



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

# 0051797 Report Period Beginning: 1/1/2017 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	214	Skilled (SNF)	214	78,110	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	214	TOTALS	214	78,110	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	36,143	7,739	17,667	61,549	8	
9	SNF/PED					9	
10	ICF					10	
11	ICF/DD					11	
12	SC					12	
13	DD 16 OR LESS					13	
14	TOTALS	36,143	7,739	17,667	61,549	14	

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 78.80%

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 12/31/11 NO

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

YES  NO  If YES, enter number of beds certified 214 and days of care provided 8,254

Medicare Intermediary Wisconsin Physician Services

IV. ACCOUNTING BASIS

ACCRAUAL  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 Deerbrook, LLC D/B/A Symphony of Jolie # 0051797 Report Period Beginning: 1/1/2017 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
	<b>A. General Services</b>										
1	Dietary	364,169	46,565	19,384	430,118		430,118	-	430,118		1
2	Food Purchase		347,106		347,106		347,106	-	347,106		2
3	Housekeeping	254,310	56,961	-	311,271		311,271	-	311,271		3
4	Laundry	82,308	30,320	4,620	117,248	-	117,248	-	117,248		4
5	Heat and Other Utilities			204,100	204,100		204,100	2,136	206,236		5
6	Maintenance	84,498	-	139,263	223,761		223,761	20,886	244,647		6
7	Other (specify):* <b>Mgmt alloc of benef</b>	-	-	-	-		-	3,436	3,436		7
8	<b>TOTAL General Services</b>	<b>785,285</b>	<b>480,952</b>	<b>367,367</b>	<b>1,633,604</b>	<b>-</b>	<b>1,633,604</b>	<b>26,458</b>	<b>1,660,062</b>		<b>8</b>
	<b>B. Health Care and Programs</b>										
9	Medical Director	-	-	125,400	125,400		125,400	-	125,400		9
10	Nursing and Medical Records	4,480,377	254,205	95,461	4,830,043		4,830,043	141,240	4,971,283		10
10a	Therapy	-	-	-	-		-	-	-		10a
11	Activities	209,554	-	2,833	212,387		212,387	-	212,387		11
12	Social Services	129,193	-	-	129,193		129,193	-	129,193		12
13	CNA Training	-	-	-	-		-	-	-		13
14	Program Transportation	-	-	-	-		-	-	-		14
15	Other (specify):* <b>Mgmt alloc of benef</b>	-	-	-	-		-	22,458	22,458		15
16	<b>TOTAL Health Care and Programs</b>	<b>4,819,124</b>	<b>254,205</b>	<b>223,694</b>	<b>5,297,023</b>	<b>-</b>	<b>5,297,023</b>	<b>163,698</b>	<b>5,460,721</b>		<b>16</b>
	<b>C. General Administration</b>										
17	Administrative	145,956	-	789,057	935,013		935,013	(720,242)	214,771		17
18	Directors Fees			-	-		-	-	-		18
19	Professional Services			432,322	432,322		432,322	(20,608)	411,714		19
20	Dues, Fees, Subscriptions & Promotions			38,215	38,215		38,215	(1,545)	36,670		20
21	Clerical & General Office Expenses	224,736	44,607	19,646	288,989		288,989	294,496	583,485		21
22	Employee Benefits & Payroll Taxes			1,090,032	1,090,032		1,090,032	-	1,090,032		22
23	Inservice Training & Education			-	-		-	-	-		23
24	Travel and Seminar			3,308	3,308		3,308	1,383	4,691		24
25	Other Admin. Staff Transportation		-	1,533	1,533		1,533	8,220	9,753		25
26	Insurance-Prop.Liab.Malpractice			286,093	286,093		286,093	3,115	289,208		26
27	Other (specify):* <b>Mgmt alloc of benef</b>	-	-	-	-		-	51,396	51,396		27
28	<b>TOTAL General Administration</b>	<b>370,692</b>	<b>44,607</b>	<b>2,660,206</b>	<b>3,075,505</b>	<b>-</b>	<b>3,075,505</b>	<b>(383,785)</b>	<b>2,691,720</b>		<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	<b>5,975,101</b>	<b>779,764</b>	<b>3,251,267</b>	<b>10,006,132</b>	<b>-</b>	<b>10,006,132</b>	<b>(193,629)</b>	<b>9,812,503</b>		<b>29</b>

