



Facility Name & ID Number Symphony of Crestwood

# 0051805 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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>110,595</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>110,595</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>37,479</u>	<u>4,117</u>	<u>37,776</u>	<u>79,372</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>37,479</u>	<u>4,117</u>	<u>37,776</u>	<u>79,372</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 71.77%

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 8,699

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: 12/31/15 Fiscal Year: 12/31/15

\* All facilities other than governmental must report on the accrual basis.

Facility Name &amp; ID Number

Symphony of Crestwood

# 0051805

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

**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
	<b>A. General Services</b>										
1	Dietary	559,165	49,109	28,349	636,623		636,623		636,623		1
2	Food Purchase		419,870		419,870		419,870		419,870		2
3	Housekeeping	291,086	80,921		372,007		372,007		372,007		3
4	Laundry	161,710	48,657	4,771	215,138		215,138		215,138		4
5	Heat and Other Utilities			259,859	259,859		259,859	763	260,622		5
6	Maintenance	95,852	5,445	315,823	417,120		417,120	8,672	425,792		6
7	Other (specify):*							770	770		7
8	<b>TOTAL General Services</b>	1,107,813	604,002	608,802	2,320,617		2,320,617	10,205	2,330,822		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			67,280	67,280		67,280		67,280		9
10	Nursing and Medical Records	5,167,067	412,020	282,359	5,861,446		5,861,446	91,993	5,953,439		10
10a	Therapy	101,277			101,277		101,277		101,277		10a
11	Activities	210,452		15,031	225,483		225,483		225,483		11
12	Social Services	146,057		20,000	166,057		166,057		166,057		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* <b>Mgmt alloc of benef</b>							18,508	18,508		15
16	<b>TOTAL Health Care and Programs</b>	5,624,853	412,020	384,670	6,421,543		6,421,543	110,501	6,532,044		16
	<b>C. General Administration</b>										
17	Administrative	236,392		877,276	1,113,668		1,113,668	(877,130)	236,538		17
18	Directors Fees										18
19	Professional Services			321,831	321,831		321,831	16,603	338,434		19
20	Dues, Fees, Subscriptions & Promotions			55,759	55,759		55,759	(13,521)	42,238		20
21	Clerical & General Office Expenses	328,006	47,368	106,515	481,889		481,889	357,620	839,509		21
22	Employee Benefits & Payroll Taxes			1,524,907	1,524,907		1,524,907		1,524,907		22
23	Inservice Training & Education										23
24	Travel and Seminar			8,632	8,632		8,632	13,475	22,107		24
25	Other Admin. Staff Transportation			2,722	2,722		2,722	598	3,320		25
26	Insurance-Prop.Liab.Malpractice			642,418	642,418		642,418	16,396	658,814		26
27	Other (specify):* <b>Mgmt alloc of benef</b>							65,862	65,862		27
28	<b>TOTAL General Administration</b>	564,398	47,368	3,540,060	4,151,826		4,151,826	(420,097)	3,731,729		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	7,297,064	1,063,390	4,533,532	12,893,986		12,893,986	(299,391)	12,594,595		29

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

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

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>D. Ownership</b>											
30	Depreciation			297,568	297,568		297,568	6,757	304,325			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			551,669	551,669		551,669	(2,308)	549,361			32
33	Real Estate Taxes			782,853	782,853		782,853	917	783,770			33
34	Rent-Facility & Grounds			2,954,644	2,954,644		2,954,644	(91,127)	2,863,517			34
35	Rent-Equipment & Vehicles			436,488	436,488		436,488	8,587	445,075			35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			5,023,222	5,023,222		5,023,222	(77,174)	4,946,048			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation			26,255	26,255		26,255		26,255			38
39	Ancillary Service Centers		758,048	1,999,662	2,757,710		2,757,710		2,757,710			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			594,800	594,800		594,800		594,800			42
43	Other (specify):* <b>Non-Allowable Co</b>	112,448		593,734	706,182		706,182	(706,182)				43
44	<b>TOTAL Special Cost Centers</b>	112,448	758,048	3,214,451	4,084,947		4,084,947	(706,182)	3,378,765			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	7,409,512	1,821,438	12,771,205	22,002,155		22,002,155	(1,082,747)	20,919,408			45

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

Facility Name & ID Number Symphony of Crestwood

# 0051805

Report Period Beginning: 01/01/2015

Ending: 12/31/2015

**VI. ADJUSTMENT DETAIL**

**A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.**

**In column 2 below, reference the line on which the particular cost was included. (See instructions.)**

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(11,137)	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				9
10	Interest and Other Investment Income	(2,516)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(5,180)	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	(84,519)	43		18
19	Entertainment				19
20	Contributions	(7,525)	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	(292,130)	43		24
25	Fund Raising, Advertising and Promotional	(5,662)	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	(370,635)	Var.		29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	<b>\$ (779,304)</b>		<b>\$</b>	<b>30</b>

BHF USE ONLY					
48		49		50	
				51	
					52

**B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)**

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(303,443)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	<b>\$ (303,443)</b>		<b>36</b>
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	<b>\$ (1,082,747)</b>		<b>37</b>

\*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

**C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)**

		1	2	3	4
		Yes	No	Amount	Reference
38	Medically Necessary Transport.		X	\$	38
39					39
40	Gift and Coffee Shops		X		40
41	Barber and Beauty Shops		X		41
42	Laboratory and Radiology		X		42
43	Prescription Drugs		X		43
44					44
45	Other-Attach Schedule				45
46	Other-Attach Schedule				46
47	<b>TOTAL (C): (sum of lines 38-46)</b>			<b>\$</b>	<b>47</b>

