

		FOR BHF USE					

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2016
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2016)

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: 0051805 Facility Name: Symphony of Crestwood Address: 14255 S Cicero Ave Crestwood 60445 County: Cook Telephone Number: (708) 371-0400 Fax #: (708) 371-5871 HFS ID Number: Date of Initial License for Current Owners: 01/01/2012 Type of Ownership: VOLUNTARY,NON-PROFIT Charitable Corp. Trust IRS Exemption Code X PROPRIETARY Individual Partnership Corporation "Sub-S" Corp. X Limited Liability Co. Trust Other GOVERNMENTAL State County 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 01/01/2016 to 12/31/2016 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) (Type or Print Name) (Title) Paid Preparer (Signed) (Print Name and Title) (Firm Name & Address) (Telephone) 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
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Facility Name & ID Number Symphony of Crestwood

0051805 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>303</u>	Skilled (SNF)	<u>303</u>	<u>110,898</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>303</u>	TOTALS	<u>303</u>	<u>110,898</u>	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	<u>45,826</u>	<u>4,128</u>	<u>28,335</u>	<u>78,289</u>	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>45,826</u>	<u>4,128</u>	<u>28,335</u>	<u>78,289</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4.) 70.60%

D. How many bed-hold days during this year were paid by the Department?
N/A (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or
investments not directly related to patient care?
YES ☒ NO ☐ Note : Non-allowable costs have been
eliminated in Schedule V, Column 7.

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES ☐ NO ☒

I. On what date did you start providing long term care at this location?
Date started 01/01/2012

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

K. Was the facility certified for Medicare during the reporting year?
YES ☒ NO ☐ If YES, enter number
of beds certified 297 and days of care provided 9,257

Medicare Intermediary Wisconsin Physician Services

IV. ACCOUNTING BASIS

ACCRUAL ☒ MODIFIED
CASH* ☐ CASH* ☐

Is your fiscal year identical to your tax year? YES ☒ NO ☐

Tax Year: 12/31/2016 Fiscal Year: 12/31/2016
* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number Symphony of Crestwood # 0051805 Report Period Beginning: 01/01/2016 Ending: 12/31/2016
V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	A. General Services											
1	Dietary	487,314	58,738	28,972	575,024		575,024		575,024			1
2	Food Purchase		418,884		418,884		418,884		418,884			2
3	Housekeeping	290,511	72,072		362,583		362,583		362,583			3
4	Laundry	148,317	47,482	3,864	199,663		199,663		199,663			4
5	Heat and Other Utilities			251,183	251,183		251,183	3,136	254,319			5
6	Maintenance	99,555	5,153	337,758	442,466		442,466	35,210	477,676			6
7	Other (specify):* Mgmt alloc of benef							5,139	5,139			7
8	TOTAL General Services	1,025,697	602,329	621,777	2,249,803		2,249,803	43,485	2,293,288			8
	B. Health Care and Programs											
9	Medical Director			48,000	48,000		48,000		48,000			9
10	Nursing and Medical Records	5,525,877	464,499	486,740	6,477,116		6,477,116	197,711	6,674,827			10
10a	Therapy	21,445			21,445		21,445		21,445			10a
11	Activities	156,769		13,124	169,893		169,893		169,893			11
12	Social Services	134,242		40	134,282		134,282		134,282			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):* Mgmt alloc of benef							30,694	30,694			15
16	TOTAL Health Care and Programs	5,838,333	464,499	547,904	6,850,736		6,850,736	228,405	7,079,141			16
	C. General Administration											
17	Administrative	245,083		1,024,058	1,269,141		1,269,141	(967,736)	301,405			17
18	Directors Fees											18
19	Professional Services			718,124	718,124		718,124	(166,176)	551,948			19
20	Dues, Fees, Subscriptions & Promotions			37,082	37,082		37,082	14,498	51,580			20
21	Clerical & General Office Expenses	202,133	31,538	132,290	365,961		365,961	464,976	830,937			21
22	Employee Benefits & Payroll Taxes			1,572,817	1,572,817		1,572,817		1,572,817			22
23	Inservice Training & Education											23
24	Travel and Seminar			610	610		610	1,937	2,547			24
25	Other Admin. Staff Transportation			220	220		220	4,556	4,776			25
26	Insurance-Prop.Liab.Malpractice			568,146	568,146		568,146	5,328	573,474			26
27	Other (specify):* Mgmt alloc of benef							70,940	70,940			27
28	TOTAL General Administration	447,216	31,538	4,053,347	4,532,101		4,532,101	(571,677)	3,960,424			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	7,311,246	1,098,366	5,223,028	13,632,640		13,632,640	(299,787)	13,332,853			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			328,501	328,501		328,501	7,176	335,677			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			478,958	478,958		478,958	2,941	481,899			32
33	Real Estate Taxes			787,780	787,780		787,780	7,000	794,780			33
34	Rent-Facility & Grounds			3,268,567	3,268,567		3,268,567	9,471	3,278,038			34
35	Rent-Equipment & Vehicles			271,790	271,790		271,790	53	271,843			35
36	Other (specify):*											36
37	TOTAL Ownership			5,135,596	5,135,596		5,135,596	26,641	5,162,237			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation			39,965	39,965		39,965		39,965			38
39	Ancillary Service Centers		681,234	2,149,609	2,830,843		2,830,843		2,830,843			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			590,080	590,080		590,080		590,080			42
43	Other (specify):* Non-Allowable Cos	131,894		2,500,142	2,632,036		2,632,036	(2,632,036)				43
44	TOTAL Special Cost Centers	131,894	681,234	5,279,796	6,092,924		6,092,924	(2,632,036)	3,460,888			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	7,443,140	1,779,600	15,638,420	24,861,160		24,861,160	(2,905,182)	21,955,978			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

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	(10,600)	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	(3)	30		9
10	Interest and Other Investment Income	(2,641)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(5,139)	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	(4,790)	43		18
19	Entertainment				19
20	Contributions	(27,950)	43		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(2,153,708)	43		24
25	Fund Raising, Advertising and Promotional	(214)	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 Page 5A	(668,507)	Var.		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (2,873,552)		\$	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)	(31,630)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (31,630)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (2,905,182)		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

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Nonallowable marketing events	\$ (171,816)	43	1
2	Laboratory Costs	(39,648)	43	2
3	X-Ray Costs	(54,831)	43	3
4	Marketing Salaries	(92,037)	43	4
5	Lobbying Expense	(8,579)	20	5
6	Non-Allowable Legal Fees	(5,515)	19	6
7	Vallet Parking	(31,394)	43	7
8	Non-Allowable Collection Fees	(224,428)	19	8
9	Visitor Meals	(52)	43	9
10	Rotary Club	(350)	20	10
11	Guest Relations	(39,857)	43	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	(668,507)		49

