

Facility Name & ID Number Symphony Aspen Ridge, LLC D/B/A Symphony of Decatur

0051771 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	195	Skilled (SNF)	195	71,175	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	195	TOTALS	195	71,175	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	38,625	5,267	10,322	54,214	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	38,625	5,267	10,322	54,214	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 76.17%

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 195 and days of care provided 5,120

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 Aspen Ridge, LLC D/B/A Sympho # 0051771 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	316,558	41,346	20,086	377,990		377,990	-	377,990		1
2	Food Purchase		345,819		345,819		345,819	-	345,819		2
3	Housekeeping	288,193	67,878	-	356,071		356,071	-	356,071		3
4	Laundry	129,967	29,412	7,061	166,440	-	166,440	-	166,440		4
5	Heat and Other Utilities			178,533	178,533		178,533	1,947	180,480		5
6	Maintenance	61,910	-	175,769	237,679		237,679	21,583	259,262		6
7	Other (specify):* Mgmt alloc of benef	-	-	-	-		-	3,131	3,131		7
8	TOTAL General Services	796,628	484,455	381,449	1,662,532	-	1,662,532	26,661	1,689,193		8
	B. Health Care and Programs										
9	Medical Director	-	-	59,400	59,400		59,400	-	59,400		9
10	Nursing and Medical Records	3,783,656	151,595	95,697	4,030,948		4,030,948	131,233	4,162,181		10
10a	Therapy	-	-	-	-		-	-	-		10a
11	Activities	323,005	-	1,980	324,985		324,985	-	324,985		11
12	Social Services	41,053	-	-	41,053		41,053	-	41,053		12
13	CNA Training	-	-	-	-		-	-	-		13
14	Program Transportation	-	-	-	-		-	-	-		14
15	Other (specify):* Mgmt alloc of benef	-	-	-	-		-	20,464	20,464		15
16	TOTAL Health Care and Programs	4,147,714	151,595	157,077	4,456,386	-	4,456,386	151,697	4,608,083		16
	C. General Administration										
17	Administrative	138,261	-	560,983	699,244		699,244	(498,278)	200,966		17
18	Directors Fees			-	-		-	-	-		18
19	Professional Services			392,731	392,731		392,731	(10,443)	382,288		19
20	Dues, Fees, Subscriptions & Promotions			10,125	10,125		10,125	6,030	16,155		20
21	Clerical & General Office Expenses	216,202	34,400	38,913	289,515		289,515	268,473	557,988		21
22	Employee Benefits & Payroll Taxes			1,076,633	1,076,633		1,076,633	-	1,076,633		22
23	Inservice Training & Education			-	-		-	-	-		23
24	Travel and Seminar			2,132	2,132		2,132	1,260	3,392		24
25	Other Admin. Staff Transportation		-	9,545	9,545		9,545	7,490	17,035		25
26	Insurance-Prop.Liab.Malpractice			93,332	93,332		93,332	2,839	96,171		26
27	Other (specify):* Mgmt alloc of benef	-	-	-	-		-	46,832	46,832		27
28	TOTAL General Administration	354,463	34,400	2,184,394	2,573,257	-	2,573,257	(175,797)	2,397,460		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,298,805	670,450	2,722,920	8,692,175	-	8,692,175	2,561	8,694,736		29

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

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

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			95,873	95,873		95,873	66,624	162,497			30
31	Amortization of Pre-Op. & Org.			-	-		-	-	-			31
32	Interest			131,553	131,553		131,553	16,358	147,911			32
33	Real Estate Taxes			250,937	250,937		250,937	3,436	254,373			33
34	Rent-Facility & Grounds			1,517,248	1,517,248		1,517,248	5,452	1,522,700			34
35	Rent-Equipment & Vehicles			187,840	187,840		187,840	(2,088)	185,752			35
36	Other (specify):*			-	-		-	-	-			36
37	TOTAL Ownership			2,183,451	2,183,451	-	2,183,451	89,782	2,273,233			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation	-	-	12,692	12,692		12,692	-	12,692			38
39	Ancillary Service Centers	-	208,669	1,238,527	1,447,196		1,447,196	-	1,447,196			39
40	Barber and Beauty Shops	-	-	-	-		-	-	-			40
41	Coffee and Gift Shops	-	-	-	-		-	-	-			41
42	Provider Participation Fee			404,812	404,812		404,812	-	404,812			42
43	Other (specify):* Non-Allowable Cos	35,283	-	311,151	346,434		346,434	(346,434)	-			43
44	TOTAL Special Cost Centers	35,283	208,669	1,967,182	2,211,134	-	2,211,134	(346,434)	1,864,700			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,334,088	879,119	6,873,553	13,086,760	-	13,086,760	(254,091)	12,832,669			45