\*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 Deerbrook, LLC D/B/A Symphony of Joliet #0051797 Report Period Beginning: 1/1/2017 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
	<b>D. Ownership</b>										
30	Depreciation			159,419	159,419		159,419	71,164	230,583		30
31	Amortization of Pre-Op. & Org.			-	-		-	-	-		31
32	Interest			8,422	8,422		8,422	(264)	8,158		32
33	Real Estate Taxes			138,751	138,751		138,751	3,771	142,522		33
34	Rent-Facility & Grounds			2,261,319	2,261,319		2,261,319	5,983	2,267,302		34
35	Rent-Equipment & Vehicles			197,393	197,393		197,393	(23,251)	174,142		35
36	Other (specify):*			-	-		-	-	-		36
37	<b>TOTAL Ownership</b>			2,765,304	2,765,304	-	2,765,304	57,403	2,822,707		37
	<b>Ancillary Expense</b>										
	<b>E. Special Cost Centers</b>										
38	Medically Necessary Transportation	-	-	18,481	18,481		18,481	-	18,481		38
39	Ancillary Service Centers	-	381,948	1,820,155	2,202,103		2,202,103	(1,738)	2,200,365		39
40	Barber and Beauty Shops	-	-	-	-		-	-	-		40
41	Coffee and Gift Shops	-	-	4,379	4,379		4,379	-	4,379		41
42	Provider Participation Fee			440,664	440,664		440,664	-	440,664		42
43	Other (specify):* <b>Non-Allowable Cost</b>	206,590	-	623,049	829,639		829,639	(829,639)	-		43
44	<b>TOTAL Special Cost Centers</b>	206,590	381,948	2,906,728	3,495,266	-	3,495,266	(831,377)	2,663,889		44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	6,181,691	1,161,712	8,923,299	16,266,702	-	16,266,702	(967,603)	15,299,099		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	(7,478)	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	61,949	30		9
10	Interest and Other Investment Income	(21,466)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,722)	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	(17,001)	43		18
19	Entertainment				19
20	Contributions	(3,000)	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	(389,056)	43		24
25	Fund Raising, Advertising and Promotional				25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Page 5A	(451,407)	Var.		29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (830,181)		\$	30

**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)	(137,422)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (137,422)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (967,603)		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	\$ N/A	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	<b>TOTAL (C): (sum of lines 38-46)</b>			\$	47