VII. RELATED PARTIES

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

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

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

YES

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		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V			\$			\$	\$	1
2	V								2
3	V				N/A				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			\$			\$	\$ * 0	14

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ 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		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	19	Professional Services	\$ 2,170	Symphony Financial Services, LLC	100%	\$	(2,170)	15
16	V	21	Clerical & General Office Exp		Symphony Financial Services, LLC	100%	48,870	48,870	16
17	V	24	Travel & Seminar		Symphony Financial Services, LLC	100%	99	99	17
18	V	30	Depreciation		Symphony Financial Services, LLC	100%	4,363	4,363	18
19	V	32	Interest		Symphony Financial Services, LLC	100%	5,582	5,582	19
20	V	34	Rent - Facility & Grounds		Symphony Financial Services, LLC	100%	334	334	20
21	V	35	Rent - Equipment & Vehicles		Symphony Financial Services, LLC	100%	2	2	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			\$ 2,170			\$ 59,250	\$ * 57,080	39

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

VII. RELATED PARTIES (continued)

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	5	<u>Utilities</u>	\$	<u>Maestro Consulting Services</u>	100%	\$ 3,136	\$	3,136 15
16	V	6	<u>Maintenance Salaries</u>		<u>Maestro Consulting Services</u>	100%	28,705		28,705 16
17	V	6	<u>Maintenance Expenses</u>		<u>Maestro Consulting Services</u>	100%	6,505		6,505 17
18	V	7	<u>Employee Benefits - Maintenance</u>		<u>Maestro Consulting Services</u>	100%	5,139		5,139 18
19	V	10	<u>Clinical Salaries</u>		<u>Maestro Consulting Services</u>	100%	197,711		197,711 19
20	V	15	<u>Employee Benefits - Clinical</u>		<u>Maestro Consulting Services</u>	100%	30,694		30,694 20
21	V	17	<u>Administrative Salaries</u>	1,024,058	<u>Maestro Consulting Services</u>	100%	56,322		(967,736) 21
22	V	19	<u>Professional Fees</u>		<u>Maestro Consulting Services</u>	100%	57,119		57,119 22
23	V	20	<u>Dues, Fees, Subscriptions, etc.</u>		<u>Maestro Consulting Services</u>	100%	23,427		23,427 23
24	V	21	<u>Clerical & General Salaries</u>		<u>Maestro Consulting Services</u>	100%	370,030		370,030 24
25	V	21	<u>Clerical & General Expenses</u>		<u>Maestro Consulting Services</u>	100%	46,076		46,076 25
26	V	24	<u>Seminars And Education</u>		<u>Maestro Consulting Services</u>	100%	1,838		1,838 26
27	V	25	<u>Transportation</u>		<u>Maestro Consulting Services</u>	100%	4,556		4,556 27
28	V	26	<u>Insurance</u>		<u>Maestro Consulting Services</u>	100%	5,328		5,328 28
29	V	27	<u>Employee Benefits - Administrative</u>		<u>Maestro Consulting Services</u>	100%	70,940		70,940 29
30	V	30	<u>Depreciation</u>		<u>Maestro Consulting Services</u>	100%	2,816		2,816 30
31	V	33	<u>Real Estate Tax</u>		<u>Maestro Consulting Services</u>	100%	7,000		7,000 31
32	V	34	<u>Building Rental</u>		<u>Maestro Consulting Services</u>	100%	9,137		9,137 32
33	V	35	<u>Equipment Rental</u>		<u>Maestro Consulting Services</u>	100%	3,950		3,950 33
34	V	35	<u>Auto Lease</u>		<u>Maestro Consulting Services</u>	100%	4,919		4,919 34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 1,024,058			\$ 935,348	\$ *	(88,710) 39

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

VII. RELATED PARTIES (continued)

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	10	Nursing and Medical Records	\$ 9,493	Integra Healthcare Equipment, LLC		\$ 9,493	\$	15
16	V	10	Consultants Nursing and Medical Records	15,500	Integra Healthcare Equipment, LLC		15,500		16
17	V	24	Travel and Seminar	120	Integra Healthcare Equipment, LLC		120		17
18	V	35	Rent-Equipment & Vehicles	123,389	Integra Healthcare Equipment, LLC		123,389		18
19	V	39	DME & Medical Supplies	29,325	Integra Healthcare Equipment, LLC		29,325		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			\$ 177,827			\$ 177,827	\$ * 0	39

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES ☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	38	Medically Necessary Transportation	\$ 5,477	Lifeline Ambulance, LLC		\$ 5,477	\$	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			\$ 5,477			\$ 5,477	\$ * 0	39

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

Facility Name & ID Number

Symphony of Crestwood

0051805

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

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	Debra Hartman	24.50	Symphony Aspen Ridge, LLC D/B/A Symphony	Decatur	Symphony Healthcare	Lincolnwood	Sub Lessor	1
2	Hartman Family Fdn	4.50	Symphony Countryside, LLC D/B/A Countrysid	Aurora	Symphony M.L., LLC	Lincolnwood	Main Lessor	2
3	Hartman Dynasty Trust	4.50	Symphony Crestwood, LLC D/B/A Symphony of	Crestwood	Symphony HMG, LLC	Lincolnwood	Sub Lessor	3
4	Mark Hartman	4.50	Symphony Deerbrook, LLC D/B/A Symphony of	Joliet	Symphony Financial S	Lincolnwood	Mgmt Co.	4
5	Julie Thomas	4.50	Symphony Maple Crest, LLC D/B/A Maple Cres	Belvidere	Maestro Consulting Se	Lincolnwood	Mgmt. Co.	5
6	Rena Dickman	4.50	Symphony Maple Ridge, LLC D/B/A Symphony	Lincoln				6
7	Robert Hartman	4.00	Symphony McKinley, LLC D/B/A McKinley Co	Decatur				7
8	Jack Hartman	3.00	Symphony Northwoods, LLC D/B/A Northwood	Belvidere				8
9	Joseph Hartman	3.00	Symphony Evanston Healthcare	Evanston				9
10	David J. Hartman	20.00	Symphony of Dyer	Indiana				10
11	Jay Flatt	3.00	Symphony of Crown Point	Indiana	Nucare Services	Lincolnwood	Bookkeeping Mgmt	11
12	Gerry Jenich	10.00	Symphony of Chesterton	Indiana	7257 N. Lincoln Ave, I	Lincolnwood	Building Rental	12
13	IBEX Mgmt Svces, LLC	10.00			Diamond Insurance	Northbrook	Work Comp Ins.	13
14					Mapleleaf Insurance	Grand Cayman	Liability/Work Com	14
15			California Gardens Corp.	Chicago	Seasons Hospice	Park Ridge	Hospice *	15
16			Monroe Pavillion	Chicago	JLR Financial Svcs. C	Lincolnwood	Management Co.	16
17			Sycamore Village	Swansea	KFT Services, LLC	Lincolnwood	Management Co. **	17
18			Symphony of Aria	Hillside	Drake Louis Enterpris	Lincolnwood	Management Co. **	18
19			Symphony at 87th Street	Chicago	Integra Healthcare Eq	Elmhurst	DME & Med. Suppl	19
20			Symphony at Midway	Chicago	Lifeline Ambulance, L	Chicago	Ambulance	20
21			Symphony at Tillers	Oswego	Integra Respiratory Se	Elmhurst	Respiratory Service	21
22			Symphony at Bronzeville	Chicago	Lifemed Pharmacy	Bensenville	Pharmacy	22
23			Symphony of Buffalo Grove	Buffalo Grove	ConcertoHealth	Chicago	Clinical Services	23
24			Symphony of Chicago West	Chicago				24
25			Symphony of Glendale	Glendale, Wiscosin	* No expense paid by home to the related			25
26			Symphony of Hanover Park	Hanover Park	entity, therefore no page 6 or 8.			26
27			Symphony of Lincoln Park	Chicago	** No expense of this related business			27
28			Symphony of Morgan Park	Chicago	allocated to homes			28
29			Symphony of South Shore	Chicago				29
30			Symphony Residences of Lincoln Park	Chicago				30