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

Symphony Aspen Ridge, LLC D/B/A Symphony of Decatur

ID# 0051771

Report Period Beginning: 1/1/17

Ending: 12/31/17

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Nonallowable marketing events	\$ (120,076)	43	1
2	Laboratory Costs	(4,017)	43	2
3	X-Ray Costs	(2,946)	43	3
4	Theft and Damage Loss	(1,182)	43	4
5	Admissions	(1,222)	43	5
6	Community & Guest Relations	(34,061)	43	6
7	Nonallowable Legal	(4,658)	19	7
8	Nonallowable collection fees	(12,345)	19	8
9	Offset Misc Income	(791)	21	9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(181,298)		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			N/A				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	100.00%	\$ 1,947	\$	1,947	15
16	V	6 Maintenance Salaries		Maestro Consulting Services	100.00%	17,266		17,266	16
17	V	6 Maintenance Expenses		Maestro Consulting Services	100.00%	4,317		4,317	17
18	V	7 Employee Benefits - Maintenance		Maestro Consulting Services	100.00%	3,131		3,131	18
19	V	10 Clinical Salaries		Maestro Consulting Services	100.00%	112,154		112,154	19
20	V	10 Contract Nursing		Maestro Consulting Services	100.00%	19,651		19,651	20
21	V	15 Employee Benefits - Clinical		Maestro Consulting Services	100.00%	20,464		20,464	21
22	V	17 Administrative Salaries	560,983	Maestro Consulting Services	100.00%	62,705		(498,278)	22
23	V	19 Professional Fees		Maestro Consulting Services	100.00%	6,560		6,560	23
24	V	20 Dues, Fees, Subscriptions, Etc.		Maestro Consulting Services	100.00%	6,030		6,030	24
25	V	21 Clerical & General Salaries		Maestro Consulting Services	100.00%	202,117		202,117	25
26	V	21 Clerical & General Expenses		Maestro Consulting Services	100.00%	34,173		34,173	26
27	V	24 Seminars and Education		Maestro Consulting Services	100.00%	1,260		1,260	27
28	V	25 Transportation		Maestro Consulting Services	100.00%	7,490		7,490	28
29	V	26 Insurance		Maestro Consulting Services	100.00%	2,839		2,839	29
30	V	27 Employee Benefits - Administrative		Maestro Consulting Services	100.00%	46,832		46,832	30
31	V	30 Depreciation		Maestro Consulting Services	100.00%	5,365		5,365	31
32	V	32 Interest Expense		Maestro Consulting Services	100.00%	12,893		12,893	32
33	V	33 Real Estate Tax		Maestro Consulting Services	100.00%	3,436		3,436	33
34	V	34 Building Rental		Maestro Consulting Services	100.00%	5,452		5,452	34
35	V	35 Equipment Rental		Maestro Consulting Services	100.00%	908		908	35
36	V	35 Auto Lease		Maestro Consulting Services	100.00%	3,001		3,001	36
37	V								37
38	V								38
39	Total		\$ 560,983			\$ 579,991	\$ *	19,008	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	21 Clerical & Gen office exp	\$	Symphony Financial Services, LLC	100.00%	\$ 32,974	\$	32,974	15
16	V	30 Depreciation		Symphony Financial Services, LLC	100.00%	2,931		2,931	16
17	V	32 Interest		Symphony Financial Services, LLC	100.00%	6,212		6,212	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		\$			\$ 42,117	\$ *	42,117	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	\$ 2,691	Integra Healthcare Equipment, LLC	19.00%	\$ 2,119	\$ (572)	15
16	V	35	Rent-Equipment & Vehicles	28,194	Integra Healthcare Equipment, LLC	19.00%	22,197	(5,997)	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		\$ 30,885				\$ 24,316	\$ * (6,569)	39

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

Facility Name & ID Number Symphony Aspen Ridge, LLC D/B/A Symphony of Decatur # 0051771 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 Hartman	20.00	Symphony of Dyer	Indiana				10
11	Mark Hartman-Bemoit Holdings	3.00	Symphony of Crown Point	Indiana	Nucare Services	Lincolnwood	Bookkeeping Mgmt	11
12	IBEX Mgmt Svces, LLC	14.00	Symphony of Chesterton	Indiana	7257 N. Lincoln Ave, I	Lincolnwood	Building Rental	12
13	Penina Hartman	2.00			Diamond Insurance	Northbrook	Work Comp Ins.	13
14	Drake Louis	4.00			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. Co	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 Services	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		0	Symphony of South Shore	Chicago				29
30		0	Symphony Residences of Lincoln Park	Chicago				30

Facility Name & ID Number Symphony Aspen Ridge, LLC D/B/A Symph # 0051771 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 Aspen Ridge, LLC D/B/A Symphony of Decatur # 0051771 Report Period Beginning: 1/1/17 Ending: 12/31/17

VIII. ALLOCATION OF INDIRECT COSTS

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 ()

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.

