FOR BHF USE

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

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.

I. IDPH License ID Number: 0053744

Facility Name: SYMPHONY OF MORGAN PARK

Address: 10935 S. Halsted Street (Number) Chicago (City) 60028 (Zip Code)

County: Cook

Telephone Number: (773) 928-2000 **Fax #** (773) 928-9670

HFS ID Number:

Date of Initial License for Current Owners: 11/1/2015

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 OF MORGAN PARK # 0053744 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	294	Skilled (SNF)	294	107,310	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	294	TOTALS	294	107,310	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	48,136	1,702	39,544	89,382	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	48,136	1,702	39,544	89,382	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 83.29%

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 [X] 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 [X]

I. On what date did you start providing long term care at this location?
Date started 5/1/1976

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 12/31/2011 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 294 and days of care provided 5,734

Medicare Intermediary Wisconsin Physician 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 OF MORGAN PARK # 0053744 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	407,135	55,294	20,031	482,460		482,460	-	482,460			1
2	Food Purchase		466,935		466,935		466,935	-	466,935			2
3	Housekeeping	300,488	56,821	85,196	442,505		442,505	-	442,505			3
4	Laundry	32,211	33,816	233,199	299,226		299,226	-	299,226			4
5	Heat and Other Utilities			276,033	276,033		276,033	3,110	279,143			5
6	Maintenance	95,890	-	251,980	347,870		347,870	8,899	356,769			6
7	Other (specify):*	-	-	-				-				7
8	**TOTAL General Services**	835,724	612,866	866,439	2,315,029		2,315,029	12,009	2,327,038			8
	B. Health Care and Programs											
9	Medical Director	-	-	30,000	30,000		30,000	-	30,000			9
10	Nursing and Medical Records	5,730,333	303,674	205,571	6,239,578		6,239,578	210,435	6,450,013			10
10a	Therapy	-	-	-				-				10a
11	Activities	255,553	-	2,915	258,468		258,468	-	258,468			11
12	Social Services	145,034	-	-	145,034		145,034	-	145,034			12
13	CNA Training	-	-	-				-				13
14	Program Transportation	-	-	-				-				14
15	Other (specify):* Mgmt. Alloc. Benefits	-	-	-				64,631	64,631			15
16	**TOTAL Health Care and Programs**	6,130,920	303,674	238,486	6,673,080		6,673,080	275,066	6,948,146			16
	C. General Administration											
17	Administrative	159,836	-	927,980	1,087,816		1,087,816	(927,980)	159,836			17
18	Directors Fees			-				-				18
19	Professional Services			547,275	547,275		547,275	126,678	673,953			19
20	Dues, Fees, Subscriptions & Promotions			82,214	82,214		82,214	(11,974)	70,240			20
21	Clerical & General Office Expenses	195,972	37,114	49,090	282,176		282,176	161,122	443,298			21
22	Employee Benefits & Payroll Taxes			1,235,697	1,235,697		1,235,697	-	1,235,697			22
23	Inservice Training & Education			-				-				23
24	Travel and Seminar			5,767	5,767		5,767	1,518	7,285			24
25	Other Admin. Staff Transportation		-	149	149		149	11,543	11,692			25
26	Insurance-Prop.Liab.Malpractice			913,600	913,600		913,600	5,784	919,384			26
27	Other (specify):* Mgmt. Alloc. Benefits	-	-	-				32,243	32,243			27
28	**TOTAL General Administration**	355,808	37,114	3,761,772	4,154,694		4,154,694	(601,066)	3,553,628			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	7,322,452	953,654	4,866,697	13,142,803		13,142,803	(313,991)	12,828,812			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 OF MORGAN PARK #0053744 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			15,264	15,264		15,264	225,921	241,185			30
31	Amortization of Pre-Op. & Org.			-				-				31
32	Interest			177,511	177,511		177,511	(49,059)	128,452			32
33	Real Estate Taxes			789,383	789,383		789,383	5,851	795,234			33
34	Rent-Facility & Grounds			2,066,897	2,066,897		2,066,897	4,250	2,071,147			34
35	Rent-Equipment & Vehicles			169,264	169,264		169,264	4,188	173,452			35
36	Other (specify):*			-				-				36
37	**TOTAL Ownership**			3,218,319	3,218,319		3,218,319	191,151	3,409,470			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation	-	-	55,987	55,987		55,987	(4,917)	51,070			38
39	Ancillary Service Centers	-	152,526	1,370,667	1,523,193		1,523,193	(3,919)	1,519,274			39
40	Barber and Beauty Shops	-	-	-				-				40
41	Coffee and Gift Shops	-	-	-				-				41
42	Provider Participation Fee			668,763	668,763		668,763	-	668,763			42
43	Other (specify):* Non-Allowable Cos	62,676	-	2,840,518	2,903,194		2,903,194	(2,903,194)				43
44	**TOTAL Special Cost Centers**	62,676	152,526	4,935,935	5,151,137		5,151,137	(2,912,030)	2,239,107			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	7,385,128	1,106,180	13,020,951	21,512,259		21,512,259	(3,034,870)	18,477,389			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 MORGAN PARK # 0053744 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	(48,706)	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	203,646	30		9
10	Interest and Other Investment Income	(49,154)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	9,263	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	(9,767)	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	(2,587,609)	43		24
25	Fund Raising, Advertising and Promotional	(46)	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	(288,641)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (2,771,014)		$	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)	(263,856)		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (263,856)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (3,034,870)		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 OF MORGAN PARK

