

		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: 0051797

Facility Name: Symphony of Joliet

Address: 306 North Larkin Ave Joliet 60435
Number City Zip Code

County: Will

Telephone Number: (815) 744-5560 Fax # (815) 744-6914

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

☒ PROPRIETARY
☐ Individual
☐ Partnership
☐ Corporation
☐ "Sub-S" Corp.
☒ 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) (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 Joliet

0051797 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>214</u>	Skilled (SNF)	<u>214</u>	<u>78,324</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>214</u>	TOTALS	<u>214</u>	<u>78,324</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>33,151</u>	<u>8,489</u>	<u>20,766</u>	<u>62,406</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>33,151</u>	<u>8,489</u>	<u>20,766</u>	<u>62,406</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 79.68%

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 12/31/11 NO ☐

K. Was the facility certified for Medicare during the reporting year?
YES ☒ NO ☐ If YES, enter number of beds certified 214 and days of care provided 9,598

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 Joliet # 0051797 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	349,471	45,883	18,855	414,209		414,209		414,209			1
2	Food Purchase		360,143		360,143		360,143		360,143			2
3	Housekeeping	211,832	61,488		273,320		273,320		273,320			3
4	Laundry	87,288	30,067	2,931	120,286		120,286		120,286			4
5	Heat and Other Utilities			132,672	132,672		132,672	2,215	134,887			5
6	Maintenance	89,811	2,494	131,736	224,041		224,041	24,867	248,908			6
7	Other (specify):* Mgmt alloc of benef							3,630	3,630			7
8	TOTAL General Services	738,402	500,075	286,194	1,524,671		1,524,671	30,712	1,555,383			8
	B. Health Care and Programs											
9	Medical Director			116,400	116,400		116,400		116,400			9
10	Nursing and Medical Records	4,257,546	271,519	127,617	4,656,682		4,656,682	139,637	4,796,319			10
10a	Therapy	35,720			35,720		35,720		35,720			10a
11	Activities	112,458		10,445	122,903		122,903		122,903			11
12	Social Services	118,536			118,536		118,536		118,536			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):* Mgmt alloc of benef							21,678	21,678			15
16	TOTAL Health Care and Programs	4,524,260	271,519	254,462	5,050,241		5,050,241	161,315	5,211,556			16
	C. General Administration											
17	Administrative	143,701		801,969	945,670		945,670	(762,191)	183,479			17
18	Directors Fees											18
19	Professional Services			338,899	338,899		338,899	(40,273)	298,626			19
20	Dues, Fees, Subscriptions & Promotions			30,967	30,967		30,967	10,397	41,364			20
21	Clerical & General Office Expenses	236,156	33,678	73,790	343,624		343,624	332,839	676,463			21
22	Employee Benefits & Payroll Taxes			1,199,984	1,199,984		1,199,984		1,199,984			22
23	Inservice Training & Education											23
24	Travel and Seminar			4,656	4,656		4,656	1,377	6,033			24
25	Other Admin. Staff Transportation			1,162	1,162		1,162	3,218	4,380			25
26	Insurance-Prop.Liab.Malpractice			420,796	420,796		420,796	3,763	424,559			26
27	Other (specify):* Mgmt alloc of benef							50,103	50,103			27
28	TOTAL General Administration	379,857	33,678	2,872,223	3,285,758		3,285,758	(400,767)	2,884,991			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,642,519	805,272	3,412,879	9,860,670		9,860,670	(208,740)	9,651,930			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			172,098	172,098		172,098	8,352	180,450			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			15,455	15,455		15,455	1,887	17,342			32
33	Real Estate Taxes			155,520	155,520		155,520	4,944	160,464			33
34	Rent-Facility & Grounds			2,720,679	2,720,679		2,720,679	6,719	2,727,398			34
35	Rent-Equipment & Vehicles			176,875	176,875		176,875	6,266	183,141			35
36	Other (specify):*											36
37	TOTAL Ownership			3,240,627	3,240,627		3,240,627	28,168	3,268,795			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation			17,323	17,323		17,323		17,323			38
39	Ancillary Service Centers		353,148	1,824,074	2,177,222		2,177,222		2,177,222			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			437,859	437,859		437,859		437,859			42
43	Other (specify):* Non-Allowable Cos	259,794		865,412	1,125,206		1,125,206	(1,125,206)				43
44	TOTAL Special Cost Centers	259,794	353,148	3,144,668	3,757,610		3,757,610	(1,125,206)	2,632,404			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,902,313	1,158,420	9,798,174	16,858,907		16,858,907	(1,305,778)	15,553,129			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	(3,687)	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	2,885	30		9
10	Interest and Other Investment Income	(2,563)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,874)	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	(30,932)	43		18
19	Entertainment				19
20	Contributions	(12,950)	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	(610,023)	43		24
25	Fund Raising, Advertising and Promotional	(84)	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	(550,690)	Var.		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (1,209,918)		\$	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)	(95,860)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (95,860)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (1,305,778)		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	\$ (132,901)	43	1
2	Laboratory Costs	(27,565)	43	2
3	X-Ray Costs	(43,488)	43	3
4	Lobbying expense	(6,059)	20	4
5	Medicare & Medicare HMO	(1,350)	43	5
6	Nonallowable legal	(9,475)	19	6
7	Admitting	(85,056)	43	7
8	Theft and Damage	(558)	43	8
9	Nonallowable collections fees	(69,410)	19	9
10	Joliet Chamber of Commerce	(90)	20	10
11	Community Relations	(121,511)	43	11
12	Guest Relations	(53,227)	43	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	(550,690)		49