Facility Name & ID Number Symphony of Crestwood # 0051805 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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	
1	No owners receive compensation from this facility.			0.00					\$		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 Crestwood # 0051805 Report Period Beginning: 01/01/2016 Ending: 2/31/2016

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization Symphony Financial Services, LLC
Street Address 7257 N. Lincoln Ave.
City / State / Zip Code Lincolnwood, IL 60712
Phone Number (847) 933-2600
Fax Number ()

	1	2	3	4	5	6	7	8	9	
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary	Facility	Allocation	
	Line	Item	(i.e.,Days, Direct Cost,	Total Units	Subunits Being	Cost Being	Cost Contained	Units	(col.8/col.4)x col.6	
	Reference		Square Feet)		Allocated Among	Allocated	in Column 6			
1	19	Professional Services	Occupied Bed Days	502,430	12	\$ (13,929)	\$	78,289	\$ (2,170)	1
2	21	Clerical & General Office Exp	Occupied Bed Days	502,430	12	313,631		78,289	48,870	2
3	24	Travel & Seminar	Occupied Bed Days	502,430	12	638		78,289	99	3
4	30	Depreciation	Occupied Bed Days	502,430	12	28,003		78,289	4,363	4
5	32	Interest	Occupied Bed Days	502,430	12	35,825		78,289	5,582	5
6	34	Rent - Facility & Grounds	Occupied Bed Days	502,430	12	2,143		78,289	334	6
7	35	Rent - Equipment & Vehicles	Occupied Bed Days	502,430	12	14		78,289	2	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					\$ 366,325	\$		\$ 57,080	25

Facility Name & ID Number Symphony of Crestwood# 0051805

Report Period Beginning:

01/01/2016Ending: 2/31/2016

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization

Maestro Consulting Services

Street Address

7257 N. Lincoln Ave.

City / State / Zip Code

Lincolnwood, IL 60712

Phone Number

(847) 933-2600

Fax Number

()

1	2	3	4	5	6	7	8	9	
Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary	Facility	Allocation	
Line	Item	(i.e., Days, Direct Cost, Square Feet)	Total Units	Subunits Being	Cost Being	Cost Contained	Units	(col.8/col.4)x col.6	
Reference				Allocated Among	Allocated	in Column 6			
1	5	Utilities	Bed Days Available	28	\$ 51,919	\$	110,898	\$ 3,136	1
2	6	Maintenance Salaries	Bed Days Available	28	475,288	475,288	110,898	28,705	2
3	6	Maintenance Expenses	Bed Days Available	28	107,711		110,898	6,505	3
4	7	Employee Benefits - Maintenance	Bed Days Available	28	85,090		110,898	5,139	4
5	10	Clinical Salaries	Bed Days Available	28	3,273,643	3,273,643	110,898	197,711	5
6	15	Employee Benefits - Clinical	Bed Days Available	28	508,220		110,898	30,694	6
7	17	Administrative Salaries	Bed Days Available	28	932,558	932,558	110,898	56,322	7
8	19	Professional Fees	Bed Days Available	28	945,768		110,898	57,119	8
9	20	Dues, Fees, Subscriptions, etc.	Bed Days Available	28	387,900		110,898	23,427	9
10	21	Clerical & General Salaries	Bed Days Available	28	6,126,863	6,126,863	110,898	370,030	10
11	21	Clerical & General Expenses	Bed Days Available	28	762,920		110,898	46,076	11
12	24	Seminars And Education	Bed Days Available	28	30,439		110,898	1,838	12
13	25	Transportation	Bed Days Available	28	75,434		110,898	4,556	13
14	26	Insurance	Bed Days Available	28	88,214		110,898	5,328	14
15	27	Employee Benefits - Administrative	Bed Days Available	28	1,174,614		110,898	70,940	15
16	30	Depreciation	Bed Days Available	28	46,621		110,898	2,816	16
17	33	Real Estate Tax	Bed Days Available	28	115,912		110,898	7,000	17
18	34	Building Rental	Bed Days Available	28	151,288		110,898	9,137	18
19	35	Equipment Rental	Bed Days Available	28	65,399		110,898	3,950	19
20	35	Auto Lease	Bed Days Available	28	81,453		110,898	4,919	20
21							110,898		21
22									22
23									23
24									24
25	TOTALS				\$ 15,487,254	\$ 10,808,352		\$ 935,348	25

Facility Name & ID Number Symphony of Crestwood # 0051805 Report Period Beginning: 01/01/2016 Ending: 2/31/2016

VIII. ALLOCATION OF INDIRECT COSTS

- A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐
- B. Show the allocation of costs below. If necessary, please attach worksheets.