Symphony of Crestwood

ID# 0051805

Report Period Beginning: 01/01/2015

Ending: 12/31/2015

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Nonallowable marketing events	\$ (65,098)	43	1
2	Laboratory Costs	(26,287)	43	2
3	X-Ray Costs	(63,676)	43	3
4	Marketing Salaries	(112,448)	43	4
5	Lobbying Expense	(18,849)	20	5
6	Non-Allowable Legal Fees	(41,234)	19	6
7	Vallet Parking	(32,520)	43	7
8	Non-Allowable Other Staff & Admin Transport	(255)	25	8
9	Non-Allowable Collection Fees	(10,268)	43	9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>		(370,635)	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: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
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	<b>Total</b>		\$			\$	\$ * 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.  YES  NO

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	5 Utilities	\$	Symphony Financial Services, LLC	100.00%	\$ 557	\$	557	15
16	V	6 Maintenance		Symphony Financial Services, LLC	100.00%	4,008		4,008	16
17	V	10 Nursing & Medical Records		Symphony Financial Services, LLC	100.00%	56,166		56,166	17
18	V	15 Other		Symphony Financial Services, LLC	100.00%	10,312		10,312	18
19	V	17 Administrative	728,541	Symphony Financial Services, LLC	100.00%			(728,541)	19
20	V	19 Professional Services		Symphony Financial Services, LLC	100.00%	60,568		60,568	20
21	V	20 Dues, Fees, Subscripts & Promos		Symphony Financial Services, LLC	100.00%	1,294		1,294	21
22	V	21 Clerical & General Office Exp		Symphony Financial Services, LLC	100.00%	268,024		268,024	22
23	V	24 Travel & Seminar		Symphony Financial Services, LLC	100.00%	11,200		11,200	23
24	V	26 Insurance-Prop, Liab & Malpractice		Symphony Financial Services, LLC	100.00%	16,396		16,396	24
25	V	27 Other		Symphony Financial Services, LLC	100.00%	47,554		47,554	25
26	V	30 Depreciation		Symphony Financial Services, LLC	100.00%	5,173		5,173	26
27	V	34 Rent-Facility & Grounds		Symphony Financial Services, LLC	100.00%	(91,127)		(91,127)	27
28	V	35 Rent-Equipment & Vehicles		Symphony Financial Services, LLC	100.00%	5,652		5,652	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		\$ 728,541			\$ 395,777	\$ *	(332,764)	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 Utilities	\$	Maestro Consulting Services	100.00%	\$ 206	\$	206	15
16	V	6 Maintenance Salaries		Maestro Consulting Services	100.00%	3,362		3,362	16
17	V	6 Maintenance Expenses		Maestro Consulting Services	100.00%	1,302		1,302	17
18	V	7 Employee Benefits - Maintenance		Maestro Consulting Services	100.00%	770		770	18
19	V	10 Clinical Salaries		Maestro Consulting Services	100.00%	35,827		35,827	19
20	V	15 Employee Benefits - Clinical		Maestro Consulting Services	100.00%	8,196		8,196	20
21	V	17 Administrative Salaries	148,735	Maestro Consulting Services	100.00%	146		(148,589)	21
22	V	19 Professional Fees		Maestro Consulting Services	100.00%	7,537		7,537	22
23	V	20 Dues, Fees, Subscriptions, etc.		Maestro Consulting Services	100.00%	4,034		4,034	23
24	V	21 Clerical & General Salaries		Maestro Consulting Services	100.00%	79,894		79,894	24
25	V	21 Clerical & General Expenses		Maestro Consulting Services	100.00%	9,702		9,702	25
26	V	24 Seminars and Education		Maestro Consulting Services	100.00%	2,275		2,275	26
27	V	25 Transportation		Maestro Consulting Services	100.00%	853		853	27
28	V	27 Employee Benefits - Administrative		Maestro Consulting Services	100.00%	18,308		18,308	28
29	V	30 Depreciation		Maestro Consulting Services	100.00%	1,584		1,584	29
30	V	32 Interest Expense		Maestro Consulting Services	100.00%	208		208	30
31	V	33 Real Estate Tax		Maestro Consulting Services	100.00%	917		917	31
32	V	35 Equipment Rental		Maestro Consulting Services	100.00%	2,100		2,100	32
33	V	35 Auto Lease		Maestro Consulting Services	100.00%	835		835	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 148,735			\$ 178,056	\$ *	29,321	39

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

Facility Name &amp; ID Number

Symphony of Crestwood

# 0051805

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

## 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 Deerbrook, LLC D/B/A Symphony of Joliet		Symphony HMG, LLC	Lincolnwood	Sub Lessor	3
4	Mark Hartman	4.50	Symphony Maple Crest, LLC D/B/A Maple Crest Belvidere		Symphony Financial S	Lincolnwood	Mgmt Co.	4
5	Julie Thomas	4.50	Symphony Maple Ridge, LLC D/B/A Symphony Lincoln					5
6	Rena Dickman	4.50	Symphony McKinley, LLC D/B/A McKinley Co Decatur					6
7	Robert Hartman	4.00	Symphony Northwoods, LLC D/B/A Northwood Decatur					7
8	Jack Hartman	3.00	Symphony Evanston Healthcare	Evanston				8
9	Joseph Hartman	3.00	Symphony of Dyer	Indiana				9
10	David J. Hartman	20.00	Symphony of Crown Point	Indiana				10
11	Jay Flatt	3.00			NuCare Services	Lincolnwood	Bookkeeping Mgmt	11
12	Gerry Jenich	10.00			7257 N. Lincoln Ave, I	Lincolnwood	Building Rental	12
13	IBEX Mgmt Svces, LLC	10.00			Diamond Insurance	Northbrook	Work Comp Ins.	13
14			Bronzeville Park	Chicago	Mapleleaf Insurance	Grand Cayman	Liability/Work Com	14
15			California Gardens Corp.	Chicago	Seasons Hospice	Park Ridge	Hospice *	15
16			Claremont Rehab. & Living	Buffalo Grove	JLR Financial Svcs. C	Lincolnwood	Management Co.	16
17			Claremont - Hanover Park	Hanover Park	KFT Services, LLC	Lincolnwood	Management Co. **	17
18			Claridge Imperial, LTD.	Chicago	Drake Louis Enterpris	Lincolnwood	Management Co. **	18
19			Jackson Corp	Chicago	Integra Healthcare Eq	Elmhurst	DME & Med. Suppl	19
20			Monroe Pavillion	Chicago	Lifeline Ambulance, L	Chicago	Ambulance	20
21			Renaissance at 87th Street	Chicago	Integra Respiratory Se	Elmhurst	Respiratory Service	21
22			Renaissance at Midway	Chicago				22
23			Renaissance at South Shore	Chicago				23
24			Renaissance at Park South	Chicago	* No expense paid by h			24
25			Aria Post Acute Care	Hillside	entity, therefore no pa			25
26			Seven Oaks	Glendale, Wiscosin	** No expense of this r			26
27			Renaissance East	Mesa, Arizona	allocated to homes			27
28			Renaissance West	Mesa, Arizona				28
29			Renaissance Village IL	Mesa, Arizona				29
30			Renaissance Village AL	Mesa, Arizona				30

