

Facility Name & ID Number Symphony of South Shore

0053751 Report Period Beginning: 01/01/18 Ending: 12/31/18

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>248</u>	Skilled (SNF)	<u>248</u>	<u>90,520</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>248</u>	TOTALS	<u>248</u>	<u>90,520</u>	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				5
		3 Medicaid Recipient	Private Pay	4 Other	Total	
8	SNF	<u>39,063</u>	<u>3,489</u>	<u>35,593</u>	<u>78,145</u>	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>39,063</u>	<u>3,489</u>	<u>35,593</u>	<u>78,145</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 86.33%

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 10/23/1998

J. Was the facility purchased or leased after January 1, 1978?
YES Date 10/23/1998 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 248 and days of care provided 12,517

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCURAL 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 South Shore # 0053751 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	511,631	49,946	21,158	582,735		582,735	-	582,735		1
2	Food Purchase		473,601		473,601		473,601	-	473,601		2
3	Housekeeping	322,027	51,723	91,186	464,936		464,936	-	464,936		3
4	Laundry	31,889	61,057	196,686	289,632	0	289,632	-	289,632		4
5	Heat and Other Utilities			215,471	215,471		215,471	2,623	218,094		5
6	Maintenance	148,409	-	311,837	460,246		460,246	7,507	467,753		6
7	Other (specify):*	-	-	-	0		0	-	0		7
8	TOTAL General Services	1,013,956	636,327	836,338	2,486,621	0	2,486,621	10,130	2,496,751		8
	B. Health Care and Programs										
9	Medical Director	-	-	29,544	29,544		29,544	-	29,544		9
10	Nursing and Medical Records	6,313,076	336,838	30,307	6,680,221		6,680,221	176,890	6,857,111		10
10a	Therapy	-	-	-	0		0	-	0		10a
11	Activities	283,608	-	3,080	286,688		286,688	-	286,688		11
12	Social Services	213,925	-	-	213,925		213,925	-	213,925		12
13	CNA Training	-	-	-	0		0	-	0		13
14	Program Transportation	-	-	-	0		0	-	0		14
15	Other (specify):* Mgmt alloc of benef	-	-	-	0		0	54,519	54,519		15
16	TOTAL Health Care and Programs	6,810,609	336,838	62,931	7,210,378	0	7,210,378	231,409	7,441,787		16
	C. General Administration										
17	Administrative	138,411	-	1,064,847	1,203,258		1,203,258	(1,064,847)	138,411		17
18	Directors Fees			-	0		0	-	0		18
19	Professional Services			533,761	533,761		533,761	89,803	623,564		19
20	Dues, Fees, Subscriptions & Promotions			62,007	62,007		62,007	(13,945)	48,062		20
21	Clerical & General Office Expenses	275,848	38,094	49,143	363,085		363,085	136,140	499,225		21
22	Employee Benefits & Payroll Taxes			1,366,326	1,366,326		1,366,326	-	1,366,326		22
23	Inservice Training & Education			-	0		0	-	0		23
24	Travel and Seminar			12,318	12,318		12,318	1,280	13,598		24
25	Other Admin. Staff Transportation		-	8,319	8,319		8,319	9,737	18,056		25
26	Insurance-Prop.Liab.Malpractice			894,343	894,343		894,343	4,879	899,222		26
27	Other (specify):* Mgmt alloc of benef	-	-	-	0		0	27,198	27,198		27
28	TOTAL General Administration	414,259	38,094	3,991,064	4,443,417	0	4,443,417	(809,755)	3,633,662		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	8,238,824	1,011,259	4,890,333	14,140,416	0	14,140,416	(568,216)	13,572,200		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			68,478	68,478		68,478	200,402	268,880			30
31	Amortization of Pre-Op. & Org.			-	0		0	-	0			31
32	Interest			151,170	151,170		151,170	(26,080)	125,090			32
33	Real Estate Taxes			750,333	750,333		750,333	4,935	755,268			33
34	Rent-Facility & Grounds			2,700,398	2,700,398		2,700,398	3,585	2,703,983			34
35	Rent-Equipment & Vehicles			161,385	161,385		161,385	5,461	166,846			35
36	Other (specify):*			-	0		0	-	0			36
37	TOTAL Ownership			3,831,764	3,831,764	0	3,831,764	188,303	4,020,067			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation	-	-	70,044	70,044		70,044	(5,888)	64,156			38
39	Ancillary Service Centers	-	429,251	2,364,845	2,794,096		2,794,096	(11,239)	2,782,857			39
40	Barber and Beauty Shops	-	-	-	0		0	-	0			40
41	Coffee and Gift Shops	-	-	-	0		0	-	0			41
42	Provider Participation Fee			534,142	534,142		534,142	-	534,142			42
43	Other (specify):* Non-Allowable Cos	127,809	-	2,012,940	2,140,749		2,140,749	(2,140,749)	0			43
44	TOTAL Special Cost Centers	127,809	429,251	4,981,971	5,539,031	0	5,539,031	(2,157,876)	3,381,155			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	8,366,633	1,440,510	13,704,068	23,511,211	0	23,511,211	(2,537,789)	20,973,422			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 South Shore

0053751

Report Period Beginning:

01/01/18

Ending:

12/31/18

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(19,245)	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	181,612	30		9
10	Interest and Other Investment Income	(26,160)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	5,115	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	(7,364)	43		18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(1,715,808)	43		24
25	Fund Raising, Advertising and Promotional	(617)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule <u>See PG5A</u>	(442,428)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (2,024,895)		\$ 0	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)	(512,894)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (512,894)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (2,537,789)		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 South Shore

ID# 0053751

Report Period Beginning: 01/01/18

Ending: 12/31/18

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Nonallowable marketing events	\$ (156,146)	43	1
2	Laboratory Costs	(32,097)	43	2
3	X-Ray Costs	(52,388)	43	3
4	Theft and Damage Loss	(1,004)	43	4
5	Non-allowable lobbying dues	(20,293)	20	5
6	Admissions	(106,826)	43	6
7	Community & Guest Relations	(54,369)	43	7
8	Non-allowable Legal	(19,187)	19	8
9	Misc Revenue	(118)	21	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	(442,428)		49