VII. RELATED PARTIES

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

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

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

☐ YES

☒ NO

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

1		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	\$ 1,730	Symphony Financial Services, LLC	100%	\$	(1,730)	15
16	V	21	Clerical & General Office Exp		Symphony Financial Services, LLC	100%	38,956	38,956	16
17	V	24	Travel & Seminar		Symphony Financial Services, LLC	100%	79	79	17
18	V	30	Depreciation		Symphony Financial Services, LLC	100%	3,478	3,478	18
19	V	32	Interest		Symphony Financial Services, LLC	100%	4,450	4,450	19
20	V	34	Rent-Facility & Grounds		Symphony Financial Services, LLC	100%	266	266	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			\$ 1,730			\$ 47,231	\$ * 45,501	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%	\$ 2,215	\$ 2,215	15
16	V	6	<u>Maintenance Salaries</u>		<u>Maestro Consulting Services</u>	100%	20,273	20,273	16
17	V	6	<u>Maintenance Expenses</u>		<u>Maestro Consulting Services</u>	100%	4,594	4,594	17
18	V	7	<u>Employee Benefits - Maintenance</u>		<u>Maestro Consulting Services</u>	100%	3,630	3,630	18
19	V	10	<u>Clinical Salaries</u>		<u>Maestro Consulting Services</u>	100%	139,637	139,637	19
20	V	15	<u>Employee Benefits - Clinical</u>		<u>Maestro Consulting Services</u>	100%	21,678	21,678	20
21	V	17	<u>Administrative Salaries</u>	801,969	<u>Maestro Consulting Services</u>	100%	39,778	(762,191)	21
22	V	19	<u>Professional Fees</u>		<u>Maestro Consulting Services</u>	100%	40,342	40,342	22
23	V	20	<u>Dues, Fees, Subscriptions, etc.</u>		<u>Maestro Consulting Services</u>	100%	16,546	16,546	23
24	V	21	<u>Clerical & General Salaries</u>		<u>Maestro Consulting Services</u>	100%	261,341	261,341	24
25	V	21	<u>Clerical & General Expenses</u>		<u>Maestro Consulting Services</u>	100%	32,542	32,542	25
26	V	24	<u>Seminars and Education</u>		<u>Maestro Consulting Services</u>	100%	1,298	1,298	26
27	V	25	<u>Transportation</u>		<u>Maestro Consulting Services</u>	100%	3,218	3,218	27
28	V	26	<u>Insurance</u>		<u>Maestro Consulting Services</u>	100%	3,763	3,763	28
29	V	27	<u>Employee Benefits - Administrative</u>		<u>Maestro Consulting Services</u>	100%	50,103	50,103	29
30	V	30	<u>Depreciation</u>		<u>Maestro Consulting Services</u>	100%	1,989	1,989	30
31	V	33	<u>Real Estate Tax</u>		<u>Maestro Consulting Services</u>	100%	4,944	4,944	31
32	V	35	<u>Equipment Rental</u>		<u>Maestro Consulting Services</u>	100%	2,790	2,790	32
33	V	35	<u>Auto Lease</u>		<u>Maestro Consulting Services</u>	100%	3,474	3,474	33
34	V	35	<u>Building Rental</u>		<u>Maestro Consulting Services</u>	100%	6,453	6,453	34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 801,969			\$ 660,608	\$ * (141,361)	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	6	Maintenance	\$ 495	Integra Healthcare Equipment, LLC		\$ 495	\$	15
16	V	10	Nursing and Medical Records	9,399	Integra Healthcare Equipment, LLC		9,399		16
17	V	35	Rent-Equipment & Vehicles	114,615	Integra Healthcare Equipment, LLC		114,615		17
18	V	39	DME & Medical Supplies	20,645	Integra Healthcare Equipment, LLC		20,645		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			\$ 145,154			\$ 145,154	\$ * 0	39

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

Facility Name & ID Number

Symphony of Joliet

0051797

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 Joliet # 0051797 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 Joliet # 0051797 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-Other	Occupied Bed Days	502,430	12	\$ (13,929)	\$	62,406	\$ (1,730)	1
2	21	Clerical & General Office Expense	Occupied Bed Days	502,430	12	313,631		62,406	38,956	2
3	24	Travel & Seminar	Occupied Bed Days	502,430	12	638		62,406	79	3
4	30	Depreciation	Occupied Bed Days	502,430	12	28,003		62,406	3,478	4
5	32	Interest	Occupied Bed Days	502,430	12	35,825		62,406	4,450	5
6	34	Rent - Facility & Grounds	Occupied Bed Days	502,430	12	2,143		62,406	266	6
7	35	Rent - Equipment	Occupied Bed Days	502,430	12	14		62,406	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	\$		\$ 45,501	25

Facility Name & ID Number Symphony of Joliet# 0051797

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 ☐

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

()

