		FOR BHF USE					

LL1

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

2018
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2018)

I. IDPH License ID Number: 0053710

Facility Name: SYMPHONY AT ARIA

Address: 4600 Frontage Road (Number) Hillside (City) 60162 (Zip Code)

County: Cook

Telephone Number: (708) 544-9933 **Fax #** (708) 544-9966

HFS ID Number:

Date of Initial License for Current Owners: 9/28/2012

Type of Ownership:

	VOLUNTARY,NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
			"Sub-S" Corp.		
		X	Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Amanda Springborn **Telephone Number:** (314) 925-3838
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/18 to 12/31/18 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider
(Signed) (Date)
(Type or Print Name)
(Title)

Paid Preparer
(Signed) (Date)
(Print Name and Title)
(Firm Name & Address) RSM US LLP, 20 N. Martingale Road, Ste. 500, Schaumburg, IL 60173
(Telephone) (847) 517-7070 Fax # (847) 517-7067

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

Facility Name & ID Number SYMPHONY AT ARIA # 0053710 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 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	198	Skilled (SNF)	198	72,270	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	198	TOTALS	198	72,270	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	35,868	3,112	24,639	63,619	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	35,868	3,112	24,639	63,619	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 88.03%

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)
N/A

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 [X] 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 [X]

I. On what date did you start providing long term care at this location?
Date started 09/28/2012

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 09/28/2012 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 198 and days of care provided 6,437

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] 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 AT ARIA # 0053710 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	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	444,836	41,043	37,678	523,557		523,557	-	523,557			1
2	Food Purchase		382,389		382,389		382,389	-	382,389			2
3	Housekeeping	350,332	62,963	-	413,295		413,295	-	413,295			3
4	Laundry	50,088	34,653	8,209	92,950		92,950	-	92,950			4
5	Heat and Other Utilities			282,426	282,426		282,426	2,094	284,520			5
6	Maintenance	53,869	-	178,919	232,788		232,788	5,993	238,781			6
7	Other (specify):*	-	-	-				-				7
8	**TOTAL General Services**	899,125	521,048	507,232	1,927,405		1,927,405	8,087	1,935,492			8
	B. Health Care and Programs											
9	Medical Director	-	-	35,400	35,400		35,400	-	35,400			9
10	Nursing and Medical Records	4,259,508	281,656	44,169	4,585,333		4,585,333	141,313	4,726,646			10
10a	Therapy	-	-	-				-				10a
11	Activities	219,831	-	3,300	223,131		223,131	-	223,131			11
12	Social Services	126,377	-	-	126,377		126,377	-	126,377			12
13	CNA Training	-	-	-				-				13
14	Program Transportation	-	-	-				-				14
15	Other (specify):*	-	-	-				43,527	43,527			15
16	**TOTAL Health Care and Programs**	4,605,716	281,656	82,869	4,970,241		4,970,241	184,840	5,155,081			16
	C. General Administration											
17	Administrative	128,849	-	792,271	921,120		921,120	(792,271)	128,849			17
18	Directors Fees			-				-				18
19	Professional Services			486,251	486,251		486,251	77,489	563,740			19
20	Dues, Fees, Subscriptions & Promotions			50,033	50,033		50,033	(3,218)	46,815			20
21	Clerical & General Office Expenses	257,795	29,893	69,324	357,012		357,012	108,787	465,799			21
22	Employee Benefits & Payroll Taxes			1,066,652	1,066,652		1,066,652	-	1,066,652			22
23	Inservice Training & Education			-				-				23
24	Travel and Seminar			1,159	1,159		1,159	1,022	2,181			24
25	Other Admin. Staff Transportation		-	3,824	3,824		3,824	7,774	11,598			25
26	Insurance-Prop.Liab.Malpractice			705,202	705,202		705,202	3,896	709,098			26
27	Other (specify):*	-	-	-				21,714	21,714			27
28	**TOTAL General Administration**	386,644	29,893	3,174,716	3,591,253		3,591,253	(574,807)	3,016,446			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	5,891,485	832,597	3,764,817	10,488,899		10,488,899	(381,880)	10,107,019			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.

Facility Name & ID Number SYMPHONY AT ARIA #0053710 Report Period Beginning: 01/01/18 Ending: 12/31/18

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			60,235	60,235		60,235	69,823	130,058			30
31	Amortization of Pre-Op. & Org.			-				-				31
32	Interest			174,431	174,431		174,431	(28,183)	146,248			32
33	Real Estate Taxes			720,853	720,853		720,853	3,940	724,793			33
34	Rent-Facility & Grounds			2,492,872	2,492,872		2,492,872	2,862	2,495,734			34
35	Rent-Equipment & Vehicles			110,027	110,027		110,027	6,734	116,761			35
36	Other (specify):*			-				-				36
37	TOTAL Ownership			3,558,418	3,558,418		3,558,418	55,176	3,613,594			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation	-	-	50,675	50,675		50,675	(4,575)	46,100			38
39	Ancillary Service Centers	-	200,619	2,243,935	2,444,554		2,444,554	(2,372)	2,442,182			39
40	Barber and Beauty Shops	-	-	-				-				40
41	Coffee and Gift Shops	-	-	-				-				41
42	Provider Participation Fee			455,591	455,591		455,591	-	455,591			42
43	Other (specify):* Non-Allowable Cos	61,442	-	2,078,134	2,139,576		2,139,576	(2,139,576)				43
44	TOTAL Special Cost Centers	61,442	200,619	4,828,335	5,090,396		5,090,396	(2,146,523)	2,943,873			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,952,927	1,033,216	12,151,570	19,137,713		19,137,713	(2,473,227)	16,664,486			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 AT ARIA # 0053710 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.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 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	(11,930)	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	54,822	30		9
10	Interest and Other Investment Income	(28,247)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	3,914	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	(6,736)	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	(1,879,313)	43		24
25	Fund Raising, Advertising and Promotional	(491)	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 See PG5A	(262,834)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (2,130,815)		$	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 Amount	2 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)	(342,412)		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (342,412)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (2,473,227)		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 Yes	2 No	3 Amount	4 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 AT ARIA