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## VII. RELATED PARTIES (continued)

## C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

**NOTE: ALL owners ( even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.**

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	<b>No owners receive compensation from this facility.</b>								\$		1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								<b>TOTAL</b>	\$		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: 01/01/2015

Ending: 2/31/2015

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 Symphony Financial Services, LLC  
 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 Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Occupied Bed Days	372,277	11	\$ 3,116	\$ 66,596	\$ 557	1
2	6	Maintenance	Occupied Bed Days	372,277	11	22,405	66,596	4,008	2
3	10	Nursing & Med Records - Sal	Occupied Bed Days	372,277	11	313,972	313,972	56,166	3
4	15	Other-Mgmt Alloc of Benefits	Occupied Bed Days	372,277	11	57,644	66,596	10,312	4
5	19	Professional Services-Legal	Occupied Bed Days	372,277	11	5,442	66,596	974	5
6	19	Professional Services-Other	Occupied Bed Days	372,277	11	333,134	66,596	59,594	6
7	20	Dues, Fees, Subscripts & Promoti	Occupied Bed Days	372,277	11	7,234	66,596	1,294	7
8	21	Clerical & Gen ofc exp -Salary	Occupied Bed Days	372,277	11	1,244,063	1,244,063	222,548	8
9	21	Clerical & Gen ofc exp -Salary	Occupied Bed Days	372,277	11	254,217	66,596	45,476	9
10	24	Travel & Seminar	Occupied Bed Days	372,277	11	62,607	66,596	11,200	10
11	26	Ins-Prop, Liab & Malpractice	Occupied Bed Days	372,277	11	91,654	66,596	16,396	11
12	27	Other-Mgmt Alloc of Benefits	Occupied Bed Days	372,277	11	265,831	66,596	47,554	12
13	30	Depreciation	Occupied Bed Days	372,277	11	28,917	66,596	5,173	13
14	34	Rent - Facility & Grounds	Occupied Bed Days	372,277	11	(509,407)	66,596	(91,127)	14
15	35	Rent - Equipment	Occupied Bed Days	372,277	11	14,362	66,596	2,569	15
16	35	Rent - Vehicles	Occupied Bed Days	372,277	11	17,234	66,596	3,083	16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 2,212,425	\$ 1,558,035		\$ 395,777	25

Facility Name & ID Number Symphony of Crestwood

# 0051805 Report Period Beginning: 01/01/2015

Ending: 2/31/2015

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 Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	5	Utilities	Bed Days Available	307,257	28	\$ 3,424	\$ 18,483	\$ 206	1	
2	6	Maintenance Salaries	Bed Days Available	307,257	28	55,893	18,483	3,362	2	
3	6	Maintenance Expenses	Bed Days Available	307,257	28	21,648	18,483	1,302	3	
4	7	Employee Benefits - Maintenance	Bed Days Available	307,257	28	12,799	18,483	770	4	
5	10	Clinical Salaries	Bed Days Available	307,257	28	595,582	595,582	18,483	35,827	5
6	15	Employee Benefits - Clinical	Bed Days Available	307,257	28	136,244	18,483	8,196	6	
7	17	Administrative Salaries	Bed Days Available	307,257	28	2,420	2,420	18,483	146	7
8	19	Professional Fees	Bed Days Available	307,257	28	125,288	18,483	7,537	8	
9	20	Dues, Fees, Subscriptions, etc.	Bed Days Available	307,257	28	67,058	18,483	4,034	9	
10	21	Clerical & General Salaries	Bed Days Available	307,257	28	1,328,131	1,328,131	18,483	79,894	10
11	21	Clerical & General Expenses	Bed Days Available	307,257	28	161,289	18,483	9,702	11	
12	24	Seminars and Education	Bed Days Available	307,257	28	37,815	18,483	2,275	12	
13	25	Transportation	Bed Days Available	307,257	28	14,185	18,483	853	13	
14	27	Employee Benefits - Administrative	Bed Days Available	307,257	28	304,341	18,483	18,308	14	
15	30	Depreciation	Bed Days Available	307,257	28	26,334	18,483	1,584	15	
16	32	Interest Expense	Bed Days Available	307,257	28	3,464	18,483	208	16	
17	33	Real Estate Tax	Bed Days Available	307,257	28	15,239	18,483	917	17	
18	35	Equipment Rental	Bed Days Available	307,257	28	34,911	18,483	2,100	18	
19	35	Auto Lease	Bed Days Available	307,257	28	13,885	18,483	835	19	
20									20	
21									21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 2,959,950	\$ 1,982,026	\$ 178,056	25	