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

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	\$	78,324	\$ 2,215	1
2	6	Maintenance Salaries	Bed Days Available	28	475,288	475,288	78,324	20,273	2
3	6	Maintenance Expenses	Bed Days Available	28	107,711		78,324	4,594	3
4	7	Employee Benefits - Maintenance	Bed Days Available	28	85,090		78,324	3,630	4
5	10	Clinical Salaries	Bed Days Available	28	3,273,643	3,273,643	78,324	139,637	5
6	15	Employee Benefits - Clinical	Bed Days Available	28	508,220		78,324	21,678	6
7	17	Administrative Salaries	Bed Days Available	28	932,558	932,558	78,324	39,778	7
8	19	Professional Fees	Bed Days Available	28	945,768		78,324	40,342	8
9	20	Dues, Fees, Subscriptions, etc.	Bed Days Available	28	387,900		78,324	16,546	9
10	21	Clerical & General Salaries	Bed Days Available	28	6,126,863	6,126,863	78,324	261,341	10
11	21	Clerical & General Expenses	Bed Days Available	28	762,920		78,324	32,542	11
12	24	Seminars and Education	Bed Days Available	28	30,439		78,324	1,298	12
13	25	Transportation	Bed Days Available	28	75,434		78,324	3,218	13
14	26	Insurance	Bed Days Available	28	88,214		78,324	3,763	14
15	27	Employee Benefits - Administrative	Bed Days Available	28	1,174,614		78,324	50,103	15
16	30	Depreciation	Bed Days Available	28	46,621		78,324	1,989	16
17	33	Real Estate Tax	Bed Days Available	28	115,912		78,324	4,944	17
18	35	Equipment Rental	Bed Days Available	28	65,399		78,324	2,790	18
19	35	Auto Lease	Bed Days Available	28	81,453		78,324	3,474	19
20	35	Building Rental	Bed Days Available	28	151,288		78,324	6,453	20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 15,487,254	\$ 10,808,352		\$ 660,608	25

Facility Name & ID Number Symphony of Joliet # 0051797 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	6	Maintenance	Direct Allocation			\$	\$		\$ 495	1
2	10	Nursing and Medical Records	Direct Allocation						9,399	2
3	35	Rent-Equipment & Vehicles	Direct Allocation						114,615	3
4	39	DME & Medical Supplies	Direct Allocation						20,645	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					\$	\$		\$ 145,154	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	80,957	12/30/2017	0.0525	2,214	6	
7	The Private Bank		X	Line of Credit	Interest Only	12/30/2011	27,000,000	484,275	4/22/2017	0.0450	13,241	7	
8												8	
9	TOTAL Facility Related						\$ 29,000,000	\$ 565,232			\$ 15,455	9	
	B. Non-Facility Related*												
10												10	
11												11	
12								Interest Income			(2,563)	12	
13								Allocated from Mgmt Co.			4,450	13	
14	TOTAL Non-Facility Related						\$	\$			\$ 1,887	14	
15	TOTALS (line 9+line14)						\$ 29,000,000	\$ 565,232			\$ 17,342	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.				\$	148,300 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.)		2015		\$	148,109 2
3. Under or (over) accrual (line 2 minus line 1).				\$	(191) 3
4. Real Estate Tax accrual used for 2016 report. (Detail and explain your calculation of this accrual on the lines below.)				\$	155,711 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.			Alloc. Fr. Mgmt Co.		4,944 6
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.				\$	160,464 7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:		2011	112,034	8	
		2012	126,335	9	
		2013	139,040	10	
		2014	148,219	11	
		2015	148,109	12	
2016 Tax Accrual = \$148,109 * 1.05 = \$155,514; use \$155,711					

		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 Deerbrook, LLC D/B/A Symphony of Joliet</u>	COUNTY	<u>Will</u>
---------------	---	--------	-------------

COUNTY Will

TELEPHONE (847) 745-6205 FAX #: (847) 673-2284

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.**

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 55,380

B. General Construction Type: Exterior Brick Frame Steel Number of Stories 2

C. Does the Operating Entity?

☐ (a) Own the Facility

☐ (b) Rent from a Related Organization.

☒ (c) Rent from Completely Unrelated Organization.

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

D. Does the Operating Entity?

☒ (a) Own the Equipment

☐ (b) Rent equipment from a Related Organization.

☒ (c) Rent equipment from Completely Unrelated Organization.

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

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

N/A

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

☐ YES

☒ NO

If so, please complete the following:

1. Total Amount Incurred:

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	
A. Land.		Use	Square Feet	Year Acquired	Cost		
1		Allocated from Maestro 7257	-	2004	\$ 6,825	1	
2						2	
3		TOTALS			\$ 6,825	3	

XI. OWNERSHIP COSTS (continued)

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

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4					\$	\$		\$		\$	4
5											5
6											6
7											7
8	Allocated from Maestro 7257			2004	61,423		39	1,575	1,575	23,034	8
	Improvement Type**										
9	Power Receptacles/Electrical Work			2013	10,699	568	20	568		1,941	9
10	Interior Electrical Alarm - 1st Floor			2013	24,618	1,231	20	1,231		4,411	10
11											11
12	Wallpaper/Paint - 1st & 2nd Floor - Lobby, Hallways,			2013	25,654	1,282	20	1,282		4,453	12
13	Admission Office, Therapy, North Bedrooms, East Bedrooms										13
14	Nurse's station, Conference Room and Activity Room										14
15											15
16	First & Second Floor - East and North Wings			2013	42,950	2,147	20	2,147		7,695	16
17	-Refinish walls, sconces & wood trims around door (Hallway)										17
18	- Resident Lounge - Wood Panel &Trims										18
19											19
20	Spa/Shower floors, walls, sconces, chalk layers and			2013	19,826	992	20	992		3,470	20
21	counter walls - East Wing/Rooms										21
22											22
23	Glass windows - 1st Floor - Dining Room			2013	5,640	282	20	282		870	23
24											24
25	Plumbing / Valves in bathroom - 1st floor - Lobby, Dining Room			2013	2,511	125	20	125		387	25
26											26
27	Demolition/Carpentry - 1st Floor - bathrooms in East Bedrooms			2013	439,856	21,992	20	21,992		77,304	27
28	Lobby, Dining Room; Front West Side (Exterior)										28
29											29
30	Frames/Wood Doors - 1st Fl. - Lobby, Dining, Admissions & Conf.Rooms			2013	4,794	240	20	240		839	30
31											31
32	Masonry Work - Exterior Renovation (Open Wall for Windows)			2013	6,270	313	20	313		1,123	32
33											33
34	Signage - Exterior, Vestibule and Dining Room (1st Floor)			2013	14,365	719	20	719		2,608	34
35											35
36											36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Symphony of Joliet