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	\$ 54,214	\$ 32,974	1
2	30	Depreciation	Occupied Bed Days	499,232	8	26,988	54,214	2,931	2
3	32	Interest	Occupied Bed Days	499,232	12	57,206	54,214	6,212	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	\$	\$ 42,117	25

Facility Name & ID Number Symphony Aspen Ridge, LLC D/B/A Symphony of Decatur # 0051771 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 Maestro Consulting Services
 Street Address 7257 N. Lincoln Ave,
 City / State / Zip Code Lincolnwood, IL 60712
 Phone Number (847) 933-2600
 Fax Number ()

1	2	3	4	5	6	7	8	9		
Schedule V 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	\$ 71,370	\$ 1,947	1	
2	6	Maintenance Salaries	Bed Days Available	1,835,856	28	444,128	444,128	71,370	17,266	2
3	6	Maintenance Expenses	Bed Days Available	1,835,856	28	111,048		71,370	4,317	3
4	7	Employee Benefits - Maintenance	Bed Days Available	1,835,856	28	80,529		71,370	3,131	4
5	10	Clinical Salaries	Bed Days Available	1,835,856	28	2,884,957	2,884,957	71,370	112,154	5
6	10	Contract Nursing	Bed Days Available	1,835,856	28	505,476		71,370	19,651	6
7	15	Employee Benefits - Clinical	Bed Days Available	1,835,856	28	526,402		71,370	20,464	7
8	17	Administrative Salaries	Bed Days Available	1,835,856	28	1,612,976	1,612,976	71,370	62,705	8
9	19	Professional Fees	Bed Days Available	1,835,856	28	168,752		71,370	6,560	9
10	20	Dues, Fees, Subscriptions, Etc.	Bed Days Available	1,835,856	28	155,112		71,370	6,030	10
11	21	Clerical & General Salaries	Bed Days Available	1,835,856	28	5,199,066	5,199,066	71,370	202,117	11
12	21	Clerical & General Expenses	Bed Days Available	1,835,856	28	879,035		71,370	34,173	12
13	24	Seminars & Education	Bed Days Available	1,835,856	28	32,418		71,370	1,260	13
14	25	Transportation	Bed Days Available	1,835,856	28	192,674		71,370	7,490	14
15	26	Insurance	Bed Days Available	1,835,856	28	73,017		71,370	2,839	15
16	27	Employee Benefits - Administrativ	Bed Days Available	1,835,856	28	1,204,673		71,370	46,832	16
17	30	Depreciation	Bed Days Available	1,835,856	28	138,011		71,370	5,365	17
18	32	Interest Expense	Bed Days Available	1,835,856	28	331,638		71,370	12,893	18
19	33	Real Estate Tax	Bed Days Available	1,835,856	28	88,385		71,370	3,436	19
20	34	Building Rental	Bed Days Available	1,835,856	28	140,244		71,370	5,452	20
21	35	Equipment Rental	Bed Days Available	1,835,856	28	23,351		71,370	908	21
22	35	Auto Lease	Bed Days Available	1,835,856	28	77,202		71,370	3,001	22
23										23
24										24
25	TOTALS					\$ 14,919,170	\$ 10,141,127	\$ 579,991		25

Facility Name & ID Number Symphony Aspen Ridge, LLC D/B/A Symphony of Decatur # 0051771 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		\$	\$		\$ 2,119	1
2	35	Rent-Equipment & Vehicles	Direct Allocation					22,197	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				\$	\$		\$ 24,316	25

Facility Name & ID Number Symphony Aspen Ridge, LLC D/B/A Sympho # 0051771 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	\$ 45,378	10/20/2020	0.0750	\$ 522	1								
2	LifeMed	X		Pharmacy Services	\$38,731.00	12/29/2017	6,197,033	208,415	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	131,031	6								
7												7								
8												8								
9	TOTAL Facility Related				\$106,175.34		\$ 14,367,370	\$ 253,793			\$ 131,553	9								
B. Non-Facility Related*																				
10												10								
11												11								
12								Interest Income			(2,747)	12								
13								Allocated from Mgmt Co.			19,105	13								
14	TOTAL Non-Facility Related						\$	\$			\$ 16,358	14								
15	TOTALS (line 9+line14)						\$ 14,367,370	\$ 253,793			\$ 147,911	15								

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

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

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

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

B. Real Estate Taxes

Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.

