

Facility Name & ID Number Symphony Crestwood, LLC D/B/A Symphony of Crestwood

0051805 Report Period Beginning: 1/1/17 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	303	Skilled (SNF)	303	110,595	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	303	TOTALS	303	110,595	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				5 Total	
		3 Medicaid Recipient	4 Private Pay	Other	Total		
8	SNF	42,373	4,236	30,048	76,657	8	
9	SNF/PED					9	
10	ICF					10	
11	ICF/DD					11	
12	SC					12	
13	DD 16 OR LESS					13	
14	TOTALS	42,373	4,236	30,048	76,657	14	

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 69.31%

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

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 7,041

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

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

Facility Name & ID Number Symphony Crestwood, LLC D/B/A Symphony of C # 0051805 Report Period Beginning: 1/1/17 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	511,030	45,858	28,619	585,507		585,507	-	585,507		1
2	Food Purchase		437,989		437,989		437,989	-	437,989		2
3	Housekeeping	349,195	66,692	-	415,887		415,887	-	415,887		3
4	Laundry	145,326	39,081	5,243	189,650	-	189,650	-	189,650		4
5	Heat and Other Utilities			243,378	243,378		243,378	3,025	246,403		5
6	Maintenance	90,878	-	319,470	410,348		410,348	33,536	443,884		6
7	Other (specify):* Mgmt alloc of benef	-	-	-	-		-	4,864	4,864		7
8	TOTAL General Services	1,096,429	589,620	596,710	2,282,759	-	2,282,759	41,425	2,324,184		8
	B. Health Care and Programs										
9	Medical Director	-	-	36,000	36,000		36,000	-	36,000		9
10	Nursing and Medical Records	5,437,527	420,724	566,264	6,424,515		6,424,515	169,702	6,594,217		10
10a	Therapy	-	-	-	-		-	-	-		10a
11	Activities	189,146	-	1,830	190,976		190,976	-	190,976		11
12	Social Services	151,843	-	-	151,843		151,843	-	151,843		12
13	CNA Training	-	-	-	-		-	-	-		13
14	Program Transportation	-	-	-	-		-	-	-		14
15	Other (specify):* Mgmt alloc of benef	-	-	-	-		-	31,798	31,798		15
16	TOTAL Health Care and Programs	5,778,516	420,724	604,094	6,803,334	-	6,803,334	201,500	7,004,834		16
	C. General Administration										
17	Administrative	242,274	-	1,019,270	1,261,544		1,261,544	(921,835)	339,709		17
18	Directors Fees			-	-		-	-	-		18
19	Professional Services			664,814	664,814		664,814	(65,995)	598,819		19
20	Dues, Fees, Subscriptions & Promotions			48,729	48,729		48,729	(1,506)	47,223		20
21	Clerical & General Office Expenses	218,811	35,666	53,293	307,770		307,770	413,783	721,553		21
22	Employee Benefits & Payroll Taxes			1,567,015	1,567,015		1,567,015	-	1,567,015		22
23	Inservice Training & Education			-	-		-	-	-		23
24	Travel and Seminar			1,688	1,688		1,688	1,958	3,646		24
25	Other Admin. Staff Transportation		-	928	928		928	11,639	12,567		25
26	Insurance-Prop.Liab.Malpractice			1,522,789	1,522,789		1,522,789	4,411	1,527,200		26
27	Other (specify):* Mgmt alloc of benef	-	-	-	-		-	72,770	72,770		27
28	TOTAL General Administration	461,085	35,666	4,878,526	5,375,277	-	5,375,277	(484,775)	4,890,502		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	7,336,030	1,046,010	6,079,330	14,461,370	-	14,461,370	(241,850)	14,219,520		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 Crestwood, LLC D/B/A Symphony of Crestwood #0051805 Report Period Beginning: 1/1/17 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			273,848	273,848		273,848	102,650	376,498		30
31	Amortization of Pre-Op. & Org.			-	-		-	-	-		31
32	Interest			267,164	267,164		267,164	12,157	279,321		32
33	Real Estate Taxes			704,787	704,787		704,787	5,339	710,126		33
34	Rent-Facility & Grounds			2,653,472	2,653,472		2,653,472	8,472	2,661,944		34
35	Rent-Equipment & Vehicles			316,113	316,113		316,113	(10,872)	305,241		35
36	Other (specify):*			-	-		-	-	-		36
37	TOTAL Ownership			4,215,384	4,215,384	-	4,215,384	117,746	4,333,130		37
	Ancillary Expense										
	E. Special Cost Centers										
38	Medically Necessary Transportation	-	-	36,690	36,690		36,690	(189)	36,501		38
39	Ancillary Service Centers	-	687,230	2,075,921	2,763,151		2,763,151	-	2,763,151		39
40	Barber and Beauty Shops	-	-	-	-		-	-	-		40
41	Coffee and Gift Shops	-	-	187	187		187	-	187		41
42	Provider Participation Fee			588,463	588,463		588,463	-	588,463		42
43	Other (specify):* Non-Allowable Cos	131,524	-	1,355,900	1,487,424		1,487,424	(1,487,424)	-		43
44	TOTAL Special Cost Centers	131,524	687,230	4,057,161	4,875,915	-	4,875,915	(1,487,613)	3,388,302		44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	7,467,554	1,733,240	14,351,875	23,552,669	-	23,552,669	(1,611,717)	21,940,952		45