BHF USE ONLY							
48		49		50		51	52

Symphony Deerbrook, LLC D/B/A Symphony of Joliet

ID# 0051797

Report Period Beginning: 1/1/2017

Ending: 12/31/17

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Nonallowable marketing events	\$ (145,958)	43	1
2	Laboratory Costs	(27,634)	43	2
3	X-Ray Costs	(30,200)	43	3
4	Lobbying expense	(7,673)	20	4
5	Nonallowable legal	(2,078)	19	5
6	Admitting	(64,371)	43	6
7	Nonallowable Collection Fees	(25,730)	19	7
8	Joliet Chamber of Commerce	(490)	20	8
9	Community Relations	(93,691)	43	9
10	Guest Relations	(48,528)	43	10
11	To Offset Misc Income	(2,254)	21	11
12	To Capitalize Expenses Over \$2,500	(2,800)	6	12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>	(451,407)		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	21 Clerical & General Office Exp	\$	Symphony Financial Services, LLC	100.00%	\$ 37,436	\$	37,436	15
16	V	30 Depreciation		Symphony Financial Services, LLC	100.00%	3,327		3,327	16
17	V	32 Interest		Symphony Financial Services, LLC	100.00%	7,053		7,053	17
18	V	35 Rent - Equipment & Vehicles		Symphony Financial Services, LLC	100.00%	1		1	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		\$			\$ 47,817	\$ *	47,817	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	5 Utilities	\$	Maestro Consulting Services	100.00%	\$ 2,136	\$ 2,136 15
16	V	6 Maintenance Salaries		Maestro Consulting Services	100.00%	18,948	18,948 16
17	V	6 Maintenance Expenses		Maestro Consulting Services	100.00%	4,738	4,738 17
18	V	7 Employee Benefits - Maintenance		Maestro Consulting Services	100.00%	3,436	3,436 18
19	V	10 Clinical Salaries		Maestro Consulting Services	100.00%	123,082	123,082 19
20	V	10 Contract Nursing		Maestro Consulting Services	100.00%	21,565	21,565 20
21	V	15 Employee Benefits - Clinical		Maestro Consulting Services	100.00%	22,458	22,458 21
22	V	17 Administrative Salaries	789,057	Maestro Consulting Services	100.00%	68,815	(720,242) 22
23	V	19 Professional Fees		Maestro Consulting Services	100.00%	7,200	7,200 23
24	V	20 Dues, Fees, Subscriptions, Etc.		Maestro Consulting Services	100.00%	6,618	6,618 24
25	V	21 Clerical & General Salaries		Maestro Consulting Services	100.00%	221,810	221,810 25
26	V	21 Clerical & General Expenses		Maestro Consulting Services	100.00%	37,503	37,503 26
27	V	24 Seminars & Education		Maestro Consulting Services	100.00%	1,383	1,383 27
28	V	25 Transportation		Maestro Consulting Services	100.00%	8,220	8,220 28
29	V	26 Insurance		Maestro Consulting Services	100.00%	3,115	3,115 29
30	V	27 Employee Benefits - Administrative		Maestro Consulting Services	100.00%	51,396	51,396 30
31	V	30 Depreciation		Maestro Consulting Services	100.00%	5,888	5,888 31
32	V	32 Interest Expense		Maestro Consulting Services	100.00%	14,149	14,149 32
33	V	33 Real Estate Tax		Maestro Consulting Services	100.00%	3,771	3,771 33
34	V	34 Building Rental		Maestro Consulting Services	100.00%	5,983	5,983 34
35	V	35 Equipment Rental		Maestro Consulting Services	100.00%	996	996 35
36	V	35 Auto Lease		Maestro Consulting Services	100.00%	3,294	3,294 36
37	V						
38	V						
39	Total		\$ 789,057			\$ 636,504	\$ * (152,553) 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	\$ 16,020	Integra Healthcare Equipment, LLC	19.00%	\$ 12,613	\$ (3,407)
16	V	35 Rent-Equipment & Vehicles	129,489	Integra Healthcare Equipment, LLC	19.00%	101,946	(27,543)
17	V	39 EKG	8,169	Integra Healthcare Equipment, LLC	19.00%	6,431	(1,736)
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	<b>Total</b>		\$ 153,678			\$ 120,990	\$ * (32,686)

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

Facility Name &amp; ID Number

Symphony Deerbrook, LLC D/B/A Symphony of Joliet

# 0051797

Report Period Beginning:

1/1/2017

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 Deerbrook, LLC D/B/A Symphon # 0051797 Report Period Beginning: 1/1/2017 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	<b>No owners receive compensation from this facility.</b>								\$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13								<b>TOTAL</b>	\$	13

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

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

Facility Name & ID Number Symphony Deerbrook, LLC D/B/A Symphony of Joliet # 0051797 Report Period Beginning: 1/1/2017 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 & General Office Expense	Occupied Bed Days	499,232	12	\$ 303,646	\$ 61,549	\$ 37,436	1
2	30	Depreciation	Occupied Bed Days	499,232	12	26,988	61,549	3,327	2
3	32	Interest	Occupied Bed Days	499,232	12	57,206	61,549	7,053	3
4	35	Rent - Equipment & Vehicles	Occupied Bed Days	499,232	12	8	61,549	1	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					\$ 387,848	\$	\$ 47,817	25