Facility Name & ID Number

Symphony of South Shore

0053751

Report Period Beginning:

01/01/18

Ending:

12/31/18

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%	\$ 2,623	\$ 2,623	15
16	V	6 MAINTENANCE SALARIES		MAESTRO CONSULTING SERVICES LLC	100%	0		16
17	V	6 MAINTENANCE EXPENSES		MAESTRO CONSULTING SERVICES LLC	100%	7,507	7,507	17
18	V	7 EMPLOYEE BENEFITS - MAINTENANCE		MAESTRO CONSULTING SERVICES LLC	100%	0		18
19	V	10 CLINICAL SALARIES		MAESTRO CONSULTING SERVICES LLC	100%	169,531	169,531	19
20	V	10 CONTRACT NURSING		MAESTRO CONSULTING SERVICES LLC	100%	8,417	8,417	20
21	V	15 EMPLOYEE BENEFITS - CLINICAL		MAESTRO CONSULTING SERVICES LLC	100%	54,519	54,519	21
22	V	17 ADMINISTRATIVE SALARIES	1,064,847	MAESTRO CONSULTING SERVICES LLC	100%	0	(1,064,847)	22
23	V	19 PROFESSIONAL FEES		MAESTRO CONSULTING SERVICES LLC	100%	108,990	108,990	23
24	V	20 DUES, FEES, SUBSCRIPTIONS, ETC.		MAESTRO CONSULTING SERVICES LLC	100%	6,348	6,348	24
25	V	21 CLERICAL & GENERAL SALARIES		MAESTRO CONSULTING SERVICES LLC	100%	84,574	84,574	25
26	V	21 CLERICAL & GENERAL EXPENSES		MAESTRO CONSULTING SERVICES LLC	100%	51,684	51,684	26
27	V	24 SEMINARS AND EDUCATION		MAESTRO CONSULTING SERVICES LLC	100%	1,280	1,280	27
28	V	25 TRANSPORTATION		MAESTRO CONSULTING SERVICES LLC	100%	9,737	9,737	28
29	V	26 INSURANCE		MAESTRO CONSULTING SERVICES LLC	100%	4,879	4,879	29
30	V	27 EMPLOYEE BENEFITS - ADMINISTRATIVE		MAESTRO CONSULTING SERVICES LLC	100%	27,198	27,198	30
31	V	30 DEPRECIATION		MAESTRO CONSULTING SERVICES LLC	100%	18,790	18,790	31
32	V	32 INTEREST EXPENSE		MAESTRO CONSULTING SERVICES LLC	100%	80	80	32
33	V	33 REAL ESTATE TAX		MAESTRO CONSULTING SERVICES LLC	100%	4,935	4,935	33
34	V	34 BUILDING RENTAL		MAESTRO CONSULTING SERVICES LLC	100%	3,585	3,585	34
35	V	35 EQUIPMENT RENTAL		MAESTRO CONSULTING SERVICES LLC	100%	8,878	8,878	35
36	V	35 AUTO LEASE		MAESTRO CONSULTING SERVICES LLC	100%	7,897	7,897	36
37	V							37
38	V							38
39	Total		\$ 1,064,847			\$ 581,452	\$ * (483,395)	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 and Medical Records	\$ 6,815	Integra Healthcare Equipment, LLC	100%	\$ 5,757	\$ (1,058)	15
16	V	35 Rent-Equipment and Vehicles	72,853	Integra Healthcare Equipment, LLC	100%	61,539	(11,314)	16
17	V	39 Ancillary Service Centers	72,369	Integra Healthcare Equipment, LLC	100%	61,130	(11,239)	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		\$ 152,037			\$ 128,426	\$ * (23,611)	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	\$ 62,045	Lifeline Ambulance LLC	100%	\$ 56,157	\$ (5,888)	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		\$ 62,045			\$ 56,157	\$ *	(5,888)	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	\$ 224,398	Maple Leaf Insurance	100%	\$ 224,398	\$	15
16	V	26	Liability Insurance	573,397	Maple Leaf Insurance	100%	573,397		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			\$ 797,795			\$ 797,795	\$ *	39

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

Facility Name & ID Number

Symphony of South Shore

0053751

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 HANOVER PARK	HANOVER PARK				21
22			SYMPHONY OF JOLIET	JOLIET				22
23								23
24			SYMPHONY OF LINCOLN PARK	CHICAGO				24
25			SYMPHONY OF MORGAN PARK	CHICAGO				25
26			SYMPHONY OF ORCHARD VALLEY	AURORA				26
27			SYMPHONY RESIDENCES OF LINCOLN PA	CHICAGO				27
28								28
29								29
30								30

Facility Name & ID Number Symphony of South Shore # 0053751 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	No owners receive compensation from this facility.									
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 South Shore