Facility Name &amp; ID Number

Symphony of Crestwood

# 0051805

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

## 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	Name of Lender	2		3	4	5	6		8	9	10						
		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			
	<b>A. Directly Facility Related</b>																
	<b>Long-Term</b>																
1							\$	\$			\$						
2																	
3																	
4																	
5																	
	<b>Working Capital</b>																
6	The Private Bank		X	Capital Improvements	Interest Only	12/30/2011	2,000,000	983,437	12/30/2017	0.0525	40,635						
7	The Private Bank		X	Line of credit	Interest Only	12/30/2011	27,000,000	12,367,808	12/29/2016	0.0450	511,034						
8																	
9	<b>TOTAL Facility Related</b>						\$	29,000,000	\$	13,351,245	\$	551,669					
	<b>B. Non-Facility Related*</b>																
10																	
11									Allocated from Mgmt. Co.		208						
12									Interest Income Offset		(2,516)						
13																	
14	<b>TOTAL Non-Facility Related</b>						\$		\$		\$	(2,308)					
15	<b>TOTALS (line 9+line14)</b>						\$	29,000,000	\$	13,351,245	\$	549,361					

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.)





Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services?                 YES        X   NO

If YES, attach an explanation and a schedule which shows the calculation of the cost allocated to the nursing home.  
(Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the original 2014 tax bills which were listed in Section A to this statement. Be sure to use the 2014 tax bill which is normally paid during 2015.

**PLEASE NOTE: *Payment information from the Internet* or otherwise is *not considered acceptable tax bill documentation* . Facilities located in Cook County are required to provide copies of their original **second installment** tax bill.**

Facility Name & ID Number Symphony of Crestwood

# 0051805 Report Period Beginning:

01/01/2015 Ending:

12/31/2015

**X. BUILDING AND GENERAL INFORMATION:**

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:**

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Allocated from Maestro 7257</u>		<u>2004</u>	<u>\$ 1,604</u>	1
2					2
3	<b>TOTALS</b>			<b>\$ 1,604</b>	3

Facility Name & ID Number Symphony of Crestwood# 0051805

Report Period Beginning:

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12/31/2015

**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		14,440		39	370	370	5,002	8
		Improvement Type**									
9		Architectural Fees	2012		30,284	1,514	20	1,514		5,139	9
10		Elevator - Electrical	2012		19,950	997	20	997		3,083	10
11		Exterior Aluminum	2012		52,666	2,633	20	2,633		8,139	11
12		Exterior Painting - Back Entrance	2012		53,000	2,650	20	2,650		8,833	12
13		Interior Painting - First Floor	2012		16,140	807	20	807		2,641	13
14		Interior Painting - Second Floor	2012		32,000	1,600	20	1,600		4,945	14
15		Front Entrance - West & S	2012		19,000	950	20	950		2,879	15
16		Cooling Tower - Replace	2012		31,138	1,557	20	1,557		5,095	16
17		Floor Coverings	2012		213,242	10,662	20	10,662		32,309	17
18		Elevator - Fix Car Sills	2012		242,100	12,105	20	12,105		36,682	18
19		Sprinkler System - Entire	2012		326,853	16,343	20	16,343		49,523	19
20		Standby Generator for Service Elevator	2012		55,000	11,000	5	11,000		33,917	20
21											21
22		Cast Iron sewer located on 1st floor	2013		2,500	125	20	125		375	22
23		Installing receptacles on hallway for wall mounting	2013		2,520	126	20	126		378	23
24		Demo/Carpentry drywall - Second Floor	2013		16,050	803	20	803		2,341	24
25		Contractor fees for facility renovation-Second Floor	2013		11,018	551	20	551		1,607	25
26		Wall Coverings and Painting-Second Floor	2013		18,932	947	20	947		2,761	26
27		Contractor fees for facility renovation-Elevator/Cooling Tower	2013		183,922	9,196	20	9,196		26,822	27
28		Wall coverings-Throughout Facility	2013		91,289	4,564	20	4,564		13,313	28
29		Demo/Carpentry Drywall-Throughout Facility	2013		46,300	2,315	20	2,315		6,752	29
30		Interior Electrical Alarms	2013		75,869	3,793	20	3,793		11,064	30
31		Electrical modifications standby generator	2013		38,193	1,910	20	1,910		5,570	31
32		Interior painting, wall coverings, demo and cap 2 sinks	2013		13,189	659	20	659		1,868	32
33		-Second Floor									33
34		Interior Painting - Second Floor	2013		5,500	550	10	550		1,558	34
35		Interior soffit enclosures, fittings, painting service-2nd Fl	2013		7,960	398	20	398		1,128	35
36		Floor Coverings-Third Floor Dialysis	2013		41,686	2,085	20	2,085		5,732	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 &amp; ID Number Symphony of Crestwood

# 0051805

Report Period Beginning:

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## 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	\$	\$ 2,003	37
38	Hallway and bathroom doors	2013	2,640	132	20	132		374	38
39	Demo/Carpentry Drywall and plumbing-Fourth Fl Showers	2013	35,902	1,795	20	1,795		4,937	39
40	Replaced floor drain-Fourth Floor Showers	2013	2,900	145	20	145		387	40
41	Demo/Carpentry Drywall-Fourth Floor	2013	7,925	397	20	397		1,024	41
42	Contractor fees for facility renovation-Throughout Facility	2013	8,731	436	20	436		1,128	42
43	Interior Electrical Alarms	2013	51,532	2,576	20	2,576		6,656	43
44	Interior painting - 4th floor	2013	31,250	3,125	10	3,125		8,073	44
45	2nd floor north spa room floor coverings	2013	14,300	715	20	715		1,847	45
46	Sun Shade Installation	2013	9,620	481	20	481		1,243	46
47	Carpentry drywall, asphalt patching for trench and generator	2013	38,625	1,931	20	1,931		4,667	47
48	-Second Floor & Corridors								48
49	Painting - First floor	2013	12,800	1,280	10	1,280		3,093	49
50	Custom Built Cabinetry-First Floor Dialysis	2013	20,940	1,047	20	1,047		2,356	50
51	Demo Carpentry/Drywall Material and Labor-1st Fl Dialysis	2013	21,379	1,069	20	1,069		2,405	51
52	Installation of Louvers-Third Floor Dialysis	2013	151,750	7,588	20	7,588		17,072	52
53	Contractor fees for facility renovation-Throughout Facility	2013	28,436	1,422	20	1,422		3,199	53
54	Fire pump installation-raceways & conductors for tampers	2013	37,113	1,855	20	1,855		4,175	54
55	Exterior painting	2013	2,500	250	10	250		563	55
56	Conference Room wallpaper	2013	8,277	414	20	414		931	56
57	Roofing labor and materials	2013	7,100	355	20	355		799	57
58	Staining courtyard (3,450 sq ft)	2013	10,350	1,035	10	1,035		2,329	58
59									59
60	Plumbing Improvements	2014	6,450	322	20	322		591	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	250	20	250		500	64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 2,191,396	\$ 120,167		\$ 120,537	\$ 370	\$ 349,808	70