1. Real Estate Tax accrual used on 2016 report.			\$	<u>81,169</u>	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		2016	\$	<u>162,797</u>	2
3. Under or (over) accrual (line 2 minus line 1).			\$	<u>81,628</u>	3
4. Real Estate Tax accrual used for 2017 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	<u>169,309</u>	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)			\$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		Alloc Fr. Mgmt Co.		<u>3,436</u>	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	<u>254,373</u>	7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2012	<u>81,700</u>	8	FOR BHF USE ONLY	
	2013	<u>74,873</u>	9	13	FROM R. E. TAX STATEMENT FOR 2016 \$
	2014	<u>73,581</u>	10	14	PLUS APPEAL COST FROM LINE 5 \$
	2015	<u>154,700</u>	11	15	LESS REFUND FROM LINE 6 \$
	2016	<u>162,797</u>	12	16	AMOUNT TO USE FOR RATE CALCULATION \$
2017 Tax Accrual = \$162,797 * 1.04 = \$169,309; use \$169,309					

NOTES:

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

Facility Name & ID Number Symphony Aspen Ridge, LLC D/B/A Symphony of Decatur

0051771

Report Period Beginning:

1/1/17

Ending:

12/31/17

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 59,720 B. General Construction Type: Exterior BRICK Frame STEEL Number of Stories 5

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>Alloc Fr Maestro 7257</u>		<u>2004</u>	<u>\$ 6,220</u>	<u>1</u>
2					<u>2</u>
3	TOTALS			\$ 6,220	3

Facility Name & ID Number Symphony Aspen Ridge, LLC D/B/A Symphony of Decatur# 0051771

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 Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4					\$	\$		\$	\$	\$	4
5											5
6											6
7											7
8	Allocated from Maestro 7257		2004		55,981		39	1,435	1,435	22,592	8
	Improvement Type**										
9		New Piston & Cylinder for Elevator		2012	64,900	3,245	20	3,245		17,012	9
10		Drill new hole for elevator		2013	50,316	2,515	20	2,515		12,577	10
11		Elevator - shut off valve/oil line		2013	20,420	1,021	20	1,021		4,424	11
12		Cabling for EMR Kiosks		2013	7,721	387	20	387		1,804	12
13		Line Voltage Outlets		2013	5,740	287	20	287		1,292	13
14		Remodeling-Painting, wall coverings, millwork, ceiling		2013	487,979	24,401	20	24,401		99,635	14
15		architect fees, office conversions, lighting, flooring, doors,									15
16		fire sprinkler, plumbing, landscaping, paving, awnings -									16
17		Monroe Entrance, Vertical Circulation & Exits, Lobby, Hallways									17
18		Nurse' Station & Resident Rooms (2nd Floor), New Offices									18
19		Dining Room, Medical Room and Therapy Room (1st Floor)									19
20											20
21		Remodeling-Painting, Wall Coverings & Water Heater		2013	120,068	12,008	10	12,008		49,031	21
22		1st Floor - Lobby, offices/conference rooms, hallways,									22
23		laundry & dietary areas									23
24											24
25		Facility Remodeling		2014	195,750	10,943	5-20	10,943		40,156	25
26		-Electrical : lobby, therapy, dining rm, nurse station									26
27		-Demo/carpentry/drywall: elevator area									27
28		-Floor covering: lobby									28
29		-Plumbing: 2nd floor shower & beauty salon									29
30		-Engineering: new entry vestibule									30
31		-Gazebo									31
32		-Tile: lobby									32
33		-Custom millwork: throughout facility									33
34		-Architectural services									34
35		-Signage for rooms: throughout facility									35
36		-Painting staircases: east & west staircases									36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Symphony Aspen Ridge, LLC D/B/A Symphony of Decatur# 0051771

