

Facility Name & ID Number Symphony Of Buffalo Grove

0053702 Report Period Beginning: 01/01/17 Ending: 12/31/17

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	200	Skilled (SNF)	200	73,000	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	200	TOTALS	200	73,000	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	25,120	8,506	20,650	54,276	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	25,120	8,506	20,650	54,276	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 74.35%

D. How many bed reserve days during this year were paid by the Department?

None (Do not include bed reserve days in Section B.)

E. List all services provided by your facility for non-patients.

(E.g., day care, "meals on wheels", outpatient therapy)

None

F. Does the facility maintain a daily midnight census?

Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?

YES NO

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 3/1/2005

J. Was the facility purchased or leased after January 1, 1978?

YES Date 3/1/2005 NO

K. Was the facility certified for Medicare during the reporting year?

YES NO If YES, enter number of beds certified 200 and days of care provided 14,058

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/2017 Fiscal Year: 12/31/2017

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

Facility Name & ID Number Symphony Of Buffalo Grove # 0053702 Report Period Beginning: 01/01/17 Ending: 12/31/17

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	464,236	97,232	22,756	584,224		584,224		584,224		1
2	Food Purchase		344,779		344,779		344,779	(14,385)	330,394		2
3	Housekeeping	248,321		38,456	286,777		286,777		286,777		3
4	Laundry	48,074	15,073		63,147		63,147		63,147		4
5	Heat and Other Utilities			267,674	267,674		267,674	(15,352)	252,322		5
6	Maintenance	95,250		183,277	278,527		278,527	26,226	304,753		6
7	Other (specify):*							3,211	3,211		7
8	TOTAL General Services	855,881	457,084	512,163	1,825,128		1,825,128	(300)	1,824,828		8
	B. Health Care and Programs										
9	Medical Director			65,500	65,500		65,500		65,500		9
10	Nursing and Medical Records	4,281,648	554,501	94,769	4,930,918		4,930,918	133,983	5,064,901		10
10a	Therapy			17,695	17,695		17,695		17,695		10a
11	Activities	194,345		2,695	197,040		197,040		197,040		11
12	Social Services	161,543			161,543		161,543		161,543		12
13	CNA Training										13
14	Program Transportation			6,354	6,354		6,354	10	6,364		14
15	Other (specify):*							20,989	20,989		15
16	TOTAL Health Care and Programs	4,637,536	554,501	187,013	5,379,050		5,379,050	154,982	5,534,032		16
	C. General Administration										
17	Administrative	135,201		767,771	902,972		902,972	(703,458)	199,514		17
18	Directors Fees										18
19	Professional Services			280,663	280,663		280,663	(6,426)	274,237		19
20	Dues, Fees, Subscriptions & Promotions			99,028	99,028		99,028	(66,707)	32,321		20
21	Clerical & General Office Expenses	344,101	990	983,433	1,328,524		1,328,524	(560,823)	767,701		21
22	Employee Benefits & Payroll Taxes			882,918	882,918		882,918		882,918		22
23	Inservice Training & Education										23
24	Travel and Seminar			7,053	7,053		7,053	1,293	8,346		24
25	Other Admin. Staff Transportation			1,315	1,315		1,315	7,682	8,997		25
26	Insurance-Prop.Liab.Malpractice			329,612	329,612		329,612	2,911	332,523		26
27	Other (specify):*							48,033	48,033		27
28	TOTAL General Administration	479,302	990	3,351,793	3,832,085		3,832,085	(1,277,495)	2,554,590		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,972,719	1,012,575	4,050,969	11,036,263		11,036,263	(1,122,814)	9,913,449		29

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

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

Facility Name & ID Number Symphony Of Buffalo Grove

#0053702

Report Period Beginning:

01/01/17

Ending:

12/31/17

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	
	D. Ownership											
30	Depreciation			265,776	265,776		265,776	613,813	879,589			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			129,311	129,311		129,311	6,324	135,635			32
33	Real Estate Taxes			144,457	144,457		144,457	3,524	147,981			33
34	Rent-Facility & Grounds			3,373,614	3,373,614		3,373,614	(3,368,022)	5,592			34
35	Rent-Equipment & Vehicles			70,546	70,546		70,546	4,009	74,555			35
36	Other (specify):*											36
37	TOTAL Ownership			3,983,704	3,983,704		3,983,704	(2,740,352)	1,243,352			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		816,599	2,311,258	3,127,857		3,127,857	(11,488)	3,116,369			39
40	Barber and Beauty Shops			852	852		852		852			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			353,623	353,623		353,623		353,623			42
43	Other (specify):*			137,048	137,048		137,048	(137,048)				43
44	TOTAL Special Cost Centers		816,599	2,802,781	3,619,380		3,619,380	(148,536)	3,470,844			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,972,719	1,829,174	10,837,454	18,639,347		18,639,347	(4,011,702)	14,627,645			45