0051797

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	Remove/Install of flooring - 1st Floor -	2013	\$ 60,699	\$ 3,035	20	\$ 3,035	\$	\$ 10,013	37
38	Lobby, Hallway, Dining Room, Admissions & Conf. Rooms, Therapy								38
39	North, East and South Bedrooms								39
40									40
41	Custom Millwork -1st Floor-Lobby, Dining Room and Therapy	2013	130,000	6,500	20	6,500		22,750	41
42									42
43	Construction Draw-1st Fl - Lobby, Dining & Resident Rooms	2013	125,563	6,278	20	6,278		22,323	43
44	(North, East and South Bedrooms), Exterior, Admissions & Conf.								44
45									45
46	Architecture Fees & Structural Engineering (Throughout Facility)	2013	21,665	1,083	20	1,083		3,860	46
47	-1st Floor - Dining Room & Resident Rooms (North, East and South)								47
48									48
49									49
50	Facility Remodeling	2014	425,942	21,297	20	21,297		54,440	50
51	-Interior Demo, Carpentry Drywall (Throughout Facility)								51
52	-General Contracting & Architectural Fees (Throughout Facility)								52
53	-Remove & Reinstall Electric & Phone: 1st & 2nd Fl. Nurses' Station								53
54	-Install Coax Cable in Wall in New TV Room 2nd Floor								54
55	-Replace Outlets in New TV Room 2nd Floor								55
56	-Rough in 2 Outlets for Sink (Beauty Salon)								56
57	-Rough in Electric for New TV Room 2nd Floor								57
58	-2 Washroom Floors - Floorim Layers (Beauty Salon)								58
59	-Plumbing: Reinstall Hand Sink & Foot Pedals (Beauty Salon)								59
60	-Widen 2 Openings in 8" Block Wall - Bigger Doors for								60
61	Beauty Salon / Nurses' Station								61
62	-Furnish & Install New Shaw & Wall Base: Nurses' Station								62
63	-Laminate/Granite Tops: P.T. Room Nurses' Station								63
64	-Interior Painting, Interior Demo/Carpentry/Drywall,								64
65	Floor Coverings, Interior Electrical/Alarms, Plumbing								65
66	Therapy Room Nurses' Station								66
67	-Interior Electrical/Alarms for Elevator								67
68	-Exterior Demo/Framing/Carpentry-Facade, Roof, Storefront,								68
69	-Engineering for Roof Framing Revisions								69
70	TOTAL (lines 4 thru 69)		\$ 1,422,475	\$ 68,084		\$ 69,659	\$ 1,575	\$ 241,521	70

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

Facility Name & ID Number Symphony of Joliet

0051797

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		\$ 1,422,475	\$ 68,084		\$ 69,659	\$ 1,575	\$ 241,521	1
2	Continued from Page 12A								2
3	-Sprinkler System Repair (Throughout Facility)								3
4	-Interior Electrical Alarms (Throughout Facility)								4
5	-Install Sconce lighting - Front Entrance								5
6									6
7	Demo/Carpentry/Drywall, Architecture Fees - IDPH Approvals	2015	22,720	1,136	20	1,136		2,083	7
8	and Correspondence								8
9	-Intall 9 Fixtures on West Face of Building								9
10	-Intall 1 Fixture in Entry Way into Building								10
11									11
12	Replaced 3/4" Double Check on Fire System (Bypass Meter)	2015	4,269	214	20	214		374	12
13	-Replaced Watts 3" No. 2 Gate Valve on RPZ for Domestic								13
14	Water								14
15	-Installed repair kit for 4" Ames Double Check Valve								15
16									16
17	Replacing Concrete Pad Measuring 18x17 and 25x4 Ramp	2015	3,700	185	20	185		278	17
18									18
19	New Conduit Head, Pulled Wire & Restored Power to 4 Rooms	2015	4,593	230	20	230		268	19
20									20
21	Removed Old Units, Installed Trane 7.5 Ton Dual Compressor	2015	20,325	1,016	20	1,016		1,694	21
22	2 Stage Rooftop Units, Trane Automatic Outdoor Air								22
23	Economizers								23
24									24
25	Installed EM Sub Panel Installation in the electrical room	2016	2,960	62	20	62		62	25
26									26
27	Installed Star2Star Phone System through facility	2016	38,346	5,113	5	5,113		5,113	27
28									28
29	Removed Old Units, Installed Trane 7.5 Ton Dual Compressor	2016	20,325	2,033	5	2,033		2,033	29
30	2 Stage Rooftop Units, Trane Automatic Outdoor Air								30
31	Economizers								31
32	Replaced two condenser fans, two capacitors, pole contactors,	2016	2,628	438	5	438		438	32
33	and belt on rooftop								33
34	TOTAL (lines 1 thru 33)		\$ 1,542,341	\$ 78,511		\$ 80,086	\$ 1,575	\$ 253,864	34