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

	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	10	Nursing and Medical Records	Direct Allocation			\$	\$		\$ 9,493	1
2	10	Consultants Nursing and Medical	Direct Allocation						15,500	2
3	24	Travel and Seminar	Direct Allocation						120	3
4	35	Rent-Equipment & Vehicles	Direct Allocation						123,389	4
5	39	DME & Medical Supplies	Direct Allocation						29,325	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					\$	\$		\$ 177,827	25

Facility Name & ID Number Symphony of Crestwood # 0051805 Report Period Beginning: 01/01/2016 Ending: 2/31/2016

VIII. ALLOCATION OF INDIRECT COSTS

- A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐
- B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization Lifeline Ambulance, LLC
Street Address 3737 Chase Ave
City / State / Zip Code Skokie, IL 60076
Phone Number (312) 949-9595
Fax Number (312) 949-9292

	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	Medically Necessary Transportati	Direct Allocation			\$	\$		\$ 5,477	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					\$	\$		\$ 5,477	25

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							\$				\$	1
2												2
3												3
4												4
5												5
	Working Capital											
6	The Private Bank		X	Capital Improvements	Interest Only	12/30/2011	2,000,000	728,690	12/30/2017	0.0525	27,240	6
7	The Private Bank		X	Line of credit	Interest Only	12/30/2011	27,000,000	12,083,843	4/22/2017	0.0450	451,718	7
8												8
9	TOTAL Facility Related						\$ 29,000,000	\$ 12,812,533			\$ 478,958	9
	B. Non-Facility Related*											
10												10
11												11
12								Offset Interest Income			(2,641)	12
13								Allocated from Mgmt Co.			5,582	13
14	TOTAL Non-Facility Related						\$	\$			\$ 2,941	14
15	TOTALS (line 9+line14)						\$ 29,000,000	\$ 12,812,533			\$ 481,899	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.)

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

B. Real Estate Taxes

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.			
1. Real Estate Tax accrual used on 2015 report.		2015	\$	834,000	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.)			\$	810,879	2
3. Under or (over) accrual (line 2 minus line 1).			\$	(23,121)	3
4. Real Estate Tax accrual used for 2016 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	875,700	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)			\$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund.		Prior Period Tax Adjustment		(64,799)	
		Alloc. Fr. Mgmt Co.		7,000	
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.			\$	794,780	7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:		2011	653,708	8	
		2012	700,096	9	
		2013	730,695	10	
		2014	794,158	11	
		2015	810,879	12	
2016 Tax Accrual = \$810,879 * 1.08 = \$875,749, Use \$875,700					

		FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2015	\$		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.

FACILITY NAME	<u>Symphony Crestwood, LLC D/B/A Symphony of Crestwood</u>	COUNTY	<u>Cook</u>
---------------	--	--------	-------------

COUNTY Cook

TELEPHONE (847) 745-6205 FAX #: (847) 583-8873

Enter the tax index number and real estate tax assessed for 2015 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 2015.

B. Real Estate Tax Cost Allocations

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.)

Attach a copy of the original 2015 tax bills which were listed in Section A to this statement. Be sure to use the 2015 tax bill which is normally paid during 2016.

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.

A. Square Feet:

91,960

B. General Construction Type:

Exterior

Stone

Frame

Steel

Number of Stories

4

C. Does the Operating Entity?

☐

(a) Own the Facility

☐

(b) Rent from a Related Organization.

☒

(c) Rent from Completely Unrelated Organization.

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

D. Does the Operating Entity?

☒

(a) Own the Equipment

☐

(b) Rent equipment from a Related Organization.

☒

(c) Rent equipment from Completely Unrelated Organization.

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

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

N/A

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?

☐

YES

☒

NO

If so, please complete the following:

1. Total Amount Incurred:

N/A

2. Number of Years Over Which it is Being Amortized:

N/A

3. Current Period Amortization:

N/A

4. Dates Incurred:

N/A

Nature of Costs:

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

XI. OWNERSHIP COSTS:

1		2		3		4	
Use		Square Feet		Year Acquired		Cost	
1	Allocated from Maestro 7257	-		2004		\$ 9,663	
2							
3	TOTALS					\$ 9,663	

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		Allocated from Maestro 7257		2004	86,968		39	2,230	2,230	32,613	8
		Improvement Type**									
9		Architectural Fees		2012	30,284	1,514	20	1,514		6,653	9
10		Elevator - Electrical		2012	19,950	998	20	998		4,081	10
11		Exterior Aluminum		2012	52,666	2,634	20	2,634		10,773	11
12		Exterior Painting - Back Entrance		2012	53,000	2,650	20	2,650		11,483	12
13		Interior Painting - First Floor		2012	16,140	807	20	807		3,448	13
14		Interior Painting - Second Floor		2012	32,000	1,600	20	1,600		6,545	14
15		Front Entrance - West & S		2012	19,000	950	20	950		3,829	15
16		Cooling Tower - Replace		2012	31,138	1,557	20	1,557		6,652	16
17		Floor Coverings		2012	213,242	10,662	20	10,662		42,971	17
18		Elevator - Fix Car Sills		2012	242,100	12,105	20	12,105		48,787	18
19		Sprinkler System - Entire		2012	326,853	16,343	20	16,343		65,866	19
20		Standby Generator for Service Elevator		2012	55,000	11,000	5	11,000		44,917	20
21											21
22		Cast Iron sewer located on 1st floor		2013	2,500	125	20	125		500	22
23		Installing receptacles on hallway for wall mounting		2013	2,520	126	20	126		504	23
24		Demo/Carpentry drywall - Second Floor		2013	16,050	802	20	802		3,143	24
25		Contractor fees for facility renovation-Second Floor		2013	11,018	551	20	551		2,158	25
26		Wall Coverings and Painting-Second Floor		2013	18,932	947	20	947		3,708	26
27		Contractor fees for facility renovation-Elevator/Cooling Tower		2013	183,922	9,196	20	9,196		36,018	27
28		Wall coverings-Throughout Facility		2013	91,289	4,564	20	4,564		17,877	28
29		Demo/Carpentry Drywall-Throughout Facility		2013	46,300	2,315	20	2,315		9,067	29
30		Interior Electrical Alarms		2013	75,869	3,794	20	3,794		14,858	30
31		Electrical modifications standby generator		2013	38,193	1,909	20	1,909		7,479	31
32		Interior painting, wall coverings, demo and cap 2 sinks		2013	13,189	659	20	659		2,527	32
33		-Second Floor									33
34		Interior Painting - Second Floor		2013	5,500	550	10	550		2,108	34
35		Interior soffit enclosures, fittings, painting service-2nd Fl		2013	7,960	398	20	398		1,526	35
36		Floor Coverings-Third Floor Dialysis		2013	41,686	2,084	20	2,084		7,816	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 Crestwood

0051805

Report Period Beginning:

01/01/2016 Ending: 12/31/2016

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Custom Built Cabinetry-Nurse Station, Comp Wk Station	2013	\$ 14,140	\$ 707	20	\$ 707	\$	\$ 2,710	37
38	Hallway and bathroom doors	2013	2,640	132	20	132		506	38
39	Demo/Carpentry Drywall and plumbing-Fourth Fl Showers	2013	35,902	1,795	20	1,795		6,732	39
40	Replaced floor drain-Fourth Floor Showers	2013	2,900	145	20	145		532	40
41	Demo/Carpentry Drywall-Fourth Floor	2013	7,925	396	20	396		1,420	41
42	Contractor fees for facility renovation-Throughout Facility	2013	8,731	436	20	436		1,564	42
43	Interior Electrical Alarms	2013	51,532	2,577	20	2,577		9,233	43
44	Interior painting - 4th floor	2013	31,250	3,125	10	3,125		11,198	44
45	2nd floor north spa room floor coverings	2013	14,300	715	20	715		2,562	45
46	Sun Shade Installation	2013	9,620	481	20	481		1,724	46
47	Carpentry drywall, asphalt patching for trench and generator	2013	38,625	1,931	20	1,931		6,598	47
48	-Second Floor & Corridors								48
49	Painting - First floor	2013	12,800	1,280	10	1,280		4,373	49
50	Custom Built Cabinetry-First Floor Dialysis	2013	20,940	1,047	20	1,047		3,403	50
51	Demo Carpentry/Drywall Material and Labor-1st Fl Dialysis	2013	21,379	1,069	20	1,069		3,474	51
52	Installation of Louvers-Third Floor Dialysis	2013	151,750	7,587	20	7,587		24,659	52
53	Contractor fees for facility renovation-Throughout Facility	2013	28,436	1,422	20	1,422		4,621	53
54	Fire pump installation-raceways & conductors for tampers	2013	37,113	1,856	20	1,856		6,031	54
55	Exterior painting	2013	2,500	250	10	250		813	55
56	Conference Room wallpaper	2013	8,277	414	20	414		1,345	56
57	Roofing labor and materials	2013	7,100	355	20	355		1,154	57
58	Staining courtyard (3,450 sq ft)	2013	10,350	1,035	10	1,035		3,364	58
59									59
60	Plumbing Improvements	2014	6,450	323	20	323		914	60
61	-Cut 1-1/2" Galvanized & Gate Valve Replaced								61
62	-Port Ball Valve to Allow Water to 2,3, & 4th Floor								62
63	-Removed & Replaced Wall Hung Toilet, Sloan Flush Valve								63
64	Automatic Door	2014	5,995	298	20	298		708	64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 2,263,924	\$ 120,216		\$ 122,446	\$ 2,230	\$ 497,545	70

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

Facility Name & ID Number Symphony of Crestwood

0051805

Report Period Beginning:

01/01/2016 Ending: 12/31/2016

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 2,263,924	\$ 120,216		\$ 122,446	\$ 2,230	\$ 497,545	1
2	Facility Remodeling	2014	446,362	22,318	20	22,318		58,377	2
3	-Demo/Carpentry/Drywall-Throughout Facility								3
4	-Permits-Throughout Facility								4
5	-General Contracting-Throughout Facility								5
6	-Rough in Temporary Dialysis Room								6
7	-2" Feeders to 3rd Flr to 1st Flr, & 2nd Floor Shower Room								7
8	-Demo Elec in Vestibule Entry								8
9	-F&I Piping and Trim into New Ceiling, Shower Remodel								9
10	-New Lobby Admissions Office								10
11	-Administrative Office, F7I Mill Work Wall Base								11
12	-F&I Vinyl Plank Floor & Wall Base - Breakroom								12
13	-Custom Counter Tops - Dialysis Office								13
14	-Add Reliable Dry Sidewall Sprinkler Head in Vestibule								14
15	- Dialysis Room on the 1st Floor								15
16	-Fire Prot, Floor Coverings, Interior Painting-1st & 3rd Fl								16
17	-Architectual Svc, Roof Repairs, Interior Elec-1st & 3rd Fl								17
18	-Alarms-First & Third Floor								18
19	-Gazebo								19
20	-Interior Electrical/Alarms-First Floor Dialysis								20
21	-Plumbing-First Floor								21
22	- Supervision-Throughout Facility								22
23	- Architect Fees-Throughout Facility								23
24	- Plumbing-Throughout Facility								24
25	- Demo, Carpentry, Drywall-Shower Room								25
26	- Pipe Existing Emergency Panel to New Panel-Shower Rm								26
27	- Plumbing-Shower Room								27
28	- Floor Covering-Shower Room								28
29	- Open Walls & Ceiling for Exhaust-1st Floor								29
30	- Exhaust fan for 11 Risers, Ductwork to Exterior-1st Fl								30
31	- Exhaust Discharge, Coring of Outside Walls-1st Floor								31
32	- Pour Concrete, Demo-1st Floor								32
33	- Third floor dialysis architecture fees								33
34	TOTAL (lines 1 thru 33)		\$ 2,710,286	\$ 142,534		\$ 144,764	\$ 2,230	\$ 555,922	34

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

Facility Name & ID Number Symphony of Crestwood

0051805

Report Period Beginning:

01/01/2016 Ending: 12/31/2016

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 2,710,286	\$ 142,534		\$ 144,764	\$ 2,230	\$ 555,922	1
2	IDPH Dialysis -Architecture Fees, Electric, Plumbing,	2015	47,470	2,373	20	2,373		4,549	2
3	-Construction Fee								3
4	Millwork & Trim on 3rd & 4th Floor Nurses Stations	2015	26,000	1,300	20	1,300		1,625	4
5									5
6	Installed new flooring on 4th floor	2016	21,352	534	20	534		534	6
7	Installed 3 Isolation Ball Valves for chilled water piping in	2016	8,500	106	20	106		106	7
8	Therapy Room								8
9	Electrical work in Office Room	2016	2,730	46	20	46		46	9
10	Pipe replacement in Kitchen	2016	4,960	21	20	21		21	10
11									11
12	Cisco direct phone system throughout facility	2016	14,854	2,723	5	2,723		2,723	12
13	Installed replacement 60 ton chiller compressor in the	2016	19,737	1,597	5	1,597		1,597	13
14	ground level mechanical/boiler room								14
15									15
16	Allocated from Maestro Consulting Services	2003	707		39			464	16
17	Allocated from Maestro Consulting Services	2004	14,361		39			9,140	17
18	Allocated from Maestro Consulting Services	2005	852		39			505	18
19	Allocated from Maestro Consulting Services	2006	1,155		39			598	19
20	Allocated from Maestro Consulting Services	2008	1,217		39			502	20
21	Allocated from Maestro Consulting Services	2009	19,593		20			7,455	21
22	Allocated from Maestro Consulting Services	2010	3,011		20			980	22
23	Allocated from Maestro Consulting Services	2011	163		20			48	23
24	Allocated from Maestro Consulting Services	2012	181		20			43	24
25	Allocated from Maestro Consulting Services	2014	2,265		20			295	25
26	Allocated from Maestro Consulting Services	2015	637		20			42	26
27	Allocated from Maestro Consulting Services	2016	2,791		20	108	108	108	27
28									28
29	Allocated from Maestro 7257	2004	1,728		10			1,080	29
30	Allocated from Maestro 7257	2005	7,928		10	56	56	5,530	30
31	Allocated from Maestro 7257	2015	1,371		15	130	130	122	31
32									32
33	Tie to book depreciation			3			(3)		33
34	TOTAL (lines 1 thru 33)		\$ 2,913,849	\$ 151,237		\$ 153,758	\$ 2,521	\$ 594,035	34