0053751

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 South Shore

0053751

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	\$ 0	90,520	\$ 2,623	1
2	6	MAINTENANCE SALARIES	AVAIL. CENSUS DAYS 1,668,541	25	0	0	90,520	0	2
3	6	MAINTENANCE EXPENSES	AVAIL. CENSUS DAYS 1,668,541	25	138,375	0	90,520	7,507	3
4	7	EMPLOYEE BENEFITS - MAIN	AVAIL. CENSUS DAYS 1,668,541	25	0	0	90,520	0	4
5	10	CLINICAL SALARIES	AVAIL. CENSUS DAYS 1,668,541	25	3,124,933	3,124,933	90,520	169,531	5
6	10	CONTRACT NURSING	AVAIL. CENSUS DAYS 1,668,541	25	155,149	0	90,520	8,417	6
7	15	EMPLOYEE BENEFITS - CLINI	AVAIL. CENSUS DAYS 1,668,541	25	1,004,938	0	90,520	54,519	7
8	17	ADMINISTRATIVE SALARIES	AVAIL. CENSUS DAYS 1,668,541	25	0	0	90,520	0	8
9	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS 1,668,541	25	2,008,992	0	90,520	108,990	9
10	20	DUES, FEES, SUBSCRIPTIONS,	AVAIL. CENSUS DAYS 1,668,541	25	117,020	0	90,520	6,348	10
11	21	CLERICAL & GENERAL SALA	AVAIL. CENSUS DAYS 1,668,541	25	1,558,938	1,558,938	90,520	84,574	11
12	21	CLERICAL & GENERAL EXPE	AVAIL. CENSUS DAYS 1,668,541	25	952,676	0	90,520	51,684	12
13	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS 1,668,541	25	23,599	0	90,520	1,280	13
14	25	TRANSPORTATION	AVAIL. CENSUS DAYS 1,668,541	25	179,481	0	90,520	9,737	14
15	26	INSURANCE	AVAIL. CENSUS DAYS 1,668,541	25	89,939	0	90,520	4,879	15
16	27	EMPLOYEE BENEFITS - ADMI	AVAIL. CENSUS DAYS 1,668,541	25	501,334	0	90,520	27,198	16
17	30	DEPRECIATION	AVAIL. CENSUS DAYS 1,668,541	25	346,345	0	90,520	18,790	17
18	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS 1,668,541	25	1,470	0	90,520	80	18
19	33	REAL ESTATE TAX	AVAIL. CENSUS DAYS 1,668,541	25	90,970	0	90,520	4,935	19
20	34	BUILDING RENTAL	AVAIL. CENSUS DAYS 1,668,541	25	66,085	0	90,520	3,585	20
21	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS 1,668,541	25	163,656	0	90,520	8,878	21
22	35	AUTO LEASE	AVAIL. CENSUS DAYS 1,668,541	25	145,555	0	90,520	7,897	22
23									23
24									24
25	TOTALS				\$ 10,717,807	\$ 4,683,871		\$ 581,452	25

Facility Name & ID Number Symphony of South Shore

0053751

Report Period Beginning:

01/01/18

Ending: 12/31/18

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization

Integra Healthcare Equipment, LLC

Street Address

747 Church Road

City / State / Zip Code

Elmhurst, IL 60126

Phone Number

(630) 834-3700

Fax Number

(630) 834-1500

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	10	Nursing and Medical Records	Direct Allocation		\$	\$		\$ 5,757	1
2	35	Rent-Equipment and Vehicles	Direct Allocation					61,539	2
3	39	Ancillary Service Centers	Direct Allocation					61,130	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				\$	\$		\$ 128,426	25

Facility Name & ID Number Symphony of South Shore

0053751

Report Period Beginning:

01/01/18

Ending: 12/31/18

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	38	Transportation	Direct Allocation		\$	\$		\$ 56,157	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				\$	\$		\$ 56,157	25

Facility Name & ID Number Symphony of South Shore

0053751

Report Period Beginning:

01/01/18

Ending: 12/31/18

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization

Maple Leaf Insurance

Street Address

PO Box 69, 720 West Bay Rd

City / State / Zip Code

Grand Cayman, KY1-1102

Phone Number

()

Fax Number

()

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	22	Workers Compensation	Direct		\$	\$		\$ 224,398	1
2	26	Liability Insurance	Direct					573,397	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				\$	\$		\$ 797,795	25

Facility Name & ID Number Symphony of South Shore # 0053751 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	\$ 374,270	01/01/2024	0.075	\$ 21,198	1								
2	Omnicare		X	Pharmacy Services	67,444	11/27/2017	2,170,337	54,471	10/20/20	0.075	2,891	2								
3	Select Rehab		X			12/31/2018	12216125	1,169,000	12/31/2023	0.02	0	3								
4												4								
5												5								
Working Capital																				
6	Midcap Financial Trust*		X	Line of Credit (Revolving)	Interest Only	43,361	35,000,000		9/17/21	Libor +4.25	127,081	6								
7	*Original loan with Sycmare Healthcare LLC. Facility pays the interest expense																			
8												8								
9	TOTAL Facility Related				\$106,175.00		\$ 55,583,495	\$ 1,597,741			\$ 151,170	9								
B. Non-Facility Related*																				
10	Interest Income		X									10								
11											(26,160)	11								
12											80	12								
13												13								
14	TOTAL Non-Facility Related						\$ 0	\$ 0			\$ (26,080)	14								
15	TOTALS (line 9+line14)						\$ 55,583,495	\$ 1,597,741			\$ 125,090	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 South Shore

0053751

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>652,314</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>684,218</u>	2
3. Under or (over) accrual (line 2 minus line 1).			\$	<u>31,904</u>	3
4. Real Estate Tax accrual used for 2018 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	<u>718,429</u>	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)			\$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		Alloc Fr. Mgmt Co.		<u>4,935</u>	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	<u>755,268</u>	7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2013	<u>482,846</u>	8	FOR BHF USE ONLY	
	2014	<u>492,283</u>	9	13	FROM R. E. TAX STATEMENT FOR 2017 \$
	2015	<u>591,516</u>	10	14	PLUS APPEAL COST FROM LINE 5 \$
	2016	<u>644,843</u>	11	15	LESS REFUND FROM LINE 6 \$
	2017	<u>684,218</u>	12	16	AMOUNT TO USE FOR RATE CALCULATION \$
2017 Accrual = \$684,218 x 1.05 = \$718,429 (Rounded)					
Allocated from Maestro Consulting Services: \$4,935					

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 South Shore COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0053751