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

Facility Name &amp; ID Number Symphony of Crestwood

# 0051805

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

## 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		\$ 2,191,396	\$ 120,167		\$ 120,537	\$ 370	\$ 349,808	1
2	Facility Remodeling	2014	446,362	22,371	20	22,371		35,969	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)		\$ 2,637,758	\$ 142,538		\$ 142,908	\$ 370	\$ 385,777	34

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

Facility Name & ID Number Symphony of Crestwood

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		\$ 2,637,758	\$ 142,538		\$ 142,908	\$ 370	\$ 385,777	1
2	IDPH Dialysis -Architecture Fees, Electric, Plumbing,	2015	47,470	2,176	20	2,176		2,176	2
3	-Construction Fee								3
4	Millwork & Trim on 3rd & 4th Floor Nurses Stations	2015	26,000	324	20	324		324	4
5									5
6									6
7	Allocated from Maestro Consulting Services	2003	705		39	7	7	421	7
8	Allocated from Maestro Consulting Services	2004	14,305		39	139	139	8,392	8
9	Allocated from Maestro Consulting Services	2005	848		39	8	8	453	9
10	Allocated from Maestro Consulting Services	2006	1,150		39	11	11	529	10
11	Allocated from Maestro Consulting Services	2008	1,212		39	12	12	430	11
12	Allocated from Maestro Consulting Services	2009	19,516		20	189	189	6,287	12
13	Allocated from Maestro Consulting Services	2010	2,999		20	29	29	676	13
14	Allocated from Maestro Consulting Services	2011	162		20	2	2	38	14
15	Allocated from Maestro Consulting Services	2012	180		20	2	2	32	15
16	Allocated from Maestro Consulting Services	2014	2,256		20	22	22	162	16
17	Allocated from Maestro Consulting Services	2015	634		20			5	17
18									18
19									19
20									20
21	Allocated from Maestro 7257	2004	287		10			165	21
22	Allocated from Maestro 7257	2005	1,316		10	9	9	871	22
23	Allocated from Maestro 7257	2015	228		15	11	11	5	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)		\$ 2,757,026	\$ 145,038		\$ 145,849	\$ 811	\$ 406,745	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	\$ 928,177	\$ 146,410	\$ 146,410	\$	5-7	\$ 413,413	71
72	Current Year Purchases	79,459	6,120	6,120		5	6,120	72
73	Fully Depreciated Assets							73
74	Allocated from Maestro Consulting Services	135,555		5,941	5,941		73,594	74
75	TOTALS	\$ 1,143,191	\$ 152,530	\$ 158,471	\$ 5,941		\$ 493,127	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			\$ 533	\$	\$ 5	\$ 5		\$ 533	76
77										77
78										78
79										79
80	TOTALS			\$ 533	\$	\$ 5	\$ 5		\$ 533	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 3,902,354	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 297,568	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 304,325	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 6,757	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 900,405	85

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

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

G. Construction-in-Progress

	Description	Cost	
92	N/A	\$	92
93			93
94			94
95		\$	95

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

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

**Facility Name:** Symphony of Crestwood  
**IDPH License ID Number:** 0051805  
**Fiscal Year End:** 12/31/2015

**Schedule 13A**

**XI. Ownership Costs**

**Line 74 - Equipment Costs - Excluding Transportation**

<b>Category of Equipment</b>	<b>Cost</b>	<b>Current Book Depreciation</b>	<b>Straight Line Depreciation</b>	<b>Adjustments</b>	<b>Component Life</b>	<b>Accumulated Depreciation</b>
Allocated from Symphony Financial Services, LLC	31,645		5,173	5,173	5-7	12,698
Allocated from Maestro Consulting Services	103,910		768	768	5-10	60,896
				-		
<b>TOTAL</b>	135,555	-	5,941	5,941		73,594

**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:	<u>1974</u>	<u>303</u>	<u>12/31/2011</u>	\$ <u>2,948,191</u>	<u>10</u>	<u>10</u>	3
4	Additions							4
5								5
6	Allocated from Mgmt. Co.				<u>(91,127)</u>			6
7	TOTAL		303		\$ <u>2,857,064</u>			7

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. /2016 \$ 2,158,830

13. /2017 \$ 2,202,007

14. /2018 \$ 2,246,047

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.