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

VI. ADJUSTMENT DETAIL

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

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

		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	(6,587)	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	90,169	30		9
10	Interest and Other Investment Income	(16,660)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(6,741)	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	(20,968)	43		18
19	Entertainment				19
20	Contributions	(15,500)	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	(1,019,470)	43		24
25	Fund Raising, Advertising and Promotional	(403)	43		25
	Income Taxes and Illinois Personal				
26	Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Page 5A	(504,820)	Var.		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (1,500,980)		\$	30

BHF USE ONLY							
48		49		50		51	

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)	(110,737)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (110,737)		36
	(sum of SUBTOTALS)			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (1,611,717)		37

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

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

		1	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		X			45
46	Other-Attach Schedule		X			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

Symphony Crestwood, LLC D/B/A Symphony of Crestwood

ID# 0051805

Report Period Beginning: 1/1/17

Ending: 12/31/17

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Nonallowable marketing events	\$ (163,678)	43	1
2	Laboratory Costs	(46,294)	43	2
3	X-Ray Costs	(43,021)	43	3
4	Marketing & Admissions Salaries	(92,709)	43	4
5	Lobbying Expense	(10,876)	20	5
6	Non-Allowable Legal Fees	(723)	19	6
7	Non Allowable collection fees	(75,466)	19	7
8	Vallet Parking	(33,238)	43	8
9	Guest Relations	(38,815)	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
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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	(504,820)		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	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	100.00%	\$ 3,025	\$	3,025	15
16	V	6 Maintenance Salaries		Maestro Consulting Services	100.00%	26,828		26,828	16
17	V	6 Maintenance Expenses		Maestro Consulting Services	100.00%	6,708		6,708	17
18	V	7 Employee Benefits - Maintenance		Maestro Consulting Services	100.00%	4,864		4,864	18
19	V	10 Clinical Salaries		Maestro Consulting Services	100.00%	174,271		174,271	19
20	V	10 Contract Nursing		Maestro Consulting Services	100.00%	30,534		30,534	20
21	V	15 Employee Benefits - Clinical		Maestro Consulting Services	100.00%	31,798		31,798	21
22	V	17 Administrative Salaries	1,019,270	Maestro Consulting Services	100.00%	97,435		(921,835)	22
23	V	19 Professional Fees		Maestro Consulting Services	100.00%	10,194		10,194	23
24	V	20 Dues, Fees, Subscriptions, Etc.		Maestro Consulting Services	100.00%	9,370		9,370	24
25	V	21 Clerical & General Salaries		Maestro Consulting Services	100.00%	314,058		314,058	25
26	V	21 Clerical & General Expenses		Maestro Consulting Services	100.00%	53,100		53,100	26
27	V	24 Seminars and Education		Maestro Consulting Services	100.00%	1,958		1,958	27
28	V	25 Transportation		Maestro Consulting Services	100.00%	11,639		11,639	28
29	V	26 Insurance		Maestro Consulting Services	100.00%	4,411		4,411	29
30	V	27 Employee Benefits - Administrative		Maestro Consulting Services	100.00%	72,770		72,770	30
31	V	30 Depreciation		Maestro Consulting Services	100.00%	8,337		8,337	31
32	V	32 Interest Expense		Maestro Consulting Services	100.00%	20,033		20,033	32
33	V	33 Real Estate Tax		Maestro Consulting Services	100.00%	5,339		5,339	33
34	V	34 Building Rental		Maestro Consulting Services	100.00%	8,472		8,472	34
35	V	35 Equipment Rental		Maestro Consulting Services	100.00%	1,411		1,411	35
36	V	35 Auto Lease		Maestro Consulting Services	100.00%	4,664		4,664	36
37	V								37
38	V								38
39	Total		\$ 1,019,270			\$ 901,219	\$ *	(118,051)	39

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

Facility Name & ID Number Symphony Crestwood, LLC D/B/A Symphony of Crestwood

0051805

Report Period Beginning: 1/1/17

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	21 Clerical & Gen office exp	\$	Symphony Financial Services, LLC	100.00%	\$ 46,625	\$ 46,625	15
16	V	30 Depreciation		Symphony Financial Services, LLC	100.00%	4,144	4,144	16
17	V	32 Interest		Symphony Financial Services, LLC	100.00%	8,784	8,784	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		\$			\$ 59,553	\$ * 59,553	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	10 Nursing and Medical Records	\$ 165,036	Integra Healthcare Equipment, LLC	19.00%	\$ 129,933	\$ (35,103)	15
16	V	35 Rent-Equipment & Vehicles	79,675	Integra Healthcare Equipment, LLC	19.00%	62,728	(16,947)	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		\$ 244,711			\$ 192,661	\$ * (52,050)	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	38 Medically Necessary Transportation	\$ 1,716	Lifeline Ambulance, LLC	4.00%	\$ 1,527	\$ (189)	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		\$ 1,716			\$ 1,527	\$ * (189)	39

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

Facility Name & ID Number

Symphony Crestwood, LLC D/B/A Symphony of Crestwood

0051805

Report Period Beginning:

1/1/17

Ending:

12/31/17

VII. RELATED PARTIES

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions

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

Facility Name & ID Number Symphony Crestwood, LLC D/B/A Symphon # 0051805 Report Period Beginning: 1/1/17 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	No owners receive compensation from this facility.								\$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13								TOTAL	\$	13

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

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

Facility Name & ID Number Symphony Crestwood, LLC D/B/A Symphony of Crestwood # 0051805 Report Period Beginning: 1/1/17 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 Symphony Financial Services, LLC
 Street Address 7257 N. Lincoln Ave,
 City / State / Zip Code Lincolnwood, IL 60712
 Phone Number (847) 933-2600
 Fax Number ()