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	
37	Continued from Page 12		\$	\$		\$	\$	\$	37
38	-Mid rails: throughout facility								38
39	-Asphalt: previous location of trailer								39
40	-Spandrel Glass: lobby								40
41	-Stucco: front of building								41
42	-Entry								42
43	-General contractors fees								43
44									44
45	Architectural Fee, Electrical, Sign Installation for New Façade	2015	18,405	920	20	920		2,607	45
46									46
47									47
48									48
49									49
50	Phone system throughout the facility	2015	40,663	8,132	5	8,132		16,942	50
51									51
52	Install new generator, upgrade electrical panel, new outlets	2016	85,145	5,676	20	5,676		8,514	52
53	in resident rooms on third floor for the use of vents								53
54	Doors & Windows-First floor	2016	2,942	24	20	24		36	54
55	Phone system throughout the facility	2016	7,608	2,594	5	2,594		3,892	55
56									56
57	Installed Brand New Water Heater	2017	26,000	315	7	315		315	57
58	Configure Pipes - Water Heater	2017	9,723	69	10	69		69	58
59									59
60									60
61	To tie to financial statements			(58,328)			58,328		61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 1,199,361	\$ 14,209		\$ 73,972	\$ 59,763	\$ 280,898	70

**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	\$ 408,067	\$ 81,444	\$ 81,444	\$	5-7	\$ 288,904	71
72	Current Year Purchases	1,434	220	220		5-7	220	72
73	Fully Depreciated Assets	13,842				5-7	13,842	73
74	See Sch 13A	103,404		6,520	6,520	5-10	64,692	74
75	TOTALS	\$ 526,747	\$ 81,664	\$ 88,184	\$ 6,520		\$ 367,658	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	Alloc. From Mgmt. Co.			\$ 344	\$	\$	\$		\$ 344	76
77										77
78										78
79										79
80	TOTALS			\$ 344	\$	\$	\$		\$ 344	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)	\$ 1,770,221	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 95,873	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 162,497	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 66,624	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 668,131	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	CIP	\$ 13,933	92
93			93
94			94
95		\$ 13,933	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.

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 1,199,361	\$ 14,209		\$ 73,972	\$ 59,763	\$ 280,898	1
2									2
3									3
4									4
5	Allocated from Maestro Consulting Services	2003	455		39			322	5
6	Allocated from Maestro Consulting Services	2004	9245		39			6,344	6
7	Allocated from Maestro Consulting Services	2005	548		39			352	7
8	Allocated from Maestro Consulting Services	2006	743		39			422	8
9	Allocated from Maestro Consulting Services	2008	783		39			363	9
10	Allocated from Maestro Consulting Services	2009	12612		20			5,429	10
11	Allocated from Maestro Consulting Services	2010	1938		20			727	11
12	Allocated from Maestro Consulting Services	2011	105		20			36	12
13	Allocated from Maestro Consulting Services	2012	117		20			34	13
14	Allocated from Maestro Consulting Services	2014	1458		20			263	14
15	Allocated from Maestro Consulting Services	2015	410		20			48	15
16	Allocated from Maestro Consulting Services	2016	1797		20	230	230	249	16
17	Allocated from Maestro Consulting Services	2017	240		20			12	17
18	Allocated from Maestro 7257	2004	1113		20			751	18
19	Allocated from Maestro 7257	2005	5103		10	36	36	3,742	19
20	Allocated from Maestro 7257	2015	882		10	75	75	137	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)		\$ 1,236,910	\$ 14,209		\$ 74,313	\$ 60,104	\$ 300,129	34

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

Facility Name: Symphony Aspen Ridge, LLC D/B/A Symphony of Decatur
IDPH License ID Number: 0051771
Fiscal Year End: 12/31/17

Schedule 13A

XI. Ownership Costs

Line 74 - Equipment Costs - Excluding Transportation

Category of Equipment	Cost		Current Book Depreciation	Straight Line Depreciation	Adjustments	Component Life	Accumulated Depreciation
Allocated from Symphony Financial Services, LLC	18,294			2,931	2931	5-7	13,262
Allocated from Maestro Consulting Services	85,110			3589	3589	5-10	51,430
					-		
TOTAL	103,404		-	6,520	6,520		64,692

Line 79 - Vehicle Depreciation

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

Facility Name & ID Number Symphony Aspen Ridge, LLC D/B/A Symphony of Decatur # 0051771 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?

If NO, see instructions. YES NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:	<u>1973</u>	<u>195</u>	<u>12/31/2011</u>	\$ <u>1,515,853</u>	<u>10</u>	<u>10</u>	3
4	Additions							4
5								5
6	Alloc. From <u>Maestro</u>				<u>5,452</u>			6
7	TOTAL		<u>195</u>		\$ <u>1,521,305</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>1,190,676</u>
13.	<u>/2019</u>	\$ <u>1,214,490</u>
14.	<u>/2020</u>	\$ <u>1,238,779</u>

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

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

1,395
13,948

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: \$ 175,760 Description: See Schedule 14A