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

Symphony Of Buffalo Grove

ID# 0053702

Report Period Beginning: 01/01/17

Ending: 12/31/17

Sch. V Line

NON-ALLOWABLE EXPENSES

Amount

Reference

1	Miscellaneous Income	\$ (5,762)	21	1
2	Sequestration	(208,500)	21	2
3	Director of Customer Experience	(43,988)	21	3
4	Bank Charges	(17,737)	21	4
5	Marketing Consultant	(67,380)	43	5
6	Marketing Materials	(69,668)	43	6
7	Damage Loss	(1,202)	21	7
8	Patient Needs	(1,202)	10	8
9	Sales Tax	(3,446)	21	9
10	Additional R&M	12,411	06	10
11	Sale/Leaseback - Rent	(3,373,614)	34	11
12	PAC Dues	(10,437)	20	12
13	Non-Allowable Legal	(13,155)	19	13
14	Capitalized R&M	(8,321)	06	14
15	Coffee Shop and Cafeteria Revenues	(13,792)	02	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	(3,825,793)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Symphony Of Buffalo Grove# 0053702

Report Period Beginning:

01/01/17

Ending:

12/31/17

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary													1
2	Food Purchase	(14,385)											(14,385)	2
3	Housekeeping													3
4	Laundry													4
5	Heat and Other Utilities	(17,349)		1,997									(15,352)	5
6	Maintenance	4,090		22,136									26,226	6
7	Other (specify):*			3,211									3,211	7
8	TOTAL General Services	(27,644)		27,344									(300)	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records	(1,202)		135,185									133,983	10
10a	Therapy													10a
11	Activities													11
12	Social Services													12
13	CNA Training													13
14	Program Transportation					10							10	14
15	Other (specify):*			20,989									20,989	15
16	TOTAL Health Care and Programs	(1,202)		156,174		10							154,982	16
	C. General Administration													
17	Administrative			(703,458)									(703,458)	17
18	Directors Fees													18
19	Professional Services	(13,155)		6,729									(6,426)	19
20	Fees, Subscriptions & Promotions	(72,892)		6,185									(66,707)	20
21	Clerical & General Office Expenses	(803,172)		242,349									(560,823)	21
22	Employee Benefits & Payroll Taxes													22
23	Inservice Training & Education													23
24	Travel and Seminar			1,293									1,293	24
25	Other Admin. Staff Transportation			7,682									7,682	25
26	Insurance-Prop.Liab.Malpractice			2,911									2,911	26
27	Other (specify):*			48,033									48,033	27
28	TOTAL General Administration	(889,219)		(388,276)									(1,277,495)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(918,065)		(204,759)		10							(1,122,814)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Symphony Of Buffalo Grove# 0053702

Report Period Beginning:

01/01/17

Ending:

12/31/17

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	608,310		5,503									613,813	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(6,899)		13,223									6,324	32
33	Real Estate Taxes			3,524									3,524	33
34	Rent-Facility & Grounds	(3,373,614)		5,592									(3,368,022)	34
35	Rent-Equipment & Vehicles			4,009									4,009	35
36	Other (specify):*													36
37	TOTAL Ownership	(2,772,203)		31,851									(2,740,352)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers				(11,488)								(11,488)	39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(137,048)											(137,048)	43
44	TOTAL Special Cost Centers	(137,048)			(11,488)								(148,536)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(3,827,316)		(172,908)	(11,488)	10							(4,011,702)	45

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							3
4	V							4
5	V							5
6	V							6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$			\$	\$ *	14

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

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 LLC	100.00%	\$ 1,997	\$	1,997	15
16	V	6 MAINTENANCE SALARIES		MAESTRO CONSULTING SERVICES LLC	100.00%	17,708		17,708	16
17	V	6 MAINTENANCE EXPENSES		MAESTRO CONSULTING SERVICES LLC	100.00%	4,428		4,428	17
18	V	7 EMPLOYEE BENEFITS - MAINTENANCE		MAESTRO CONSULTING SERVICES LLC	100.00%	3,211		3,211	18
19	V	10 CLINICAL SALARIES		MAESTRO CONSULTING SERVICES LLC	100.00%	115,030		115,030	19
20	V	10 CONTRACT NURSING		MAESTRO CONSULTING SERVICES LLC	100.00%	20,155		20,155	20
21	V	15 EMPLOYEE BENEFITS - CLINICAL		MAESTRO CONSULTING SERVICES LLC	100.00%	20,989		20,989	21
22	V	17 ADMINISTRATIVE SALARIES		MAESTRO CONSULTING SERVICES LLC	100.00%	64,313		64,313	22
23	V	19 PROFESSIONAL FEES		MAESTRO CONSULTING SERVICES LLC	100.00%	6,729		6,729	23
24	V	20 DUES, FEES, SUBSCRIPTIONS, ETC.		MAESTRO CONSULTING SERVICES LLC	100.00%	6,185		6,185	24
25	V	21 CLERICAL & GENERAL SALARIES		MAESTRO CONSULTING SERVICES LLC	100.00%	207,299		207,299	25
26	V	21 CLERICAL & GENERAL EXPENSES		MAESTRO CONSULTING SERVICES LLC	100.00%	35,049		35,049	26
27	V	24 SEMINARS AND EDUCATION		MAESTRO CONSULTING SERVICES LLC	100.00%	1,293		1,293	27
28	V	25 TRANSPORTATION		MAESTRO CONSULTING SERVICES LLC	100.00%	7,682		7,682	28
29	V	26 INSURANCE		MAESTRO CONSULTING SERVICES LLC	100.00%	2,911		2,911	29
30	V	27 EMPLOYEE BENEFITS - ADMINISTRATIVE		MAESTRO CONSULTING SERVICES LLC	100.00%	48,033		48,033	30
31	V	30 DEPRECIATION		MAESTRO CONSULTING SERVICES LLC	100.00%	5,503		5,503	31
32	V	32 INTEREST EXPENSE		MAESTRO CONSULTING SERVICES LLC	100.00%	13,223		13,223	32
33	V	33 REAL ESTATE TAX		MAESTRO CONSULTING SERVICES LLC	100.00%	3,524		3,524	33
34	V	34 BUILDING RENTAL		MAESTRO CONSULTING SERVICES LLC	100.00%	5,592		5,592	34
35	V	35 EQUIPMENT RENTAL		MAESTRO CONSULTING SERVICES LLC	100.00%	931		931	35
36	V	35 AUTO LEASE		MAESTRO CONSULTING SERVICES LLC	100.00%	3,078		3,078	36
37	V								37
38	V	17 MANAGEMENT FEE	767,771	MAESTRO CONSULTING SERVICES LLC	100.00%			(767,771)	38
39	Total		\$ 767,771			\$ 594,863	\$ *	(172,908)	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	39 DME & Medical Supplies	\$ 54,013	Intergra Healthcare Equipment, LLC		\$ 42,525	\$ (11,488)	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 54,013			\$ 42,525	\$ * (11,488)	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	14 Transportation	\$ (85)	Lifeline Ambulance		\$ (75)	\$	10 15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ (85)			\$ (75)	\$ *	10 39