1	2	3	4	5	6	7	8	9	
Schedule V 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	21	Clerical & Gen office exp	Occupied Bed Days	499,232	12	\$ 303,646	\$ 76,657	\$ 46,625	1
2	30	Depreciation	Occupied Bed Days	499,232	12	26,988	76,657	4,144	2
3	32	Interest	Occupied Bed Days	499,232	12	57,206	76,657	8,784	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					\$ 387,840	\$	\$ 59,553	25

Facility Name & ID Number Symphony Crestwood, LLC D/B/A Symphony of Crestwood # 0051805 Report Period Beginning: 1/1/17 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
 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	1,835,856	28	\$ 50,076	\$ 110,898	\$ 3,025	1	
2	6	Maintenance Salaries	Bed Days Available	1,835,856	28	444,128	444,128	110,898	26,828	2
3	6	Maintenance Expenses	Bed Days Available	1,835,856	28	111,048		110,898	6,708	3
4	7	Employee Benefits - Maintenance	Bed Days Available	1,835,856	28	80,529		110,898	4,864	4
5	10	Clinical Salaries	Bed Days Available	1,835,856	28	2,884,957	2,884,957	110,898	174,271	5
6	10	Contract Nursing	Bed Days Available	1,835,856	28	505,476		110,898	30,534	6
7	15	Employee Benefits - Clinical	Bed Days Available	1,835,856	28	526,402		110,898	31,798	7
8	17	Administrative Salaries	Bed Days Available	1,835,856	28	1,612,976	1,612,976	110,898	97,435	8
9	19	Professional Fees	Bed Days Available	1,835,856	28	168,752		110,898	10,194	9
10	20	Dues, Fees, Subscriptions, Etc.	Bed Days Available	1,835,856	28	155,112		110,898	9,370	10
11	21	Clerical & General Salaries	Bed Days Available	1,835,856	28	5,199,066	5,199,066	110,898	314,058	11
12	21	Clerical & General Expenses	Bed Days Available	1,835,856	28	879,035		110,898	53,100	12
13	24	Seminars & Education	Bed Days Available	1,835,856	28	32,418		110,898	1,958	13
14	25	Transportation	Bed Days Available	1,835,856	28	192,674		110,898	11,639	14
15	26	Insurance	Bed Days Available	1,835,856	28	73,017		110,898	4,411	15
16	27	Employee Benefits - Administrative	Bed Days Available	1,835,856	28	1,204,673		110,898	72,770	16
17	30	Depreciation	Bed Days Available	1,835,856	28	138,011		110,898	8,337	17
18	32	Interest Expense	Bed Days Available	1,835,856	28	331,638		110,898	20,033	18
19	33	Real Estate Tax	Bed Days Available	1,835,856	28	88,385		110,898	5,339	19
20	34	Building Rental	Bed Days Available	1,835,856	28	140,244		110,898	8,472	20
21	35	Equipment Rental	Bed Days Available	1,835,856	28	23,351		110,898	1,411	21
22	35	Auto Lease	Bed Days Available	1,835,856	28	77,202		110,898	4,664	22
23										23
24										24
25	TOTALS					\$ 14,919,170	\$ 10,141,127	\$ 901,219		25

Facility Name & ID Number Symphony Crestwood, LLC D/B/A Symphony of Crestwood # 0051805 Report Period Beginning: 1/1/17 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	10	Nursing and Medical Records	Direct Allocation		\$	\$		\$ 129,933	1
2	35	Rent-Equipment & Vehicles	Direct Allocation					62,728	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				\$	\$		\$ 192,661	25

Facility Name & ID Number Symphony Crestwood, LLC D/B/A Symphony of Crestwood # 0051805 Report Period Beginning: 1/1/17 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 Lifeline Ambulance, LLC
 Street Address 3737 Chase Ave
 City / State / Zip Code Skokie, IL 60076
 Phone Number (312) 949-9595
 Fax Number (312) 949-9292

1	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	38	Medically Necessary Transportati	Direct Allocation		\$	\$		\$ 1,527	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				\$	\$		\$ 1,527	25

Facility Name & ID Number Symphony Crestwood, LLC D/B/A Symphon # 0051805 Report Period Beginning: 1/1/17 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	Omnicare		X	Pharmacy Services	\$67,444.34	11/27/2017	2,170,337	\$ 133,274	10/20/2020	0.0750	\$ 1,541	1								
2	LifeMed	X		Pharmacy Services	\$38,731.00	12/29/2017	6,197,033	520,224	1/1/2024	0.0750		2								
3												3								
4												4								
5												5								
Working Capital																				
6	CIBC Bank, USA		X	Line of Credit (Revolving)	Interest Only	12/30/2011	6,000,000		6/2/2018	0.0525	265,623	6								
7												7								
8												8								
9	TOTAL Facility Related				\$106,175.34		\$ 14,367,370	\$ 653,498			\$ 267,164	9								
B. Non-Facility Related*																				
10												10								
11												11								
12											(16,660)	12								
13											28,817	13								
14	TOTAL Non-Facility Related						\$	\$			\$ 12,157	14								
15	TOTALS (line 9+line14)						\$ 14,367,370	\$ 653,498			\$ 279,321	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ N/A Line # N/A

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

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

Facility Name & ID Number **Symphony Crestwood, LLC D/B/A Symphony of Crestwood**

0051805

Report Period Beginning:

1/1/17

Ending:

12/31/17

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

B. Real Estate Taxes

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.					
1. Real Estate Tax accrual used on 2016 report.				\$	875,700	1	
			2017				
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)				\$	823,769	2	
3. Under or (over) accrual (line 2 minus line 1).				\$	(51,932)	3	
4. Real Estate Tax accrual used for 2017 report. (Detail and explain your calculation of this accrual on the lines below.)				\$	756,719	4	
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)				\$		5	
			Alloc Fr. Mgmt Co.		5,339		
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)				\$		6	
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.				\$	710,126	7	
Real Estate Tax History:							
Real Estate Tax Bill for Calendar Year:	2012	700,096	8				
	2013	730,695	9				
	2014	794,158	10				
	2015	810,879	11				
	2016	823,769	12				
2017 Tax Accrual = \$823,769 * .91 = \$749,630, Use \$756,719							
				FOR BHF USE ONLY			
				13	FROM R. E. TAX STATEMENT FOR 2016	\$	13
				14	PLUS APPEAL COST FROM LINE 5	\$	14
				15	LESS REFUND FROM LINE 6	\$	15
				16	AMOUNT TO USE FOR RATE CALCULATION	\$	16

NOTES:

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

2016 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Symphony Crestwood, LLC D/B/A Symphony of Crestwood COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0051805

CONTACT PERSON REGARDING THIS REPORT Dorothy Kuhl

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

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2016 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2016.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>28-03-303-012-0000</u>	<u>Nursing Home</u>	\$ <u>525,646.95</u>	\$ <u>525,646.95</u>
2. <u>28-03-303-011-0000</u>	<u>Nursing Home</u>	\$ <u>287,516.12</u>	\$ <u>287,516.12</u>
3. <u>28-03-303-038-0000</u>	<u>Nursing Home</u>	\$ <u>10,605.59</u>	\$ <u>10,605.59</u>
4. <u>10-27-319-028-0000</u>	<u>Land & Property Mgmt. Co.</u>	\$ <u>88,384.90</u>	\$ <u>5,339.04</u>
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	TOTALS	\$ <u><u>912,153.56</u></u>	\$ <u><u>829,107.70</u></u>

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

Attach a copy of the original 2016 tax bills which were listed in Section A to this statement. Be sure to use the 2016 tax bill which is normally paid during 2017.

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 Crestwood, LLC D/B/A Symphony of Crestwood

0051805

Report Period Beginning:

1/1/17

Ending:

12/31/17

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>\$ 9,665</u>	<u>1</u>
2					<u>2</u>
3	TOTALS			\$ 9,665	3

Facility Name & ID Number Symphony Crestwood, LLC D/B/A Symphony of Crestwood # 0051805 Report Period Beginning: 1/1/17 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		
	Beds*	FOR BHF USE ONLY	Year	Year	Cost	Current Book	Life	Straight Line	Adjustments	Accumulated	
			Acquired	Constructed		Depreciation	in Years	Depreciation		Depreciation	
4					\$	\$		\$	\$	\$	4
5											5
6											6
7											7
8		Allocated from Maestro 7257	2004		86,984		39	2,230	2,230	35,105	8
		Improvement Type**									
9		Architectural Fees	2012		30,284	1,514	20	1,514		8,167	9
10		Elevator - Electrical	2012		19,950	998	20	998		5,079	10
11		Exterior Aluminum	2012		52,666	2,634	20	2,634		13,407	11
12		Exterior Painting - Back Entrance	2012		53,000	2,650	20	2,650		14,133	12
13		Interior Painting - First Floor	2012		16,140	807	20	807		4,255	13
14		Interior Painting - Second Floor	2012		32,000	1,600	20	1,600		8,145	14
15		Front Entrance - West & S	2012		19,000	950	20	950		4,779	15
16		Cooling Tower - Replace	2012		31,138	1,557	20	1,557		8,209	16
17		Floor Coverings	2012		213,242	10,662	20	10,662		53,633	17
18		Elevator - Fix Car Sills	2012		242,100	12,105	20	12,105		60,892	18
19		Sprinkler System - Entire	2012		326,853	16,343	20	16,343		82,209	19
20		Standby Generator for Service Elevator	2012		55,000	10,083	5	10,083		55,000	20
21											21
22		Cast Iron sewer located on 1st floor	2013		2,500	125	20	125		625	22
23		Installing receptacles on hallway for wall mounting	2013		2,520	126	20	126		630	23
24		Demo/Carpentry drywall - Second Floor	2013		16,050	802	20	802		3,945	24
25		Contractor fees for facility renovation-Second Floor	2013		11,018	551	20	551		2,709	25
26		Wall Coverings and Painting-Second Floor	2013		18,932	947	20	947		4,655	26
27		Contractor fees for facility renovation-Elevator/Cooling Tower	2013		183,922	9,196	20	9,196		45,214	27
28		Wall coverings-Throughout Facility	2013		91,289	4,564	20	4,564		22,441	28
29		Demo/Carpentry Drywall-Throughout Facility	2013		46,300	2,315	20	2,315		11,382	29
30		Interior Electrical Alarms	2013		75,869	3,794	20	3,794		18,652	30
31		Electrical modifications standby generator	2013		38,193	1,909	20	1,909		9,388	31
32		Interior painting, wall coverings, demo and cap 2 sinks	2013		13,189	659	20	659		3,186	32
33		-Second Floor									33
34		Interior Painting - Second Floor	2013		5,500	550	10	550		2,658	34
35		Interior soffit enclosures, fittings, painting service-2nd Fl	2013		7,960	398	20	398		1,924	35
36		Floor Coverings-Third Floor Dialysis	2013		41,686	2,084	20	2,084		9,900	36