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

C. Equipment Costs-Excluding Transportation. (See instructions.)								
	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$1,007,636	\$167,453	\$167,453	\$-	5-7	\$586,985	71
72	Current Year Purchases	65,722	9,811	9,811	-	5-7	9,811	72
73	Fully Depreciated Assets				-			73
74	See Sch. 13A	133,638		4,655	4,655		120,042	74
75	TOTALS	\$1,206,996	\$177,264	\$181,919	\$4,655		\$716,838	75

D. Vehicle Costs. (See instructions.)*									
	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9
76	Allocated from Maestro Consulting Services			\$535	\$	\$	\$-		\$535
77					-	-	-		
78					-	-	-		
79					-	-	-		
80	TOTALS			\$535	\$-	\$-	\$-		\$535

E. Summary of Care-Related Assets					1	2
		Reference			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)			\$	4,131,043
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)			\$	328,501
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)			\$	335,677
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)			\$	7,176
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)			\$	1,311,408

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)				
	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4
86	N/A	\$	\$	\$
87				
88				
89				
90				
91	TOTALS	\$	\$	\$

G. Construction-in-Progress		
	Description	Cost
92	N/A	\$
93		
94		
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 Crestwood
IDPH License ID Number: 0051805
Fiscal Year End: 12/31/2016

Schedule 13A

XI. Ownership Costs
Line 74 - Equipment Costs - Excluding Transportation

Category of Equipment	Cost	Current Book Depreciation	Straight Line Depreciation	Adjustments	Component Life	Accumulated Depreciation
Allocated from Symphony Financial Services, LLC	26,693		4,363	4,363	5-7	15,074
Allocated from Maestro Consulting Services	106,945		292	292	5-10	104,968
				-		
TOTAL	133,638	-	4,655	4,655		120,042

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Diana Master Landlord, LLC
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions.
- ☒ YES☐ NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:	1974	303	12/31/2011	\$ 3,262,114	10	10	3
4	Additions							4
5								5
6	Allocated from Mgmt. Co.				9,471			6
7	TOTAL		303		\$ 3,271,585			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
- 6,453

64,527

10

9. Option to Buy:
- ☐ YES☒ NO
- Terms: N/A
- *

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

15. Is Movable equipment rental included in building rental?
- ☐ YES☒ NO
16. Rental Amount for movable equipment: \$ 260,870
- Description: See Schedule 14A

(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	Administratve	Audi S4	\$ 1,009	\$ 6,054	17
18					18
19					19
20	Allocated from Mgmt. Co.			4,919	20
21	TOTAL		\$ 1,009.00	\$ 10,973	21

10. Effective dates of current rental agreement:

Beginning 12/31/2011
Ending 12/31/2021

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

	Fiscal Year Ending	Annual Rent
12.	/2017	\$ 2,202,007
13.	/2018	\$ 2,246,047
14.	/2019	\$ 2,290,968

* 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 Crestwood
IDPH License ID Number: 0051805
Fiscal Year End: 12/31/2016

Schedule 14A

XIV. Rental Costs
Line 16 Rental Amount for Moveable Equipment

Rental Description	Amount
Low Air Loss Mattress	52,004
Vac Freedom	38,536
Oxygen Concentrator	14,137
BIPAP Unit, Devilbiss with humidifier	8,316
Floor Drum Machine	120
Mist Therapy Equip	6,300
blood pressure machine	6,534
Spot Coolers	189
Ice Maker	6,720
Water System	2,340
Copiers	64,146
Computers	959
Mailing System	2,360
Phone System	12,039
CPM Unit	18,157
PAP Fulll Face Mack	17,570
UltraLift	6,491
Home Office Allocation	3,952
Total - Line 16	260,870

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

C. CONTRACTUAL INCOME

ALLOCATION OF COSTS (d)

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

		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)	\$			

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		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(3)	hrs	\$	11,504	\$ 828,287	\$	11,504	\$ 828,287	1
2	Licensed Speech and Language Development Therapist	39(3)	hrs		2,550	183,614		2,550	183,614	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39(3)	hrs		13,771	991,476		13,771	991,476	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39(2)	# of prescrpts				662,454		662,454	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
	Academic Education		hrs							11
12	Other (specify): <u>Oxygen</u>	39(2)					18,780		18,780	12
13	Other (specify): <u>See Schedule 16A</u>	39(3)				146,232			146,232	13
14	TOTAL			\$	27,825	\$ 2,149,609	\$ 681,234	27,825	\$ 2,830,843	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 Crestwood
IDPH License ID Number: 0051805
Fiscal Year End: 12/31/2016

Schedule 16A

XIV. Special Services (Direct Cost)
Line 12 Other (specify)

Description	Units	Amount
INHALATION THERAPY-MEDICAID		1,435
INHALATION THERAPY PRIVATE		487
INHALATION THERAPY MEDICARE		5,872
INHALATION THERAPY MANAGED CARE		12,581
IV THERAPY - PRIVATE		375
I.V. THERAPY-MEDICARE		42,873
I.V. THERAPY-MEDICAID		2,325
I.V. THERAPY-MANAGED CARE		62,436
RESPIRATORY		17,848
Total - Line 12	-	146,232

This report must be completed even if financial statements are attached.

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 4,000	\$ 4,000	1
2	Cash-Patient Deposits	85,965	85,965	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 3,037,261)	7,919,978	7,919,978	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	57,238	57,238	6
7	Other Prepaid Expenses	16,585	16,585	7
8	Accounts Receivable (owners or related parties)	734,463	734,463	8
9	Other(specify): See Schedule 17A	475,810	475,810	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 9,294,039	\$ 9,294,039	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		9,663	13
14	Buildings, at Historical Cost		86,968	14
15	Leasehold Improvements, at Historical Cost	2,679,330	2,826,881	15
16	Equipment, at Historical Cost	1,162,950	1,207,531	16
17	Accumulated Depreciation (book methods)	(1,131,308)	(1,311,408)	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 (spec Lease Cost	32,263	32,263	22
23	Other(specify): See Schedule 17A	395,605	395,605	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 3,138,840	\$ 3,247,503	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 12,432,879	\$ 12,541,542	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 5,154,769	\$ 5,154,769	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	396,776	396,776	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	875,700	875,700	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See Schedule 17A	4,580,926	4,580,926	36
37	Deferred Rent, net of Amortization	412,333	412,333	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 11,420,504	\$ 11,420,504	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	12,812,533	12,812,533	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)	\$ 12,812,533	\$ 12,812,533	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 24,233,037	\$ 24,233,037	46
47	TOTAL EQUITY(page 18, line 24)	\$ (11,800,158)	\$ (11,691,495)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 12,432,879	\$ 12,541,542	48

*(See instructions.)