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

Facility Name & ID Number Symphony Of Buffalo Grove

0053702

Report Period Beginning: 01/01/17

Ending: 12/31/17

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	22 Workers Compensation	\$ 166,918	Mapleleaf Insurance	100.00%	\$ 166,918	\$	15
16	V	26 Liability Insurance	343,491	Mapleleaf Insurance	100.00%	343,491		16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 510,409			\$ 510,409	\$ *	39

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

Facility Name & ID Number Symphony Of Buffalo Grove

0053702

Report Period Beginning: 01/01/17

Ending: 12/31/17

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		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	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		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

Facility Name & ID Number Symphony Of Buffalo Grove

0053702

Report Period Beginning: 01/01/17

Ending: 12/31/17

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		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

Facility Name & ID Number Symphony Of Buffalo Grove

0053702

Report Period Beginning: 01/01/17

Ending: 12/31/17

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		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

Facility Name & ID Number Symphony Of Buffalo Grove

0053702

Report Period Beginning: 01/01/17

Ending: 12/31/17

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: 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		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

Facility Name & ID Number

Symphony Of Buffalo Grove

#

0053702

Report Period Beginning:

01/01/17

Ending:

12/31/17

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	N/A								\$	1	
2										2	
3										3	
4										4	
5										5	
6										6	
7										7	
8										8	
9										9	
10										10	
11	Where applicable, the amounts reported on this page have been adjusted from the actual costs to reflect only the amounts										11
12	anticipated to be considered allowable by the IL. Dept. of HFS.										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 Buffalo Grove

0053702 Report Period Beginning: 01/01/17 Ending: 12/31/17

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 _____
 Street Address _____
 City / State / Zip Code _____
 Phone Number () _____
 Fax Number () _____

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					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

Facility Name & ID Number Symphony Of Buffalo Grove

0053702

Report Period Beginning:

01/01/17

Ending: 12/31/17

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 LLC

Street Address

7257 N. LINCOLN AVENUE

City / State / Zip Code

LINCOLNWOOD, IL 60712

Phone Number

(847) 933-2600

Fax Number

(847) 933-2601

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	AVAIL. CENSUS DAYS	1,835,856	28	\$ 50,076	\$ 73,200	\$ 1,997	1
2	6	MAINTENANCE SALARIES	AVAIL. CENSUS DAYS	1,835,856	28	444,128	444,128	17,708	2
3	6	MAINTENANCE EXPENSES	AVAIL. CENSUS DAYS	1,835,856	28	111,048	73,200	4,428	3
4	7	EMPLOYEE BENEFITS - MAIN	AVAIL. CENSUS DAYS	1,835,856	28	80,529	73,200	3,211	4
5	10	CLINICAL SALARIES	AVAIL. CENSUS DAYS	1,835,856	28	2,884,957	2,884,957	115,030	5
6	10	CONTRACT NURSING	AVAIL. CENSUS DAYS	1,835,856	28	505,476	73,200	20,155	6
7	15	EMPLOYEE BENEFITS - CLINI	AVAIL. CENSUS DAYS	1,835,856	28	526,402	73,200	20,989	7
8	17	ADMINISTRATIVE SALARIES	AVAIL. CENSUS DAYS	1,835,856	28	1,612,976	1,612,976	64,313	8
9	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS	1,835,856	28	168,752	73,200	6,729	9
10	20	DUES, FEES, SUBSCRIPTIONS,	AVAIL. CENSUS DAYS	1,835,856	28	155,112	73,200	6,185	10
11	21	CLERICAL & GENERAL SALAR	AVAIL. CENSUS DAYS	1,835,856	28	5,199,066	5,199,066	207,299	11
12	21	CLERICAL & GENERAL EXPEN	AVAIL. CENSUS DAYS	1,835,856	28	879,035	73,200	35,049	12
13	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS	1,835,856	28	32,418	73,200	1,293	13
14	25	TRANSPORTATION	AVAIL. CENSUS DAYS	1,835,856	28	192,674	73,200	7,682	14
15	26	INSURANCE	AVAIL. CENSUS DAYS	1,835,856	28	73,017	73,200	2,911	15
16	27	EMPLOYEE BENEFITS - ADMIN	AVAIL. CENSUS DAYS	1,835,856	28	1,204,673	73,200	48,033	16
17	30	DEPRECIATION	AVAIL. CENSUS DAYS	1,835,856	28	138,011	73,200	5,503	17
18	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS	1,835,856	28	331,638	73,200	13,223	18
19	33	REAL ESTATE TAX	AVAIL. CENSUS DAYS	1,835,856	28	88,385	73,200	3,524	19
20	34	BUILDING RENTAL	AVAIL. CENSUS DAYS	1,835,856	28	140,244	73,200	5,592	20
21	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS	1,835,856	28	23,351	73,200	931	21
22	35	AUTO LEASE	AVAIL. CENSUS DAYS	1,835,856	28	77,202	73,200	3,078	22
23									23
24									24
25	TOTALS					\$ 14,919,170	\$ 10,141,128	\$ 594,863	25