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

See Page 12A, Line 70 for total

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

Facility Name & ID Number Symphony Crestwood, LLC D/B/A Symphony of Crestwood # 0051805 Report Period Beginning: 1/1/17 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	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	\$	\$ 3,417	37
38 Hallway and bathroom doors	2013	2,640	132	20	132		638	38
39 Demo/Carpentry Drywall and plumbing-Fourth Fl Showers	2013	35,902	1,795	20	1,795		8,527	39
40 Replaced floor drain-Fourth Floor Showers	2013	2,900	145	20	145		677	40
41 Demo/Carpentry Drywall-Fourth Floor	2013	7,925	396	20	396		1,816	41
42 Contractor fees for facility renovation-Throughout Facility	2013	8,731	436	20	436		2,000	42
43 Interior Electrical Alarms	2013	51,532	2,577	20	2,577		11,810	43
44 Interior painting - 4th floor	2013	31,250	3,125	10	3,125		14,323	44
45 2nd floor north spa room floor coverings	2013	14,300	715	20	715		3,277	45
46 Sun Shade Installation	2013	9,620	481	20	481		2,205	46
47 Carpentry drywall, asphalt patching for trench and generator	2013	38,625	1,931	20	1,931		8,529	47
48 -Second Floor & Corridors								48
49 Painting - First floor	2013	12,800	1,280	10	1,280		5,653	49
50 Custom Built Cabinetry-First Floor Dialysis	2013	20,940	1,047	20	1,047		4,450	50
51 Demo Carpentry/Drywall Material and Labor-1st Fl Dialysis	2013	21,379	1,069	20	1,069		4,543	51
52 Installation of Louvers-Third Floor Dialysis	2013	151,750	7,587	20	7,587		32,246	52
53 Contractor fees for facility renovation-Throughout Facility	2013	28,436	1,422	20	1,422		6,043	53
54 Fire pump installation-raceways & conductors for tampers	2013	37,113	1,856	20	1,856		7,887	54
55 Exterior painting	2013	2,500	250	10	250		1,063	55
56 Conference Room wallpaper	2013	8,277	414	20	414		1,759	56
57 Roofing labor and materials	2013	7,100	355	20	355		1,509	57
58 Staining courtyard (3,450 sq ft)	2013	10,350	1,035	10	1,035		4,399	58
59								59
60 Plumbing Improvements	2014	6,450	323	20	323		1,237	60
61 -Cut 1-1/2" Galvanized & Gate Valve Replaced								61
62 -Port Ball Valve to Allow Water to 2,3, & 4th Floor								62
63 -Removed & Replaced Wall Hung Toilet, Sloan Flush Valve								63
64 Automatic Door	2014	5,995	298	20	298		1,006	64
65								65
66								66
67								67
68								68
69								69
70 TOTAL (lines 4 thru 69)		\$ 2,263,940	\$ 119,299		\$ 121,529	\$ 2,230	\$ 619,336	70

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

Facility Name & ID Number Symphony Crestwood, LLC D/B/A Symphony of Crestwood# 0051805

Report Period Beginning:

1/1/17

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		\$ 2,263,940	\$ 119,299		\$ 121,529	\$ 2,230	\$ 619,336	1
2	Facility Remodeling	2014	446,362	22,318	20	22,318		80,695	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 - Diaylsis Office								13
14	-Add Reliable Dry Sidewall Sprinkler Head in Vestibule								14
15	- Diaylsis Room on the 1st Floor								15
16	-Fire Prot, Floor Coverings, Interior Painting-1st & 3rd Fl								16
17	-Architectual Svc, Roof Repairs, Interior Elec-1st & 3rd Fl								17
18	-Alarms-First & Third Floor								18
19	-Gazebo								19
20	-Interior Electrical/Alarms-First Floor Dialysis								20
21	-Plumbing-First Floor								21
22	- Supervision-Throughout Facility								22
23	- Architect Fees-Throughout Facility								23
24	- Plumbing-Throughout Facility								24
25	- Demo, Carpentry, Drywall-Shower Room								25
26	- Pipe Existing Emergency Panel to New Panel-Shower Rm								26
27	- Plumbing-Shower Room								27
28	- Floor Covering-Shower Room								28
29	- Open Walls & Ceiling for Exhaust-1st Floor								29
30	- Exhaust fan for 11 Risers, Ductwork to Exterior-1st Fl								30
31	- Exhaust Discharge, Coring of Outside Walls-1st Floor								31
32	- Pour Concrete, Demo-1st Floor								32
33	- Third floor dialysis architecture fees								33
34	TOTAL (lines 1 thru 33)		\$ 2,710,302	\$ 141,617		\$ 143,847	\$ 2,230	\$ 700,031	34

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

Facility Name & ID Number Symphony Crestwood, LLC D/B/A Symphony of Crestwood# 0051805

Report Period Beginning:

1/1/17

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 12B, Carried Forward		\$ 2,710,302	\$ 141,617		\$ 143,847	\$ 2,230	\$ 700,031	1
2	IDPH Dialysis -Architecture Fees, Electric, Plumbing,	2015	47,470	2,373	20	2,373		6,922	2
3	-Construction Fee								3
4	Millwork & Trim on 3rd & 4th Floor Nurses Stations	2015	26,000	1,300	20	1,300		2,925	4
5									5
6	Installed new flooring on 4th floor	2016	21,352	534	20	534		1,068	6
7	Installed 3 Isolation Ball Valves for chilled water piping in	2016	8,500	106	20	106		212	7
8	Therapy Room								8
9	Electrical work in Office Room	2016	2,730	46	20	46		92	9
10	Pipe replacement in Kitchen	2016	4,960	21	20	21		42	10
11									11
12	Cisco direct phone system throughout facility	2016	14,854	2,723	5	2,723		5,446	12
13	Installed replacement 60 ton chiller compressor in the	2016	19,737	1,597	5	1,597		3,194	13
14	ground level mechanical/boiler room								14
15									15
16	Heater Booster 6 Gal 24Kw	2017	3,790	759		759		759	16
17	Domestic Water Heater	2017	44,500	8,286		8,286		8,286	17
18	New Bogan Ceiling Paging Speak	2017	6,331	529		529		529	18
19	Pit Ladders - Elevator	2017	5,331	381		381		381	19
20	F&I 29X60 Smoke Damper, Modify	2017	3,850	252		252		252	20
21									21
22									22
23									23
24	Allocated from Maestro Consulting Services	2003	708		39			500	24
25	Allocated from Maestro Consulting Services	2004	14,365		39			9,858	25
26	Allocated from Maestro Consulting Services	2005	852		39			547	26
27	Allocated from Maestro Consulting Services	2006	1,155		39			656	27
28	Allocated from Maestro Consulting Services	2008	1,217		39			563	28
29	Allocated from Maestro Consulting Services	2009	19,597		20			8,436	29
30	Allocated from Maestro Consulting Services	2010	3,012		20			1,130	30
31	Allocated from Maestro Consulting Services	2011	163		20			56	31
32	Allocated from Maestro Consulting Services	2012	181		20			52	32
33	Allocated from Maestro Consulting Services	2014	2,265		20			408	33
34	TOTAL (lines 1 thru 33)		\$ 2,963,222	\$ 160,524		\$ 162,754	\$ 2,230	\$ 752,345	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	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 12C, Carried Forward	\$ 2,963,222	\$ 160,524		\$ 162,754	\$ 2,230	\$ 752,345	1
2	Allocated from Maestro Consulting Services	637		20			74	2
3	Allocated from Maestro Consulting Services	2,792		20	357	357	387	3
4	Allocated from Maestro Consulting Services	373		20			19	4
5								5
6	Allocated from Maestro 7257	1,729		10			1,167	6
7	Allocated from Maestro 7257	7,930		10	56	56	5,815	7
8	Allocated from Maestro 7257	1,371		15	117	117	213	8
9								9
10	Tie to book depreciation		(90,169)			90,169		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)	\$ 2,978,054	\$ 70,355		\$ 163,284	\$ 92,929	\$ 760,020	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	\$ 1,034,818	\$ 202,057	\$ 202,057	\$	5-7	\$ 760,315	71
72	Current Year Purchases	13,918	1,436	1,436		5-7	1,436	72
73	Fully Depreciated Assets	38,540				5-7	38,540	73
74	See Sch 13A	158,116		9,721	9,721	5-10	98,667	74
75	TOTALS	\$ 1,245,392	\$ 203,493	\$ 213,214	\$ 9,721		\$ 898,958	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Allocated from Maestro Consulting Services			\$ 535	\$	\$	\$		\$ 535	76
77										77
78										78
79										79
80	TOTALS			\$ 535	\$	\$	\$		\$ 535	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)	\$ 4,233,646	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 273,848	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 376,498	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 102,650	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 1,659,513	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 Crestwood, LLC D/B/A Symphony of Crestwood
IDPH License ID Number: 0051805
Fiscal Year End: 12/31/17

Schedule 13A

XI. Ownership Costs

Category of Equipment	Cost	Current Book Depreciation	Straight Line Depreciation	Component Adjustments	Component Life	Accumulated Depreciation
Allocated from Symphony Financial Services, LLC	25,868		4,144	4,144	5-7	18,752
Allocated from Maestro Consulting Services	132,248		5576	5576	5-10	79,915
TOTAL	158,116	-	9,720	9,720		98,667

Line 74 - Vehicle Depreciation

Use	Model, Make & Year	Year Acquired	Cost	Current Book Depreciation	Straight Line Depreciation	Adjustments	Life in Years	Accumulated Depreciation
						-		
						-		
						-		
						-		
						-		
						-		
						-		
						-		
						-		
						-		
						-		
						-		
						-		
						-		
TOTAL			-	-	-	-		-

Facility Name & ID Number Symphony Crestwood, LLC D/B/A Symphony of Crestwood # 0051805 Report Period Beginning: 1/1/17 Ending: 12/31/17

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? YES NO

If NO, see instructions.

	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>2,650,891</u>	<u>10</u>	<u>10</u>	3
4	Additions						4
5							5
6	<u>Allocated from Mgmt. Co.</u>			<u>8,472</u>			6
7	TOTAL	<u>303</u>		\$ <u>2,659,363</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.	<u>/2018</u>	\$ <u>2,246,047</u>
13.	<u>/2019</u>	\$ <u>2,290,968</u>
14.	<u>/2020</u>	\$ <u>2,236,787</u>

8. List separately any amortization of lease expense included on page 4, line 34. 2,581

This amount was calculated by dividing the total amount to be amortized by the length of the lease 10.