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

Facility Name & ID Number Symphony of Joliet

0051797

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	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 1,542,341	\$ 78,511		\$ 80,086	\$ 1,575	\$ 253,864	1
2									2
3									3
4	Allocated from Maestro Consulting Services	2003	500		39			328	4
5	Allocated from Maestro Consulting Services	2004	10,144		39			6,455	5
6	Allocated from Maestro Consulting Services	2005	601		39			356	6
7	Allocated from Maestro Consulting Services	2006	815		39			423	7
8	Allocated from Maestro Consulting Services	2008	859		39			355	8
9	Allocated from Maestro Consulting Services	2009	13,839		20			5,265	9
10	Allocated from Maestro Consulting Services	2010	2,127		20			692	10
11	Allocated from Maestro Consulting Services	2011	115		20			34	11
12	Allocated from Maestro Consulting Services	2012	128		20			30	12
13	Allocated from Maestro Consulting Services	2014	1,599		20			209	13
14	Allocated from Maestro Consulting Services	2015	450		20			30	14
15	Allocated from Maestro Consulting Services	2016	1,971		20	76	76	76	15
16									16
17									17
18	Allocated from Maestro 7257	2004	1,221		10			763	18
19	Allocated from Maestro 7257	2005	5,599		10	39	39	3,905	19
20	Allocated from Maestro 7257	2015	968		15	92	92	86	20
21									21
22									22
23	Tie to book Depreciation			(2,885)			2,885		23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 1,583,277	\$ 75,626		\$ 80,293	\$ 4,667	\$ 272,871	34

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

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-Excluding Transportation. (See instructions.)								
	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 503,948	\$ 88,678	\$ 88,679	\$ 1	5-7	\$ 287,941	71
72	Current Year Purchases	69,701	7,794	7,794	-	5-7	7,794	72
73	Fully Depreciated Assets				-			73
74	See Sch. 13A	96,810	-	3,684	3,684		86,152	74
75	TOTALS	\$ 670,459	\$ 96,472	\$ 100,157	\$ 3,685		\$ 381,887	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			\$ 378	\$	\$	\$ -		\$ 378
77					-	-	-		
78					-	-	-		
79					-	-	-		
80	TOTALS			\$ 378	\$ -	\$ -	\$ -		\$ 378

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)			\$	2,260,939
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)			\$	172,098
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)			\$	180,450
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)			\$	8,352
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)			\$	655,136

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 Joliet
IDPH License ID Number: 0051797
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	21,278		3,478	3,478	5-7	12,016
Allocated from Maestro Consulting Services	75,532		206	206	5-10	74,136
				-		
TOTAL	96,810	-	3,684	3,684		86,152

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:	1975	214	12/31/2011	\$ 2,715,247	10	10	3
4	Additions							4
5								5
6	Allocated from Mgmt. Co.				6719			6
7	TOTAL		214		\$ 2,721,966			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

10

5,432

54,324

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: \$ 166,845
- 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	Administrative	Toyota Corolla	\$ 359	\$ 359	17
18	Facility	2016 Ford Van	958	12,463	18
19					19
20	Allocated from Mgmt. Co.			3,474	20
21	TOTAL		\$ 1,317	\$ 16,296	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	\$ 1,910,174
13.	/2018	\$ 1,948,378
14.	/2019	\$ 1,987,345

* 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 Joliet
IDPH License ID Number: 0051797
Fiscal Year End: 12/31/2016

Schedule 14A

XIV. Rental Costs
Line 16 Rental Amount for Moveable Equipment

Rental Description	Amount
Oxygen	12,979
Bed/Mattress	6,289
Vac Freedom	554
CPAP/Bipap/compressor	34,921
Blood Pressure Machine	3,564
Cooler	159
Copier	36,195
Voice Media	94
Mailing Machine	1,006
Computer	959
Broda Chair, Mattress, Oxygen	16,336
Wheelchair	35,814
AED W/Elect	6,450
Water Softner Machine	480
Welder w/gas, lead grnd & hoods	235
Portable AC Units	3,265
48 PORT HUBS & FIREWALLS	4,241
Pipe-in music service on office phones	512
Allocated from Mgmt Co	2,792
Total - Line 16	166,845

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

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?

☐ YES

☒ NO

It is the policy of this facility to only hire certified nurses aides.
If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER CNA

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER CNA

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.

(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.

(c) For in-house training programs only. Do not include fringe benefits.

(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.