ID# 0053710

Report Period Beginning: 01/01/18

Ending: 12/31/18

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Nonallowable marketing events	$ (103,121)	43	1
2	Laboratory Costs	(25,695)	43	2
3	X-Ray Costs	(21,647)	43	3
4	Non-allowable lobbying dues	(8,287)	20	4
5	Admissions	(61,442)	43	5
6	Valet Parking	(33,115)	43	6
7	Nona-allowable legal	(9,527)	19	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				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**	(262,834)		49

Facility Name & ID Number SYMPHONY AT ARIA # 0053710 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 Supplement		

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 [X] 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 Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
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.**

Facility Name & ID Number SYMPHONY AT ARIA # 0053710 Report Period Beginning: 01/01/18 Ending: 12/31/18

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. [X] 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 Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	5	UTILITIES	$	MAESTRO CONSULTING SERVICES LLC	100%	$ 2,094	$ 2,094	15
16	V	6	MAINTENANCE SALARIES		MAESTRO CONSULTING SERVICES LLC	100%	0		16
17	V	6	MAINTENANCE EXPENSES		MAESTRO CONSULTING SERVICES LLC	100%	5,993	5,993	17
18	V	7	EMPLOYEE BENEFITS - MAINTENANCE		MAESTRO CONSULTING SERVICES LLC	100%	0		18
19	V	10	CLINICAL SALARIES		MAESTRO CONSULTING SERVICES LLC	100%	135,351	135,351	19
20	V	10	CONTRACT NURSING		MAESTRO CONSULTING SERVICES LLC	100%	6,720	6,720	20
21	V	15	EMPLOYEE BENEFITS - CLINICAL		MAESTRO CONSULTING SERVICES LLC	100%	43,527	43,527	21
22	V	17	ADMINISTRATIVE MANAGEMENT FEI	792,271	MAESTRO CONSULTING SERVICES LLC	100%	0	(792,271)	22
23	V	19	PROFESSIONAL FEES		MAESTRO CONSULTING SERVICES LLC	100%	87,016	87,016	23
24	V	20	DUES, FEES, SUBSCRIPTIONS, ETC.		MAESTRO CONSULTING SERVICES LLC	100%	5,069	5,069	24
25	V	21	CLERICAL & GENERAL SALARIES		MAESTRO CONSULTING SERVICES LLC	100%	67,523	67,523	25
26	V	21	CLERICAL & GENERAL EXPENSES		MAESTRO CONSULTING SERVICES LLC	100%	41,264	41,264	26
27	V	24	SEMINARS AND EDUCATION		MAESTRO CONSULTING SERVICES LLC	100%	1,022	1,022	27
28	V	25	TRANSPORTATION		MAESTRO CONSULTING SERVICES LLC	100%	7,774	7,774	28
29	V	26	INSURANCE		MAESTRO CONSULTING SERVICES LLC	100%	3,896	3,896	29
30	V	27	EMPLOYEE BENEFITS - ADMINISTRATIVE		MAESTRO CONSULTING SERVICES LLC	100%	21,714	21,714	30
31	V	30	DEPRECIATION		MAESTRO CONSULTING SERVICES LLC	100%	15,001	15,001	31
32	V	32	INTEREST EXPENSE		MAESTRO CONSULTING SERVICES LLC	100%	64	64	32
33	V	33	REAL ESTATE TAX		MAESTRO CONSULTING SERVICES LLC	100%	3,940	3,940	33
34	V	34	BUILDING RENTAL		MAESTRO CONSULTING SERVICES LLC	100%	2,862	2,862	34
35	V	35	EQUIPMENT RENTAL		MAESTRO CONSULTING SERVICES LLC	100%	7,088	7,088	35
36	V	35	AUTO LEASE		MAESTRO CONSULTING SERVICES LLC	100%	6,304	6,304	36
37	V								37
38	V								38
39	Total			$ 792,271			$ 464,222	$ * (328,049)	39

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

Facility Name & ID Number SYMPHONY AT ARIA # 0053710 Report Period Beginning: 01/01/18 Ending: 12/31/18

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. [X] 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 Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	10	Nursing and Medical Records	$ 4,883	Integra Healthcare Equipment, LLC	100.00%	$ 4,125	$ (758)	15
16	V	35	Rent-Equipment and Vehicles	$ 42,871	Integra Healthcare Equipment, LLC	100.00%	36,213	(6,658)	16
17	V	39	Ancillary Service Centers Oxygen	$ 15,273	Integra Healthcare Equipment, LLC	100.00%	12,901	(2,372)	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			$ 63,027			$ 53,239	$ * (9,788)	39

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

Facility Name & ID Number SYMPHONY AT ARIA # 0053710 Report Period Beginning: 01/01/18 Ending: 12/31/18

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. [X] 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 Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	38	Transportation	$ 48,205	Lifeline Ambulance LLC	90.51%	$ 43,630	$ (4,575)	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			$ 48,205			$ 43,630	$ * (4,575)	39

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

Facility Name & ID Number SYMPHONY AT ARIA # 0053710 Report Period Beginning: 01/01/18 Ending: 12/31/18