6,453

64,527

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: \$ 430,481 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	<u>Administratve</u>	<u>Infiniti</u>	\$ <u>330</u>	\$ <u>1,651</u>	17
18	<u>Administratve</u>	<u>Audi S4</u>	<u>1,009</u>	<u>12,108</u>	18
19					19
20	Allocated from Mgmt. Co.			<u>835</u>	20
21	TOTAL		\$ <u>1,339</u>	\$ <u>14,594</u>	21

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

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

Facility Name: Symphony of Crestwood  
IDPH License ID Number: 0051805  
Fiscal Year End: 12/31/2015

**Schedule 14A**

**XIV. Rental Costs**

**Line 16 Rental Amount for Moveable Equipment**

<b>Rental Description</b>	<b>Amount</b>
Low Air Loss Mattress	68,619
Vac Freedom	60,492
Suction Machine	2,842
Oxygen Concentrator	141,556
BIPAP Unit, Devilbiss with humidifier	30,064
Floor Drum Machine	82
Mist Therapy Equip	5,775
blood pressure machine	7,128
Spot Coolers	-
Ice Maker	6,720
Water System	2,459
Copiers	76,121
Computers	2,890
Muzak Services Music Sound	356
Kyocera-US Bank	15,267
Mailing System	2,358
Allocated from Mgmt. Co.	7,752
<b>Total - Line 16</b>	<b>430,481</b>

Facility Name & ID Number Symphony of Crestwood # 0051805 Report Period Beginning: 01/01/2015 Ending: 12/31/2015  
**XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)**

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

<p><b>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</b></p> <p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>It is the policy of this facility to only hire certified nurses aides.                  If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p><b>2. CLASSROOM PORTION:</b></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p><b>3. CLINICAL PORTION:</b></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
---	---	--

**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

		Facility			Total
		1	2	3	
		Drop-outs	Completed	Contract	
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	<b>TOTALS</b>	\$	\$	\$	\$
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**

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

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

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

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

	Service	1 Schedule V Line & Column Reference	2		3	4		5	6	7	8
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service			Units	Cost				
1	Licensed Occupational Therapist	39(3)	hrs	\$	11,218	\$ 807,694	\$	11,218	\$ 807,694	1	
2	Licensed Speech and Language Development Therapist	39(3)	hrs		2,020	145,455		2,020	145,455	2	
3	Licensed Recreational Therapist		hrs							3	
4	Licensed Physical Therapist	39(3)	hrs		12,223	880,069		12,223	880,069	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 prescripts				745,778		745,778	9	
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10	
11	Academic Education		hrs							11	
12	Other (specify): <u>Oxygen</u>	39(2)					12,270		12,270	12	
13	Other (specify): <u>See Schedule 16A</u>	39(3)				166,444			166,444	13	
14	<b>TOTAL</b>			\$	25,461	\$ 1,999,662	\$ 758,048	25,461	\$ 2,757,710	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: 12/31/2015

**Schedule 16A**

**XIV. Special Services (Direct Cost)**

**Line 12 Other (specify)**

<u>Description</u>	<u>Units</u>	<u>Amount</u>
5753 OTHER SERVICES - MEDICARE		834
5755 OTHER SERVICES - MEDICAID		206
5851 IV THERAPY - PRIVATE		3,350
5853 I.V. THERAPY-MEDICARE		60,649
5855 I.V. THERAPY-MEDICAID		9,400
5858 I.V. THERAPY-MANAGED CARE		25,879
15824 ORTHOPEDIC SURGEON CONSULTANT		30,000
15885 RESPIRATORY		27,626
15886 CARDIOLOGIST CONSULTANT		8,500
<b>Total - Line 12</b>	<b>-</b>	<b>166,444</b>

Facility Name & ID Number Symphony of Crestwood# 0051805Report Period Beginning: 01/01/2015

Ending:

12/31/2015

## XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2015

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ (52,472)	\$ (52,472)	1
2	Cash-Patient Deposits	157,843	157,843	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>843</u> )	11,604,274	11,604,274	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	686	686	6
7	Other Prepaid Expenses	609,462	609,462	7
8	Accounts Receivable (owners or related parties)	224,400	224,400	8
9	Other(specify): <u>See Schedule 17A</u>	138,517	138,517	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 12,682,710	\$ 12,682,710	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		1,604	13
14	Buildings, at Historical Cost		14,440	14
15	Leasehold Improvements, at Historical Cost	2,644,589	2,742,586	15
16	Equipment, at Historical Cost	1,062,636	1,143,724	16
17	Accumulated Depreciation (book methods)	(802,808)	(900,405)	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 <u>Lease Cost</u> )	38,716	38,716	22
23	Other(specify): <u>See Schedule 17A</u>	237,018	237,018	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 3,180,151	\$ 3,277,683	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 15,862,861	\$ 15,960,393	25

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 3,657,271	\$ 3,657,271	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	349,196	349,196	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	834,000	834,000	32
33	Accrued Interest Payable	3,175	3,175	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	<u>See Schedule 17A</u>	3,990,537	3,990,537	36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 8,834,179	\$ 8,834,179	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable	13,351,245	13,351,245	39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43				43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 13,351,245	\$ 13,351,245	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 22,185,424	\$ 22,185,424	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ (6,322,563)	\$ (6,225,031)	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 15,862,861	\$ 15,960,393	48

\*(See instructions.)

**Facility Name:** Symphony of Crestwood  
**IDPH License ID Number:** 0051805  
**Fiscal Year End:** 12/31/2015

**Schedule 17A**

**XV. Balance Sheet**

**Line 9 Current Assets Other (specify):**

Description	Operating	After Consolidation
1128 WAGE ASSIGNMENT & GARNISHMENT	643	643
1127 RESERVES FOR CAPEX	122,453	122,453
1147 DUE TO/FROM TKG	15,421	15,421
<b>Total - Line 9</b>	<b>138,517</b>	<b>138,517</b>

**XV. Balance Sheet**

**Line 23 Long-Term Assets Other (specify):**

Description	Operating	After Consolidation
1125 SECURITY DEPOSIT	263,867	263,867
1126 REAL ESTATE ESCROW DEPOSIT	(26,849)	(26,849)
<b>Total - Line 23</b>	<b>237,018</b>	<b>237,018</b>