(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

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

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		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	\$	11,006	\$ 792,404	\$	11,006	\$ 792,404	1
2	Licensed Speech and Language Development Therapist	39(3)	hrs		2,893	208,290		2,893	208,290	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39(3)	hrs		9,768	703,305		9,768	703,305	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				348,258		348,258	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
	Academic Education		hrs							11
12	Other (specify): <u>Oxygen</u>	39(2)					4,890		4,890	12
13	Other (specify): <u>See Schedule 16A</u>	39(3)				120,075			120,075	13
14	TOTAL			\$	23,667	\$ 1,824,074	\$ 353,148	23,667	\$ 2,177,222	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 Joliet
IDPH License ID Number: 0051797
Fiscal Year End: 12/31/2016

Schedule 16A

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

Description	Units	Amount
INHALATION THERAPY-MEDICAID		3,205
INHALATION THERAPY - PRIVATE		374
INHALATION THERAPY - MEDICARE		3,362
INHALATION THERAPY - MANAGED CARE		1,842
OTHER SERVICES - PRIVATE		97
OTHER SERVICES - MEDICARE		14,559
OTHER SERVICES-MANAGED CARE		(1,145)
I.V. THERAPY - MEDICARE		57,091
I.V. THERAPY - MEDICAID		1,725
I.V. THERAPY-MANAGED CARE		22,383
DENTAL		132
RESPIRATORY		16,450
Total - Line 12	-	120,075

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	\$ 12,248	\$ 12,248	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 931,761)	4,785,585	4,785,585	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	12,175	12,175	6
7	Other Prepaid Expenses	919	919	7
8	Accounts Receivable (owners or related parties)	401,665	401,665	8
9	Other(specify): See Schedule 17A	343,455	343,455	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 5,556,047	\$ 5,556,047	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		6,825	13
14	Buildings, at Historical Cost		61,423	14
15	Leasehold Improvements, at Historical Cost	1,419,619	1,521,854	15
16	Equipment, at Historical Cost	634,949	670,837	16
17	Accumulated Depreciation (book methods)	(524,091)	(655,136)	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, net	27,163	27,163	22
23	Other(specify): See Schedule 17A	1,502,416	1,502,416	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 3,060,056	\$ 3,135,382	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 8,616,103	\$ 8,691,429	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 2,385,025	\$ 2,385,025	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	160,306	160,306	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	155,711	155,711	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	3,812,143	3,812,143	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 6,513,185	\$ 6,513,185	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	565,232	565,232	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)	\$ 565,232	\$ 565,232	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 7,078,417	\$ 7,078,417	46
47	TOTAL EQUITY(page 18, line 24)	\$ 1,537,686	\$ 1,613,012	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 8,616,103	\$ 8,691,429	48

*(See instructions.)

Facility Name: Symphony of Joliet
IDPH License ID Number: 0051797
Fiscal Year End: 12/31/2016

Schedule 17A

XV. Balance Sheet

Line 9 Current Assets Other (specify):

		After
Description	Operating	Consolidation
RESERVE FOR CAPEX	175,636	175,636
DUE FROM KENSINGTON	173,836	173,836
A/R MAPLE LEAF HEALTH INSURANCE	(6,017)	(6,017)
Total - Line 9	343,455	343,455

XV. Balance Sheet

Line 23 Long-Term Assets Other (specify):

		After
Description	Operating	Consolidation
SECURITY DEPOSIT	200,066	200,066
REAL ESTATE ESCROW DEPOSIT	563,752	563,752
DUET/F AFFILIATED COMPANIES	738,598	738,598
Total - Line 23	1,502,416	1,502,416

XV. Balance Sheet

Line 36 Other Current Liabilities (specify):

Description	After	
	Operating	Consolidation
EXCHANGE FORMATION L/H	1,249,427	1,249,427
SECURITY DEPOSIT PAYABLE	-	-
OPERATING EXPENSES	257,609	257,609
MANAGEMENT FEES - SYMPHONY	590,256	590,256
INSURANCE - ALLOWANCE-DEDUCTIBLE	300,073	300,073
STATE UNEMPLOYMENT TAX	11,019	11,019
FEDERAL UNEMPLOYMENT TAX	1,344	1,344
SALES TAX	375	375
PAYROLL TAXES OTHER	15,853	15,853
ACCRUED EMPLOYEE BENEFITS	334,704	334,704
FICA & W/H FED	53,640	53,640
ILL W/H	7,632	7,632
DUE TO IDPA- ADD'TL BED TAX	55,075	55,075
EXCHANGE	94,281	94,281
DUE TO NUCARE	32,841	32,841
WAGE ASSIGNMENT & GARNISHMENT	1,479	1,479
PATIENT PERSONAL FUNDS	31,966	31,966
DUE TO MAESTRO - EXPENSES	84,003	84,003
DUE T/F AFFILIATED COMPANY HE	172,785	172,785
DUE T/F AFFILIATED COMPANY RE	165,118	165,118
DEFERRED RENT	541,749	541,749
ACCUMULATED AMORTIZATION DEFERRED RENT	(189,086)	(189,086)
Total - Line 36	3,812,143	3,812,143

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 2,557,152	1
2	Restatements (describe):		2
3	Prior Period Adjustment	10,898	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 2,568,050	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,030,364)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (1,030,364)	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)	\$ 1,537,686	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Symphony of Joliet

0051797

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	\$ 15,508,359	1
2	Discounts and Allowances for all Levels	(4,030,650)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 11,477,709	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	3,589,508	6
7	Oxygen	2,421	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 3,591,929	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	527,066	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	150,283	19
20	Radiology and X-Ray	10,061	20
21	Other Medical Services	51,594	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 739,004	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	2,563	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 2,563	26
	E. Other Revenue (specify).****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Medicare & Managed Care Rentals	17,338	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 17,338	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 15,828,543	30