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. [X] 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 Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	22	Workers Compensation	$ 173,342	Maple Leaf Insurance	100%	$ 173,342	$	15
16	V	26	Liability Insurance	457,793	Maple Leaf Insurance	100%	457,793		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			$ 631,135			$ 631,135	$ *	39

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

Facility Name & ID Number SYMPHONY AT ARIA # 0053710 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%	CALIFORNIA GARDENS	CHICAGO	MAESTRO CONSUL	LINCOLNWOOD	MANAGEMENT	1
2	Symcare HMG LLC	1%	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 RESPIRAT	ELMHURST	RESPIRATORY SE	5
6			SYCAMORE VILLAGE	SWANSEA	LIFELINE AMBULA	CHICAGO	AMBULANCE	6
7			SYMPHONY AT 87TH STREET	CHICAGO				7
8			SYMPHONY AT MIDWAY	CHICAGO				8
9			SYMPHONY AT THE TILLERS	OSWEGO				9
10			SYMPHONY OF BRONZEVILLE	CHICAGO				10
11			SYMPHONY OF BUFFALO GROVE	BUFFALO GROVE				11
12			SYMPHONY OF CHESTERTON	CHESTERTON, IN				12
13			SYMPHONY OF CHICAGO WEST	CHICAGO				13
14			SYMPHONY OF CRESTWOOD	CRESTWOOD				14
15			SYMPHONY OF CROWN POINT	CROWN POINT, IN				15
16								16
17			SYMPHONY OF DYER	DYER, IN				17
18			SYMPHONY OF EVANSTON	EVANSTON				18
19			SYMPHONY OF GLENDALE	GLENDALE, WI				19
20			SYMPHONY OF HANOVER PARK	HANOVER PARK				20
21			SYMPHONY OF JOLIET	JOLIET				21
22								22
23			SYMPHONY OF LINCOLN PARK	CHICAGO				23
24			SYMPHONY OF MORGAN PARK	CHICAGO				24
25			SYMPHONY OF ORCHARD VALLEY	AURORA				25
26			SYMPHONY OF SOUTH SHORE	CHICAGO				26
27			SYMPHONY RESIDENCES OF LINCOLN PA	CHICAGO				27
28								28
29								29
30								30

Facility Name & ID Number SYMPHONY AT ARIA # 0053710 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	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1									$		1
2											2
3	No owners receive compensation from this facility.										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 AT ARIA # 0053710 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 [X]

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 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 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 AT ARIA # 0053710 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 [X] 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 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	5	UTILITIES	AVAIL. CENSUS DAYS	1,668,541	25	$ 48,352	$	72,270	$ 2,094	1
2	6	MAINTENANCE SALARIES	AVAIL. CENSUS DAYS	1,668,541	25			72,270		2
3	6	MAINTENANCE EXPENSES	AVAIL. CENSUS DAYS	1,668,541	25	138,375		72,270	5,993	3
4	7	EMPLOYEE BENEFITS - MAIN	AVAIL. CENSUS DAYS	1,668,541	25			72,270		4
5	10	CLINICAL SALARIES	AVAIL. CENSUS DAYS	1,668,541	25	3,124,933	3,124,933	72,270	135,351	5
6	10	CONTRACT NURSING	AVAIL. CENSUS DAYS	1,668,541	25	155,149		72,270	6,720	6
7	15	EMPLOYEE BENEFITS - CLINI	AVAIL. CENSUS DAYS	1,668,541	25	1,004,938		72,270	43,527	7
8	17	ADMINISTRATIVE SALARIES	AVAIL. CENSUS DAYS	1,668,541	25			72,270		8
9	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS	1,668,541	25	2,008,992		72,270	87,016	9
10	20	DUES, FEES, SUBSCRIPTIONS,	AVAIL. CENSUS DAYS	1,668,541	25	117,020		72,270	5,069	10
11	21	CLERICAL & GENERAL SALA	AVAIL. CENSUS DAYS	1,668,541	25	1,558,938	1,558,938	72,270	67,523	11
12	21	CLERICAL & GENERAL EXPE	AVAIL. CENSUS DAYS	1,668,541	25	952,676		72,270	41,264	12
13	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS	1,668,541	25	23,599		72,270	1,022	13
14	25	TRANSPORTATION	AVAIL. CENSUS DAYS	1,668,541	25	179,481		72,270	7,774	14
15	26	INSURANCE	AVAIL. CENSUS DAYS	1,668,541	25	89,939		72,270	3,896	15
16	27	EMPLOYEE BENEFITS - ADMI	AVAIL. CENSUS DAYS	1,668,541	25	501,334		72,270	21,714	16
17	30	DEPRECIATION	AVAIL. CENSUS DAYS	1,668,541	25	346,345		72,270	15,001	17
18	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS	1,668,541	25	1,470		72,270	64	18
19	33	REAL ESTATE TAX	AVAIL. CENSUS DAYS	1,668,541	25	90,970		72,270	3,940	19
20	34	BUILDING RENTAL	AVAIL. CENSUS DAYS	1,668,541	25	66,085		72,270	2,862	20
21	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS	1,668,541	25	163,656		72,270	7,088	21
22	35	AUTO LEASE	AVAIL. CENSUS DAYS	1,668,541	25	145,555		72,270	6,304	22
23										23
24										24
25	TOTALS					$ 10,717,807	$ 4,683,871		$ 464,222	25

Facility Name & ID Number SYMPHONY AT ARIA # 0053710 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 [X] 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 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	10	Nursing and Medical Records	Direct Allocation			$	$		$ 4,125	1
2	35	Rent-Equipment and Vehicles	Direct Allocation						36,213	2
3	39	Ancillary Service Centers	Direct Allocation						12,901	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					$	$		$ 53,239	25