ID# 0053744

Report Period Beginning: 01/01/18

Ending: 12/31/18

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Nonallowable marketing events	$ (139,829)	43	1
2	Laboratory Costs	(25,097)	43	2
3	X-Ray Costs	(38,200)	43	3
4	Theft and Damage Loss	(402)	43	4
5	Lobbying Expense	(19,500)	20	5
6	Admissions	(62,315)	43	6
7	Community & Guest Relations	(361)	43	7
8	Misc. Income	(409)	21	8
9	Nonallowbable legal	(2,528)	19	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**	(288,641)		49

Facility Name & ID Number SYMPHONY OF MORGAN PARK # 0053744 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 [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 OF MORGAN PARK # 0053744 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%	$ 3,110	$ 3,110	15
16	V	6	Maintenance Salaries		MAESTRO CONSULTING SERVICES LLC	100%	0		16
17	V	6	Maintenance Expenses		MAESTRO CONSULTING SERVICES LLC	100%	8,899	8,899	17
18	V	7	Employee Benefits - Maintenance		MAESTRO CONSULTING SERVICES LLC	100%	0		18
19	V	10	Clinical Salaries		MAESTRO CONSULTING SERVICES LLC	100%	200,976	200,976	19
20	V	10	Contract Nursing		MAESTRO CONSULTING SERVICES LLC	100%	9,978	9,978	20
21	V	15	Employee Benefits - Clinical		MAESTRO CONSULTING SERVICES LLC	100%	64,631	64,631	21
22	V	17	Administrative - Other	927,980	MAESTRO CONSULTING SERVICES LLC	100%	0	(927,980)	22
23	V	19	Professional Fees		MAESTRO CONSULTING SERVICES LLC	100%	129,206	129,206	23
24	V	20	Dues, Fees, Subscriptions, Etc.		MAESTRO CONSULTING SERVICES LLC	100%	7,526	7,526	24
25	V	21	Clerical & General Salaries		MAESTRO CONSULTING SERVICES LLC	100%	100,261	100,261	25
26	V	21	Clerical & General Expenses		MAESTRO CONSULTING SERVICES LLC	100%	61,270	61,270	26
27	V	24	Seminars and Education		MAESTRO CONSULTING SERVICES LLC	100%	1,518	1,518	27
28	V	25	Transportation		MAESTRO CONSULTING SERVICES LLC	100%	11,543	11,543	28
29	V	26	Insurance		MAESTRO CONSULTING SERVICES LLC	100%	5,784	5,784	29
30	V	27	Employee Benefits - Administrative		MAESTRO CONSULTING SERVICES LLC	100%	32,243	32,243	30
31	V	30	Depreciation		MAESTRO CONSULTING SERVICES LLC	100%	22,275	22,275	31
32	V	32	Interest Expense		MAESTRO CONSULTING SERVICES LLC	100%	95	95	32
33	V	33	Real Estate Tax		MAESTRO CONSULTING SERVICES LLC	100%	5,851	5,851	33
34	V	34	Building Rental		MAESTRO CONSULTING SERVICES LLC	100%	4,250	4,250	34
35	V	35	Equipment Rental		MAESTRO CONSULTING SERVICES LLC	100%	10,525	10,525	35
36	V	35	Auto Lease		MAESTRO CONSULTING SERVICES LLC	100%	9,361	9,361	36
37	V								37
38	V								38
39	Total			$ 927,980			$ 689,302	$ * (238,678)	39

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

Facility Name & ID Number SYMPHONY OF MORGAN PARK # 0053744 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	DME & Medical Supplies	$ 3,339	Intergra Healthcare Equipment, LLC	100%	$ 2,820	$ (519)	15
16	V	35	Equipment Rental	101,091	Intergra Healthcare Equipment, LLC	100%	85,392	(15,699)	16
17	V	39	Oxygen	1,634	Intergra Healthcare Equipment, LLC	100%	1,380	(254)	17
18	V	39	Resp-Cons	23,600	Intergra Healthcare Equipment, LLC	100%	19,935	(3,665)	18
19	V	43	Penalties-Administrative	804	Intergra Healthcare Equipment, LLC	100%	679	(125)	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			$ 130,468			$ 110,207	$ * (20,261)	39

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

Facility Name & ID Number SYMPHONY OF MORGAN PARK # 0053744 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	$ 209,866	Maple Leaf	100%	$ 209,866	$	15
16	V	26	Liability Insurance	612,703	Maple Leaf	100%	612,703		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			$ 822,569			$ 822,569	$ *	39

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

Facility Name & ID Number SYMPHONY OF MORGAN PARK # 0053744 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	$ 51,815	Lifeline Ambulance		$ 46,898	$ (4,917)	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			$ 51,815			$ 46,898	$ * (4,917)	39

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

Facility Name & ID Number SYMPHONY OF MORGAN PARK # 0053744 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 RESPIRAT	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 ORCHARD VALLEY	AURORA				25
26			SYMPHONY OF SOUTH SHORE	CHICAGO				26
27			SYMPHONY RESIDENCES OF LINCOLN PA	CHICAGO				27
28								28
29								29
30								30

Facility Name & ID Number SYMPHONY OF MORGAN PARK # 0053744 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	No owners receive compensation from this facility								$		1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$		13