Facility Name: Symphony of Crestwood
IDPH License ID Number: 0051805
Fiscal Year End: 12/31/2016

Schedule 17A

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

Description	Operating	After Consolidation
Reserves for Capex	216,260	216,260
Maple Leaf Captive	7,245	7,245
Ins Wrks Comp Deduct/Settlement	236,481	236,481
Due to Symphony Financials	15,824	15,824
Total - Line 9	475,810	475,810

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

Description	Operating	After Consolidation
Security Deposit	162,605	162,605
Due T/F Affiliated Companies	233,000	233,000
Total - Line 23	395,605	395,605

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

Description	Operating	After Consolidation
Exchange Formation L/H	1,501,530	1,501,530
Security Deposit Payable	-	-
Operating Expenses	152,034	152,034
Management Fees - Symphony	506,674	506,674
State Unemployment Tax	16,277	16,277
Federal Unemployment Tax	1,025	1,025
Sales Tax	817	817
Payroll Taxes Other	51,276	51,276
Accured Employee Benefits	461,616	461,616
FICA & W/H Fed	470	470
IL W/H	104	104
Due to IDPA - Addtl IL Bed Tax	74,854	74,854
Exchange	313,984	313,984
Due to Nucare	39,153	39,153
Wage Assignment & Garnishment	449	449
Patient Personal Funds	86,801	86,801
Due T/F Maestro (Expenses)	116,839	116,839
Due T/F Affiliated Companies Insur	215,110	215,110
Due T/F Affiliated Companies Rent	543,667	543,667
Real Estate Escrow Deposit	498,246	498,246
Total - Line 36	4,580,926	4,580,926

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (6,322,563)	1
2	Restatements (describe):		2
3	Prior Period Adjustment	(902,374)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (7,224,937)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(4,575,221)	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) Rounding		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (4,575,221)	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)	\$ (11,800,158)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Symphony of Crestwood

0051805

Report Period Beginning: 01/01/2016

Ending: 12/31/2016

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

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

1

	I. Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 20,046,550	1
2	Discounts and Allowances for all Levels	(5,991,049)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 14,055,501	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	4,798,755	6
7	Oxygen	13,043	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 4,811,798	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	852,810	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	389,255	19
20	Radiology and X-Ray	20,988	20
21	Other Medical Services	110,690	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,373,743	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	2,641	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 2,641	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>Rental Income</u>	42,256	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 42,256	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 20,285,939	30

2

	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	2,249,803	31
32	Health Care	6,850,736	32
33	General Administration	4,532,101	33
	B. Capital Expense		
34	Ownership	5,135,596	34
	C. Ancillary Expense		
35	Special Cost Centers	5,502,844	35
36	Provider Participation Fee	590,080	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 24,861,160	40
41	Income before Income Taxes (line 30 minus line 40)**	(4,575,221)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (4,575,221)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	\$ 8,511,124	44
45	Private Pay - Net Inpatient Revenue	444,060	45
46	Medicare - Net Inpatient Revenue	1,932,917	46
47	Other-(specify) <u>Hospice</u>	896,465	47
48	Other-(specify) <u>Managed Care</u>	2,270,935	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 14,055,501	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.

^ - Tax return prepared on a cash basis

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,864	2,056	\$ 139,237	\$ 67.72	1
2	Assistant Director of Nursing	1,749	1,820	61,914	34.02	2
3	Registered Nurses	44,094	46,402	1,624,297	35.00	3
4	Licensed Practical Nurses	66,059	70,029	1,958,254	27.96	4
5	CNAs & Orderlies	116,364	125,508	1,649,034	13.14	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	913	1,200	21,445	17.87	8
9	Activity Director	1,879	2,079	36,396	17.51	9
10	Activity Assistants	7,112	8,081	120,373	14.90	10
11	Social Service Workers	5,755	6,133	134,242	21.89	11
12	Dietician					12
13	Food Service Supervisor	6,003	6,459	150,628	23.32	13
14	Head Cook					14
15	Cook Helpers/Assistants	24,340	27,575	336,686	12.21	15
16	Dishwashers					16
17	Maintenance Workers	4,410	4,621	99,555	21.54	17
18	Housekeepers	21,623	24,242	290,511	11.98	18
19	Laundry	10,148	11,565	148,317	12.82	19
20	Administrator	2,024	2,150	169,353	78.77	20
21	Assistant Administrator	2,225	2,353	75,730	32.18	21
22	Other Administrative			92,037		22
23	Office Manager					23
24	Clerical	15,669	16,867	318,069	18.86	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	1,011	1,095	17,062	15.58	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	333,242	360,235	\$ 7,443,140 *	\$ 20.66	34

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly	\$ 28,972	1(3)	35
36	Medical Director	Monthly	48,000	9(3)	36
37	Medical Records Consultant				37
38	Nurse Consultant	Monthly	7,796	10(3)	38
39	Pharmacist Consultant	Monthly	50,394	10(3)	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	Monthly	1,815	11(3)	44
45	Social Service Consultant				45
46	Other(specify) Dialysis	Monthly	375,340	10(3)	46
47	Psychologist	Monthly	21,790	10(3)	47
48	See Sch 20A		31,420	10(3)	48
49	TOTAL (lines 35 - 48)		\$ 565,527		49

C. CONTRACT NURSES

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

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

** See instructions.

Facility Name: Symphony of Crestwood
IDPH License ID Number: 0051805
Fiscal Year End: 12/31/2016

Schedule 20A

XVIII. Staffing and Salary Costs
Line 48 Other (specify):

Description	# of Hrs. Paid and Accrued	Total Salaries	Schedule V Line & Column Reference
Cardiologist	Monthly	1,420	10(3)
Orthopedic Surgeon	Monthly	30,000	10(3)
Total - Line 48 Other (specify):		31,420	