25,807

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: \$ 300,577 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				\$	17
18					18
19					19
20	<u>Allocated from Mgmt. Co.</u>			<u>4,664</u>	20
21	TOTAL		\$	\$ <u>4,664</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 Crestwood, LLC D/B/A Symphony of Crestwood
IDPH License ID Number: 0051805
Fiscal Year End: 12/31/17

Schedule 14A

XIV. Rental Costs

Line 16 Rental Amount for Moveable Equipment

Rental Description	Amount
OFFICE EQUIPMENT RENTAL	77,246
NURSING EQUIPMENT RENTAL	228,097
COMPUTER RENTAL	959
POSTAGE METER RENTAL	2,265
WATER COOLER RENTAL	7,546
Alloc from Mgmt. Co	(15,536)
Total - Line 16	<u>300,577</u>

Facility Name & ID Number Symphony Crestwood, LLC D/B/A Symphony of Crestwood # 0051805 Report Period Beginning: 1/1/17 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? <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>2. <u>CLASSROOM PORTION:</u></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. <u>CLINICAL PORTION:</u></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			
		1	2	3	4
		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	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39(3)	hrs	\$	11,050	\$ 795,617	\$	11,050	\$ 795,617	1
2	Licensed Speech and Language Development Therapist	39(3)	hrs		2,693	193,866		2,693	193,866	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39(3)	hrs		12,608	907,764		12,608	907,764	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				658,730		658,730	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>See Sch. 16A</u>	39(2)			2,482	178,055		2,482	178,055	12
13	Other (specify): <u>Oxygen</u>	39(3)					28,500		28,500	13
14	TOTAL			\$	28,833	\$ 2,075,302	\$ 687,230	28,833	\$ 2,762,532	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 Crestwood, LLC D/B/A Symphony of Crestwood
IDPH License ID Number: 0051805
Fiscal Year End: 12/31/17

Schedule 16A

XIV. Special Services (Direct Cost)

Line 12 Other (specify)

Description	Amount
Inhalation Therapy	23,894
Other Ancillary Costs	349
I.V. Therapy	153,812
Total - Line 12	<u>178,055</u>

Facility Name & ID Number Symphony Crestwood, LLC D/B/A Symphony of Crestwood # 0051805 Report Period Beginning: 1/1/17 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	\$ 4,000	\$ 4,000	1
2	Cash-Patient Deposits	75,043	75,043	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>4,056,731</u>)	8,917,520	8,917,520	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	7,996	7,996	6
7	Other Prepaid Expenses	366,438	366,438	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 9,370,997	\$ 9,370,997	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		9,665	13
14	Buildings, at Historical Cost		86,986	14
15	Leasehold Improvements, at Historical Cost	2,688,511	2,891,068	15
16	Equipment, at Historical Cost	1,251,809	1,245,927	16
17	Accumulated Depreciation (book methods)	(1,473,289)	(1,659,513)	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): <u>Lease Cost</u>	25,807	25,807	22
23	Other(specify): <u>Security Deposits</u>	263,867	263,867	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,756,705	\$ 2,863,807	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 12,127,702	\$ 12,234,804	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 6,078,640	\$ 6,078,640	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	190,656	190,656	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	824,847	824,847	30
31	Accrued Taxes Payable (excluding real estate taxes)	51,400	51,400	31
32	Accrued Real Estate Taxes(Sch.IX-B)	756,719	756,719	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>See Schedule 17A</u>	18,504,173	18,504,173	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 26,406,435	\$ 26,406,435	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	653,498	653,498	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)	\$ 653,498	\$ 653,498	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 27,059,933	\$ 27,059,933	46
47	TOTAL EQUITY(page 18, line 24)	\$ (14,932,231)	\$ (14,825,129)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 12,127,702	\$ 12,234,804	48

*(See instructions.)

Facility Name: Symphony Crestwood, LLC D/B/A Symphony of Crestwood
IDPH License ID Number: 0051805
Fiscal Year End: 12/31/17

Schedule 17A

XV. Balance Sheet

Line 36 Other Current Liabilities (specify):

Description	Operating	After Consolidation
Cash	124,588	124,588
Accounts Receivable - Employee Loans	443	443
Prepays - RE Tax Escrow	748,949	748,949
CSA I/C Related/Party Due To/From Acct	11,160,140	11,160,140
Due To/From - Symphony Healthcare	50,759	50,759
Due To/From - Maestro	943,477	943,477
Accrued Payables	104,414	104,414
Accrued Payables - Health Insurance	42,026	42,026
Accrued Payables - Garnishments	(572)	(572)
Accrued Payables - WC/GL Insurance	387,809	387,809
Accrued Payables - Bed Taxes	(1,119)	(1,119)
Accrued Payables - Bed Taxes Add'l	72,956	72,956
Accrued Payables - Management Fees	845,010	845,010
Accrued Payables - Interest	1,541	1,541
Accrued Payables - Rent	785,549	785,549
Accrued Payables - Sales Tax	431	431
Deferred Rent	1,482,159	1,482,159
Lease Holds Payable	1,755,613	1,755,613
Total - Line 36	18,504,173	18,504,173

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (11,800,158)	1
2	Restatements (describe):		2
3	Prior Period Adjustment	(2,000)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (11,802,158)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(3,130,073)	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)	\$ (3,130,073)	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)	\$ (14,932,231)	24 *

* 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	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 19,751,744	1
2	Discounts and Allowances for all Levels	(5,354,801)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 14,396,943	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	4,640,236	6
7	Oxygen	2,624	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 4,642,860	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	973,791	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	257,147	19
20	Radiology and X-Ray	13,957	20
21	Other Medical Services	118,697	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,363,592	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	16,660	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 16,660	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Other Income	2,541	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 2,541	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 20,422,596	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,282,759	31
32	Health Care	6,803,334	32
33	General Administration	5,375,277	33
B. Capital Expense			
34	Ownership	4,215,384	34
C. Ancillary Expense			
35	Special Cost Centers	4,287,452	35
36	Provider Participation Fee	588,463	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 23,552,669	40
41	Income before Income Taxes (line 30 minus line 40)**	(3,130,073)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (3,130,073)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 8,267,409	44
45	Private Pay - Net Inpatient Revenue	1,211,280	45
46	Medicare - Net Inpatient Revenue	1,682,956	46
47	Other-(specify) <u>Hospice</u>	733,707	47
48	Other-(specify) <u>Managed Care</u>	2,501,591	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 14,396,943	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 & ID Number Symphony Crestwood, LLC D/B/A Symphony of Crestwood