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

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

Facility Name & ID Number SYMPHONY OF MORGAN PARK # 0053744 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 OF MORGAN PARK # 0053744 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	Bed Days Available	1,668,541	25	$ 48,352	$	107,310	$ 3,110	1
2	6	Maintenance Salaries	Bed Days Available	1,668,541	25			107,310		2
3	6	Maintenance Expenses	Bed Days Available	1,668,541	25	138,375		107,310	8,899	3
4	7	Employee Benefits - Maintenance	Bed Days Available	1,668,541	25			107,310		4
5	10	Clinical Salaries	Bed Days Available	1,668,541	25	3,124,933	3,124,933	107,310	200,976	5
6	10	Contract Nursing	Bed Days Available	1,668,541	25	155,149		107,310	9,978	6
7	15	Employee Benefits - Clinical	Bed Days Available	1,668,541	25	1,004,938		107,310	64,631	7
8	17	Administrative - Other	Bed Days Available	1,668,541	25			107,310		8
9	19	Professional Fees	Bed Days Available	1,668,541	25	2,008,992		107,310	129,206	9
10	20	Dues, Fees, Subscriptions, Etc.	Bed Days Available	1,668,541	25	117,020		107,310	7,526	10
11	21	Clerical & General Salaries	Bed Days Available	1,668,541	25	1,558,938	1,558,938	107,310	100,261	11
12	21	Clerical & General Expenses	Bed Days Available	1,668,541	25	952,676		107,310	61,270	12
13	24	Seminars and Education	Bed Days Available	1,668,541	25	23,599		107,310	1,518	13
14	25	Transportation	Bed Days Available	1,668,541	25	179,481		107,310	11,543	14
15	26	Insurance	Bed Days Available	1,668,541	25	89,939		107,310	5,784	15
16	27	Employee Benefits - Administrativ	Bed Days Available	1,668,541	25	501,334		107,310	32,243	16
17	30	Depreciation	Bed Days Available	1,668,541	25	346,345		107,310	22,275	17
18	32	Interest Expense	Bed Days Available	1,668,541	25	1,470		107,310	95	18
19	33	Real Estate Tax	Bed Days Available	1,668,541	25	90,970		107,310	5,851	19
20	34	Building Rental	Bed Days Available	1,668,541	25	66,085		107,310	4,250	20
21	35	Equipment Rental	Bed Days Available	1,668,541	25	163,656		107,310	10,525	21
22	35	Auto Lease	Bed Days Available	1,668,541	25	145,555		107,310	9,361	22
23										23
24										24
25	TOTALS					$ 10,717,807	$ 4,683,871		$ 689,302	25

Facility Name & ID Number SYMPHONY OF MORGAN PARK # 0053744 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
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	DME & Medical Supplies	Direct Allocation			$	$		$ 2,820	1
2	35	Equipment Rental	Direct Allocation						85,392	2
3	39	Oxygen	Direct Allocation						1,380	3
4	39	Resp-Cons	Direct Allocation						19,935	4
5	43	Penalties-Administrative	Direct Allocation						679	5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$ 110,207	25

Facility Name & ID Number SYMPHONY OF MORGAN PARK # 0053744 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 69720 West Bay Rd.
City / State / Zip Code: Grand Cayman Ky. 11102
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 allocaiton			$	$		$ 209,866	1
2	26	Liability Insurance	Direct allocaiton						612,703	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					$	$		$ 822,569	25

Facility Name & ID Number SYMPHONY OF MORGAN PARK # 0053744 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. Wasbash Ave
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			$	$		$ 46,898	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					$	$		$ 46,898	25

Facility Name & ID Number SYMPHONY OF MORGAN PARK # 0053744 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** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related											
	Long-Term											
1	LifeMed	X		Pharmacy Services	38,731	1/1/18	$ 6,197,033	$ 293,053	1/1/24	0.075	$ 2,226	1
2	Omnicare		X	Pharmacy Services	67,444.34	11/27/17	2,170,337	39,708	10/20/20	0.075	16,787	2
3												3
4	Select Rehab		X	Operational	159,503	12/31/2018	12,216,125	665,000	12/31/2023	0.002		4
5												5
	Working Capital											
6	Midcap Financial Trust*		X	Line of Credit	Interest Only	9/18/2018	35,000,000		9/17/21	LIBOR + 4.25	158,498	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	$ 997,761			$ 177,511	9
	B. Non-Facility Related*											
10	Interest Income		X									10
11	Allocated from Maestro		X					Interest Income Offset			(49,154)	11
12								Allocated from Maestro			95	12
13												13
14	TOTAL Non-Facility Related						$	$			$ (49,059)	14
15	TOTALS (line 9+line14)						$ 55,583,495	$ 997,761			$ 128,452	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 MORGAN PARK # 0053744 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.**		$ 714,778	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	$ 733,737	2
3. Under or (over) accrual (line 2 minus line 1).		$ 18,959	3
4. Real Estate Tax accrual used for 2018 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 770,424	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.	5,851	
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.		$ 795,234	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2013	621,781	8
	2014	628,520	9
	2015	633,278	10
	2016	684,598	11
	2017	733,737	12

2017 ending accrual = 714,778 (all tax bills) x 1.07= $770,424

Allocated from Maestro=$5,851

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

NOTES:

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

2017 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME SYMPHONY OF MORGAN PARK COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0053744

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.	25-16-316-001-0000	Long Term Care Property	$ 72,382.57	$ 72,382.57
2.	25-16-316-002-0000	Long Term Care Property	$ 69,548.15	$ 69,548.15
3.	25-16-332-012-0000	Long Term Care Property	$ 238,467.25	$ 238,467.25
4.	25-16-332-013-0000	Long Term Care Property	$ 350,469.52	$ 350,469.52
5.	25-16-321-001-0000	Empty Lot	$ 1,129.69	$ 1,129.90
6.	25-16-321-002-0000	Empty Lot	$ 579.96	$ 579.96
7.	25-16-321-003-0000	Empty Lot	$ 579.96	$ 579.96
8.	25-16-321-004-0000	Empty Lot	$ 579.96	$ 579.96
9.			$	$
10.	10-27-319-028-0000	Allocated from Maestro	$ 87,874.67	$ 5,851.00
		TOTALS	$ 821,611.73	$ 739,588.27

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<u>copies</u> of their original **second installment** tax bill.

Facility Name & ID Number SYMPHONY OF MORGAN PARK # 0053744 Report Period Beginning: 01/01/18 Ending: 12/31/18

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 60,068 B. General Construction Type: Exterior Brick Frame _____ Number of Stories 3

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).

None

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 7257 Lincoln-Maest			10,290	2
3	TOTALS			$ 10,290	3

Facility Name & ID Number SYMPHONY OF MORGAN PARK # 0053744 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	Allocation From Maestro				92613			2,626	2,626	40021	8
	Improvement Type**										
9	Various			1978	750		20			750	9
10	Various			1979	12,807		20	-		12,807	10
11	Various			1980	35,915	-	20	-		35,915	11
12	Various			1981	13,910	-	20	-		13,910	12
13	Various			1982	8,814	-	20	-		8,814	13
14	Various			1983	12,936	-	20	-		12,936	14
15	Various			1984	20,560	-	20	-		20,560	15
16	Various			1985	18,883	-	20	-		18,883	16
17	Various			1986	2,456	-	20	-		2,456	17
18	Various			1987	4,000	-	20	79	79	3,962	18
19	Various			1988	82,596	-	20	2,622	2,622	79,229	19
20	Various			1989	1,225	-	20	39	39	1,144	20
21	Various			1990	91,597	-	20	1,128	1,128	78,097	21
22	Various			1993	53,620	-	20	-		53,620	22
23	Various			1995	137,949	-	20	-		137,948	23
24	Various			1996	519,100		20	-		519,100	24
25	Various			1997	76,548	-	20			76,548	25
26	Various			1998	77,488	-	20	2,341	2,341	77,488	26
27	Various			1999	278,572	-	20	13,505	13,505	274,950	27
28	Various			2000	48,393		20	2,246	2,246	41,978	28
29	Various			2001	97,460		20	4,812	4,812	84,520	29
30	Various			2002	25,280		20			25,280	30
31	Various			2003	461,684		20	9,012	9,012	445,236	31
32	Various			2004	62,146		20			62,146	32
33	Various			2005	94,134		20			94,134	33
34	Various			2006	114,124		20			114,124	34
35	Various			2007	377,501		20	22,699	22,699	306,950	35
36	Various			2008	823,017	-	20	41,004	41,004	447,357	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 MORGAN PARK # 0053744 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	Various	2009	$ 267,116	$	20	$ 16,929	$ 16,929	$ 184,807	37
38	Various	2010	211,043	-	20	13,019	13,019	114,456	38
39	Various	2011	129,999		20	6,489	6,489	59,036	39
40	Various	2012	30,043	-	20	2,633	2,633	18,542	40
41	Various	2013	42,223	-	20	4,017	4,017	22,441	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)		$ 4,326,502	$		$ 145,201	$ 145,201	$ 3,490,145	70

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

Facility Name & ID Number SYMPHONY OF MORGAN PARK # 0053744 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		$ 4,326,502	$		$ 145,201	$ 145,201	$ 3,490,145	1
2	2 Make-Up Air Units	2014	30,200	-	20	1,510	1,510	7,173	2
3	Hand Rails	2014	5,200	-	20	260	260	1,192	3
4	Fire Alarm System	2014	6,832	-	20	342	342	1,566	4
5	Elevator - Hydraulic Valve	2014	5,132	-	20	257	257	1,155	5
6	Sink & Piping	2014	9,950	-	20	498	498	2,239	6
7	Pvc Piping	2014	2,980	-	20	149	149	671	7
8	Dialysis Room Wall	2014	4,900	-	20	245	245	1,082	8
9	Dialysis Room Electrical Work	2014	6,090	-	20	305	305	1,345	9
10	Compressor For A/C	2014	2,888	-	20	578	578	2,695	10
11	1 Rooftop Ac Unit	2014	3,508		20	175	175	745	11
12	Fire Alarm Work	2014	14,681		20	734	734	3,058	12
13	Fire Alarm Work	2014	2,729		20	136	136	557	13
14	Phone Port Repair	2014	3,836		20	192	192	767	14
15	Install Electrical Panel In Generator Room	2015	5,280		20	264	264	1,056	15
16	Topographical Plan - Parking Lot	2015	4,160	-	20	208	208	832	16
17	Topographical Plan - Parking Lot	2015	3,259		20	163	163	652	17
18	Hot Water Heater	2015	10,388		20	519	519	2,077	18
19	Replace Injection Pump & Thermostat Seal	2015	8,303		20	415	415	1,660	19
20	Door Operator East Elevation Courtyard	2016	3,316	-	20	166	166	497	20
21	Electrical Panel-Circuits From Electrical Room To Therapy Room	2016	6,300	-	20	315	315	945	21
22	Condensing Unit	2016	6,650	-	20	333	333	998	22
23	Heat Exchanger	2016	2,500		20	125	125	375	23
24	Fr Door Operator	2016	2,940		20	147	147	441	24
25	Injector Pump For Air System	2016	2,564	-	20	128	128	384	25
26	Door Replacement (2)	2017	4,733		20	237	237	474	26
27	Door	2017	4,733	-	20	237	237	473	27
28	Overlay A Complete Parking Lot On South Side	2017	18,650	-	20	933	933	1,865	28
29	Pump (1) & Thermostat (1)	2017	3,851	-	20	193	193	385	29
30	Phone upgrade-all of the building 1st floor	2018	33,650	61	20	61		61	30
31				-		-			31
32	Reconcile to financial statement depreciation			8,057		-	(8,057)		32
33				-		-			33
34	TOTAL (lines 1 thru 33)		$ 4,546,704	$ 8,118		$ 155,022	$ 146,904	$ 3,527,564	34