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	%	Amount	Description		Amount	Description		Amount
Nancy McDonald	Administrator	0	\$ 169,353	Workers' Compensation Insurance		\$ 305,211	IDPH License Fee		\$
Rafael Rodriguez-Ortiz	Assistant Administrator	0	75,730	Unemployment Compensation Insurance		184,108	Advertising: Employee Recruitment		
				FICA Taxes		532,672	Health Care Worker Background Check		
				Employee Health Insurance		532,914	(Indicate # of checks performed 498)		5,977
				Employee Meals			Patient Background Checks 137		1,640
				Illinois Municipal Retirement Fund (IMRF)*			Miscellaneous Licenses & Fees		958
				Employee Retirement		5,818	Illinois Council of LTC		25,997
				Employee Benefits - Other		7,116	Miscellaneous Dues & Subscriptions		2,510
				Employees' Physical Exams		4,978	Rotary & Lobbying Expense		(8,929)
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)							Allocated from Mgmt. Co.		23,427
							Less: Public Relations Expense		()
							Non-allowable advertising		()
							Yellow page advertising		()
B. Administrative - Other				TOTAL (agree to Schedule V, line 22, col.8)		\$ 1,572,817	TOTAL (agree to Sch. V, line 20, col. 8)		\$ 51,580
				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**		

*** Attach copy of IMRF notifications**

****See instructions.**

Facility Name: Symphony of Crestwood
IDPH License ID Number: 0051805
Fiscal Year End: 12/31/2016

Schedule 21C

XIX. SUPPORT SCHEDULES
C. Professional Services

Vendor	Type	Amount
ABILITY NETWORK INC	SECURE EXCHANGE MANAGED SERVICE	4,260
ACHIEVE ACCREDITATION	ACCREDITATION	9,242
AMY DELANEY	LEGAL	981
CALLONE SIMPLIFY	INTERNET	3,879
CARBONITE	CLOUD BACKUP SERVICES	3,276
COMCAST CABLE	HIGH-SPEED INTERNET	322
CORPORATION SERVICE COMPANY	MONITORING SERVICE	480
CREATIVE TECHNOLOGY SOLUTIONS	IT SUPPORT & FACILITY USER	24,176
CRESTWOOD CARE CENTER	DATA BANK	3
CURASPAN HEALTH GROUP	REFERRAL CENTRAL NETWORK PATIENT T	2,850
DJURISIC P.C	LEGAL	2,075
GUTNICKI LLP	LEGAL	4,786
HEALTH DATA SYSTEMS	MICRO-FICHE AP/PR MAINTENANCE	5,873
HIPP LAW OFFICE	LEGAL	5,515
HK PAYROLL	WORK TAX CREDIT	5,289
INFINITE TECHNOLOGY	ADDITIONAL CABLING	4,400
IIT/SOURCETECH	OPERATOR MONTHLY SUPPORT FEE	1,495
MAESTRO CONSULTING	CONSULTING	214,751
MEDICAL BUSINESS OFFICE	COLLECTION FEES	224,427
ON-LINE COMMUNICATIONS	INTERNET	180
ONSHIFT INC	ENTERPRISE IMPLEMENTATION W/ INTEGR	21,733
PERSONNEL PLANNERS	QUARTERLY CLAIMS MGMT FEE	1,851
POINTB COMMUNICATIONS	YEARLY HOSTING	480
PREPAID	PROFESSIONAL FEES UNSPECIFIED	1,221
RSM US LLP	ACCOUNTING FEES	38,401
SEXAUER LAW P.C.	LEGAL	1,505
SILVERVUE, INC	PREMIUM LISTING	750
SKIDELSKY & ASSOCIATES	LEGAL	21,628
STONE, MCGUIRE & SIEGEL	LEGAL	9,278
STONE, POGRUND & KOREY	LEGAL	12,748
SYMPHONY HEALTHCARE	POINTCLICKCARE TAX REFUND	(1,513)
TELEMEDICINE SOLUTIONS LLC	WOUNDROUND CARE MANAGEMENT SYST	26,546
THE JOINT COMMISSION	ACCREDITATION	7,915
WESCOM SOLUTIONS INC	CLINICAL/BOOKKEEPING/DATA PROCESSIN	57,321
Total (agree to Schedule V, line 19, column 3)		718,124
Reclass Consulting Fees From Rental Maestro		8,818
Allocated from Management Company Professional Services		54,949
Less: Non-Allowable Legal Fees		(5,515)
Less: Professional Collections Fees		(224,428)
Total (agree to Schedule V, line 19, column 8)		551,948

XX. GENERAL INFORMATION:

(1)	Are nursing employees (RN,LPN,NA) represented by a union?	<u>Yes</u>
(2)	Are there any dues to nursing home associations included on the cost report? If YES, give association name and amount.	<u>Yes</u> <u>IL Council LTC - \$25,997</u>
(3)	Did the nursing home make political contributions or payments to a political action organization? If YES, have these costs been properly adjusted out of the cost report?	<u>Yes</u> <u>Yes</u>
(4)	Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? If YES, what is the capacity?	<u>No</u> <u>N/A</u>
(5)	Have you properly capitalized all major repairs and equipment purchases? What was the average life used for new equipment added during this period?	<u>Yes</u> <u>5-7 yrs</u>
(6)	Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V.	\$ <u>1,194</u> Line <u>10(2)</u>
(7)	Have all costs reported on this form been determined using accounting procedures consistent with prior reports? If NO, attach a complete explanation.	<u>Yes</u>
(8)	Are you presently operating under a sale and leaseback arrangement? If YES, give effective date of lease.	<u>No</u> <u>N/A</u>
(9)	Are you presently operating under a sublease agreement?	YES <u>X</u> NO
(10)	Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES <u>NO</u> <u>X</u> If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.	<u>N/A</u>
(11)	Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. This amount is to be recorded on line 42 of Schedule V.	\$ <u>590,080</u>
(12)	Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? If YES, attach an explanation of the allocation.	<u>No</u>
(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?	<u>Yes</u>
(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? (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.	<u>No</u>
(15)	Indicate the cost of employee meals that has been reclassified to employee benefit on Schedule V. Has any meal income been offset against related costs?	\$ <u>-</u> <u>No</u> Indicate the amount. \$ <u>N/A</u>
(16)	Travel and Transportation a. Are there costs included for out-of-state travel? If YES, attach a complete explanation. b. Do you have a separate contract with the Department to provide medical transportation for residents? If YES, please indicate the amount of income earned from such a program during this reporting period. c. What percent of all travel expense relates to transportation of nurses and patients? d. Have vehicle usage logs been maintained? e. Are all vehicles stored at the nursing home during the night and all other times when not in use? f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? g. Does the facility transport residents to and from day training? Indicate the amount of income earned from providing such transportation during this reporting period.	<u>No</u> <u>No</u> <u>N/A</u> <u>5</u> <u>Adequate records have been maintained</u> <u>No</u> <u>Yes</u> <u>No</u> <u>N/A</u>
(17)	Has an audit been performed by an independent certified public accounting firm? Firm Name:	<u>Yes</u> <u>RSM US LLP</u>
(18)	Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V?	<u>Yes</u>
(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. Attach invoices and a summary of services for all architect and appraisal fees	<u>Yes</u>