Facility Name & ID Number Symphony Of Buffalo Grove

0053702

Report Period Beginning:

01/01/17

Ending: 12/31/17

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	39	DME & Medical Supplies	Direct Allocation		\$	\$		\$ 42,525	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$ 42,525	25

Facility Name & ID Number Symphony Of Buffalo Grove

0053702

Report Period Beginning:

01/01/17

Ending: 12/31/17

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

Lifeline Ambulance LLC

Street Address

2424 S. Wabash Avenue

City / State / Zip Code

Chicago, IL 60616

Phone Number

(312) 949-9595

Fax Number

(312) 949-9262

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	14	Transportation	Direct		\$	\$		(75)	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		(75)	25

Facility Name & ID Number Symphony Of Buffalo Grove

0053702

Report Period Beginning:

01/01/17

Ending: 12/31/17

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

Maple Leaf Insurance

Street Address

PO Box 69,720 West Bay Rd.

City / State / Zip Code

Grand Cayman KY1-1102

Phone Number

(

Fax Number

(

1	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	22	Workers Compensation	Direct			\$		\$ 166,918	1
2	26	Liability Insurance	Direct					343,491	2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$		\$ 510,409	25

Facility Name & ID Number Symphony Of Buffalo Grove

0053702 Report Period Beginning: 01/01/17 Ending: 12/31/17

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 _____
 Street Address _____
 City / State / Zip Code _____
 Phone Number (_____
 Fax Number (_____

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					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

Facility Name & ID Number Symphony Of Buffalo Grove

0053702 Report Period Beginning: 01/01/17 Ending: 12/31/17

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 _____
 Street Address _____
 City / State / Zip Code _____
 Phone Number () _____
 Fax Number () _____

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					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

Facility Name & ID Number Symphony Of Buffalo Grove

0053702

Report Period Beginning:

01/01/17

Ending: 12/31/17

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 _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

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					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

Facility Name & ID Number Symphony Of Buffalo Grove

0053702

Report Period Beginning:

01/01/17

Ending: 12/31/17

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 _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

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					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

Facility Name & ID Number Symphony Of Buffalo Grove

0053702 Report Period Beginning: 01/01/17 Ending: 12/31/17

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 _____
 Street Address _____
 City / State / Zip Code _____
 Phone Number () _____
 Fax Number () _____

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					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

Facility Name & ID Number

Symphony Of Buffalo Grove

0053702

Report Period Beginning:

01/01/17

Ending:

12/31/17

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																				
2																				
3																				
4																				
5																				
Working Capital																				
6	RCA	X	Note Payable				463,439													
7	Omnicare	X	Note Payable						1,120											
8	See Supplemental Schedule								128,191											
9	TOTAL Facility Related						463,439		129,311											
B. Non-Facility Related*																				
10	Interest Income	X							(6,899)											
11	Allocated from Maestro	X							13,223											
12																				
13																				
14	TOTAL Non-Facility Related								6,324											
15	TOTALS (line 9+line14)						463,439		135,635											

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ None Line # N/A

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

Facility Name & ID Number Symphony Of Buffalo Grove

0053702

Report Period Beginning:

01/01/17 Ending:

12/31/17

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 86,000 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 3

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: _____ 2. Number of Years Over Which it is Being Amortized: _____
 3. Current Period Amortization: _____ 4. Dates Incurred: _____

