22
23									23
24									24
25	TOTALS					\$ 10,717,807	\$ 4,683,871	\$ 351,684	25

Facility Name & ID Number Symphony of Hanover Park

0053736

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	DME & Medical Supplies	Direct Allocation		\$	\$		\$ 9,818	1
2	35	Equipment Rental	Direct Allocation					25,777	2
3	39	Oxygen	Direct Allocation					7,601	3
4	39	Respiratory Consultant	Direct Allocation					14,439	4
5	43	Penalties-Administrative	Direct Allocation					389	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				\$	\$		\$ 58,024	25

Facility Name & ID Number Symphony of Hanover Park

0053736

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		\$	\$		\$ 148,079	1
2	26	Liability Insurance	Direct					340,813	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				\$	\$		\$ 488,892	25

Facility Name & ID Number Symphony of Hanover Park # 0053736 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	\$ 130,699	1/1/2024	0.075	\$ 802	1								
2	Omnicare		x	Pharmacy Services	67,444.34	11/27/2017	2,170,337	21,550	10/20/2020	0.075	7,927	2								
3	Select Rehab		X	Operational	159,503	12/31/2018	12,216,125	1,130,000	12/31/2023	0.02		3								
4												4								
5												5								
Working Capital																				
6	Midcap Financial Trust*		X	Notes Payable	Interest Only	9/18/2018	35,000,000		9/17/2021	Libor +4.25	119,690	6								
7	*Original loan with Symcare Healthcare LLC. Facility pays the interest																			
8												8								
9	TOTAL Facility Related				\$265,678.34		\$ 55,583,495	\$ 1,282,249			\$ 128,419	9								
B. Non-Facility Related*																				
10	Interest Income		X									10								
11	Allocated From Maestro		X					Interest Income offset			(3,746)	11								
12								Allocated from Mgmt Co.			48	12								
13												13								
14	TOTAL Non-Facility Related						\$	\$			\$ (3,698)	14								
15	TOTALS (line 9+line14)						\$ 55,583,495	\$ 1,282,249			\$ 124,721	15								

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

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

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

Facility Name: Symphony of Hanover Park
 IDPH License ID Number: 0053736
 Fiscal Year End: 12/31/18

Schedule 9A

IX. Interest Expense and Real Estate Tax Expense

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
A. Directly Facility Related																				
Long-Term																				
1																				
2																				
3																				
4																				
5																				
Working Capital																				
6																				
7																				
8																				
9	TOTAL Facility Related			\$0.00		\$ 0	\$ 0		\$ 0	9										
B. Non-Facility Related*																				
10																				
11																				
12																				
13																				
14	TOTAL Non-Facility Related			\$0.00		\$ 0	\$ 0		\$ 0	14										

2017 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Symphony Of Hanover Park COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0053736

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>06-36-407-021-0000</u>	<u>Land and Property</u>	\$ <u>1,091,906.76</u>	\$ <u>1,091,906.76</u>
2. <u>06-36-309-033-0000</u>	<u>Land and Property</u>	\$ <u>9,202.52</u>	\$ <u>9,202.52</u>
3. <u>10-27-319-028-0000</u>	<u>Home Office Allocation</u>	\$ <u>87,874.67</u>	\$ <u>2,985.00</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u>1,188,983.95</u>	\$ <u>1,104,094.28</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 Hanover Park

0053736 Report Period Beginning:

01/01/18 Ending:

12/31/18

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 74,800 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 2

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	<u>Allocated from Maestro 7257 Linc</u>	<u>-</u>	<u>2011</u>	<u>\$ 5,250</u>	<u>1</u>
2					<u>2</u>
3	TOTALS			\$ 5,250	3

Facility Name & ID Number Symphony of Hanover Park

0053736

Report Period Beginning:

01/01/18

Ending:

12/31/18

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4				\$	\$ -		\$	\$	\$	4
5										5
6										6
7										7
8				47251			1,350	1,350	20419	8
Improvement Type**										
9	Various		2011	31,067		20	1,553	1,553	11,650	9
10	Various		2012	3,537		20	177	177	1,150	10
11	Various		2013	9,588	-	20	479	479	2,637	11
12	Parts, Materials To Repair Generator - Entire Facility Csp		2014	26,993	-	20	1,350	1,350	6,075	12
13	Paint 2Nd Flr Hall, Dining, 8 Rms; 3Rd Flr Dining; 1St Conf, Hall.		2014	4,476	-	20	224	224	1,045	13
14	Custom Build 4 New Counter Tops, 12 New Footboards For Patien		2015	2,820	-	20	141	141	517	14
15	Telephone System Installation		2017	48,456	-	20	2,423	2,423	4,387	15
16	Electrical Wiring		2018	3,935	297	20	297		297	16
17	Building renovation		2018	40,000	261	20	261		261	17
18					-		-			18
19					-		-			19
20	Reconcile to financial statement depreciation		2018		3,894		-	(3,894)		20
21					-		-			21
22					-		-			22
23					-		-			23
24					-		-			24
25					-		-			25
26					-		-			26
27					-		-			27
28										28
29										29
30										30
31										31
32										32
33										33
34										34
35										35
36					-		-			36

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

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

See Page 12A, Line 70 for total

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		\$ 218,123	\$ 4,452		\$ 8,255	\$ 3,803	\$ 48,438	1
2				-					2
3	Allocated from Maestro Consulting Services		384	-		19	19	291	3
4	Allocated from Maestro Consulting Services		7,803	-		389	389	5,744	4
5	Allocated from Maestro Consulting Services		463	-		23	23	320	5
6	Allocated from Maestro Consulting Services		627	-		31	31	388	6
7	Allocated from Maestro Consulting Services		661	-		33	33	339	7
8	Allocated from Maestro Consulting Services		10,645	-		532	532	5,115	8
9	Allocated from Maestro Consulting Services		1,636	-		82	82	696	9
10	Allocated from Maestro Consulting Services		88	-		4	4	35	10
11	Allocated from Maestro Consulting Services		98	-		5	5	33	11
12	Allocated from Maestro Consulting Services		1,230	-		62	62	283	12
13	Allocated from Maestro Consulting Services		346	-		17	17	58	13
14	Allocated from Maestro Consulting Services		1,516	-		152	152	362	14
15	Allocated from Maestro Consulting Services		203	-		10	10	20	15
16				-					16
17				-					17
18	Allocated from Maestro 7257		939	-		47	47	681	18
19	Allocated from Maestro 7257		4,307	-		154	154	3,313	19
20	Allocated from Maestro 7257		745	-		50	50	166	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)		\$ 249,814	\$ 4,452		\$ 9,865	\$ 5,413	\$ 66,282	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	\$ 1,424,990	\$ 21,271	\$ 143,188	\$ 121,917		\$ 1,051,793	71
72	Current Year Purchases	57,743	8,576	8,577	1		8,576	72
73	Fully Depreciated Assets	412,963			-		412,963	73
74	Allocated from Maestro	135,743		8,404	8,404		51,813	74
75	TOTALS	\$ 2,031,439	\$ 29,847	\$ 160,169	\$ 130,322		\$ 1,525,145	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 Consulting Services		\$ 291	\$ -	\$ -	\$ -		\$ 291	76
77							-			77
78							-			78
79							-			79
80	TOTALS			\$ 291	\$ -	\$ -	\$ -		\$ 291	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)	\$ 2,286,794	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 34,299	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 170,034	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 135,735	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 1,591,718	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		\$	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: Symphony of Hanover Park
IDPH License ID Number: 0053736
Fiscal Year End: 12/31/18

Schedule 13A

XI. Ownership Costs

Line 74 - Equipmet Cost - Excluding Transportation

Category of Equipment	Cost	Current Book Depreciation	Straight Line Depreciation	Adjustments	Component Life	Accumulated Depreciation
				-	5-7	
Allocated from Maestro Consulting Services	135,743		8,404	8,404	5-10	51,813
				-		
TOTAL	135,743	-	8,404	8,404		51,813

Facility Name & ID Number Symphony of Hanover Park

0053736

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

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>150</u>		\$ <u>3,145,219</u>	<u>15</u>	<u>15</u>	3
4	Additions							4
5	<u>Allocated from Maestro Consulting S</u>				<u>2,168</u>			5
6								6
7	TOTAL		<u>150</u>		\$ <u>3,147,387</u>			7

10. Effective dates of current rental agreement:

Beginning 11/1/2015

Ending 10/31/2030

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

Fiscal Year Ending Annual Rent

12. 12/31/2019 \$ 2,587,435

13. 12/31/2020 \$ 2,645,652

14. 12/31/2021 \$ 2,705,179

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 _____.