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>21-30-101-003-0000</u>	<u>Long Term Care Property</u>	\$ <u>35,808.61</u>	\$ <u>35,808.61</u>
2. <u>21-30-101-004-0000</u>	<u>Long Term Care Property</u>	\$ <u>123,002.26</u>	\$ <u>123,002.26</u>
3. <u>21-30-101-014-0000</u>	<u>Long Term Care Property</u>	\$ <u>230,409.21</u>	\$ <u>230,409.21</u>
4. <u>21-30-101-022-0000</u>	<u>Long Term Care Property</u>	\$ <u>77,429.37</u>	\$ <u>77,429.37</u>
5. <u>21-30-101-023-0000</u>	<u>Long Term Care Property</u>	\$ <u>217,568.45</u>	\$ <u>217,568.45</u>
6. <u>10-27-319-028-0000</u>	<u>Home Office Allocation</u>	\$ <u>87,874.67</u>	\$ <u>4,935.00</u>
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	TOTALS	\$ <u><u>772,092.57</u></u>	\$ <u><u>689,152.90</u></u>

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES X 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 South Shore

0053751

Report Period Beginning:

01/01/18

Ending:

12/31/18

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 80,865 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 4

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

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

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

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

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

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

None

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

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

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Allocated from Maestro Consulting/7257 Lincoln</u>			\$ <u>8,680</u>	1
2		<u>0</u>		<u>0</u>	2
3	TOTALS			\$ 8,680	3

XI. OWNERSHIP COSTS (continued)

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

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4					\$ -	\$ -		\$ -	\$ -	\$ -	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Various		1998		78,106		20	3,294	3,294	78,106	9
10	Various		1999		88,720		20	4,436	4,436	87,075	10
11	Various		2000		72,602	-	20	3,630	3,630	67,761	11
12	Various		2001		45,629	-	20	2,281	2,281	40,237	12
13	Various		2002		11,757	-	20	-		11,757	13
14	Various		2003		16,299	-	20	-		16,299	14
15	Various		2004		62,649	-	20	-		62,649	15
16	Various		2005		10,333	-	20	315	315	9,865	16
17	Various		2006		72,736	-	20	1,183	1,183	67,164	17
18	Various		2007		176,978	-	20			176,978	18
19	Various		2008		131,853	-	20	11,460	11,460	118,037	19
20	Various		2009		477,567	-	20	37,745	37,745	404,224	20
21	Various		2010		138,348	-	20	8,462	8,462	117,363	21
22	Various		2011		211,126	-	20	19,935	19,935	152,223	22
23	Various		2012		39,292	-	20	3,200	3,200	21,628	23
24	Various		2013		744,877	-	20	44,439	44,439	247,101	24
25						-		-			25
26						-		-			26
27						-		-			27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36						-		-			36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Symphony of South Shore

0053751

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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)		\$ 2,378,871	\$ 0		\$ 140,380	\$ 140,380	\$ 1,678,465	70

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

Facility Name & ID Number Symphony of South Shore# 0053751

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		\$ 2,378,871	\$ 0		\$ 140,380	\$ 140,380	\$ 1,678,465	1
2	Brackets, Window Sills In Bistro & Dining Room	2014	5,610	-	20	281	281	1,403	2
3	Cabinets, Studs, Drywall For Therapy Room	2014	2,970	-	20	148	148	730	3
4	Electrical Work - Therapy Room	2014	9,800	-	20	490	490	2,409	4
5	Signs & Banners For Entire 1St Floor	2014	2,554	-	20	255	255	1,170	5
6	Treatment In Resident Rooms, Surface Top In Dinnig Room	2014	139,380	-	20	6,969	6,969	31,941	6
7	5 Wanderguard Complete System	2014	14,754	-	20	738	738	3,443	7
8	1 Fire Alarm System Device, 1 Replaced Tamper Panel Trouble B	2014	7,755	-	20	388	388	1,648	8
9	Electrical Work In Parking Lot, Install New Cameras In The Park	2014	6,020	-	20	301	301	1,229	9
10	Install 10 New Security Cameras.	2014	5,170	-	20	1,034	1,034	4,481	10
11	Pump Repair & Replace Motor For Water Heater	2014	2,818		20	141	141	681	11
12	Repair Pipe In Dietary Area	2014	2,850		20	143	143	582	12
13	Remove & Install New Vinyl Plank & Base	2014	7,750		20	388	388	1,551	13
14	Commercial Water Heater	2015	7,841		20	392	392	1,568	14
15	Installed New Pump For Boiler	2015	4,490		20	224	224	897	15
16	Install New Recirculating Pump For Boiler	2015	4,068	-	20	203	203	814	16
17	Repaired Pump Valves	2015	2,794		20	140	140	559	17
18	Parking Lot Work	2015	365,310		20	18,266	18,266	73,063	18
19	Wall Mount Charging Station	2015	3,684		20	184	184	737	19
20	Camera / Indoor Keypads / Electrical In Kitchen	2016	2,560	-	20	128	128	384	20
21	Kitchen Improvements - New Walls, Flooring	2016	4,670	-	20	234	234	701	21
22	Plumbing Service / Piping	2016	8,150	-	20	408	408	1,223	22
23	Kitchen Improvements - Drywall & Trim	2016	6,500		20	325	325	975	23
24	Install 2 New Hand Washing	2016	12,800		20	640	640	1,920	24
25	Fan Motors	2016	5,848	-	20	292	292	877	25
26	Booster System - New Motor, Seals, Gauges	2016	3,266		20	163	163	490	26
27	Restore South Side Of Garage Roof By Patch/New Frame/Pour Co	2016	2,700	-	20	135	135	405	27
28	Repair Boilers - Vacuum,Piping,Electricals,Controls,Air Intakes/V	2016	4,498	-	20	225	225	675	28
29	Facade Stucco Repairs	2017	27,700	-	20	1,385	1,385	2,770	29
30	New Motor For Boiler Room Fans	2017	6,044	-	20	302	302	604	30
31	Architectual Services - Exchange Parking	2017	3,140	-	20	157	157	314	31
32	Install Cast Iron P-Trap, Repair Collapsed Pipe	2017	5,450	-	20	273	273	545	32
33	Wiring Single Drop, Meraki Swi	2017	11,982	-	20	599	599	1,198	33
34	TOTAL (lines 1 thru 33)		\$ 3,079,797	\$ 0		\$ 176,331	\$ 176,331	\$ 1,820,450	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 12B, Carried Forward		\$ 3,079,797	\$ 0		\$ 176,331	\$ 176,331	\$ 1,820,450	1
2	Installation Of New Phone System	2017	39,475	-	20	1,974	1,974	3,947	2
3	48P Meraki Poe Switches, 5Yr L	2017	14,210		20	711	711	1,422	3
4	Install 20 Oem Motors And Actuator, 1 Thremostat And Mountin	2017	6,785		20	339	339	678	4
5	Cat6 Wiring Single Drop, Merak	2017	5,991	-	20	300	300	599	5
6	Door Installation - Frame, Insulated Door, Hinges, Closer, Entry I	2017	4,156	-	20	208	208	416	6
7	Werner plumbing - RPZ installation all sinks in buildings	2018	40,860	1,871	20	1,871		1,871	7
8	Pumps & Motors - boiler room Lower level	2018	7,437	1,369	20	1,369		1,369	8
9	Replace and install EX Fan - roof - Kitchen exhaust	2018	12,314	1,152	20	1,152		1,152	9
10	Doors - main kitchen - lower level	2018	3,152	98	20	98		98	10
11	Northern Weatherguard HVAC - chiller replacement exterior of b	2018	113,312	10,777	20	10,777		10,777	11
12				-		-			12
13				-		-			13
14	Reconcile to financial statement depreciation			9,510		-	(9,510)		14
15				-		-			15
16									16
17				-		-			17
18				-		-			18
19				-		-			19
20				-		-			20
21									21
22				-		-			22
23				-		-			23
24									24
25									25
26									26
27									27
28				-		-			28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,327,490	\$ 24,777		\$ 195,129	\$ 170,352	\$ 1,842,779	34