2

	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,524,671	31
32	Health Care	5,050,241	32
33	General Administration	3,285,758	33
	B. Capital Expense		
34	Ownership	3,240,627	34
	C. Ancillary Expense		
35	Special Cost Centers	3,319,751	35
36	Provider Participation Fee	437,859	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 16,858,907	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,030,364)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,030,364)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	\$ 6,765,366	44
45	Private Pay - Net Inpatient Revenue	1,569,401	45
46	Medicare - Net Inpatient Revenue	2,106,200	46
47	Other-(specify) <u>Hospice</u>	502,721	47
48	Other-(specify) <u>Managed Care</u>	534,021	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 11,477,709	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 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	1,966	2,156	\$ 118,210	\$ 54.83	1
2	Assistant Director of Nursing	3,475	3,721	153,409	41.23	2
3	Registered Nurses	47,579	51,433	1,539,092	29.92	3
4	Licensed Practical Nurses	27,459	29,408	762,432	25.93	4
5	CNAs & Orderlies	117,408	123,504	1,583,417	12.82	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,339	2,467	35,720	14.48	8
9	Activity Director	2,413	2,616	42,536	16.26	9
10	Activity Assistants	5,310	5,743	69,922	12.18	10
11	Social Service Workers	4,376	4,906	118,536	24.16	11
12	Dietician					12
13	Food Service Supervisor	3,664	3,985	78,319	19.65	13
14	Head Cook					14
15	Cook Helpers/Assistants	19,724	21,125	271,152	12.84	15
16	Dishwashers					16
17	Maintenance Workers	4,317	4,551	89,811	19.73	17
18	Housekeepers	15,091	16,939	211,832	12.51	18
19	Laundry	8,794	9,339	87,288	9.35	19
20	Administrator	2,028	2,233	143,701	64.35	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	14,199	15,219	410,894	27.00	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	2,152	2,457	32,464	13.21	31
32	Other Health Care See Sch 20A	1,599	1,717	68,522	39.91	32
33	Other(specify) Admissions	3,188	3,669	85,056	23.18	33
34	TOTAL (lines 1 - 33)	287,081	307,188	\$ 5,902,313 *	\$ 19.21	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	\$ 18,855	1(3)	35
36	Medical Director	Monthly	116,400	9(3)	36
37	Medical Records Consultant				37
38	Nurse Consultant	Monthly	4,455	10(3)	38
39	Pharmacist Consultant	Monthly	32,027	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	2,035	11(3)	44
45	Social Service Consultant				45
46	Other(specify) Dialysis	Monthly	80,410	10(3)	46
47	Psychologist	Monthly	9,600	10(3)	47
48	Cardiologist	Monthly	1,125	10(3)	48
49	TOTAL (lines 35 - 48)		\$ 264,907		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 Deerbrook, LLC D/B/A Symphony of Joliet
IDPH License ID Number: 0051797
Fiscal Year End: 12/31/2016

Schedule 20A

XVIII. Staffing and Salary Costs
Line 32 Other Health Care (specify):

Description	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Total Salaries	Average Hourly Wage
Ward Clerk	335	360	14,362	\$ 39.89
Staffing Coordinator	1,264	1,357	54,160	\$ 39.91
Total - Line 32 Other Health Care (specify):	1,599	1,717	68,522	\$ 39.91

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		
Amy M. Hammond	Administrator	0	\$ 143,701	Workers' Compensation Insurance	\$ 272,732	IDPH License Fee	\$ 0		
				Unemployment Compensation Insurance	97,932	Advertising: Employee Recruitment	0		
				FICA Taxes	429,695	Health Care Worker Background Check			
				Employee Health Insurance	382,126	(Indicate # of checks performed 513)	6,161		
				Employee Meals		Patient Background Checks 265	3,175		
				Illinois Municipal Retirement Fund (IMRF)*		Miscellaneous Licenses & Fees	700		
				Employee Retirement	7,545	Illinois Council on Long Term Care	18,361		
				Employee Benefits - Other	7,704	Miscellaneous Dues & Subscriptions	2,570		
				Employees' Physical Exams	2,250	Lobbying Offset	(6,149)		
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)						Allocated from Mgmt. Co.	16,546		
						Less: Public Relations Expense	()		
						Non-allowable advertising	()		
						Yellow page advertising	()		
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)					\$ 1,199,984	TOTAL (agree to Sch. V, line 20, col. 8)			
				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**		
C. Professional Services									
Vendor/Payee	Type		Amount	Description	Line #	Amount	Description	Amount	
See Schedule 21C	See Schedule 21C		\$ 338,899	N/A			Out-of-State Travel	\$	
							In-State Travel		
							Seminar Expense	4,656	
							Allocated from Home Office	1,377	
							Entertainment Expense	()	
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)				TOTAL			(agree to Sch. V, line 24, col. 8)		
							TOTAL	\$ 6,033	

*** Attach copy of IMRF notifications**

****See instructions.**

Facility Name: Symphony of Joliet
IDPH License ID Number: 0051797
Fiscal Year End: 12/31/2016