Facility Name & ID Number SYMPHONY AT ARIA # 0053710 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 [X] 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 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	38	Transportation	Direct Allocation			$	$		$ 43,630	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					$	$		$ 43,630	25

Facility Name & ID Number SYMPHONY AT ARIA # 0053710 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 [X] 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 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	22	Workers Compensation	Direct			$	$		$ 173,342	1
2	26	Liability Insurance	Direct						457,793	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					$	$		$ 631,135	25

Facility Name & ID Number SYMPHONY AT ARIA # 0053710 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	Omnicare		X	Pharmacy Services	67,444	11/27/2017	$ 2,170,337	$ 66,380	10/20/2020	0.075	$ 26,817	1
2	LifeMed	X		Pharmacy Services	38,731	1/1/18	6,197,033	476,381	01/01/2024	0.075	3,533	2
3												3
4	Select Rehab		X	Operational	159,503	12/31/2018	12,216,125	905,000	12/31/2023	0.002		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	144,081	6
7	*Original loan with Symcare Healthcare LLC. Facility pays the interest expense											7
8												8
9	TOTAL Facility Related				$265,678.34		$ 55,583,495	$ 1,447,761			$ 174,431	9
	B. Non-Facility Related*											
10												10
11								Finance Charges			(28,247)	11
12								Allocated from Mgmt Co.			64	12
13												13
14	TOTAL Non-Facility Related						$	$			$ (28,183)	14
15	TOTALS (line 9+line14)						$ 55,583,495	$ 1,447,761			$ 146,248	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 AT ARIA # 0053710 Report Period Beginning: 01/01/18 Ending: 12/31/18

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2017 report. **Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**		$ 835,597	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	$ 759,244	2
3. Under or (over) accrual (line 2 minus line 1).		$ (76,353)	3
4. Real Estate Tax accrual used for 2018 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 797,206	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
	Alloc Fr. Mgmt Co.	3,940	
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.)**		$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		$ 724,793	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2013	561,720	8
	2014	666,841	9
	2015	684,950	10
	2016	707,045	11
	2017	759,244	12

2017 Accrual = $835,597 X .95 = $797,206 (Rounded)

Allocated from Maestro Consulting: $3,940

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2017	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

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

2017 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME SYMPHONY AT ARIA COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0053710

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) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	15-17-101-014-0000	Long Term Care Property	$ 759,244	$ 759,244
2.	10-27-319-028-0000	Home Office Allocation	$ 87,875	$ 3,940
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 847,118.39	$ 763,183.72

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 AT ARIA # 0053710 Report Period Beginning: 01/01/18 Ending: 12/31/18

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 50,306 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. [X] (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? [X] (a) Own the Equipment [X] (b) Rent equipment from a Related Organization. [X] (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).

Hillside Montessori School - Child Day Care

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [X] 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 Use	2 Square Feet	3 Year Acquired	4 Cost	
1		-		$	1
2	Allocated From Maestro-7257 Lincoln		2004	6,930	2
3	TOTALS			$ 6,930	3

Facility Name & ID Number SYMPHONY AT ARIA # 0053710 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 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					$	$ -		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Various			2012	36,080		20	1,503	1,503	10,093	9
10	Various			2013	827,751		20	36,351	36,351	230,730	10
11						-		-			11
12						-		-			12
13						-		-			13
14						-		-			14
15						-		-			15
16						-		-			16
17						-		-			17
18						-		-			18
19						-		-			19
20						-		-			20
21						-		-			21
22						-		-			22
23						-		-			23
24								-			24
25						-		-			25
26						-		-			26
27						-		-			27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36						-		-			36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number SYMPHONY AT ARIA # 0053710 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 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37			$	$		$	$	$	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)		$ 863,831	$		$ 37,854	$ 37,854	$ 240,823	70

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

Facility Name & ID Number SYMPHONY AT ARIA # 0053710 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 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 863,831	$		$ 37,854	$ 37,854	$ 240,823	1
2	Coffee Station & Dining Room Bistro	2014	9,300	-	20	388	388	2,015	2
3	2 Boiler Pump Replacements	2014	4,084	-	20	170	170	885	3
4	Stained Concrete Sidewalk Installation	2014	4,760	-	20	264	264	1,243	4
5	Trane Chiller	2014	12,249	-	20	510	510	2,297	5
6	Card Reader Replacement Panel	2014	3,325	-	20	139	139	651	6
7	Electrical Work - Fire Alarm System	2014	5,250	-	20	219	219	941	7
8	Doors, Frames And Sideliters	2015	2,622	-	20	11	11	44	8
9	Install 2 Fans On Boiler	2015	3,485	-	20	581	581	2,323	9
10	Chiler - Leak Repair	2015	7,420	-	20	371	371	742	10
11	Cubicle Curtains	2016	7,562		20	378	378	1,134	11
12	Install 2 Pit Ladder In Elevator	2016	4,562		20	228	228	684	12
13	Chiller Repair	2016	5,049		20	252	252	756	13
14	Chiller Replacement	2016	110,000		20	5,500	5,500	16,500	14
15	Install 15 Sprinkler System	2016	6,823		20	341	341	1,023	15
16	Repair Heating Pallet In 2Nd Floor Pt. Replace Thermostat, Comp	2016	2,793	-	20	140	140	419	16
17	Furnish & Install New Submersible Motor For Elevator 1/Contact	2016	2,500		20	125	125	375	17
18	Concrete Ramp On Back Patio Replacement	2017	4,300		20	215	215	430	18
19	Elevator Repair- 2 New Panels	2017	3,000		20	150	150	300	19
20	Phone System Upgrade	2017	42,966	-	20	2,148	2,148	4,297	20
21	Cordless Phony System Update	2018	3,165	479	20	479		479	21
22	Waterguard Management	2018	13,480	960	20	960		960	22
23	Chillers & Pumps	2018	8,511	625	20	625		625	23
24									24
25				-		-			25
26	Reconcile to financial statement depreciation			4,789			(4,789)		26
27				-		-			27
28				-		-			28
29				-		-			29
30				-		-			30
31				-		-			31
32				-		-			32
33				-		-			33
34	TOTAL (lines 1 thru 33)		$ 1,131,037	$ 6,853		$ 52,047	$ 45,194	$ 279,946	34