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: \$ 78,171

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 management company</u>		\$ _____	\$ <u>4,776</u>	17
18					18
19					19
20					20
21	TOTAL		\$ _____	\$ <u>4,776</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 Hanover Park
IDPH License ID Number: 0053736
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	30,516
Respiratory equipment (i.e., oxygen conce	14,094
Virtual Therapy Equipment	6,435
Vital Monitors	12,644
Music Over paging system	1,500
Postage Machine	825
Copier	11,527
Allocation from Maestro	5,370
Allocation from Integra	(4,739)
Total - Line 16	<u>78,171</u>

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	1 Schedule V Line & Column Reference	2		3		4		5		6		7		8		
			Staff		Units of Service	Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)						
							Units	Cost									
1	Licensed Occupational Therapist	39 - 03	hrs	\$	11,216	\$ 807,541						11,216	\$ 807,541				1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs		2,818	202,898						2,818	202,898				2
3	Licensed Recreational Therapist		hrs														3
4	Licensed Physical Therapist	39 - 03	hrs		18,154	1,307,091						18,154	1,307,091				4
5	Physician Care		visits														5
6	Dental Care		visits														6
7	Work Related Program		hrs														7
8	Habilitation		hrs														8
9	Pharmacy	39 - 02	# of prescripts							750,224			750,224				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)								7,601			7,601				12
13	Other (specify): <u>See SCH 16A</u>									3,157	227,323		3,157	227,323			13
14	TOTAL			\$	35,345	\$ 2,544,853	\$	757,825	\$	35,345	\$ 3,302,678						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 Hanover Park
IDPH License ID Number: 0053736
Fiscal Year End: 12/31/18

Schedule 16A

XIV. Special Services (Direct Cost)

Line 12 Other (specify)

	Description	Units	Amount
500103-MEDA	Inhalation Therapy Costs-Medicare A		-
500113-MAID	I.V. Therapy Costs-Medicaid		3,725
500113-MEDA	I.V. Therapy Costs-Medicare A		156,453
500113-MNGD	I.V. Therapy Costs-Managed Care		62,374
500113-PRVT	I.V. Therapy Costs-Private		-
500120-MEDA	Other Ancillary Costs-Medicare A		4,771
530104-NURS	I.V. Therapy Cost-Medicaid		-
	Total - Line 12	-	227,323

Facility Name & ID Number Symphony of Hanover Park

0053736

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	\$ (5,679)	\$ (5,679)	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>643,891</u>)	2,636,607	2,636,607	3
4	Supply Inventory (priced at _____)			4
5	Short-Term Investments			5
6	Prepaid Insurance	2,112	2,112	6
7	Other Prepaid Expenses	(173,685)	(173,685)	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Acct. Rec. Emp. Loan</u>	3,456	3,456	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,462,811	\$ 2,462,811	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		5,250	13
14	Buildings, at Historical Cost		47,251	14
15	Leasehold Improvements, at Historical Cost	43,935	202,563	15
16	Equipment, at Historical Cost	184,716	2,031,730	16
17	Accumulated Depreciation (book methods)	(49,071)	(1,591,718)	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>	1,890,159	1,890,159	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,069,739	\$ 2,585,235	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,532,550	\$ 5,048,046	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,537,280	\$ 1,537,280	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	295,139	295,139	30
31	Accrued Taxes Payable (excluding real estate taxes)	497	497	31
32	Accrued Real Estate Taxes(Sch.IX-B)	1,156,164	1,156,164	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>	3,667,310	3,667,310	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 6,656,390	\$ 6,656,390	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	1,282,249	1,282,249	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)	\$ 1,282,249	\$ 1,282,249	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 7,938,639	\$ 7,938,639	46
47	TOTAL EQUITY(page 18, line 24)	\$ (3,406,089)	\$ (2,890,593)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 4,532,550	\$ 5,048,046	48

*(See instructions.)