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

Facility Name & ID Number SYMPHONY OF MORGAN PARK # 0053744 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		$ 4,546,704	$ 8,118		$ 155,022	$ 146,904	$ 3,527,564	1
2				-		-			2
3									3
4									4
5				-					5
6				-					6
7				-					7
8				-					8
9									9
10									10
11				-					11
12				-					12
13				-					13
14				-					14
15				-					15
16									16
17				-					17
18				-					18
19				-					19
20				-		-			20
21									21
22				-		-			22
23				-		-			23
24									24
25									25
26									26
27									27
28				-		-			28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 4,546,704	$ 8,118		$ 155,022	$ 146,904	$ 3,527,564	34

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

Facility Name & ID Number SYMPHONY OF MORGAN PARK # 0053744 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		$ 4,597,590	$ 8,118		$ 155,347	$ 147,229	$ 3,575,249	1
2									2
3	Allocated from Maestro Consulting Services	2003	753			38	38	570	3
4	Allocated from Maestro Consulting Services	2004	15,294			763	763	11,258	4
5	Allocated from Maestro Consulting Services	2005	907			45	45	628	5
6	Allocated from Maestro Consulting Services	2006	1,229			61	61	760	6
7	Allocated from Maestro Consulting Services	2008	1,296			65	65	665	7
8	Allocated from Maestro Consulting Services	2009	20,865			1043	1,043	10,025	8
9	Allocated from Maestro Consulting Services	2010	3,206			160	160	1,364	9
10	Allocated from Maestro Consulting Services	2011	173			9	9	69	10
11	Allocated from Maestro Consulting Services	2012	193			10	10	65	11
12	Allocated from Maestro Consulting Services	2014	2,412			121	121	555	12
13	Allocated from Maestro Consulting Services	2015	678			34	34	113	13
14	Allocated from Maestro Consulting Services	2016	2,972			297	297	710	14
15	Allocated from Maestro Consulting Services	2017	397			20	20	40	15
16									16
17	Allocated from Maestro 7257	2004	1,840			92	92	1,334	17
18	Allocated from Maestro 7257	2005	8,443			303	303	6,494	18
19	Allocated from Maestro 7257	2015	1,460			97	97	324	19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 4,659,708	$ 8,118		$ 158,505	$ 150,387	$ 3,610,223	34

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

Facility Name & ID Number SYMPHONY OF MORGAN PARK # 0053744 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		$ 4,659,708	$ 8,118		$ 158,505	$ 150,387	$ 3,610,223	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
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24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 4,659,708	$ 8,118		$ 158,505	$ 150,387	$ 3,610,223	34

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

Facility Name & ID Number SYMPHONY OF MORGAN PARK # 0053744 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	$ 890,528	$ 4,427	$ 63,490	$ 59,063		$ 848,113	71
72	Current Year Purchases	42,287	2,719	2,719	-		2,719	72
73	Fully Depreciated Assets	2,893,288			-		2,893,288	73
74	Allocated From Maestro	266,057		16,471	16,471		101,554	74
75	TOTALS	$ 4,092,160	$ 7,146	$ 82,680	$ 75,534		$ 3,845,674	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76		Allocated from Maestro	2017	$ 570	$	$ -	$ -	5	$ 570	76
77							-			77
78							-			78
79							-			79
80	TOTALS			$ 570	$	$	$		$ 570	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)	$ 8,762,728	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 15,264	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 241,185	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 225,921	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 7,456,467	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	Land - 2012	$ 44,811	$	$	86
87					87
88					88
89					89
90					90
91	TOTALS	$ 44,811	$	$	91

G. Construction-in-Progress

	Description	Cost	
92		$	92
93			93
94			94
95		$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

Facility Name: SYMPHONY OF MORGAN PARK
IDPH License ID Number: 0053744
Fiscal Year End: 12/31/18

Schedule 13A

XI. Ownership Costs
Line 74 - Equipmet Cost - Excluding Transportation

Category of Equipment	Cost			Current Book Depreciation	Straight Line Depreciation	Adjustments	Component Life	Accumulated Depreciation
						-	5-7	
Allocated from Maestro Consulting Services		266,057			16,471	16,471	5-10	101,554
						-		
TOTAL		266,057		-	16,471	16,471		101,554

Facility Name & ID Number SYMPHONY OF MORGAN PARK # 0053744 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:		294	1/1/2015	$ 2,066,897	15	15	3
4	Additions							4
5	Allocated from Maestro				4,250			5
6								6
7	TOTAL		294		$ 2,071,147 **			7

8. List separately any amortization of lease expense included on page 4, line 34. N/A
This amount was calculated by dividing the total amount to be amortized N/A
by the length of the lease N/A .