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

XI. OWNERSHIP COSTS:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Facility</u>	<u>181,210</u>	<u>2013</u>	<u>\$ 588,636</u>	<u>1</u>
2	<u>Allocated From Maestro-7257 Lincoln</u>		<u>2004</u>	<u>6,380</u>	<u>2</u>
3	TOTALS	181,210		\$ 595,016	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	200	2013	1994	\$ 14,760,145	\$	35	\$ 421,718	\$ 421,718	\$ 1,941,661	4
5										5
6										6
7										7
8										8
Improvement Type**										
9	Various		2005	104,010		20	5,202	5,202	64,918	9
10	Various		2006	189,554		20	9,479	9,479	101,904	10
11	Various		2007	159,767		20	7,991	7,991	83,889	11
12	Various		2008	241,452		20	12,074	12,074	120,755	12
13	Various		2009	148,023		20	7,402	7,402	61,095	13
14	Various		2010	44,577		20	2,230	2,230	16,722	14
15	Various		2011	37,908		20	1,896	1,896	12,323	15
16	Various		2012	44,315		20	2,217	2,217	12,191	16
17	Various		2013	90,717		20	4,536	4,536	20,412	17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25										25
26										26
27										27
28										28
29										29
30										30
31										31
32										32
33										33
34										34
35										35
36										36

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

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

See Page 12A, Line 70 for total

XI. OWNERSHIP COSTS (continued)

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

1	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		\$	\$		\$	\$	\$	37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67		401,244			21,846	21,846	92,736	67
68		95,927	1,822		3,596	1,774	42,897	68
69			265,776			(265,776)		69
70		\$ 16,317,639	\$ 267,598		\$ 500,187	\$ 232,589	\$ 2,571,503	70

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

Facility Name & ID Number Symphony Of Buffalo Grove# 0053702

Report Period Beginning:

01/01/17

Ending:

12/31/17

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		\$ 16,317,639	\$ 267,598		\$ 500,187	\$ 232,589	\$ 2,571,503	1
2	<u>Furnish/Install 2 Water Heaters/Install New Water Heater Lines</u>	2014	58,510		20	2,926	2,926	10,239	2
3	<u>Hot Water Lines In Boiler Room & Kitchen</u>	2014	2,960		20	148	148	518	3
4	<u>Repaired Elevator Pump Motor</u>	2015	6,764		20	338	338	1,015	4
5	<u>Compact Water Booster</u>	2015	2,817		20	141	141	423	5
6	<u>Pit Ladder In Elevator</u>	2016	8,203		20	410	410	718	6
7	<u>Wallcovering,Hardtile/Carpet Install - 66 Resident Rooms</u>	2016	502,188		20	25,109	25,109	50,219	7
8	<u>Wallcovering, Hardtile/Carpet Install - 66 Resident Rooms</u>	2016	68,452		20	3,423	3,423	5,704	8
9	<u>Wallcovering, Hardtile/Carpet Install - 66 Resident Rooms</u>	2016	288,623		20	14,431	14,431	24,052	9
10	<u>Wallcoverings, Hardtile/Carpet Install - 66 Resident Rooms</u>	2016	271,212		20	13,561	13,561	20,341	10
11	<u>Wallcovering, Hardtile/Carpet Install - 66 Resident Rooms</u>	2016	223,577		20	11,179	11,179	16,768	11
12	<u>Architectural Services</u>	2016	47,220		20	2,361	2,361	3,738	12
13	<u>Repair Major Holes In Parking Lot, Install Stone, Seal Coating.</u>	2016	13,500		20	675	675	956	13
14	<u>Wallcovering, Hardtile/Carpet Install - 66 Resident Rooms</u>	2016	265,939		20	13,297	13,297	18,837	14
15	<u>Starbox Communication System - Phone Cabeling Work</u>	2016	31,892		20	1,595	1,595	2,923	15
16	<u>Walk-In Freezer - Compressor Repair</u>	2016	6,018		20	301	301	476	16
17	<u>Starbox Communication System - Phone Cabeling Work</u>	2016	46,981		20	2,349	2,349	3,524	17
18	<u>Starbox Phone System - Cabeling</u>	2016	3,266		20	163	163	231	18
19	<u>Toning/Connecting Resident Rooms 2Nd Floor-Replace Jacks, Cabl</u>	2016	2,869		20	143	143	155	19
20	<u>Connect Cables For Don Office, Install New Voice Cable For Fax L</u>	2016	3,058		20	153	153	178	20
21	<u>Move 1St Floor Data Cables, Fax Lines</u>	2016	4,692		20	235	235	313	21
22	<u>Nexus Network Cabeling Work</u>	2016	5,527		20	276	276	345	22
23	<u>Dgtell Security System Installation</u>	2016	21,479		20	1,074	1,074	1,521	23
24	<u>Elevator Work - Furnish & Install Dorr Restrictors</u>	2016	5,550		20	278	278	463	24
25	<u>Nexus Network Paging Sytem Installation - 2Nd Floor</u>	2016	2,794		20	140	140	163	25
26	<u>Signs&Banners Interior/Exterior</u>	2016	7,880		20	394	394	394	26
27	<u>60 Led Light Fixtures Throughout Facility</u>	2017	8,700		20	435	435	435	27
28	<u>Paint For 3Rd Floor Renovation</u>	2017	2,709		20	135	135	135	28
29	<u>Install New Concrete Sidewalk- In Garden- Northside</u>	2017	3,400		20	170	170	170	29
30	<u>New Mulch & Bushes- Garden/Exterior</u>	2017	14,671		20	734	734	734	30
31	<u>Triple Rails- Pedestrian Trail- Walking Area</u>	2017	5,587		20	279	279	279	31
32	<u>Installation And Cutting Of Shower Room Doors</u>	2017	20,120		20	1,006	1,006	1,006	32
33	<u>Compressor Repair- Brass Fitting- Kitchen</u>	2017	5,337		20	267	267	267	33
34	TOTAL (lines 1 thru 33)		\$ 18,280,133	\$ 267,598		\$ 598,312	\$ 330,714	\$ 2,738,745	34