Facility Name: Symphony of Hanover Park
 IDPH License ID Number: 0053736
 Fiscal Year End: 12/31/18

Schedule 17A

XV. Balance Sheet

Line 23 Long-Term Assets Other (specify):

Description	After	
	Operating	Consolidation
Clearing Account	(12,925)	(12,925)
Due To/From- Evanston Healthcare LLC	3,866	3,866
Due To/From- Symcare Healthcare	1,892,380	1,892,380
Due To/From- Hanover Park -Old	6,838	6,838
Total - Line 23	1,890,159	1,890,159

XV. Balance Sheet

Line 36 Other Current Liabilities (specify):

Description	After	
	Operating	Consolidation
Accrued Payables	75,648	75,648
Accrued Payables-Professional fees	24,637	24,637
Accrued Payables-Health Insurance	76,598	76,598
Accrued Payables-Dental Insurance	311	311
Accrued Payables-Vision Insurance	(75)	(75)
Accrued Payables-Life Insurance	3,143	3,143
Accrued Payables-Short Term Disability	(2,247)	(2,247)
Accrued Payables-401K Deductions	(26)	(26)
Accrued Payables-Heart and Soul Foundation	18	18
Accrued Payables-401K Loan repayments	10,000	10,000
Accrued Payables-Bed Taxes	-	-
Accrued Payables-Bed Taxes Addil	(14,036)	(14,036)
Accrued Payables-Management Fees	(24,675)	(24,675)
Accrued Payables-Interest	2,715	2,715
Accrued Payables-Sales Tax	433	433
Due To/From- IVY LLC	9,500	9,500
Due To/From- Lincoln Park LLC	13,000	13,000
Due To/From- Symphony Healthcare	5,305	5,305
Due To/From- Symcare ML	2,160,144	2,160,144
Due To/From- Maestro	286,714	286,714
Due To/From- Nucare Insurance Susp	581	581
CSA I/C Related/Party Due TO/From Accts	27,451	27,451
Due To/From- Bronzeville Park LLC	10,000	10,000
Sales Tax Payable-Manual	395	395
Deferred Rent	1,001,776	1,001,776
Total - Line 36	3,667,310	3,667,310

XVI. STATEMENT OF CHANGES IN EQUITY

		1	
		Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (1,651,373)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (1,651,373)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,754,716)	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)	\$ (1,754,716)	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)	\$ (3,406,089)	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	\$ 15,627,731	1
2	Discounts and Allowances for all Levels	(7,517,895)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 8,109,836	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	5,983,521	6
7	Oxygen	481	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 5,984,002	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	(9,363)	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	1,125,966	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	152,707	19
20	Radiology and X-Ray	133,498	20
21	Other Medical Services	45,759	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,448,567	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	3,746	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 3,746	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	(858)	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ (858)	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 15,545,293	30

2		3	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,559,004	31
32	Health Care	3,789,786	32
33	General Administration	2,729,654	33
B. Capital Expense			
34	Ownership	4,796,402	34
C. Ancillary Expense			
35	Special Cost Centers	4,266,105	35
36	Provider Participation Fee	159,058	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 17,300,009	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,754,716)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,754,716)	43
III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 824,158	44
45	Private Pay - Net Inpatient Revenue	163,045	45
46	Medicare - Net Inpatient Revenue	5,401,819	46
47	Other-(specify) <u>Hospice</u>	87,658	47
48	Other-(specify) <u>Managed Care</u>	1,633,156	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 8,109,836	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 Hanover Park
IDPH License ID Number: 0053736
Fiscal Year End: 12/31/18

Schedule 19A

XVII. Income Statement

Line 28 Other Revenue (specify):

Description	Amount
Other Services-Re	(2,019)
Other Income	1,161
Total - Line 28	<u><u>(858)</u></u>

Facility Name & ID Number Symphony of Hanover Park

0053736

Report Period Beginning:

01/01/18

Ending:

12/31/18

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,582	1,763	\$ 92,533	\$ 52.47	1
2	Assistant Director of Nursing					2
3	Registered Nurses	32,184	35,124	1,117,205	31.81	3
4	Licensed Practical Nurses	31,966	35,357	917,328	25.95	4
5	CNAs & Orderlies	56,451	60,722	877,111	14.44	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	6,338	6,706	93,305	13.91	10
11	Social Service Workers	3,627	3,914	87,381	22.32	11
12	Dietician					12
13	Food Service Supervisor	1,889	2,085	78,700	37.74	13
14	Head Cook	8,828	10,008	165,574	16.54	14
15	Cook Helpers/Assistants	15,087	16,090	175,399	10.90	15
16	Dishwashers					16
17	Maintenance Workers	3,489	4,055	88,481	21.82	17
18	Housekeepers	18,362	20,136	247,271	12.28	18
19	Laundry	2,831	3,033	35,595	11.74	19
20	Administrator	1,464	1,743	128,331	73.63	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	9,650	10,486	199,988	19.07	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	6,302	7,143	124,953	17.49	31
32	Other Health C: MDS Coordinator	6,193	6,952	214,992	30.92	32
33	Other(specify) <u>Adms & Commun</u>	3,174	3,627	123,404	34.02	33
34	TOTAL (lines 1 - 33)	209,416	228,943	\$ 4,767,551 *	\$ 20.82	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	\$ 29,500	01-03	35
36	Medical Director	Monthly	41,821	09-03	36
37	Medical Records Consultant				37
38	Nurse Consultant	Monthly	1,683	10-03	38
39	Pharmacist Consultant	Monthly	13,301	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	Monthly	14,439	39 (7)	42
43	Speech Therapy Consultant				43
44	Activity Consultant	Monthly	2,860	11-03	44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 103,604		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 Hanover Park
IDPH License ID Number: 0053736
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
				#DIV/0!
				#DIV/0!
Total - Line	-	-	-	

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

Description	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Total Salaries	Average Hourly Wage
				#DIV/0!
Total - Line	-	-	-	

Facility Name & ID Number Symphony of Hanover Park

0053736

Report Period Beginning: 01/01/18

Ending: 12/31/18

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	
<u>Alma Gatuz-Fernandez</u>	<u>Administrator</u>	<u>0</u>	\$ <u>128,331</u>	<u>Workers' Compensation Insurance</u>	\$ <u>151,175</u>	<u>IDPH License Fee</u>	\$	
				<u>Unemployment Compensation Insurance</u>	<u>27,682</u>	<u>Advertising: Employee Recruitment</u>	<u>125</u>	
				<u>FICA Taxes</u>	<u>351,499</u>	<u>Health Care Worker Background Check</u>		
				<u>Employee Health Insurance</u>	<u>207,208</u>	(Indicate # of checks performed <u>267</u>)	<u>3,204</u>	
				<u>Employee Meals</u>		<u>Patient Background Checks</u>	<u>868</u>	
				<u>Illinois Municipal Retirement Fund (IMRF)*</u>			<u>10,410</u>	
				<u>Pension Contributions</u>	<u>9,112</u>	<u>License and Permits</u>	<u>8,039</u>	
				<u>Employee Physical Exams</u>	<u>2,912</u>	<u>Illinois Council on Long Term Care</u>	<u>24,548</u>	
				<u>Other Employee Benefits</u>	<u>15,693</u>	<u>Allocation from Maestro</u>	<u>3,840</u>	
						<u>Misc. Dues & Subscriptions</u>	<u>14,184</u>	
						<u>Less: Public Relations Expense</u>	<u>(12,274)</u>	
						<u>Non-allowable advertising</u>	<u>()</u>	
						<u>Yellow page advertising</u>	<u>()</u>	
TOTAL (agree to Schedule V, line 17, col. 1)			\$ <u>128,331</u>			TOTAL (agree to Sch. V,	\$ <u>52,076</u>	
(List each licensed administrator separately.)				TOTAL (agree to Schedule V,	\$ <u>765,281</u>	line 20, col. 8)		
				line 22, col.8)				
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
<u>Management Fees (Eliminated in Col. 7)</u>			\$ <u>759,001</u>			\$	<u>Out-of-State Travel</u>	\$
							<u>In-State Travel</u>	
TOTAL (agree to Schedule V, line 17, col. 3)			\$ <u>759,001</u>				<u>Seminar Expense</u>	<u>1,007</u>
(Attach a copy of any management service agreement)								
C. Professional Services				TOTAL			TOTAL (agree to Sch. V,	
Vendor/Payee	Type		Amount	\$			line 24, col. 8)	
<u>Achieve Accreditation</u>	<u>Accreditation</u>		\$ <u>9,844</u>				<u>Allocation From Maestro</u>	<u>774</u>
<u>Corporation Service</u>	<u>Annual Filing</u>		<u>518</u>				<u>Entertainment Expense</u>	<u>()</u>
<u>ABILITY Network, Inc.</u>	<u>Secure Exchange Managed Servi</u>		<u>6,662</u>					
<u>Allscripts LLC</u>	<u>IT System</u>		<u>2,994</u>					
<u>LTC Consulting</u>	<u>Collection Agency</u>		<u>27,131</u>					
<u>Alteryz, Inc.</u>	<u>Data analytics</u>		<u>751</u>					
<u>American Express</u>	<u>Internet</u>		<u>2,241</u>					
<u>MTS Consulting, LLC</u>	<u>Tax consulting</u>		<u>606</u>					
<u>National Datacare Corporation</u>	<u>Trust fund and Medicaid billing</u>		<u>713</u>					
<u>Personnel Planners, Inc</u>	<u>Quarterly Unemployment Claim</u>		<u>1,500</u>					
<u>Resolute Healthcare Solutions</u>	<u>Healthcare services</u>		<u>1,672</u>					
<u>See Supplemental Schedule</u>			<u>289,254</u>					
TOTAL (agree to Schedule V, line 19, column 3)			\$ <u>343,886</u>					
(For legal fee disclosure, see page 39 of instructions)								