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

Facility Name & ID Number SYMPHONY AT ARIA # 0053710 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 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		$ 1,131,037	$ 6,853		$ 52,047	$ 45,194	$ 279,946	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)		$ 1,131,037	$ 6,853		$ 52,047	$ 45,194	$ 279,946	34

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

Facility Name & ID Number SYMPHONY AT ARIA # 0053710 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 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		$ 1,131,037	$ 6,853		$ 52,047	$ 45,194	$ 279,946	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)		$ 1,131,037	$ 6,853		$ 52,047	$ 45,194	$ 279,946	34

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

Facility Name & ID Number SYMPHONY AT ARIA # 0053710 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 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		$ 1,131,037	$ 6,853		$ 52,047	$ 45,194	$ 279,946	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)		$ 1,131,037	$ 6,853		$ 52,047	$ 45,194	$ 279,946	34

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

Facility Name & ID Number SYMPHONY AT ARIA # 0053710 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 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		$ 1,131,037	$ 6,853		$ 52,047	$ 45,194	$ 279,946	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)		$ 1,131,037	$ 6,853		$ 52,047	$ 45,194	$ 279,946	34

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

Facility Name & ID Number SYMPHONY AT ARIA # 0053710 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 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		$ 1,131,037	$ 6,853		$ 52,047	$ 45,194	$ 279,946	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)		$ 1,131,037	$ 6,853		$ 52,047	$ 45,194	$ 279,946	34

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

Facility Name & ID Number SYMPHONY AT ARIA # 0053710 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 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		$ 1,131,037	$ 6,853		$ 52,047	$ 45,194	$ 279,946	1
2	Buildings:								2
3	Allocated From Maestro-7257 Lincoln	2004	62,370		35	1782	1,782	26,953	3
4									4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	Allocated From Maestro	2003	507		20	24	24	384	9
10	Allocated From Maestro	2004	10,300		20	514	514	7,582	10
11	Allocated From Maestro	2005	611		20	31	31	423	11
12	Allocated From Maestro	2006	828		20	41	41	512	12
13	Allocated From Maestro	2008	873		20	44	44	448	13
14	Allocated From Maestro	2009	14,052		20	703	703	6,752	14
15	Allocated From Maestro	2010	2,159		20	108	108	919	15
16	Allocated From Maestro	2011	117		20	6	6	46	16
17	Allocated From Maestro	2012	130		20	6	6	44	17
18	Allocated From Maestro	2014	1,624		20	81	81	374	18
19	Allocated From Maestro	2015	457		20	23	23	76	19
20	Allocated From Maestro	2016	2,002		20	200	200	478	20
21	Allocated From Maestro	2017	268		20	13	13	27	21
22									22
23	Allocated From Maestro-7257 Lincoln	2015	983		20	66	66	218	23
24	Allocated From Maestro-7257 Lincoln	2005	5,686		20	204	204	4,373	24
25	Allocated From Maestro-7257 Lincoln	2004	1,239		20	62	62	899	25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 1,235,243	$ 6,853		$ 55,955	$ 49,102	$ 330,454	34

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

Facility Name & ID Number SYMPHONY AT ARIA # 0053710 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 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		$ 1,235,243	$ 6,853		$ 55,955	$ 49,102	$ 330,454	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)		$ 1,235,243	$ 6,853		$ 55,955	$ 49,102	$ 330,454	34

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

Facility Name & ID Number SYMPHONY AT ARIA # 0053710 Report Period Beginning: 01/01/18 Ending: 12/31/18

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	$ 440,727	$ 48,120	$ 57,748	$ 9,628	10	$ 299,454	71
72	Current Year Purchases	35,162	3,305	3,305	-	10	3,305	72
73	Fully Depreciated Assets	1,119,663			-	10	1,119,663	73
74	Allocated from Mgmt. Co.	179,181		11,093	11,093		68,394	74
75	TOTALS	$ 1,774,733	$ 51,425	$ 72,146	$ 20,721		$ 1,490,816	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		Ford E350	2015	$ 9,784	$ 1,957	$ 1,957	$ (0)	5	$ 7,827	76
77		Allocated From Maestro	2017	384			-	5	384	77
78							-			78
79							-			79
80	TOTALS			$ 10,168	$ 1,957	$ 1,957	$ (0)		$ 8,211	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)	$	3,027,074	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$	60,235	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$	130,058	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$	69,823	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$	1,829,481	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 & ID Number SYMPHONY AT ARIA # 0053710 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. [X] 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:	1973	198	11/1/2015	$ 2,492,872	15	15	3
4	Additions							4
5								5
6	Allocated From Maestro				2,862			6
7	TOTAL		198		$ 2,495,734 **			7

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: *

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.	/2019	$ 2,301,575
13.	/2020	$ 2,353,361
14.	/2021	$ 2,406,311