Facility Name & ID Number Symphony Deerbrook, LLC D/B/A Symphony of Joliet # 0051797 Report Period Beginning: 1/1/2017 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	\$ 78,324	\$ 2,136	1	
2	6	Maintenance Salaries	Bed Days Available	1,835,856	28	444,128	444,128	78,324	18,948	2
3	6	Maintenance Expenses	Bed Days Available	1,835,856	28	111,048		78,324	4,738	3
4	7	Employee Benefits - Maintenance	Bed Days Available	1,835,856	28	80,529		78,324	3,436	4
5	10	Clinical Salaries	Bed Days Available	1,835,856	28	2,884,957	2,884,957	78,324	123,082	5
6	10	Contract Nursing	Bed Days Available	1,835,856	28	505,476		78,324	21,565	6
7	15	Employee Benefits - Clinical	Bed Days Available	1,835,856	28	526,402		78,324	22,458	7
8	17	Administrative Salaries	Bed Days Available	1,835,856	28	1,612,976	1,612,976	78,324	68,815	8
9	19	Professional Fees	Bed Days Available	1,835,856	28	168,752		78,324	7,200	9
10	20	Dues, Fees, Subscriptions, Etc.	Bed Days Available	1,835,856	28	155,112		78,324	6,618	10
11	21	Clerical & General Salaries	Bed Days Available	1,835,856	28	5,199,066	5,199,066	78,324	221,810	11
12	21	Clerical & General Expenses	Bed Days Available	1,835,856	28	879,035		78,324	37,503	12
13	24	Seminars & Education	Bed Days Available	1,835,856	28	32,418		78,324	1,383	13
14	25	Transportation	Bed Days Available	1,835,856	28	192,674		78,324	8,220	14
15	26	Insurance	Bed Days Available	1,835,856	28	73,017		78,324	3,115	15
16	27	Employee Benefits - Administrativ	Bed Days Available	1,835,856	28	1,204,673		78,324	51,396	16
17	30	Depreciation	Bed Days Available	1,835,856	28	138,011		78,324	5,888	17
18	32	Interest Expense	Bed Days Available	1,835,856	28	331,638		78,324	14,149	18
19	33	Real Estate Tax	Bed Days Available	1,835,856	28	88,385		78,324	3,771	19
20	34	Building Rental	Bed Days Available	1,835,856	28	140,244		78,324	5,983	20
21	35	Equipment Rental	Bed Days Available	1,835,856	28	23,351		78,324	996	21
22	35	Auto Lease	Bed Days Available	1,835,856	28	77,202		78,324	3,294	22
23										23
24										24
25	TOTALS					\$ 14,919,170	\$ 10,141,127	\$	636,504	25

Facility Name & ID Number Symphony Deerbrook, LLC D/B/A Symphony of Joliet # 0051797 Report Period Beginning: 1/1/2017 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		\$	\$		\$ 12,613	1
2	35	Rent-Equipment & Vehicles	Direct Allocation					101,946	2
3	39	EKG	Direct Allocation					6,431	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				\$	\$		\$ 120,990	25

Facility Name & ID Number Symphony Deerbrook, LLC D/B/A Symphony of Joli # 0051797 Report Period Beginning: 1/1/2017 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		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
<b>A. Directly Facility Related</b>																		
<b>Long-Term</b>																		
1	Omnicare		X	Pharmacy Services	\$67,444.34	11/27/2017	\$ 2,170,337	\$ 95,506	10/20/2020	0.0750	\$ 1,099	1						
2	LifeMed	X		Pharmacy Services	\$38,731.00	12/29/2017	6,197,033	254,229	1/1/2024	0.0750		2						
3												3						
4												4						
5												5						
<b>Working Capital</b>																		
6	CIBC Bank, USA		X	Line of Credit (Revolving)	Interest Only	12/30/2011	13,000,000	-	6/2/2018	0.0525	7,323	6						
7	CIBC Bank, USA		X	Capital Improvements (CAPEX)	\$33,333.00	12/30/2011	833,345	-	6/2/2018	0.0525		7						
8												8						
9	<b>TOTAL Facility Related</b>				\$139,508.34		\$ 22,200,715	\$ 349,735			\$ 8,422	9						
<b>B. Non-Facility Related*</b>																		
10												10						
11												11						
12												12						
13												13						
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$ (264)	14						
15	<b>TOTALS (line 9+line14)</b>						\$ 22,200,715	\$ 349,735			\$ 8,158	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>155,711</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>143,448</u>	2
3. Under or (over) accrual (line 2 minus line 1).			\$	<u>(12,263)</u>	3
4. Real Estate Tax accrual used for 2017 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	<u>151,014</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. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>			\$		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. <b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		Alloc Fr. Mgmt Co.		<u>3,771</u>	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	<u>142,522</u>	7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2012	<u>126,335</u>	8	<b>FOR BHF USE ONLY</b>	
	2013	<u>139,040</u>	9	13	FROM R. E. TAX STATEMENT FOR 2016 \$
	2014	<u>148,219</u>	10	14	PLUS APPEAL COST FROM LINE 5 \$
	2015	<u>148,109</u>	11	15	LESS REFUND FROM LINE 6 \$
	2016	<u>143,448</u>	12	16	AMOUNT TO USE FOR RATE CALCULATION \$
<b>2017 Tax Accrual = \$143,448 * 1.052 = \$150,907; use \$151,014</b>					

**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 Deerbrook, LLC D/B/A Symphony of Joliet COUNTY Will

FACILITY IDPH LICENSE NUMBER 0051797

CONTACT PERSON REGARDING THIS REPORT Dorothy Kuhl

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

**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>30-07-07-401-034-0000</u>	<u>Nursing Home</u>	\$ <u>143,448.00</u>	\$ <u>143,448.00</u>
2. <u>10-27-319-028-0000</u>	<u>Land &amp; Property Mgmt. Co.</u>	\$ <u>88,384.90</u>	\$ <u>3,771.00</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	<b>TOTALS</b>	\$ <u><u>231,832.90</u></u>	\$ <u><u>147,219.00</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.**

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 55,380 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 2

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.