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>Administrative</u>	<u>Chevy Tahoe</u>	\$ <u>900.00</u>	\$ <u>6,991</u>	17
18					18
19					19
20	<u>Alloc. from Maestro</u>			<u>3,001</u>	20
21	TOTAL		\$ <u>900.00</u>	\$ <u>9,992</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 Aspen Ridge, LLC D/B/A Symphony of Decatur
IDPH License ID Number: 0051771
Fiscal Year End: 12/31/17

Schedule 14A

XIV. Rental Costs
Line 16 Rental Amount for Moveable Equipment

Rental Description	Amount
NURSING EQUIPMENT RENTAL	118,906
PLANT SERVICE	6,600
WATER COOLER RENTAL	80
OFFICE EQUIPMENT RENTAL (COPIER)	13,081
KITCHEN EQUIPMENT RENTAL	628
OFFICE EQUIPMENT RENTAL	38,018
COMPUTER RENTAL	1,039
POSTAGE METER RENTAL	957
STORAGE RENTAL	1,489
PROPANE TANK RENTAL	51
Allocated from Mgmt Co.	(5,089)
Total - Line 16	<u>175,760</u>

Facility Name & ID Number Symphony Aspen Ridge, LLC D/B/A Symphony of Decatur # 0051771 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	\$	7,271	\$ 523,501	\$	7,271	\$ 523,501	1
2	Licensed Speech and Language Development Therapist	39(3)	hrs		874	62,950		874	62,950	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39(3)	hrs		8,397	604,596		8,397	604,596	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				205,471		205,471	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Oxygen</u>	39(2)					3,198		3,198	12
13	Other (specify): <u>See Sch 16A</u>	39(3)			659	47,480		659	47,480	13
14	TOTAL			\$	17,201	\$ 1,238,527	\$ 208,669	17,201	\$ 1,447,196	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 Aspen Ridge, LLC D/B/A Symphony of Decatur
IDPH License ID Number: 0051771
Fiscal Year End: 12/31/17

Schedule 16A

XIV. Special Services (Direct Cost)
Line 13 Other (specify)

Description	Amount
I.V. Therapy Costs	31,263
Inhalation Therapy Costs	13,654
Other Ancillary Costs	42
Total - Line 13	44,959

Facility Name & ID Number Symphony Aspen Ridge, LLC D/B/A Symphony of Decatur # 0051771Report Period Beginning: 1/1/17Ending: 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	\$ 2,000	1
2	Cash-Patient Deposits	40,844	40,844	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>2,278,619</u>)	5,723,707	5,723,707	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	2,361	2,361	6
7	Other Prepaid Expenses	63,414	63,414	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>See Schedule 17A</u>	446,924	446,924	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 6,279,250	\$ 6,279,250	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		6,220	13
14	Buildings, at Historical Cost		55,981	14
15	Leasehold Improvements, at Historical Cost	1,063,413	1,180,929	15
16	Equipment, at Historical Cost	507,338	527,091	16
17	Accumulated Depreciation (book methods)	(548,452)	(668,131)	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 (spe <u>Lease Cost</u>)	13,948	13,948	22
23	Other(specify): <u>See Schedule 17A</u>	160,677	160,677	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,196,924	\$ 1,276,715	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 7,476,174	\$ 7,555,965	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 3,018,063	\$ 3,018,063	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	71,107	71,107	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	235,441	235,441	30
31	Accrued Taxes Payable (excluding real estate taxes)	64,304	64,304	31
32	Accrued Real Estate Taxes(Sch.IX-B)	169,309	169,309	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>	10,487,800	10,487,800	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 14,046,024	\$ 14,046,024	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	253,793	253,793	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)	\$ 253,793	\$ 253,793	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 14,299,817	\$ 14,299,817	46
47	TOTAL EQUITY(page 18, line 24)	\$ (6,823,643)	\$ (6,743,852)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 7,476,174	\$ 7,555,965	48

*(See instructions.)

Facility Name: Symphony Aspen Ridge, LLC D/B/A Symphony of Decatur
IDPH License ID Number: 0051771
Fiscal Year End: 12/31/17

Schedule 17A

XV. Balance Sheet

Line 9 Current Assets Other (specify):

Description	Operating	After Consolidation
Prepays - RE Tax Escrow	272,927	272,927
Prepays - CapEx	173,997	173,997
Total - Line 9	446,924	446,924

XV. Balance Sheet

Line 23 Long-Term Assets Other (specify):

Description	Operating	After Consolidation
Fixed Assets - Construction in Process	13,933	13,933
Other Assets - Security Deposits	146,744	146,744
Total - Line 23	160,677	160,677

XV. Balance Sheet

Line 36 Other Current Liabilities (specify):