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

15. Is Movable equipment rental included in building rental? [ ] YES [X] NO

16. Rental Amount for movable equipment: $ 112,855 Description: See Attached Schedule
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Facility	2012 Ford Bus	$ 1,199	$ (2,398)	17
18	Allocated From Maestro			6,304	18
19					19
20					20
21	TOTAL		$ 1,199	$ 3,906	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 AT ARIA**
IDPH License ID Number: **0053710**
Fiscal Year End: **12/31/18**

Schedule 14A

XIV. Rental Costs
Line 16 Rental Amount for Moveable Equipment

Rental Description	Amount
KCI USA	8,099
Integra	42,593
Medical Oxygen Services, LTD	529
Life Systems Inc	5,874
Mood Media	1,519
Copier	53,331
Mailing Solutions	480
Integra Equipment Rental	(6,658)
Maestro Allocation	7,088
Total - Line 16	**112,855**

Facility Name & ID Number SYMPHONY AT ARIA # 0053710 Report Period Beginning: 01/01/18 Ending: 12/31/18

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.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?
   ☐ YES
   ☒ NO
   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.

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM ☐
   - IN OTHER FACILITY ☐
   - COMMUNITY COLLEGE ☐
   - HOURS PER CNA ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM ☐
   - IN OTHER FACILITY ☐
   - HOURS PER CNA ____

B. EXPENSES

ALLOCATION OF COSTS (d)

			1	2	3	4
			Facility			
			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.)

	1	2		3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	39 - 03	hrs	$	10,282	$ 740,326	$	10,282	$ 740,326	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs		5,060	364,324		5,060	364,324	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs		14,154	1,019,056		14,154	1,019,056	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 prescrpts				185,346		185,346	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): Oxygen						12,901		12,901	12
13	Other (specify): See Sch 16A				1,670	119,390		1,670	119,390	13
14	TOTAL			$	31,166	$ 2,243,096	$ 198,247	31,166	$ 2,441,343	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 AT ARIA**
IDPH License ID Number: **0053710**
Fiscal Year End: **12/31/18**

Schedule 16A

XIV. Special Services (Direct Cost)

Line 13 Other (specify)

Description	Units	Amount
Inhalation Therapy Costs-Private	4.68	337
Inhalation Therapy Costs-Medicare A	327.44	23,576
Inhalation Therapy Costs-Medicaid	338.86	24,398
Inhalation Therapy Costs-Veteran	0.78	56
Other Ancillary Costs-Medicare A	73.89	5,320
Other Ancillary Costs-Medicaid	2.42	174
I.V. Therapy Costs-Medicare A	384.79	27,705
I.V. Therapy Costs-Managed Care	236.88	17,055
I.V. Therapy Costs-Medicaid	238.54	17,175
Inhalation Therapy Costs-Managed Care	49.92	3,594
Respiratory Consultant-Clinical - Nursing	-	
Dental Consultant-Clinical - Nursing	-	
Total - Line 13	**1,658**	**119,390**

Facility Name & ID Number SYMPHONY AT ARIA # 0053710 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 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 3,995	$ 3,995	1
2	Cash-Patient Deposits	28,029	28,029	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 2,808,264)	4,581,575	4,581,575	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	4,785	4,785	6
7	Other Prepaid Expenses	150,378	150,378	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Acct. Rec. Empl Loan	7,849	7,849	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 4,776,611	$ 4,776,611	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		6,930	13
14	Buildings, at Historical Cost		62,371	14
15	Leasehold Improvements, at Historical Cost	16,875	1,172,872	15
16	Equipment, at Historical Cost	347,531	1,784,901	16
17	Accumulated Depreciation (book methods)	(121,889)	(1,829,481)	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 (spc			22
23	Other(specify): See Attached Schedule	1,069,479	1,069,479	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 1,311,996	$ 2,267,072	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 6,088,607	$ 7,043,683	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 1,615,604	$ 1,615,604	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	34,409	34,409	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	615,180	615,180	30
31	Accrued Taxes Payable (excluding real estate taxes)	64,622	64,622	31
32	Accrued Real Estate Taxes(Sch.IX-B)	797,206	797,206	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See Attached Schedule	6,041,923	6,041,923	36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 9,168,944	$ 9,168,944	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	1,447,761	1,447,761	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)**	$ 1,447,761	$ 1,447,761	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 10,616,705	$ 10,616,705	46
47	**TOTAL EQUITY(page 18, line 24)**	$ (4,528,098)	$ (3,573,022)	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 6,088,607	$ 7,043,683	48

***(See instructions.)**

Facility Name: SYMPHONY AT ARIA
IDPH License ID Number: 0053710
Fiscal Year End: 12/31/18

Schedule 17A

XV. Balance Sheet
Line 9 Current Assets Other (specify):

Description	Operating	After Consolidation
Accounts Receivable - Employee Loans	7,849	7,849
Total - Line 9	**7,849**	**7,849**

XV. Balance Sheet
Line 23 Long-Term Assets Other (specify):

Description	Operating	After Consolidation	
Clearing Account	(15,273)	(15,273)	
CSA I/C Related/Party Due To/From Accts	155,001	155,001	
Due To/From - Buffalo Grove LLC	2,000	2,000	
Due To/From - Midway	40,000	40,000	
Due To/From - Maestro	19,368	19,368	
Due To/From - Aria - OLD	448,420	448,420	
Due To/From - Tillers	96	96	
Due To/From - Encore Realty	419,867	419,867	
Total - Line 23	**1,069,479**	**1,069,479**	**-**