9. Option to Buy: [ ] YES [X] NO Terms: *

10. Effective dates of current rental agreement:
Beginning 11/1/2015
Ending 10/31/1930

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

	Fiscal Year Ending	Annual Rent
12.	12/31/2019	$ 1,908,283
13.	12/31/2020	$ 1,951,219
14.	12/31/2021	$ 1,995,121

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

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

16. Rental Amount for movable equipment: $ 164,091 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	Allocation From Maestro		$	$ 9,361	17
18					18
19					19
20					20
21	TOTAL		$	$ 9,361	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

Facility Name: **SYMPHONY OF MORGAN PARK**
IDPH License ID Number: **0053744**
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	$	100,357
Respiratory equipment (i.e., oxygen conce	$	351
Vital Monitors	$	5,295
Copier	$	59,472
Music over the paging systems	$	2,306
Postage Machine	$	1,485
Allocation From Maestro		10,525
Allocation From Integra		(15,699)
Total - Line 16		**164,091**

Facility Name & ID Number SYMPHONY OF MORGAN PARK # 0053744 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
   [X] 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.

Facility Name & ID Number SYMPHONY OF MORGAN PARK # 0053744 Report Period Beginning: 01/01/18 Ending: 12/31/18

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

		1	2	3	4	5	6	7	8	
	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	$	8,753	$ 630,222	$	8,753	$ 630,222	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs		1,268	91,260		1,268	91,260	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs		7,967	573,589		7,967	573,589	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				150,892		150,892	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): Oxygen	39 - 03					1,380		1,380	12
13	Other (specify): See Schedule 16A	39 - 03			672	48,396		672	48,396	13
14	TOTAL			$	18,660	$ 1,343,467	$ 152,272	18,660	$ 1,495,739	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 MORGAN PARK**
IDPH License ID Number: **0053744**
Fiscal Year End: **12/31/18**

Schedule 16A

XIV. Special Services (Direct Cost)
Line 13 Other (specify)

	Description	Units	Amount
500103-MAID	Inhalation Therapy Costs-Medicaid-		640
500113-MAID	I.V. Therapy Costs-Medicaid		18,575
500113-MEDA	I.V. Therapy Costs-Medicare A		20,229
500113-MNGD	I.V. Therapy Costs-Managed Care		6,541
500113-PRVT	I.V. Therapy Costs-Private		-
500113-VTRN	I.V. Therapy Costs-Veteran-		151
500120-MNGD			1,500
500120-VTRN			760
	Total - Line 13	**-**	**48,396**

Facility Name & ID Number SYMPHONY OF MORGAN PARK # 0053744 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	$ (42,253)	$ (42,253)	1
2	Cash-Patient Deposits	82,130	82,130	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 4,142,163)	6,135,369	6,135,369	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	5,391	5,391	6
7	Other Prepaid Expenses	88,763	88,763	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 6,269,400	$ 6,269,400	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		10,290	13
14	Buildings, at Historical Cost		92,612	14
15	Leasehold Improvements, at Historical Cost	22,650	4,567,096	15
16	Equipment, at Historical Cost	145,530	4,092,730	16
17	Accumulated Depreciation (book methods)	(30,755)	(7,456,467)	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 (spe			22
23	Other(specify): See Attached Schedule	842,034	842,034	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 979,459	$ 2,148,295	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 7,248,859	$ 8,417,695	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 2,648,136	$ 2,648,136	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	83,019	83,019	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	375,610	375,610	30
31	Accrued Taxes Payable (excluding real estate taxes)	66,070	66,070	31
32	Accrued Real Estate Taxes(Sch.IX-B)	770,424	770,424	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	5,778,542	5,778,542	36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 9,721,801	$ 9,721,801	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	997,761	997,761	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)**	$ 997,761	$ 997,761	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 10,719,562	$ 10,719,562	46
47	**TOTAL EQUITY(page 18, line 24)**	$ (3,470,703)	$ (2,301,867)	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 7,248,859	$ 8,417,695	48

***(See instructions.)**

Facility Name: SYMPHONY OF MORGAN PARK
IDPH License ID Number: 0053744
Fiscal Year End: 12/31/18

Schedule 17A

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

	Description	Operating	After Consolidation
114700	Clearing Account		(603)
120000	I/C Related Party due TO/From		-
120112	Due To/From Lincoln Park		15,000
120116	Due To/From - Midway		82,186
129117	Due To/From - Ren @ Park South		745,451
	Total - Line 23	**-**	**842,034**