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

Facility Name & ID Number Symphony of South Shore

0053751

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	
1		\$ 3,327,490	\$ 24,777		\$ 195,129	\$ 170,352	\$ 1,842,779	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		\$ 3,327,490	\$ 24,777		\$ 195,129	\$ 170,352	\$ 1,842,779	34

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

Facility Name & ID Number Symphony of South Shore

0053751

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	
1		\$ 3,327,490	\$ 24,777		\$ 195,129	\$ 170,352	\$ 1,842,779	1
2			-		-			2
3			-		-			3
4			-		-			4
5			-		-			5
6			-		-			6
7			-		-			7
8			-		-			8
9			-		-			9
10			-		-			10
11			-		-			11
12			-		-			12
13			-		-			13
14			-		-			14
15			-		-			15
16			-		-			16
17			-		-			17
18			-		-			18
19			-		-			19
20			-		-			20
21			-		-			21
22			-		-			22
23			-		-			23
24			-		-			24
25			-		-			25
26			-		-			26
27			-		-			27
28			-		-			28
29			-		-			29
30			-		-			30
31			-		-			31
32			-		-			32
33			-		-			33
34	TOTAL (lines 1 thru 33)	\$ 3,327,490	\$ 24,777		\$ 195,129	\$ 170,352	\$ 1,842,779	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 12E, Carried Forward	\$ 3,327,490	\$ 24,777		\$ 195,129	\$ 170,352	\$ 1,842,779		1
2			-		-				2
3									3
4			-		-				4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9			-		-				9
10			-		-				10
11			-		-				11
12			-		-				12
13			-		-				13
14			-		-				14
15			-		-				15
16			-		-				16
17			-		-				17
18			-		-				18
19			-		-				19
20			-		-				20
21			-		-				21
22			-		-				22
23			-		-				23
24			-		-				24
25			-		-				25
26			-		-				26
27			-		-				27
28			-		-				28
29			-		-				29
30			-		-				30
31			-		-				31
32			-		-				32
33			-		-				33
34	TOTAL (lines 1 thru 33)	\$ 3,327,490	\$ 24,777		\$ 195,129	\$ 170,352	\$ 1,842,779		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		\$ 3,327,490	\$ 24,777		\$ 195,129	\$ 170,352	\$ 1,842,779	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 3,327,490	\$ 24,777		\$ 195,129	\$ 170,352	\$ 1,842,779	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12G, Carried Forward	\$ 3,327,490	\$ 24,777		\$ 195,129	\$ 170,352	\$ 1,842,779		1
2	Buildings:								2
3	<u>Allocated from Maestro Consulting/7257 Lincoln</u>	2004	78,121	35	2232	2,232	33,760		3
4									4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	<u>Allocated from Maestro Consulting Services</u>	2003	635	20	32	32	481		9
10	<u>Allocated from Maestro Consulting Services</u>	2004	12,902	20	643	643	9,497		10
11	<u>Allocated from Maestro Consulting Services</u>	2005	765	20	38	38	530		11
12	<u>Allocated from Maestro Consulting Services</u>	2006	1,037	20	52	52	641		12
13	<u>Allocated from Maestro Consulting Services</u>	2008	1,093	20	55	55	561		13
14	<u>Allocated from Maestro Consulting Services</u>	2009	17,600	20	880	880	8,457		14
15	<u>Allocated from Maestro Consulting Services</u>	2010	2,705	20	135	135	1,151		15
16	<u>Allocated from Maestro Consulting Services</u>	2011	146	20	7	7	58		16
17	<u>Allocated from Maestro Consulting Services</u>	2012	163	20	8	8	55		17
18	<u>Allocated from Maestro Consulting Services</u>	2014	2,034	20	102	102	469		18
19	<u>Allocated from Maestro Consulting Services</u>	2015	572	20	29	29	95		19
20	<u>Allocated from Maestro Consulting Services</u>	2016	2,507	20	251	251	598		20
21	<u>Allocated from Maestro Consulting Services</u>	2017	335	20	17	17	34		21
22									22
23	<u>Allocated from Maestro Consulting/7257 Lincoln</u>	2015	1,231	20	82	82	274		23
24	<u>Allocated from Maestro Consulting/7257 Lincoln</u>	2005	7,122	20	255	255	5,478		24
25	<u>Allocated from Maestro Consulting/7257 Lincoln</u>	2004	1,553	20	78	78	1,126		25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,458,011	\$ 24,777		\$ 200,025	\$ 175,248	\$ 1,906,044	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	\$ 3,458,011	\$ 24,777		\$ 200,025	\$ 175,248	\$ 1,906,044		1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)	\$ 3,458,011	\$ 24,777		\$ 200,025	\$ 175,248	\$ 1,906,044		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	\$ 564,238	\$ 41,544	\$ 52,804	\$ 11,260	10	\$ 451,014	71
72	Current Year Purchases	51,990	2,157	2,157	-	10	2,157	72
73	Fully Depreciated Assets	868,200			-	10	868,200	73
74	Allocated from Maestro	224,429		13,894	13,894		85,665	74
75	TOTALS	\$ 1,708,857	\$ 43,701	\$ 68,855	\$ 25,154		\$ 1,407,036	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 Consulti	2016	\$ 481	\$	\$	\$ -	5	\$ 481	76
77							-			77
78							-			78
79							-			79
80	TOTALS			\$ 481	\$ 0	\$ 0	\$ 0		\$ 481	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)	\$ 5,176,029	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 68,478	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 268,880	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 200,402	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 3,313,561	85