**XV. Balance Sheet**

**Line 36 Other Current Liabilities (specify):**

Description	Operating	After Consolidation
1209 SECURITY DEPOSIT PAYABLE	(101,262)	(101,262)
1210 OPERATING EXPENSES	(285,070)	(285,070)
1212 MANAGEMENT FEES - SYMPHONY	(266,016)	(266,016)
1214 INS WRKS COMP DEDUCT/SETTLEMENT	(13,521)	(13,521)
1221 STATE UNEMPLOYMENT TAX	(17,172)	(17,172)
1222 FEDERAL UNEMPLOYMENT TAX	(1,174)	(1,174)

1223 SALES TAX	(175)	(175)
1224 PAYROLL TAXES OTHER	(45,480)	(45,480)
1226 ACCRUED EMPLOYEE BENEFITS	(469,504)	(469,504)
1232 FICA & W/H FED	(4)	(4)
1242 DUE TO IDPA - ADDTL IL BED TAX	(68,817)	(68,817)
1244 DUE TO/FR TKG	(110,531)	(110,531)
1252 DUE TO NUCARE	(39,153)	(39,153)
1258 PATIENT PERSONAL FUNDS	(89,061)	(89,061)
1204 EXCHANGE FORMATION L/H	(1,501,529)	(1,501,529)
1253 DUE TO SYMPHONY FINANCIAL	(935,152)	(935,152)
1220 ACCUMULATED AMORTIZATION DEFERRED RENT	165,473	165,473
1206 DUE TO DPA	(212,389)	(212,389)
<b>Total - Line 36</b>	<b><u>(3,990,537)</u></b>	<b><u>(3,990,537)</u></b>

**XVI. STATEMENT OF CHANGES IN EQUITY**

		1 Total	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>(3,808,892)</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>	<b>Prior Period Adjustment</b>	<b>(3,826)</b>	<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>(3,812,718)</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	<b>(2,509,845)</b>	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	( )	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe) <b>Rounding</b>		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>(2,509,845)</b>	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>(6,322,563)</b>	<b>24</b> *

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

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

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

		1	
I. Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 18,927,932	1
2	Discounts and Allowances for all Levels	(5,103,209)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 13,824,723	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	4,226,895	6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 4,226,895	8
<b>C. Other Operating Revenue</b>			
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	986,285	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	223,496	19
20	Radiology and X-Ray	49,642	20
21	Other Medical Services	154,864	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 1,414,287	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	2,516	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 2,516	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>See Sch 19A</u>	23,889	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 23,889	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 19,492,310	30

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	2,320,617	31
32	Health Care	6,421,543	32
33	General Administration	4,151,826	33
<b>B. Capital Expense</b>			
34	Ownership	5,023,222	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	3,490,147	35
36	Provider Participation Fee	594,800	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 22,002,155	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(2,509,845)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (2,509,845)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 9,340,835	44
45	Private Pay - Net Inpatient Revenue	739,051	45
46	Medicare - Net Inpatient Revenue	1,943,426	46
47	Other-(specify) <u>Hospice (See Sch 19C)</u>	671,017	47
48	Other-(specify) <u>Managed Care (See Sch 19C)</u>	1,130,394	48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 13,824,723	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

Facility Name: Symphony of Crestwood  
IDPH License ID Number: 0051805  
Fiscal Year End: 12/31/2015

**Schedule 19A**

**XVII. Income Statement**

**Line 28 Other Revenue (specify):**

	<u>Description</u>	<u>Amount</u>
4653	RENTALS - MEDICARE	(7,113)
14929	OTHER UNCLASSIFIED INCOME	(17)
4658	RENTALS - MANAGED CARE	(16,427)
14934	DISCOUNTS EARNED	(332)
	<b>Total - Line 28</b>	<b><u><u>(23,889)</u></u></b>

**Facility Name:** Symphony of Crestwood  
**IDPH License ID Number:** 0051805  
**Fiscal Year End:** 12/31/2015

**Schedule 19C**

**XVII. Income Statement**

**Line 47 Net Inpatient Revenue detailed by Payer Source Other (specify):**

<u>Description</u>	<u>Amount</u>
4170 Hospice - Routine	671,017
<b>Total - Line 47</b>	<b><u><u>671,017</u></u></b>

**XVII. Income Statement**

**Line 48 Net Inpatient Revenue detailed by Payer Source Other (specify):**

<u>Description</u>	<u>Amount</u>
4180 MANAGED CARE - ROUTINE	3,404,804
4228 MED SUPPLY C/A - MANAGED CARE	(60,936)
4278 PHARMACY C/A - MANAGED CARE	(456,418)
4380 X-RAY - MANAGED CARE CONT AD	(27,134)
4478 LABORATORY -MANAGED CARE CONT A	(131,485)
4528 PHYSICAL TPY-CONT ADJ MNG CAR	(724,424)
4578 SPEECH THERAPY C/A - MANAGE CARE	(139,324)
4628 OCCUP. TPY-MAN CARE CONT ADJ	(720,612)
4878 IV THERAPY C/A - MANAGED CARE	(14,077)
<b>Total - Line 48</b>	<b><u><u>1,130,394</u></u></b>