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

	Description	Operating	After Consolidation
120101	Due To/From - 87th Street		(1,817)
120103	Due To/From - Bronzeville Park		(35,124)
120104	Due To/From - Buffalo Grove		(55,000)
120110	Due To/From - IVY		(45,000)
120111	Due To/From - Jackson Square		(76,348)
120119	Due To/From - South Shore		(32,500)
120122	Due To/From - California Gardens		(5,689)
127013	Due To/From - Symphony Financial Services		(580)
127014	Due To/From - Symcare Healthcare		(1,842,180)
127015	Due To/From - Symcare ML		(1,425,031)
128002	Due To/From - Maestro		(564,601)
200100	Accrued Payables		(115,582)
200101	Accrued Payables		(27,733)
200120	Accrued Payables- Professional		(77,906)
200121	Accrued Payables - Health Insurance		157
200122	Accrued Payables - Dental Insurance		159
200123	Accrued Payables - Vision Insurance		(1,698)
200124	Accrued Payables - Life Insurance		1,710
200270	Accrued Payables - Short term Disability		(4,208)
200290	Accrued Payables - Payroll Union		(2,651)
200291	Accrued Payables - 401K deductible		(189)
200295	Accrued Payables - 401k Loan repayments		(1)
200300	Accrued Payables - Heart and Soul Foundation		(5,826)
200410	Accrued Payables- Garnishments		(357,003)
200510	Accrued Payables WC/GL Insurance		(51,746)
200600	Accrued Payables - Bed Taxes ADD'L		(253,014)
200800	Accrued Payables - Management Fees		(762)
200950	Accrued Payables - Interest		(40)
202000	Deferred Rent - Sales Tax		(798,339)
	Total - Line 36	**-**	**(5,778,542)**

Facility Name & ID Number SYMPHONY OF MORGAN PARK # 0053744 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**	$ (916,507)	1	
2	Restatements (describe):		2	
3	Rounding	1	3	
4			4	
5			5	
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ (916,506)	6	
	A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(2,554,197)	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)**	$ (2,554,197)	17	
	B. Transfers (Itemize):			
18			18	
19			19	
20			20	
21			21	
22			22	
23	**TOTAL Transfers (sum of lines 18-22)**	$	23	
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ (3,470,703)	24	*

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

Facility Name & ID Number SYMPHONY OF MORGAN PARK # 0053744 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	$ 18,466,340	1
2	Discounts and Allowances for all Levels	(2,793,267)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 15,673,073	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,880,452	6
7	Oxygen	2,075	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 2,882,527	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	213,492	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	66,104	19
20	Radiology and X-Ray	33,875	20
21	Other Medical Services	29,249	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 342,720	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	49,154	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 49,154	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Supplemental Schedule	10,588	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 10,588	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 18,958,062	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	2,315,029	31
32	Health Care	6,673,080	32
33	General Administration	4,154,694	33
	B. Capital Expense		
34	Ownership	3,218,319	34
	C. Ancillary Expense		
35	Special Cost Centers	4,482,374	35
36	Provider Participation Fee	668,763	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 21,512,259	40
41	**Income before Income Taxes (line 30 minus line 40)****	(2,554,197)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (2,554,197)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 8,346,118	44
45	Private Pay - Net Inpatient Revenue	230,522	45
46	Medicare - Net Inpatient Revenue	1,241,121	46
47	Other-(specify) Hospice	1,267,470	47
48	Other-(specify) MAIP/Managed Care/Veteran	4,587,842	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 15,673,073	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 MORGAN PARK**
IDPH License ID Number: **0053744**
Fiscal Year End: **12/31/18**

Schedule 19A

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

Description	Amount
Other Service	(4,685)
Other Income-Other	409
Transportation Other	525
Closing Costs & Adjustment	14,339
Total - Line 28	**10,588**

Facility Name & ID Number SYMPHONY OF MORGAN PARK # 0053744 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	1,898	2,155	$ 116,925	$ 54.25	1
2	Assistant Director of Nursing	1,659	1,763	74,002	41.98	2
3	Registered Nurses	14,633	16,368	535,928	32.74	3
4	Licensed Practical Nurses	83,451	96,418	2,550,189	26.45	4
5	CNAs & Orderlies	142,646	161,497	2,061,803	12.77	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	17,922	19,730	255,553	12.95	10
11	Social Service Workers	9,051	9,914	145,034	14.63	11
12	Dietician					12
13	Food Service Supervisor	2,016	2,100	55,802	26.58	13
14	Head Cook	2,750	3,077	40,150	13.05	14
15	Cook Helpers/Assistants	22,712	25,026	311,183	12.43	15
16	Dishwashers					16
17	Maintenance Workers	3,843	4,201	95,890	22.83	17
18	Housekeepers	21,694	23,439	300,488	12.82	18
19	Laundry	2,184	2,523	32,211	12.77	19
20	Administrator	2,405	2,627	159,836	60.84	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	9,845	11,147	195,972	17.58	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	5,352	6,126	117,965	19.26	31
32	Other Health C: MDS & Alz	9,075	10,452	273,521	26.17	32
33	Other(specify) Admissions Coord	2,649	2,805	62,676	22.35	33
34	TOTAL (lines 1 - 33)	355,787	401,366	$ 7,385,128 *	$ 18.40	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	$ 20,031	01-03	35
36	Medical Director	Monthly	30,000	09-03	36
37	Medical Records Consultant				37
38	Nurse Consultant	Monthly	9,978	10-07	38
39	Pharmacist Consultant	Monthly	25,423	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	Monthly	19,935	39-03	42
43	Speech Therapy Consultant				43
44	Activity Consultant	Monthly	2,915	11-03	44
45	Social Service Consultant				45
46	Other(specify) Psychiatric	Monthly	8,160	10-03	46
47	Dental Consultant	Monthly	3,600	39-03	47
48					48
49	TOTAL (lines 35 - 48)		$ 120,042		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 OF MORGAN PARK # 0053744 Report Period Beginning: 01/01/18 Ending: 12/31/18