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

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

G. Construction-in-Progress

	Description	Cost	
92	CIP	\$ 1,712,907	92
93			93
94			94
95		\$ 1,712,907	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 South Shore
IDPH License ID Number: 0053751
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 & wheelchairs	75,106
Copier	67,515
Music over paging system	170
Oxygen Concentrators and tanks	441
Postage Machine	716
Vital Monitors	6,409
Integra equipment rental	(11,314)
Maestro Allocation	8,878
Total - Line 16	<u>147,921</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>
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B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility			
		1	2	3	4
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$ 0
2	Books and Supplies				0
3	Classroom Wages (a)				0
4	Clinical Wages (b)				0
5	In-House Trainer Wages (c)				0
6	Transportation				0
7	Contractual Payments				0
8	CNA Competency Tests				0
9	TOTALS	\$ 0	\$ 0	\$ 0	\$ 0
10	SUM OF line 9, col. 1 and 2 (e)	\$ 0			

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39 - 03	hrs	\$	14,104	\$ 1,015,532	\$	14,104	\$ 1,015,532	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs		2,404	173,114		2,404	173,114	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs		14,822	1,067,186		14,822	1,067,186	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				389,532		389,532	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Oxygen</u>						39,719		39,719	12
13	Other (specify): <u>See Sch 16A</u>				932	67,115		932	67,115	13
14	TOTAL			\$	32,262	\$ 2,322,947	\$ 429,251	32,262	\$ 2,752,198	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 South Shore
IDPH License ID Number: 0053751
Fiscal Year End: 12/31/18

Schedule 16A

XIV. Special Services (Direct Cost)

Line 13 Other (specify)

Description	Units	Amount
I.V. Therapy Costs-Medicare A	444	31,943
I.V. Therapy Costs-Managed Care	407	29,272
I.V. Therapy Costs-Medicaid	65	4,675
I.V. Therapy Costs-Private	17	1,225
Total - Line 13	932	67,115

Facility Name & ID Number Symphony of South Shore

0053751

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	\$ 1,285	\$ 1,285	1
2	Cash-Patient Deposits	42,169	42,169	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>2,746,964</u>)	6,038,252	6,038,252	3
4	Supply Inventory (priced at _____)			4
5	Short-Term Investments			5
6	Prepaid Insurance	5,197	5,197	6
7	Other Prepaid Expenses	(143,015)	(143,015)	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>See Attached Schedule</u>	559,077	559,077	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 6,502,965	\$ 6,502,965	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		8,680	13
14	Buildings, at Historical Cost		78,121	14
15	Leasehold Improvements, at Historical Cost	117,874	3,379,890	15
16	Equipment, at Historical Cost	423,539	1,709,338	16
17	Accumulated Depreciation (book methods)	(121,385)	(3,313,561)	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>	1,968,756	1,968,756	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,388,784	\$ 3,831,224	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 8,891,749	\$ 10,334,189	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 2,197,967	\$ 2,197,967	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	42,169	42,169	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	463,347	463,347	30
31	Accrued Taxes Payable (excluding real estate taxes)	44,425	44,425	31
32	Accrued Real Estate Taxes(Sch.IX-B)	718,429	718,429	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>	5,441,143	5,441,143	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 8,907,480	\$ 8,907,480	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	1,597,741	1,597,741	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)	\$ 1,597,741	\$ 1,597,741	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 10,505,221	\$ 10,505,221	46
47	TOTAL EQUITY(page 18, line 24)	\$ (1,613,472)	\$ (171,032)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 8,891,749	\$ 10,334,189	48

*(See instructions.)

Facility Name: Symphony of South Shore
 IDPH License ID Number: 0053751
 Fiscal Year End: 12/31/18

Schedule 17A

XV. Balance Sheet

Line 9 Current Assets Other (specify):

Description	After	
	Operating	Consolidation
Due To/From - Ren @ South shore - OLD	463,447	463,447
Due To/From - Morgan Park	32,500	32,500
Due To/From - Lincoln Park LLC	65,000	65,000
Due To/From - Imperial - OLD	(1,870)	(1,870)
Total - Line 9	559,077	559,077

XV. Balance Sheet

Line 23 Long-Term Assets Other (specify):

Description	After	
	Operating	Consolidation
Fixed Assets Construction in Process	1,712,907	1,712,907
CSA I/C Related/Party Due To/From Accts	(8,993)	(8,993)
Due To/From Bronzeville Park LLC	125,000	125,000
Due To/From Maestro	(408,015)	(408,015)
Due To/From 87Th Street	250,000	250,000
Due To/From Aria LLC	245,000	245,000
Clearing Account	52,857	52,857
Total - Line 23	1,968,756	1,968,756