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

Facility Name & ID Number Symphony Of Buffalo Grove

0053702

Report Period Beginning:

01/01/17

Ending:

12/31/17

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 18,280,133	\$ 267,598		\$ 598,312	\$ 330,714	\$ 2,738,745	1
2	1000V 42" Us4 Vertical Rod Exit Devices- Outside Doors	2017	4,618		20	462	462	462	2
3	Install Door Holder & Strobe- Interior Doors	2017	3,027		20	151	151	151	3
4	Common Areas/Dialysis Room/Resdient Rooms/Nurses Station	2017	291,225		20	14,561	14,561	14,561	4
5	Wallcovering, Tiling, Carpet, Millwork, Shelving, Doors, Plumbing	2017			20				5
6	Diffusers, Hvac, Cabinetry	2017			20				6
7	Offices/Corridors/Bathrooms- Lighting, Shades, Windows, Wallpap	2017	19,763		20	988	988	988	7
8	Repair To Security System	2017	2,742		20	137	137	137	8
9	Replace Lamps On Main Parking Lot	2017	2,852		20	143	143	143	9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 18,604,360	\$ 267,598		\$ 614,754	\$ 347,156	\$ 2,755,187	34

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 18,604,360	\$ 267,598		\$ 614,754	\$ 347,156	\$ 2,755,187	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 18,604,360	\$ 267,598		\$ 614,754	\$ 347,156	\$ 2,755,187	34

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 18,604,360	\$ 267,598		\$ 614,754	\$ 347,156	\$ 2,755,187	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 18,604,360	\$ 267,598		\$ 614,754	\$ 347,156	\$ 2,755,187	34

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Building Company		\$	\$		\$	\$	\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	Allocated from purchase price	2013	53,512		20	4,459	4,459	23,188	9
10	Elevator & Ashphalt work	2014	79,091		20	3,955	3,955	15,820	10
11	2 HVAC Systems	2014	268,641		20	13,432	13,432	53,728	11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 401,244	\$		\$ 21,846	\$ 21,846	\$ 92,736	34

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 401,244	\$		\$ 21,846	\$	\$ 92,736	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 401,244	\$		\$ 21,846	\$	\$ 92,736	34

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

Facility Name & ID Number Symphony Of Buffalo Grove# 0053702

Report Period Beginning:

01/01/17

Ending:

12/31/17**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Related Party		\$	\$		\$	\$	\$	1
2	Buildings:								2
3	<u>Allocated From Maestro- 7257 Lincoln</u>	2004	57,416	1,472	35	1,640	168	23,172	3
4									4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	<u>Allocated From Maestro</u>	2003	467		20	23	23	330	9
10	<u>Allocated From Maestro</u>	2004	9,482		20	473	473	6,507	10
11	<u>Allocated From Maestro</u>	2005	562		20	28	28	361	11
12	<u>Allocated From Maestro</u>	2006	762		20	38	38	433	12
13	<u>Allocated From Maestro</u>	2008	803		20	40	40	372	13
14	<u>Allocated From Maestro</u>	2009	12,935		20	647	647	5,569	14
15	<u>Allocated From Maestro</u>	2010	1,988		20	99	99	746	15
16	<u>Allocated From Maestro</u>	2011	107		20	5	5	37	16
17	<u>Allocated From Maestro</u>	2012	120		20	6	6	34	17
18	<u>Allocated From Maestro</u>	2014	1,495		20	75	75	270	18
19	<u>Allocated From Maestro</u>	2015	421		20	21	21	49	19
20	<u>Allocated From Maestro</u>	2016	1,843	236	20	184	(52)	256	20
21	<u>Allocated From Maestro</u>	2017	246		20	12	12	12	21
22									22
23	<u>Allocated From Maestro- 7257 Lincoln</u>	2015	905	77	20	60	(17)	141	23
24	<u>Allocated From Maestro- 7257 Lincoln</u>	2005	5,234	37	20	188	151	3,838	24
25	<u>Allocated From Maestro- 7257 Lincoln</u>	2004	1,141		20	57	57	770	25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 95,927	\$ 1,822		\$ 3,596	\$ 1,774	\$ 42,897	34

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		\$ 95,927	\$ 1,822		\$ 3,596	\$ 1,774	\$ 42,897	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
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22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 95,927	\$ 1,822		\$ 3,596	\$ 1,774	\$ 42,897	34

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

Facility Name & ID Number Symphony Of Buffalo Grove

0053702

Report Period Beginning:

01/01/17

Ending:

12/31/17

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	\$ 3,013,963	\$ 562	\$ 256,953	\$ 256,391	10	\$ 1,241,966	71
72	Current Year Purchases	74,912	3,119	7,491	4,372	10	7,491	72
73	Fully Depreciated Assets	133,803		391	391	10	133,803	73
74								74
75	TOTALS	\$ 3,222,678	\$ 3,681	\$ 264,835	\$ 261,154		\$ 1,383,260	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		Bus	2006	\$ 4,365	\$	\$	\$	5	\$ 4,365	76
77		Allocated From Maestro	2017	353				5	353	77
78										78
79										79
80	TOTALS			\$ 4,718	\$	\$	\$		\$ 4,718	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)	\$ 22,426,772	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 271,279	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 879,589	83**
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 608,310	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 4,143,165	85