XV. Balance Sheet
Line 36 Other Current Liabilities (specify):

Description	Operating	After Consolidation
Due To/From - Ivy LLC	5,000	5,000
Due To/From - Jackson Square LLC	150,000	150,000
Due To/From - South Shore	245,000	245,000
Due To/From - Glendale	104,616	104,616
Due To/From - Symcare Healthcare	2,624,330	2,624,330
Due To/From - Symcare ML	1,577,823	1,577,823
Accrued Payables	106,603	106,603
Accrued Payables - Professional Fees	24,636	24,636
Accrued Payables - Health Insurance	58,095	58,095
Accrued Payables - Dental Insurance	(868)	(868)
Accrued Pyables - Vision Insurance	(122)	(122)
Accrued Payables - Life Insurance	4,245	4,245
Accrued Payables - Short Term Disability	(5,288)	(5,288)
Accrued Payables - Payroll Union Dues	4,024	4,024
Accrued Payables - Payroll Credit Union	(20)	(20)
Accrued Payables - 401k Deductions	(802)	(802)
Accrued Payables- 401K Loan Repayments	(106)	(106)
Accrued Payables - WC/GL Insurance	202,720	202,720
Accrued Payables - Bed Taxes	58,068	58,068
Accrued Payables-Bed Taxes Addil	(24,893)	(24,893)
Accrued Payables - Sales Tax	22	22
Accrued Payables -Management Fees	(175,440)	(175,440)
Deferred Rent	955,799	955,799
Accrued Payables - Interest	(311)	(311)
Due To/From - 87Th Street	68,000	68,000
Due To/From - Bronzeville Park LLC	60,792	60,792
Total - Line 36	**6,041,923**	**6,041,923**

Facility Name & ID Number SYMPHONY AT ARIA # 0053710 Report Period Beginning: 01/01/18 Ending: 12/31/18

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total		
1	**Balance at Beginning of Year, as Previously Reported**	$ (1,755,004)	1	
2	Restatements (describe):		2	
3	**Prior Year Journal Entries**	8	3	
4			4	
5			5	
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ (1,754,996)	6	
	A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(2,773,102)	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)**	$ (2,773,102)	17	
	B. Transfers (Itemize):			
18			18	
19			19	
20			20	
21			21	
22			22	
23	**TOTAL Transfers (sum of lines 18-22)**	$	23	
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ (4,528,098)	24	*

*** This must agree with page 17, line 47.**

Facility Name & ID Number SYMPHONY AT ARIA # 0053710 Report Period Beginning: 01/01/18 Ending: 12/31/18

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	I. Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 14,872,390	1
2	Discounts and Allowances for all Levels	(3,441,493)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 11,430,897	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	4,276,009	6
7	Oxygen	21	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 4,276,030	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	313,658	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	83,058	19
20	Radiology and X-Ray	13,921	20
21	Other Medical Services	30,355	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 440,992	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	28,247	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 28,247	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Supplemental Schedule	188,445	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 188,445	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 16,364,611	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,927,405	31
32	Health Care	4,970,241	32
33	General Administration	3,591,253	33
	B. Capital Expense		
34	Ownership	3,558,418	34
	C. Ancillary Expense		
35	Special Cost Centers	4,634,805	35
36	Provider Participation Fee	455,591	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 19,137,713	40
41	**Income before Income Taxes (line 30 minus line 40)****	(2,773,102)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (2,773,102)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 7,585,304	44
45	Private Pay - Net Inpatient Revenue	650,738	45
46	Medicare - Net Inpatient Revenue	1,053,663	46
47	Other-(specify) Hospice	616,413	47
48	Other-(specify) Managed Care/MAIP	1,524,779	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 11,430,897	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 AT ARIA**
IDPH License ID Number: **0053710**
Fiscal Year End: **12/31/18**

Schedule 19A

XVII. Income Statement
Line 28 Other Revenue (specify):

Description	Amount
Other Services - Revenue-Managed Care	33,431
Transportation - Other Revenue-Other	(1,128)
Other Income-Other	(290)
Rental Income - Operating Location Rent-Other	(220,458)
Total - Line 28	**(188,445)**

Facility Name & ID Number SYMPHONY AT ARIA # 0053710 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 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,487	1,591	$ 87,016	$ 54.71	1
2	Assistant Director of Nursing	2,647	2,883	140,317	48.67	2
3	Registered Nurses	21,856	25,542	824,768	32.29	3
4	Licensed Practical Nurses	45,884	51,706	1,418,671	27.44	4
5	CNAs & Orderlies	91,855	106,481	1,457,735	13.69	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	14,559	16,799	219,831	13.09	10
11	Social Service Workers	4,494	4,773	126,377	26.48	11
12	Dietician					12
13	Food Service Supervisor	1,888	2,063	57,843	28.04	13
14	Head Cook	5,634	6,311	94,462	14.97	14
15	Cook Helpers/Assistants	22,989	25,400	292,531	11.52	15
16	Dishwashers					16
17	Maintenance Workers	2,196	2,507	53,869	21.49	17
18	Housekeepers	23,882	26,706	350,332	13.12	18
19	Laundry	3,498	3,941	50,088	12.71	19
20	Administrator	3,153	3,412	128,849	37.77	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	9,455	10,760	257,795	23.96	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	3,621	4,137	81,136	19.61	31
32	Other Health C: MDS Coordinator	5,487	6,247	249,865	40.00	32
33	Other(specify) Asmissions	1,894	2,011	61,442	30.55	33
34	TOTAL (lines 1 - 33)	266,480	303,269	$ 5,952,927 *	$ 19.63	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly	$ 37,678	01-03	35
36	Medical Director	Monthly	35,400	09-03	36
37	Medical Records Consultant	Monthly	0		37
38	Nurse Consultant	Monthly	10,565	10(7)	38
39	Pharmacist Consultant	Monthly	19,815	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	Monthly	(1,618)	39(7)	42
43	Speech Therapy Consultant				43
44	Activity Consultant	Monthly	3,300	11-03	44
45	Social Service Consultant				45
46	Other(specify)				46
47	Psychiatric Consultant	Monthly	5,380	10(3)	47
48	Cardiologist Consultant	Monthly	250	10(3)	48
49	TOTAL (lines 35 - 48)		$ 110,770		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 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 & ID Number SYMPHONY AT ARIA # 0053710 Report Period Beginning: 01/01/18 Ending: 12/31/18