XV. Balance Sheet

Line 36 Other Current Liabilities (specify):

Description	After	
	Operating	Consolidation
Accrued Payables	155,401	155,401
Accrued Payables Payroll Union Dues	4,538	4,538
Accrued Payables 401K Deductions	1,393	1,393
Accrued Payables 401K Loan Repayments	507	507
Accrued Payables Garnishments	(4,979)	(4,979)
Accrued Payables WC/GL Insurance	331,515	331,515
Accrued Payables Bed Taxes	1,371	1,371
Accrued Payables Bed Taxes Add'l	70,739	70,739
Accrued Payables Management Fees	242,396	242,396
Accrued Payables Sales Tax	(607)	(607)
Deferred Rent	1,016,834	1,016,834
Due To/From Symcare Healthcare	535,972	535,972
Accrued Payables Health Insurance	94,162	94,162
Accrued Payables Interest	990	990
Lease Holds Payable	1,140,955	1,140,955
Accrued Payables Heart and Soul Foundation	145	145
Accrued Payables Short Term Disability	(3,228)	(3,228)
Accrued Payables Life Insurance	2,486	2,486
Accrued Payables Vision Insurance	(190)	(190)
Accrued Payable Dental Insurance	(911)	(911)
Accrued Payables Professional Fees	24,636	24,636
Due To/From Symcare ML	1,496,497	1,496,497
Due To/From Midway	120,000	120,000
Due To/From Jackson Square LLC	83,101	83,101
Due To/From Ivy LLC	125,000	125,000
Due To/From Dyer LLC	1,828	1,828
Due To/From Symphony Financial Services	572	572
Sales Tax Payable Manual	20	20
Total - Line 36	5,441,143	5,441,143

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 205,481	1
2	Restatements (describe):		2
3	Prior Period Adjustment	7,081	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 212,562	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,826,034)	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)	\$ (1,826,034)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$ 0	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (1,613,472)	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	\$ 21,199,407	1
2	Discounts and Allowances for all Levels	(5,728,033)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 15,471,374	3
B. Ancillary Revenue			
4	Day Care	0	4
5	Other Care for Outpatients	0	5
6	Therapy	5,374,110	6
7	Oxygen	0	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 5,374,110	8
C. Other Operating Revenue			
9	Payments for Education	0	9
10	Other Government Grants	0	10
11	CNA Training Reimbursements	0	11
12	Gift and Coffee Shop	(13,449)	12
13	Barber and Beauty Care	0	13
14	Non-Patient Meals	0	14
15	Telephone, Television and Radio	0	15
16	Rental of Facility Space	0	16
17	Sale of Drugs	553,060	17
18	Sale of Supplies to Non-Patients	0	18
19	Laboratory	114,740	19
20	Radiology and X-Ray	46,708	20
21	Other Medical Services	44,367	21
22	Laundry	0	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 745,426	23
D. Non-Operating Revenue			
24	Contributions	0	24
25	Interest and Other Investment Income***	26,160	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 26,160	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	68,107	28
28a		0	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 68,107	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 21,685,177	30

1		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,486,621	31
32	Health Care	7,210,378	32
33	General Administration	4,443,417	33
B. Capital Expense			
34	Ownership	3,831,764	34
C. Ancillary Expense			
35	Special Cost Centers	5,004,889	35
36	Provider Participation Fee	534,142	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 23,511,211	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,826,034)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,826,034)	43
III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 7,810,979	44
45	Private Pay - Net Inpatient Revenue	706,996	45
46	Medicare - Net Inpatient Revenue	3,285,490	46
47	Other-(specify) <u>Hospice</u>	621,840	47
48	Other-(specify) <u>Managed Care/MAIP</u>	3,046,069	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 15,471,374	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 South Shore
IDPH License ID Number: 0053751
Fiscal Year End: 12/31/18

Schedule 19A

XVII. Income Statement

Line 28 Other Revenue (specify):

Description	Amount
Other Income	118
Preferred Insurance Provider Incentive	-
Other Services	(21,363)
Closing Costs & Adjustment to Prior Year Exp	89,352
Total - Line 28	<u>68,107</u>

Facility Name & ID Number Symphony of South Shore

0053751

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	1,727	1,803	\$ 99,091	\$ 54.95	1
2	Assistant Director of Nursing	1,955	2,035	87,326	42.92	2
3	Registered Nurses	21,137	23,226	800,499	34.47	3
4	Licensed Practical Nurses	94,983	105,772	3,038,645	28.73	4
5	CNAs & Orderlies	126,921	143,441	1,899,442	13.24	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	17,185	19,215	283,608	14.76	10
11	Social Service Workers	6,904	7,568	213,925	28.27	11
12	Dietician					12
13	Food Service Supervisor	6,126	6,844	155,636	22.74	13
14	Head Cook	3,440	3,725	48,278	12.96	14
15	Cook Helpers/Assistants	22,862	24,845	307,717	12.39	15
16	Dishwashers					16
17	Maintenance Workers	5,132	5,501	148,409	26.98	17
18	Housekeepers	21,245	23,532	322,027	13.68	18
19	Laundry	2,104	2,386	31,889	13.37	19
20	Administrator	1,739	1,845	138,411	75.03	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	11,895	13,152	275,848	20.97	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	5,449	6,186	132,774	21.46	31
32	Other Health C: See Sched 20A	7,247	8,191	255,299	31.17	32
33	Other(specify) <u>Admission & Com</u>	5,123	5,996	127,809	21.32	33
34	TOTAL (lines 1 - 33)	363,174	405,261	\$ 8,366,633 *	\$ 20.65	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	\$ 21,158	01-03	35
36	Medical Director	Monthly	29,544	09-03	36
37	Medical Records Consultant				37
38	Nurse Consultant	Monthly	2,486	10-03	38
39	Pharmacist Consultant	Monthly	23,901	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	Monthly	27,451	39-07	42
43	Speech Therapy Consultant				43
44	Activity Consultant	Monthly	3,080	11-03	44
45	Social Service Consultant				45
46	Other(specify) <u>Dental</u>	Monthly	9,400	39-03	46
47	<u>Psychiatric</u>	Monthly	3,920	10-03	47
48					48
49	TOTAL (lines 35 - 48)		\$ 120,940		49