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

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

G. Construction-in-Progress

	Description	Cost	
92	Interior Renovation &	\$ 613,521	92
93	Parking Lot		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.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Main Street (sale/leaseback arrangement)

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:	200		\$ 3,373,614			3
4	Additions			(3,373,614)			4
5							5
6	Allocated From Maestro			5,592			6
7	TOTAL	200		\$ 5,592			7

**

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized by the length of the lease _____.

9. Option to Buy: YES NO Terms: _____*

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: \$ 57,689 Description: See Attached Schedule

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Facility	2013 Goshen Bus	\$ 1,149	\$ 13,788	17
18	Allocated From Maestro			3,078	18
19					19
20					20
21	TOTAL		\$ 1,149	\$ 16,866	21

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

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

Fiscal Year Ending Annual Rent

12. _____/2018 \$ _____

13. _____/2019 \$ _____

14. _____/2020 \$ _____

* 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 & ID Number Symphony Of Buffalo Grove # 0053702 Report Period Beginning: 01/01/17 Ending: 12/31/17
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>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. CLASSROOM PORTION:</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>3. CLINICAL PORTION:</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		3	4
		1	2		
		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.)

	Service	1 Schedule V Line & Column Reference	2		3		4		5	6 Supplies (Actual or Allocated)	7 Total Units (Column 2 + 4)	8 Total Cost (Col. 3 + 5 + 6)		
			Staff		Outside Practitioner (other than consultant)									
			Units of Service	Cost	Units	Cost								
1	Licensed Occupational Therapist	39 - 03	hrs	\$		\$	785,372	\$			\$	785,372	1	
2	Licensed Speech and Language Development Therapist	39 - 03	hrs				222,027					222,027	2	
3	Licensed Recreational Therapist		hrs										3	
4	Licensed Physical Therapist	39 - 03	hrs				1,207,727					1,207,727	4	
5	Physician Care		visits										5	
6	Dental Care		visits										6	
7	Work Related Program		hrs										7	
8	Habilitation		hrs										8	
9	Pharmacy	39 - 02	# of prescripts						605,986			605,986	9	
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs										10	
11	Academic Education		hrs										11	
12	Other (specify):												12	
13	Other (specify):						96,132		210,613			306,745	13	
14	TOTAL			\$			\$	2,311,258	\$	816,599		\$	3,127,857	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 & ID Number **Symphony Of Buffalo Grove**

0053702

Report Period Beginning: **01/01/17**

Ending:

12/31/17

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of **12/31/17**

(last day of reporting year)

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	\$ 2,000	\$	1
2	Cash-Patient Deposits	12,637		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	4,205,319		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	92,836		6
7	Other Prepaid Expenses	74,602		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 4,387,394	\$	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	2,382,336		15
16	Equipment, at Historical Cost	761,061		16
17	Accumulated Depreciation (book methods)	(419,090)		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 (specify):			22
23	Other(specify): <u>See Attached Schedule</u>	1,529,789		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 4,254,096	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 8,641,490	\$	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 5,921,689	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	12,637		28
29	Short-Term Notes Payable	463,439		29
30	Accrued Salaries Payable	622,727		30
31	Accrued Taxes Payable (excluding real estate taxes)	32,159		31
32	Accrued Real Estate Taxes(Sch.IX-B)	202,738		32
33	Accrued Interest Payable	1,120		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>See Attached Schedule</u>	1,548,272		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 8,804,781	\$	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			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)	\$	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 8,804,781	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ (163,291)	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 8,641,490	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (121,035)	1
2	Restatements (describe):		2
3	2016 Late Journal Entry	(2,002)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (123,037)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(40,254)	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)	\$ (40,254)	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)	\$ (163,291)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Symphony Of Buffalo Grove# 0053702Report Period Beginning: 01/01/17Ending: 12/31/17**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	\$ 17,455,509	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 17,455,509	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	879,188	6
7	Oxygen	47	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 879,235	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	13,792	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		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray	373	20
21	Other Medical Services		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 14,165	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	6,899	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 6,899	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	243,285	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 243,285	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 18,599,093	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,825,128	31
32	Health Care	5,379,050	32
33	General Administration	3,832,085	33
B. Capital Expense			
34	Ownership	3,983,704	34
C. Ancillary Expense			
35	Special Cost Centers	3,265,757	35
36	Provider Participation Fee	353,623	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 18,639,347	40
41	Income before Income Taxes (line 30 minus line 40)**	(40,254)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (40,254)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 3,992,457	44
45	Private Pay - Net Inpatient Revenue	2,526,049	45
46	Medicare - Net Inpatient Revenue	8,321,009	46
47	Other-(specify) <u>Hospice</u>	570,991	47
48	Other-(specify) <u>MAIP/Managed Care</u>	2,045,003	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 17,455,509	49

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? Not Complete 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.