Facility Name & ID Number Symphony of Crestwood

# 0051805

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

**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	2,134	2,185	\$ 146,845	\$ 67.21	1
2	Assistant Director of Nursing	1,348	1,491	56,447	37.86	2
3	Registered Nurses	32,332	33,966	1,128,663	33.23	3
4	Licensed Practical Nurses	70,714	74,591	2,046,661	27.44	4
5	CNAs & Orderlies	119,597	128,210	1,589,557	12.40	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	5,332	6,771	101,277	14.96	8
9	Activity Director	3,118	3,336	58,385	17.50	9
10	Activity Assistants	9,595	11,510	152,067	13.21	10
11	Social Service Workers	10,687	11,519	146,057	12.68	11
12	Dietician					12
13	Food Service Supervisor	5,852	6,509	150,386	23.10	13
14	Head Cook					14
15	Cook Helpers/Assistants	30,352	34,795	408,779	11.75	15
16	Dishwashers					16
17	Maintenance Workers	4,142	4,459	95,852	21.50	17
18	Housekeepers	21,969	24,734	291,086	11.77	18
19	Laundry	11,109	13,017	161,710	12.42	19
20	Administrator	1,732	2,078	172,117	82.83	20
21	Assistant Administrator	1,977	2,038	64,275	31.54	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	12,205	13,347	328,006	24.58	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	2,362	2,462	39,591	16.08	31
32	Other Health C: See Schedule 20A	7,026	7,262	159,303	21.94	32
33	Other(specify) <u>Marketing</u>	4,266	4,653	112,448	24.17	33
34	TOTAL (lines 1 - 33)	357,849	388,933	\$ 7,409,512 *	\$ 19.05	34

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

\*\* See instructions.

**B. CONSULTANT SERVICES**

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	Monthly	\$ 28,349	1(3)	35
36	Medical Director	Monthly	67,280	9(3)	36
37	Medical Records Consultant				37
38	Nurse Consultant	Monthly	2,834	10(3)	38
39	Pharmacist Consultant				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	2,200	11(3)	44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 100,663		49

**C. CONTRACT NURSES**

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

**Facility Name:** Symphony of Crestwood  
**IDPH License ID Number:** 0051805  
**Fiscal Year End:** 12/31/2015

**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	2,150	2,207	47,621	\$ 21.58
ALZHEIMER DIRECTOR	4,876	5,055	111,682	\$ 22.09
<b>Total - Line 32 Other Health Care (specify):</b>	<b>7,026</b>	<b>7,262</b>	<b>159,303</b>	<b>\$ 21.94</b>



**Facility Name:** Symphony of Crestwood  
**IDPH License ID Number:** 0051805  
**Fiscal Year End:** 12/31/2015

**Schedule 21A**

**XIX. SUPPORT SCHEDULES**

**C. Professional Services**

<b>Vendor</b>	<b>Type</b>	<b>Amount</b>
WESCOM SOLUTIONS INC	CLINICAL/BOOKKEEPING/DATA PROCESSIN	46,718
SYMPHONY FINANCIAL SERVICES	ELIGIBILITY VERIFICATION	26,464
TELEMEDICINE SOLUTIONS LLC	WOUNDROUND CARE MANAGEMENT SYSTI	26,546
IT/SOURCETECH	OPERATOR MONTHLY SUPPORT FEE	1,380
INFINITE TECHNOLOGY	ADDITIONAL CABLING	1,975
KIPP COMPUTER SOLUTIONS	COMPUTER UPGRADE	100
NUCARE SERVICES CORP	COMPUTER SOFTWARE	971
ONSHIFT INC	ENTERPRISE IMPLEMENTATION W/ INTEGR.	15,332
E-HEALTH DATA SOLUTIONS	CAREWATCH WITH MDS TRANS	5,112
EVAULT INC	CLOUD BACKUP SERVICES	3,024
HEALTH DATA SYSTEMS	MICRO-FICHE AP/PR MAINTENANCE	5,717
ABILITY NETWORK INC	SECURE EXCHANGE MANAGED SERVICE	1,685
COMCAST CABLE	HIGH-SPEED INTERNET	414
CREATIVE TECHNOLOGY SOLUTIONS	IT SUPPORT & FACILITY USER	18,397
CURASPAN HEALTH GROUP	REFERRAL CENTRAL NETWORK PATIENT T	2,750
RSM US LLP	ACCOUNTING FEES	31,075
AMY DELANEY	LEGAL	1,000
ERICH PAVEL	LEGAL	1,170
HIPP LAW OFFICE	LEGAL	41,234
IRA SILVERSTEIN	LEGAL	1,494
JEAN A ADAMS	LEGAL	625
LAW OFFICE JESSE OUTLAW	LEGAL	1,588
MUCH SHELIST	LEGAL	275
POLSINELLI PC	LEGAL	3,588
SKIDELSKY & ASSOCIATES	LEGAL	26,400
STONE, MCGUIRE & SIEGEL	LEGAL	15,989

STONE, POGRUND & KOREY	LEGAL	4,150
ACHIEVE ACCREDITATION	ACCREDITATION	10,762
CRESTWOOD CARE CENTER	DATA BANK	102
HK PAYROLL	WORK TAX CREDIT	7,775
MEDICAL BUSINESS OFFICE	COLLECTION FEES	10,268
NANCY MCDONALD	DATA BANK	21
PERSONNEL PLANNERS	QUARTERLY CLAIMS MGMT FEE	4,231
THE JOINT COMMISSION	ACCREDITATION	3,500

**Total (agree to Schedule V, line 19, column 3)** 321,831

Allocated from Management Company Legal Fees	974
Allocated from Management Company Professional Services	67,131
Less: Non-Allowable Legal Fees	(41,234)
Less: Professional Collection Fes	(10,268)
<b>Total (agree to Schedule V, line 19, column 8)</b>	<u>338,434</u>

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).  
(See instructions.)

1	2	3	4	5	6	7	8	9	10	11	12	13
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2												
3												N/A
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	<b>TOTALS</b>	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

Facility Name & ID Number Symphony of Crestwood# 0051805Report Period Beginning: 01/01/2015Ending: 12/31/2015**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 - \$36,815
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes  
What was the average life used for new equipment added during this period? 10 Yr
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 0 Line 10(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. \$ 594,800  
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 0 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation  
a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.  
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A  
c. What percent of all travel expense relates to transportation of nurses and patients? 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? Yes  
**g. Does the facility transport residents to and from day training? No**  
**Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A**
- (17) Has an audit been performed by an independent certified public accounting firm? Yes  
Firm Name: RSM US LLP
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes  
Attach invoices and a summary of services for all architect and appraisal fees.