C. CONTRACT NURSES

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

Facility Name: Symphony of South Shore
IDPH License ID Number: 0053751
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
Nursing MDS	36	41	1,271	\$ 31.17
Nursing Alzheimers	7,211	8,150	254,028	\$ 31.17
Total - Line 32 Other Health Care (specify):	7,247	8,191	255,299	

Facility Name & ID Number **Symphony of South Shore**

0053751

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	
Ebony Scott	Administrator	0	\$ 138,411	Workers' Compensation Insurance	\$ 227,180	IDPH License Fee	\$ 487	
				Unemployment Compensation Insurance	140,635	Advertising: Employee Recruitment	2,966	
				FICA Taxes	623,207	Health Care Worker Background Check		
				Employee Health Insurance	296,509	(Indicate # of checks performed 305)	3,658	
				Employee Meals		Patient Background Checks	4,450	
				Illinois Municipal Retirement Fund (IMRF)*		License and Permits	6,813	
				Pension Plan	61,159	Health Care Council of IL	40,586	
				Other Employee Benefits	16,146	Dues & Subscriptions	3,047	
				Employee Physical Exams	1,490			
TOTAL (agree to Schedule V, line 17, col. 1)			\$ 138,411	TOTAL (agree to Schedule V, line 22, col.8)			\$ 1,366,326	
(List each licensed administrator separately.)				G. Schedule of Travel and Seminar**				
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees				
Description			Amount	Description	Line #	Amount	Description	Amount
Management Fees - Maestro Consulting			\$ 1,064,847			\$	Out-of-State Travel	\$
							In-State Travel	
TOTAL (agree to Schedule V, line 17, col. 3)			\$ 1,064,847	TOTAL			\$	
(Attach a copy of any management service agreement)								
C. Professional Services								
Vendor/Payee	Type			Amount				
See Supplemental Schedule				\$ 533,761				
TOTAL (agree to Schedule V, line 19, column 3)			\$ 533,761	TOTAL			\$	
(For legal fee disclosure, see page 39 of instructions)								

* Attach copy of IMRF notifications

**See instructions.

Facility Name: Symphony of South Shore
 IDPH License ID Number: 0053751
 Fiscal Year End: 12/31/18

Schedule 21C

XIX. SUPPORT SCHEDULES

C. Professional Services

Vendor	Type	Amount
ABILITY Network, Inc.	Secure Exchange Managed Services	8,652
Achieve Accreditation	Accreditation	8,324
ADR Systems of America LLC	Legal	10,994
Allscripts LLC	Pharmacy Consulting	3,342
Alteryx, Inc	Data Analytics	1,242
Byron L.Mason	Legal	6,187
CARE COST	Administrative Services	578
CATS	Recruitment life cycle	106
Cerida Investment Corp.	Business Services	527
Comcast Cable	Internet	37,325
Corporation Service Company	Annual Filing	794
Creative Technology Solutions	IT Support	24,838
Dart Chart	Software	14,991
DataRobot, Inc.	Computer Services	1,528
Formation Healthcare Group, LLC	Monthly Subscription Fee	1,241
FYI Ssystems, Inc	Computer IT	513
Health Data Systems Inc	Programming	3,943
Leak & Sons Funeral Chapels	Funeral Services	699
LTC Consulting Services	Collection Agency	48,551
Maestro Consulting	Consulting Services	115,577
Managed Care Group LLC	IT Support	1,466
Marcum LLP	Accounting	9,506
Market Metrix	Customer and Employee Metrix Subscription	1,051
MKB	Legal	83,707
Mood Media	Media Services	42
MTS Consulting, LLC	Tax Consulting	7,685
National Datacare Corporation	Trust fund and Medicaid billing services	3,494
Nexuscomm, LLC	Cable	5,533
Other Professional Fees	Other Professional Fees	1,366
Personnel Planners, Inc	Qtrly Unemployment Claims	3,140
PointClickCare Technologies Inc.	Cloud based software and services	44,835
Prime Care Technologies	PBJ Reporting Module Access Fee	256
QIC Services	IT Support	248
Real Time Medical Systems LLC	Clinical and Financial Analytic Service	4,331
Resolute Healthcare Solutions	Healthcare Consulting	6,649
RSM US LLP	Accounting	23,044
SB2	Legal	125
Scott Norton	IT Support	406
SEO & Web Design	Web Design	492
Snowflake Computing, Inc	Computer Services	818
Stern & Associates	Legal	1,458
Stone, Pogrund & Korey LLC	Legal	20,063
Telemedicine Solutions, LLC	Wound Rounds Care	18,274
TIAA Commercial Finance, Inc	Finance Services	123
Transworld Systems Inc	Invoice system	487
US Legal Support	Legal	(876)
Valee L. Salone, Esq.	Legal	2,063
Wencel Worldwide, Inc	Branding	3,689
Maestro Consulting Legal	Legal	334
Total (agree to Schedule V, line 19, column 3)		533,761

Allocated from Management Company Professional Services 108,990
 Less: Non-Allowable Legal Fees (19,187)

Total (agree to Schedule V, line 19, column 8) 623,564

Facility Name & ID Number Symphony of South Shore# 0053751Report Period Beginning: 01/01/18Ending: 12/31/18**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. ICLTC - \$40,586
- (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 N/A
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? Yes
If YES, give effective date of lease. 11/1/2015
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES X NO If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.
Renaissance at South Shore IDPH # 0042085
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 534,142
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 0 Has any meal income been offset against related costs? 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? N/A
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? No
g. Does the facility transport residents to and from day training? N/A
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.