Description	Operating	After Consolidation
CSA I/C Related/Party Due To/From Accts	6,268,405	6,268,405
Due To/From - Maple Ridge LLC	5,807	5,807
Due To/From - McKinley LLC	83,467	83,467
Due To/From - Northwoods LLC	9,458	9,458
Due To/From - Symphony Healthcare	618,534	618,534
Due To/From - Maestro	144,566	144,566
Accrued Payables	47,263	47,263
Accrued Payables - Health Insurance	23,391	23,391
Accrued Payables - 401K Deductions	4	4
Accrued Payables - Garnishments	5,024	5,024
Accrued Payables - WC/GL Insurance	10,000	10,000
Accrued Payables - Bed Taxes	7,840	7,840
Accrued Payables - Bed Taxes Add'l	49,575	49,575
Accrued Payables - Management Fees	591,909	591,909
Accrued Payables - Interest	522	522
Accrued Payables - Rent	798,897	798,897
Accrued Payables - Sales Tax	(184)	(184)
Deferred Rent	915,948	915,948
Lease Holds Payable	813,888	813,888
Cash	93,486	93,486
Total - Line 36	10,487,800	10,487,800

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (4,850,886)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (4,850,886)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,972,758)	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) Rounding	1	16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (1,972,757)	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)	\$ (6,823,643)	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	\$ 10,619,580	1
2	Discounts and Allowances for all Levels	(1,731,498)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 8,888,082	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,907,129	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,907,129	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	(34)	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	232,155	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	13,903	19
20	Radiology and X-Ray		20
21	Other Medical Services	69,229	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 315,253	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	2,747	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 2,747	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Miscellaneous Income	791	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 791	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 11,114,002	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,662,532	31
32	Health Care	4,456,386	32
33	General Administration	2,573,257	33
B. Capital Expense			
34	Ownership	2,183,451	34
C. Ancillary Expense			
35	Special Cost Centers	1,806,322	35
36	Provider Participation Fee	404,812	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 13,086,760	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,972,758)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,972,758)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 6,468,060	44
45	Private Pay - Net Inpatient Revenue	1,183,466	45
46	Medicare - Net Inpatient Revenue	1,036,080	46
47	Other-(specify) <u>Hospice</u>	109,216	47
48	Other-(specify) <u>Managed Care</u>	91,260	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 8,888,082	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 Aspen Ridge, LLC D/B/A Symphony of Decatur

0051771

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	1,474	1,695	\$ 77,428	\$ 45.68	1
2	Assistant Director of Nursing	1,940	2,056	71,388	34.72	2
3	Registered Nurses	11,585	12,738	411,661	32.32	3
4	Licensed Practical Nurses	46,112	50,050	1,336,122	26.70	4
5	CNAs & Orderlies	106,723	114,155	1,639,560	14.36	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	13,879	14,840	323,005	21.77	10
11	Social Service Workers	1,836	2,049	41,053	20.04	11
12	Dietician					12
13	Food Service Supervisor	4,372	4,880	70,524	14.45	13
14	Head Cook	5,457	6,007	73,799	12.29	14
15	Cook Helpers/Assistants	17,103	17,877	172,235	9.63	15
16	Dishwashers					16
17	Maintenance Workers	2,428	2,555	61,910	24.23	17
18	Housekeepers	23,178	25,073	288,193	11.49	18
19	Laundry	11,376	12,184	129,967	10.67	19
20	Administrator	2,079	2,163	138,261	63.92	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	10,283	11,419	216,202	18.93	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	6,160	6,778	103,325	15.24	31
32	Other(specify) MDS Coordinator	4,017	4,649	144,172	31.01	32
33	Other(specify) Admissions & Comm	2,454	2,454	35,283	14.38	33
34	TOTAL (lines 1 - 33)	272,456	293,622	\$ 5,334,088 *	\$ 18.17	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	\$ 20,086	1(3)	35
36	Medical Director	Monthly	59,400	9(3)	36
37	Medical Records Consultant	Monthly	1,880	10(3)	37
38	Nurse Consultant	Monthly	66,357	10(3), (7)	38
39	Pharmacist Consultant	Monthly	16,384	10(3)	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	Monthly	2,521	39(3)	42
43	Speech Therapy Consultant				43
44	Activity Consultant	Monthly	1,980	11(3)	44
45	Social Service Consultant				45
46	Other(specify) <u>Wound Care</u>	Monthly	24,000	10(3)	46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 192,608		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