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Marty Aukstuolis	Administrator	0%	$ 108,423
Iris Hastings	Administrator	0%	20,426
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 128,849

B. Administrative - Other

Description	Amount
Management Fees - Maestro Consulting Services	$ 792,271
TOTAL (agree to Schedule V, line 17, col. 3)	$ 792,271
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
See Supplemental Schedule		$ 486,251
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 486,251

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 174,194
Unemployment Compensation Insurance	60,981
FICA Taxes	437,314
Employee Health Insurance	321,151
Employee Meals	0
Illinois Municipal Retirement Fund (IMRF)*	0
Employee Retirement	45,484
Employee Benefits - Other	18,675
Employees' Physical Exams	4,546
401K	4,307
TOTAL (agree to Schedule V, line 22, col.8)	$ 1,066,652

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 0
Advertising: Employee Recruitment	1,782
Health Care Worker Background Check	
(Indicate # of checks performed 189)	2,272
Patient Background Checks 536	6,430
Illinois Council on Long Term Care	16,573
Miscellaneous Dues & Subscriptions	15,510
Miscellaneous Licenses & Fees	7,466
Remove Lobbying portion of dues	(8,287)
Allocated from Maestro	5,069
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 46,815

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	1,159
Allocated from Maestro	1,022
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 2,181

* Attach copy of IMRF notifications

**See instructions.

Facility Name: SYMPHONY AT ARIA
IDPH License ID Number: 0053710
Fiscal Year End: 12/31/18

Schedule 21C

XIX. SUPPORT SCHEDULES
C. Professional Services

Vendor	Type	Amount
Abbey Roads Tax Consultant	Real Estate appeal-Accounting	44,490
ABILITY Network, Inc.	Secure Exchange Managed Services	7,824
Achieve Accredidation	Accredidation	9,119
AllScripts, LLC	IT System	3,165
Alteryx, Inc	Data Analytics	992
American Express	Internet	13,854
Cerida Investment Corp.	Business Services	421
Comcast Cable	Internet	29,688
Corporation Service Company	Annual Filing	305
Creative Technology Solutions	IT Support	21,888
Dart Chart Systems	Software	4,923
Data Robot, Inc.	Computer Services	1,220
Dennis A. Berkson & Associates	Legal	500
Digital Marketing SEO	Branding	393
Duane Morris	Legal	2,155
Formation Healthcare Group	Monthly Subscription Fee	991
FYI Systems, Inc.	Computer IT	409
Health Data Systems Inc	Programming	3,183
LTC Consulting Services	Billing and Payroll	51,925
Maestro Consulting Services	Consulting Services	101,024
Managed Care Group	IT Support	1,466
Matixcare	IT Support	459
Market Metrix	Customer and Employee Metrix Subscrip	839
McCabe, Kirshner P.C.	Legal	72,919
MTS Consulting	Tax Consulting	1,539
Neal, Gerber, & Eisenburg, LLP	Legal	58
Nexuscomm, LLC	Cable	4,370
NICL Laboratories	Diagnostic Testing	200
Patient Ping, Inc.	Care coordination network	3,000
Personnel Planners, Inc	Qtrly Unemployment Claims	1,492
Point Click Care Technoligies, LLC	Cloud based software and services	33,803
Prime Care Technologies	PBJ Reporting Module Access Fee	219
Real Time Medical Systems LLC	Clinical and Financial Analytis Service	3,218
Resolute Healthcare Solutions	Mediation	1,039
RSM US LLP	Accounting	33,483
SB2 Inc.	Legal Fees	2,192
Scott Norton	Computer consulting	380
Snowflake Computing, Inc.	Computer Services	653
Stone, Pogrund & Korey LLC	Legal	9,527
Telemedicine Solutions LLC	Wound Rounds Care	13,697
Wencel Worldwide, Inc.	Branding	4,108
Accrual	Legal	(877)
Total (agree to Schedule V, line 19, column 3)		486,251
Allocated from Management Company	Legal Fees	
Allocated from Management Company	Professional Services	87,016
Less: Non-Allowable Legal Fees		(9,527)
Total (agree to Schedule V, line 19, column 8)		563,740

Facility Name & ID Number SYMPHONY AT ARIA # 0053710 Report Period Beginning: 01/01/18 Ending: 12/31/18

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **Yes**

(2) Are there any dues to nursing home associations included on the cost report? **Yes**
If YES, give association name and amount. **Health Care Council of Illinois** $ **16,573**

(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. $ 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.
Aria Post Acute Care #52019

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. $ **455,591**
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? **Yes** 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? **N/A**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **N/A**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **N/A**
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. $ **N/A**

(17) Has an audit been performed by an independent certified public accounting firm? **Yes**
Firm Name: **RSM US LLP**

(18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? **Yes**

(19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. **Yes**
Attach invoices and a summary of services for all architect and appraisal fees.