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Bonzetta Williams	Administrator	0	$ 107,856
Nichole Cole	Administrator	0	51,980
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 159,836

B. Administrative - Other

Description	Amount
Management Fees-Symphony	$ 927,980
TOTAL (agree to Schedule V, line 17, col. 3)	$ 927,980
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Achieve Accreditation	Accreditation	$ 9,891
Corporation Service	Annual Filing	305
ABILITY Network, Inc.	Secure Exchange Managed Servi	8,583
Allscripts LLC	IT System	3,403
LTC Consulting	A/P and billing	77,505
Alteryz, Inc.	Data analytics	1,327
American Express	Internet	2,241
MTS Consulting, LLC	Tax consulting	7,640
National Datacare Corporation	Trust fund and Medicaid billing	4,345
Personnel Planners, Inc	Quarterly Unemployment Claim	3,195
See Supplemental Schedule		428,840
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 547,275

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 211,616
Unemployment Compensation Insurance	63,800
FICA Taxes	539,932
Employee Health Insurance	336,732
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Pension Plan Contributions	58,895
Employee Physical Exams	9,985
Other Employee Benefits	11,170
401K	3,567
TOTAL (agree to Schedule V, line 22, col.8)	$ 1,235,697

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	$
Advertising: Employee Recruitment	125
Health Care Worker Background Check	
(Indicate # of checks performed 487)	5,849
Patient Background Checks 476	5,716
Dues & Subscriptions	30,494
Licenses & Permits	9,514
Health Care Council of IL	30,516
Lobbying dues	(19,500)
Allocation From Maestro	7,526
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 70,240

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	5,767
Seminar Expense	
Allocation From Maestro	1,518
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 7,285

* Attach copy of IMRF notifications

**See instructions.

Facility Name: SYMPHONY OF MORGAN PARK
IDPH License ID Number: 0053744
Fiscal Year End: 12/31/18

Schedule 21C

XIX. SUPPORT SCHEDULES

C. Professional Services

Vendor	Type	Amount
Accrual	Legal fees	3,924
Accrual	Legal fees	1,522
Applicant Tracking System	Recruiting	66
Cerida Investment Corp.	Business Services	564
Comcast Cable	Internet	30,842
Creative Technology Solutions	IT Support	25,347
Dart Chart Systems	Software	6,426
DataRobot, Inc	Computer Services	1,632
EMMI Solutions	Subscription - Engage Provider	-
Formation Healthcare Group, LLC	Monthly Subscription Fee	1,326
FYI Systems	Computer IT	548
Gabriel Environment Services	Consulting services	327
Health Data Systems Inc	Programming	3,738
Hipp Law Office	Legal fees	250
Jan Paul Storey	Consulting services	111
Language Line Services	Phone Interpretation	309
Maestro Consulting Services	Consulting services	93,509
Maintence Allocation	Maintence	12,076
Managed Care Group LLC	IT Support	1,916
Marcum LLP	Accounting	9,253
Market Metrix	Customer and Employee Metrix Subscrip	1,123
Matrixcare	Software solutions	(691)
McCabe, Kirshner P.C.	Consulting services	481
McCabe, Kirshner P.C.	Legal fees	95,830
Mood Media	Branding	42
Neal, Gerber & Eisenberg, LLP	Legal fees	77
Nexuscomm, LLC	Cable	4,388
OnShift, Inc	IT Support	15,638
PointClickCare Technologies Inc.	Cloud based software and services	47,707
Prime Care Technologies	PBJ Reporting Module Access Fee	256
Real Time Medical Systems LLC	Clinical and Financial Analytics Service	4,950
Reputation.com, Inc.	Fee	-
RSM US LLP	Accounting	23,264
SB2 Inc.	Legal fees	280
SB2 Inc.	Business Consulting	2,654
Scott Norton	Computer Consulting	415
Shirley Martin Salary	Salary	864
Snowflake Computing, Inc.	Computer Services	874
Stone, Pogrund & Korey LLC	Legal fees	1,998
Telemedicine Solutions, LLC	Wound Rounds Care	24,527
Wencel Worldwide, Inc	Branding	3,879
Windstream	Internet	6,600
	From Page 21	118,435
	Total (agree to Schedule V, line 19, column 3)	547,275
	Allocated from Maestro Professional Services	129,206
	Less: Non-allowbable legal	(2,528)
	Total (agree to Schedule V, line 19, column 8)	673,953

Facility Name & ID Number SYMPHONY OF MORGAN PARK # 0053744 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 IL $30,516**

(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? **7 Yr**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **0** Line **10**

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? **Yes** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **Yes**
If YES, give effective date of lease. **11/1/2015**

(9) Are you presently operating under a sublease agreement? YES **X** NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES **X** NO If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.
Renaissance Park South #0049098

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. $ **668,763**
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? **None** 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 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.