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		
Kimberly Auton	Administrator	0	\$ 90,136	Workers' Compensation Insurance	\$ 177,914	IDPH License Fee	\$		
Lisa Trdea	Administrator	0	48,125	Unemployment Compensation Insurance	71,903	Advertising: Employee Recruitment	168		
				FICA Taxes	392,332	Health Care Worker Background Check (Indicate # of checks performed <u>183</u>)	2,197		
				Employee Health Insurance	420,288	Patient Background Checks	148		
				Employee Meals		Miscellaneous Licenses & Fees	745		
				Illinois Municipal Retirement Fund (IMRF)*		Miscellaneous Dues & Subscriptions	5,239		
				Employee Retirement	5,679	Allocated from Mgmt. Co.	6,030		
				Employee Benefits - Other	6,904	Less: Public Relations Expense	()		
				Employees' Physical Exams	1,613	Non-allowable advertising	()		
						Yellow page advertising	()		
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 138,261	TOTAL (agree to Schedule V, line 22, col.8)		\$ 1,076,633	TOTAL (agree to Sch. V, line 20, col. 8)		\$ 16,155
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**		
Description			Amount	Description	Line #	Amount	Description	Amount	
Management Fees (Eliminated in Col. 7)			\$ 560,983	N/A		\$	Out-of-State Travel	\$	
							In-State Travel		
							Seminar Expense	2,132	
							Allocated from Mgmt. Co.	1,260	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 560,983	TOTAL		\$	Entertainment Expense	()	
C. Professional Services								TOTAL (agree to Sch. V, line 24, col. 8)	
Vendor/Payee	Type		Amount					\$ 3,392	
See Schedule 21C	See Schedule 21C		\$ 392,731						
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 392,731						

* Attach copy of IMRF notifications

**See instructions.

Facility Name: Symphony Aspen Ridge, LLC D/B/A Symphony of Decatur
IDPH License ID Number: 0051771
Fiscal Year End: 12/31/17

Schedule 21C

XIX. SUPPORT SCHEDULES

C. Professional Services

Vendor	Type	Amount
ABILITY Network, Inc.	Secure Exchange Managed Services	5,163
Allegro Data Solutions	Database Development	902
Allen A. Lefkovitz & Asso.	Legal-Real Estate	219
American Express	Internet	2,237
Carbonite Inc.	Protect One Services	1,848
Comcast Cable	Internet	5,116
Corporation Service Company	Annual Filing	302
Creative Technology	IT Support	17,067
Creative Technology Solutions	IT Support	916
EMMI Solutions	Subscription - Engage Provider	420
Formation Healthcare Group	Monthly Subscription Fee	96
Health Data Systems Inc	Programming	6,082
HIPP Law office	Collections	4,658
HIPP Law Office	Resident Collections	62,700
HK Payroll Services Co	Work Tax Credit	639
IIT/Sourcetechn	Operator Monthly Support Fee	1,380
Language Line Services	Phone Interpretation	7
LTC Consulting Services	Collection Agency	5,790
Maestro Consulting Services	Consulting Services	179,083
Marcum LLP	Accounting	881
Market Metrix	Customer and Employee Metrix Subscription	391
Medical Business Office Services, Inc.	Collection Agency	6,555
Monroe Pavilion Health	Internet	90
Much Shelist	Business Agreements/LLC Reports & Filings	300
National Datacare Corporation	Trust fund and Medicaid billing services	1,712
Nexuscomm, LLC	Cable	375
Personnel Planners, Inc	Qtrly Unemployment Claims	1,644
Point Click Care Technologies, LLC	Cloud based software and services	43,751
PointB Communication	Yrly Web Hosting	240
Prime Care Technologies	PBJ Reporting Module Access Fee	20
Real Time Medical Systems LLC	Clinical and Financial Analytis Service	4,460
RSM US LLP	Accounting	14,890
SB2 Inc.	Healthcare Compliance	273
Stone, McGuire & Siegel	Healthcare Compliance	1,383
Stout Risius Ross, Inc.	Healthcare Compliance	6,174
Telemedicine Solutions LLC	Wound Rounds Care	14,967
Total (agree to Schedule V, line 19, column 3)		392,731
Allocated from Management Company Professional Services		6,560
Less: Non-Allowable Legal Fees		(4,658)
Less: Professional Collections Fees		(12,345)
Total (agree to Schedule V, line 19, column 8)		382,288

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? No
If YES, give association name and amount. N/A
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? No
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 5-7 Yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 112 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. \$ 404,812
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 0 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
c. What percent of all travel expense relates to transportation of nurses and patients? 5
d. Have vehicle usage logs been maintained? Adequate records have been maintained
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
g. **Does the facility transport residents to and from day training? No**
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: RSM US LLP
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes
Attach invoices and a summary of services for all architect and appraisal fees