Schedule 21C

XIX. SUPPORT SCHEDULES
C. Professional Services

Vendor	Type	Amount
ABILITY NETWORK	SECURE EXCHANGE MANGED SERV	2,008
ACHIEVE ACCREDITATION LLC	ACCREDITATION	11,504
ALLSCRIPTS	REFERRAL MANAGEMENT	3,401
BARRACUDA NETWORKS	CUDA SIGN CLOUD	390
CARBONITE	PROTECT ONE	1,440
CARDMEMBER SERVICE	USAGE INBOUND/OUTBOUND LOCAL/USAC	643
CDW GOVERNMENT	AIRWATCH RENEWAL	850
COMCAST CABLE	BUSINESS CLASS INTERNET	35,293
CISCO CAPITAL	NON-CISCO EQUIP, SOFT COST	3,581
CREATIVE TECHNOLOGY	MONTHLY IT SUPPORT	15,937
CSC	STATUTORY REPRESENTATION	765
DART CHART MAP AND TRACK SYSTEMS, LLC	HMO CONTRACT SPECIFICATION SETS	245
DOCUMENT SOLUTIONS	THERAPY COMPLIANCE AUDITS	1,519
EFAX CORPORATE	USAGE INBOUND/OUTBOUND LOCAL/USAC	708
E-HEALTH DATA SOLUTIONS	CAREWATCH	5,112
EMMI SOLUTIONS	ENGAGE PROVIDER	140
EMPOWER RETIREMENT	PPA RE-STATEMENT FEE	81
EVault INC	PROTECT ONE	288
FORMATION HEALTHCARE GROUP	MONTHLY SUBSCRIPTION	663
FYI SYSTEMS, INC	ALTERYX DESIGNER DESKTOP	456
GLOBAL CAPACITY	BUSINESS CLASS INTERNET	1,143
HEALTH DATA SYSTEMS	MICRO-FICHE AP/PR MAINT	6,432
HEALTH DIMENSIONS GROUP	VALUE-BASED PAYMENT STRATEGIC ADVI	967
HIPP LAW OFFICE	COLLECTION	9,142
HK PAYROLL SERVICES	WORK TAX CREDIT	9,699
IIT/SOURCETECH	OPERATOR MONTHLY SUPPORT FEE	1,380
INTERMEDIA MARKETING SOLUTIONS	SALES/SURVEYS/PARTIAL SURVEYS	566
KIPP COMPUTER SOLUTIONS	COMPUTER UPGRADE	100
MAESTRO CONSULTING	PROFESSIONAL FEES	94,359
MARKET METRIX	CUSTOMER & EMPLOYEE METRIX	7,056
MEDICAL BUSINESS OFFICE	COLLECTION	69,410
MICROSOFT CORPORATION	COMPUTER SOFTWARE	4,688
MOEO	FAMILY CONNECTION	272
MOOBILE	NEW DEV ITERATION	219
NEXUS COMMUNICATIONS TECHNOLOGY	DATA LOCATIONS	2,538
PENSION FINANCIAL SERVICES, INC	SYMPHONY MULTIPLE EMPLOYER PLAN	228
PERSONNEL PLANNERS INC	UI CLAIMS MGMT	2,983
PETTY CASH	NATURALIZE PRACTICE DATA	3
PRIME CARE TECHNOLOGIES	PBJ REPORTING MODULE ACCESS	60
POINT B COMMUNICATION	HOSTING	240
QUALFON	SALES/SURVEYS/PARTIAL SURVEYS	323
RSM US LLP	ACCOUNTING FEES	30,311
STONE, MCGUIRE & SIEGEL	COMPLIANCE	14,421
SYMPHONY FINANCIAL SERVICES	ELIGIBILITY VERIFICATION/CLINICAL/BOO	(70,000)
TELEMEDICINE SOLUTIONS	WOUND ROUNDS CARE MGMT	18,549
THE JOINT COMMISISION	ACCREDITATION	6,115
VENTIV TECHNOLOGY INC	RISKCONSOLE ANNUAL FEE	2,478
WESCOM SOLUTIONS	CLINICAL/BOOKKEEPING/DATA PROCESSIN	39,864
ZIRMED INC	INSTITUTIONAL CLAIMS	329
Total (agree to Schedule V, line 19, column 3)		338,899
Allocated from Management CompanyProfessional Services		38,612
Less: Non-Allowable Legal Fees		(9,475)
Less: Professional Collections Fees		(69,410)
Total (agree to Schedule V, line 19, column 8)		298,626

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. IL Council LTC - \$18,361

(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?

5-7 yrs

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

\$ 223

Line 10(2)

(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?

No

If YES, give effective date of lease.

N/A

(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

NO

X

If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

N/A

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period.

\$ 437,859

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 benefit on Schedule V.

\$ -

Has any meal income been offset against related costs?

No

Indicate the amount.

\$ N/A

(16) Travel and Transportation

a. Are there costs included for out-of-state travel?

No

If YES, attach a complete explanation.

b. Do you have a separate contract with the Department to provide medical transportation for residents?

No

If YES, please indicate the amount of income earned from such a program during this reporting period.

\$ N/A

c. What percent of all travel expense relates to transportation of nurses and patients?

5

d. Have vehicle usage logs been maintained?

Adequate records have been maintained

e. Are all vehicles stored at the nursing home during the night and all other times when not in use?

No

f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report?

N/A

g. Does the facility transport residents to and from day training?

No

Indicate the amount of income earned from providing such transportation during this reporting period.

\$ N/A

(17) Has an audit been performed by an independent certified public accounting firm?

Yes

Firm Name:

RSM US LLP

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

Yes

(19) Has a schedule for the legal fees reported on the cost report been provided by the facility?

Yes

See page 39 of the instructions for details.

Attach invoices and a summary of services for all architect and appraisal fees

HFS 3745 (N-4-99)

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