0051805

Report Period Beginning: 1/1/17

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	2,017	2,235	\$ 157,844	\$ 70.62	1
2	Assistant Director of Nursing	860	860	37,206	43.26	2
3	Registered Nurses	28,419	30,102	1,116,096	37.08	3
4	Licensed Practical Nurses	64,646	69,320	2,035,253	29.36	4
5	CNAs & Orderlies	119,051	128,494	1,817,251	14.14	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	10,388	12,017	189,146	15.74	10
11	Social Service Workers	6,492	7,021	151,843	21.63	11
12	Dietician					12
13	Food Service Supervisor	5,753	6,352	149,321	23.51	13
14	Head Cook					14
15	Cook Helpers/Assistants	25,576	29,637	361,709	12.20	15
16	Dishwashers					16
17	Maintenance Workers	3,841	4,229	90,878	21.49	17
18	Housekeepers	25,873	28,480	349,195	12.26	18
19	Laundry	9,176	10,982	145,326	13.23	19
20	Administrator	1,971	2,084	164,022	78.71	20
21	Assistant Administrator	2,134	2,230	78,252	35.09	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	10,629	11,476	218,811	19.07	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	4,941	5,333	80,604	15.11	31
32	Other Health Care(specify) <u>MDS</u>	5,681	6,283	193,273	30.76	32
33	Other(specify) <u>Admissions</u>	5,864	6,188	131,524	21.25	33
34	TOTAL (lines 1 - 33)	333,312	363,323	\$ 7,467,554 *	\$ 20.55	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	\$ 28,619	1(3)	35
36	Medical Director	Monthly	36,000	9(3)	36
37	Medical Records Consultant				37
38	Nurse Consultant	Monthly	31,414	10(3), (7)	38
39	Pharmacist Consultant	Monthly	25,468	10(3)	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	Monthly	619	39(3)	42
43	Speech Therapy Consultant				43
44	Activity Consultant	Monthly	1,830	11(3)	44
45	Social Service Consultant				45
46	Other(specify) <u>Dialysis</u>	Monthly	464,945	10(3)	46
47	<u>Psychologist</u>	Monthly	26,330	10(3)	47
48	<u>Orthopedic Surgeon</u>	Monthly	30,000	10(3)	48
49	TOTAL (lines 35 - 48)		\$ 645,225		49

C. CONTRACT NURSES

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

Facility Name: Symphony Crestwood, LLC D/B/A Symphony of Crestwood
 IDPH License ID Number: 0051805
 Fiscal Year End: 12/31/17

Schedule 21C

XIX. SUPPORT SCHEDULES

C. Professional Services

Vendor	Type	Amount
Ability Network Inc	Secure Exchange Managed Service	5,755
Achieve Accreditation	Accreditation	10,695
American Express	Internet	2,237
Callone Simplify	Internet	6,642
Carbonite	Cloud Backup Services	3,024
Comcast Cable	High-Speed Internet	3,428
Corporation Service Company	Monitoring Service	1,001
Creative Technology Solutions	It Support & Facility User	19,384
Dart Chart	Hmo Contract Specification	4,275
Emmi Solution	Internet	635
Formation Healthcare Group, Llc	Monthly Subscription Fee	145
Health Data Systems	Micro-Fiche Ap/Pr Maintenance	6,403
Hipp Law Office	Legal (Resident Collections)	723
Iit/Sourcetech	Operator Monthly Support Fee	1,380
Language Line Services	Phone Interpretation	4
Life Safety Resources, LLC	Regulatory Compliance	3,376
LTC Consulting Services	Collection Activity	18,477
Maestro Consulting	Consulting	358,311
Marcum Llp	Public Accounting And Advisor	706
Market Matrix	Surveys	591
Medical Business Office	Collection Fees	56,989
Mts Consulting, Llc	Tax Consulting Services	390
National Datacare Coporation	Trust Fund And Medicaid Bill Services	1,906
Nexuscomm, Llc	Cable Connection	4,779
Onshift Inc	Enterprise Implementation W/ Integration	18,362
Personnel Planners	Quarterly Claims Mgmt Fee	2,795
Pointb Communications	Yearly Hosting	240
Pointclick Care Technologies, Inc.	PBJ Reporting Module Access Fee	59,364
Prime Care Technologies	Prime Care	20
Real Time Medical System LLC	Clinical and Financial Analytis Service	7,760
RSM US LLP	Accounting Fees	12,130
RFMS - Care Cost	Resident Fund Management Services	3,036
SB2, Inc	Healthcare Compliance	413
Skidelsky & Associates	Legal	250
Stone, Mcguire & Siegel	Legal: Healthcare Compliance	3,124
Stone, Pogrund & Korey	Legal: Guardianship matter	13,552
Stout Risius Ross, Inc.	Financial Advisory	6,000
Telemedicine Solutions Llc	Woundround Care Management System License Fee	22,832
The Joint Commission	Accreditation	3,680
Total (agree to Schedule V, line 19, column 3)		664,814
Allocated from Management Company Professional Services		10,194
Less: Non-Allowable Legal Fees		(723)
Less: Professional Collection Fees		(75,466)
Total (agree to Schedule V, line 19, column 8)		598,819

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 - \$32,959
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 5-7
- (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. \$ 588,463
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? N/A 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