Facility Name & ID Number Symphony Of Buffalo Grove

0053702

Report Period Beginning:

01/01/17

Ending:

12/31/17

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	1,856	2,086	\$ 118,735	\$ 56.92	1
2	Assistant Director of Nursing	1,848	2,112	91,148	43.16	2
3	Registered Nurses	33,549	36,884	1,268,222	34.38	3
4	Licensed Practical Nurses	40,446	43,744	1,210,858	27.68	4
5	CNAs & Orderlies	98,506	107,366	1,555,103	14.48	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,832	2,036	36,596	17.97	9
10	Activity Assistants	12,875	13,610	157,749	11.59	10
11	Social Service Workers	6,799	7,287	161,543	22.17	11
12	Dietician	1,510	1,646	42,722	25.96	12
13	Food Service Supervisor	1,728	2,086	70,430	33.76	13
14	Head Cook	6,516	7,349	109,795	14.94	14
15	Cook Helpers/Assistants	20,176	21,405	241,289	11.27	15
16	Dishwashers					16
17	Maintenance Workers	4,728	5,168	95,250	18.43	17
18	Housekeepers	19,919	22,170	248,321	11.20	18
19	Laundry	4,400	4,872	48,074	9.87	19
20	Administrator	1,661	1,897	79,643	41.98	20
21	Assistant Administrator	1,928	2,086	55,558	26.63	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	16,169	17,054	300,113	17.60	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	2,037	2,132	37,582	17.63	31
32	Other Health Care(specify)					32
33	Other(specify)	1,956	2,086	43,988	21.09	33
34	TOTAL (lines 1 - 33)	280,439	305,076	\$ 5,972,719 *	\$ 19.58	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	\$ 22,756	01-03	35
36	Medical Director	Monthly	65,500	09-03	36
37	Medical Records Consultant				37
38	Nurse Consultant	Monthly	69,027	10-03	38
39	Pharmacist Consultant	Monthly	21,342	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	Monthly	17,695	10a-03	42
43	Speech Therapy Consultant				43
44	Activity Consultant	49	2,695	11-03	44
45	Social Service Consultant				45
46	Other(specify)				46
47	Dental Consultant	Monthly	4,400	10-03	47
48					48
49	TOTAL (lines 35 - 48)	49	\$ 203,415		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				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)		\$		53

Facility Name & ID Number Symphony Of Buffalo Grove

0053702

Report Period Beginning: 01/01/17

Ending: 12/31/17

XIX. SUPPORT SCHEDULES

A. Administrative Salaries			D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount
Melissa Dominowski	Administrator	0.00%	\$ 91,099	Workers' Compensation Insurance	\$ 173,111	IDPH License Fee	\$ 332
Kelley McHugh	Asst. Admin.	0.00%	44,102	Unemployment Compensation Insurance	32,732	Advertising: Employee Recruitment	190
				FICA Taxes	443,669	Health Care Worker Background Check	1,947
				Employee Health Insurance	211,328	(Indicate # of checks performed <u>195</u>)	
				Employee Meals		Patient Background Checks	612
				Illinois Municipal Retirement Fund (IMRF)*		Dues & Subscriptions	12,651
				Pension Contributions	8,008	Licenses & Permits	4,898
				Other Employee Benefits	10,111	Allocated From Maestro	6,185
				Employee Physicals	3,959		
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 135,201	TOTAL (agree to Schedule V, line 22, col.8)		\$ 32,321	
B. Administrative - Other						Less: Public Relations Expense ()	
Description			Amount			Non-allowable advertising ()	
Maestro Consulting Services- Bookkeeping Fees			\$ 767,771			Yellow page advertising ()	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 767,771	E. Schedule of Non-Cash Compensation Paid to Owners or Employees		G. Schedule of Travel and Seminar**	
C. Professional Services				Description		Description	
Vendor/Payee	Type	Amount		Line #	Amount	Amount	
See Attached	Legal	\$ 39,206				Out-of-State Travel \$	
RSM	Accounting	2,394					
Abbey Road Tax Consultants	Tax Consulting	9,293					
Maestro Consulting	Regional Cost Allocation	80,587				In-State Travel	
Achieve Accreditation	Accreditation Services	6,917					
Care Cost	Cost Management	623					
Corporation Service Co	HC Consulting	89				Seminar Expense 7,053	
Life Safety Resources	Safety/Code Consulting	3,469				Allocated From Maestro 1,293	
LTC Consulting Services	Billing Consulting	39,543					
MTS Consulting	Tax Credit Consulting	65				Entertainment Expense ()	
National Datacare Corp	Data Processing	773				(agree to Sch. V, line 24, col. 8)	
See Supplemental Schedule		97,704				TOTAL \$ 8,346	
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 280,663	TOTAL			

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Symphony Of Buffalo Grove# 0053702

Report Period Beginning:

01/01/17Ending: 12/31/17**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. IL Council on LTC \$20,873
- (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 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 1,516 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? Yes
If YES, give effective date of lease. 11/1/2015
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES X NO If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.
Claremont Rehab & Living Center IDPH# 0047043
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 353,623
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. \$ Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
c. What percent of all travel expense relates to transportation of nurses and patients? 100% ln 14
d. Have vehicle usage logs been maintained? Yes
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? No
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? No
Firm Name: N/A
- (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