* Attach copy of IMRF notifications

**See instructions.

Facility Name: Symphony of Hanover Park
 IDPH License ID Number: 0053736
 Fiscal Year End: 12/31/18

Schedule 21C

XIX. SUPPORT SCHEDULES

C. Professional Services

Vendor	Type	Amount
Dart Chart Systems	Software	50,226
PointClickCare Technologies Inc.	Cloud based software and services	16,071
Comcast Cable	Internet	31,057
DataRobot, Inc	Computer Services	924
Telemedicine Solutions, LLC	Wound Rounds Care	5,656
Health Data Systems Inc	Programming	520
PatientPing, Inc.	Care coordination network	1,000
Cerida Investment Corp.	Business Services	319
Windstream	Internet	79
Prime Care Technologies	PBJ Reporting Module Access Fee	192
Creative Technology Solutions	IT Support	21,899
Formation Healthcare Group, LLC	Monthly Subscription Fee	751
Matrixcare	Software solutions	2,781
Market Metrix	Customer and Employee Metrix Subscrip	636
Wencel Worldwide, Inc	Branding	4,240
Nexuscomm, LLC	Cable	6,322
Real Time Medical Systems LLC	Clinical and Financial Analytics Service	2,681
Scott Norton	Computer Consulting	355
Patient Point Hospital Solutions	Point of Care Education	(500)
Snowflake Computing, Inc.	Computer Services	495
FYI Systems	Computer IT	310
Managed Care Group LLC	IT Support	1,466
Accrual	Legal fees	1,870
Applicant Tracking System	Recruiting	66
RSM US LLP	Accounting	26,913
Marcum LLP	Accounting	4,377
SB2 Inc.	Legal fees	1,489
Accrual	Legal fees	660
Transworld Systems, Inc	Consulting services	312
Maestro Consulting Services	Consulting services	(983)
Other Professional	Other	48,807
Jan Paul Storey	Consulting services	63
Maintence Allocation	Maintence	8,459
Shirley Martin Salary	Salary	154
Neal, Gerber & Eisenberg, LLP	Legal fees	44
SB2 Inc.	Legal fees	158
MKB Law	Legal fees	33,297
Stone, Poggrund & Korey LLC	Legal fees	8,947
US Legal Support	Legal fees	45
ADR Systems of America LLC	Legal fees	5,448
McCabe, Kirshner P.C.	Consulting services	1,387
Sorah Zeffren	Legal fees	260
	From from page 21	54,632
Total (agree to Schedule V, line 19, column 3)		343,886
Allocated from Management Company Legal Fees		
Allocated from Maestro Professional Services		65,921
Less: Non-Allowable Legal Fees		(9,434)
Total (agree to Schedule V, line 19, column 8)		400,373

Facility Name & ID Number Symphony of Hanover Park# 0053736

Report Period Beginning:

01/01/18

Ending:

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

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. Health Care Council of Illinois - \$24,548
- (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? _____
- (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. 5/1/16
- (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 Hanover Park #0049957
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 159,058
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. \$ _____ 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 1
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? 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? N/A
- (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.