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

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.

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

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)

List entity name, type of business, square footage, and number of beds/units available (where applicable).

N/A

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES NO

If so, please complete the following:

1. Total Amount Incurred: N/A 2. Number of Years Over Which it is Being Amortized: N/A 3. Current Period Amortization: N/A 4. Dates Incurred: N/A

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

XI. OWNERSHIP COSTS:

A. Land.

Table with 5 columns: 1 Use, 2 Square Feet, 3 Year Acquired, 4 Cost, and an empty column. Row 1: Allocated from Maestro 7257, 2004, \$ 6,826, 1. Row 2: (blank), (blank), (blank), (blank), 2. Row 3: TOTALS, (blank), (blank), \$ 6,826, 3.

**XI. OWNERSHIP COSTS (continued)**

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4				\$	\$		\$	\$	\$	4
5										5
6										6
7										7
8	Allocated from Maestro 7257		2004	61,435		39	1,573	1,573	24,794	8
	Improvement Type**									
9	Power Receptacles/Electrical Work		2013	10,699	568	20	568		2,509	9
10	Interior Electrical Alarm - 1st Floor		2013	24,618	1,231	20	1,231		5,642	10
11										11
12	Wallpaper/Paint - 1st & 2nd Floor - Lobby, Hallways, Admission Office, Therapy, North Bedrooms, East Bedrooms		2013	25,654	1,282	20	1,282		5,735	12
13	Nurse's station, Conference Room and Activity Room									13
14										14
15										15
16	First & Second Floor - East and North Wings		2013	42,950	2,147	20	2,147		9,842	16
17	-Refinish walls, sconces & wood trims around door (Hallway)									17
18	- Resident Lounge - Wood Panel & Trims									18
19										19
20	Spa/Shower floors, walls, sconces, chalk layers and counter walls - East Wing/Rooms		2013	19,826	992	20	992		4,462	20
21										21
22										22
23	Glass windows - 1st Floor - Dining Room		2013	5,640	282	20	282		1,152	23
24										24
25	Plumbing / Valves in bathroom - 1st floor - Lobby, Dining Room		2013	2,511	125	20	125		512	25
26										26
27	Demolition/Carpentry - 1st Floor - bathrooms in East Bedrooms		2013	439,856	21,992	20	21,992		99,296	27
28	Lobby, Dining Room; Front West Side (Exterior)									28
29										29
30	Frames/Wood Doors - 1st Fl. - Lobby, Dining, Admissions & Conf.Rooms		2013	4,794	240	20	240		1,079	30
31										31
32	Masonry Work - Exterior Renovation (Open Wall for Windows)		2013	6,270	313	20	313		1,436	32
33										33
34	Signage - Exterior, Vestibule and Dining Room (1st Floor)		2013	14,365	719	20	719		3,327	34
35										35
36										36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Symphony Deerbrook, LLC D/B/A Symphony of Joliet# 0051797

Report Period Beginning:

1/1/2017

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	Remove/Install of flooring - 1st Floor -	2013	\$ 60,699	\$ 3,035	20	\$ 3,035	\$	\$ 13,048	37
38	Lobby, Hallway, Dining Room, Admissions & Conf. Rooms, Ther								38
39	North, East and South Bedrooms								39
40									40
41	Custom Millwork -1st Floor-Lobby, Dining Room and Therapy	2013	130,000	6,500	20	6,500		29,250	41
42									42
43	Construction Draw-1st Fl - Lobby, Dining & Resident Rooms	2013	125,563	6,278	20	6,278		28,601	43
44	(North, East and South Bedrooms), Exterior, Admissions & Conf.								44
45									45
46	Architecture Fees & Structural Engineering (Throughout Facility)	2013	21,665	1,083	20	1,083		4,943	46
47	-1st Floor - Dining Room & Resident Rooms (North, East and Sou								47
48									48
49									49
50	Facility Remodeling	2014	425,942	21,297	20	21,297		75,737	50
51	-Interior Demo, Carpentry Drywall (Throughout Facility)								51
52	-General Contracting & Architechtual Fees (Throughout Facili								52
53	-Remove & Reinstall Electric & Phone: 1st & 2nd Fl. Nurses' S								53
54	-Install Coax Cable in Wall in New TV Room 2nd Floor								54
55	-Replace Outlets in New TV Room 2nd Floor								55
56	-Rough in 2 Outlets for Sink (Beauty Salon)								56
57	-Rough in Electric for New TV Room 2nd Floor								57
58	-2 Washroom Floors - Florim Layers (Beauty Salon)								58
59	-Plumbing: Reinstall Hand Sink & Foot Pedals (Beauty Salon)								59
60	-Widen 2 Openings in 8" Block Wall - Bigger Doors for								60
61	Beauty Salon / Nurses' Station								61
62	-Furnish & Install New Shaw & Wall Base: Nurses' Station								62
63	-Laminate/Granite Tops: P.T. Room Nurses' Station								63
64	-Interior Painting, Interior Demo/Carpentry/Drywall,								64
65	Floor Coverings, Interior Electrical/Alarms, Plumbing								65
66	Therapy Room Nurses' Station								66
67	-Interior Electrical/Alarms for Elevator								67
68	-Exterior Demo/Framing/Carpentry-Facade, Roof, Storefront, s								68
69	-Engineering for Roof Framing Revisions								69
70	TOTAL (lines 4 thru 69)		\$ 1,422,487	\$ 68,084		\$ 69,657	\$ 1,573	\$ 311,365	70

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

Facility Name & ID Number Symphony Deerbrook, LLC D/B/A Symphony of Joliet# 0051797

Report Period Beginning:

1/1/2017

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	<b>Totals from Page 12A, Carried Forward</b>	\$ 1,422,487	\$ 68,084		\$ 69,657	\$ 1,573	\$ 311,365		1
2	<b>Continued from Page 12A</b>								2
3	<b>-Sprinkler System Repair (Throughout Facility)</b>								3
4	<b>-Interior Electrical Alarms (Throughout Facility)</b>								4
5	<b>-Install Sconce lighting - Front Entrance</b>								5
6									6
7	<b>Demo/Carpentry/Drywall, Architecture Fees - IDPH Approvals and Correspondence</b>	2015	22720	1,136	20	1,136		3,219	7
8									8
9	<b>-Intall 9 Fixtures on West Face of Building</b>								9
10	<b>-Intall 1 Fixture in Entry Way into Building</b>								10
11									11
12	<b>Replaced 3/4" Double Check on Fire System (Bypass Meter)</b>	2015	4269	214	20	214		588	12
13	<b>-Replaced Watts 3" No. 2 Gate Valve on RPZ for Domestic Water</b>								13
14									14
15	<b>-Installed repair kit for 4" Ames Double Check Valve</b>								15
16									16
17	<b>Replacing Concrete Pad Measuring 18x17 and 25x4 Ramp</b>	2015	3700	185	20	185		463	17
18									18
19	<b>New Conduit Head, Pulled Wire &amp; Restored Power to 4 Rooms</b>	2015	4593	230	20	230		498	19
20									20
21	<b>Removed Old Units, Installed Trane 7.5 Ton Dual Compressor 2 Stage Rooftop Units, Trane Automatic Outdoor Air Economizers</b>	2015	20325	1,016	20	1,016		2,710	21
22									22
23									23
24									24
25	<b>Installed EM Sub Panel Installation in the electrical room</b>	2016	2960	148	20	148		210	25
26									26
27	<b>Installed Star2Star Phone System through facility</b>	2016	38346	7,669	5	7,669		12,782	27
28									28
29	<b>Removed Old Units, Installed Trane 7.5 Ton Dual Compressor 2 Stage Rooftop Units, Trane Automatic Outdoor Air Economizers</b>	2016	20325	4,065	5	4,065		6,098	29
30									30
31									31
32	<b>Replaced two condenser fans, two capacitors, pole contactors, and belt on rooftop</b>	2016	2628	526	5	526		964	32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 1,542,353	\$ 83,273		\$ 84,846	\$ 1,573	\$ 338,897	34

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

Facility Name & ID Number Symphony Deerbrook, LLC D/B/A Symphony of Joliet# 0051797

Report Period Beginning:

1/1/2017

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	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12B, Carried Forward</b>		\$ 1,542,353	\$ 83,273		\$ 84,846	\$ 1,573	\$ 338,897	1
2									2
3	<b>RENOVATION PROJECT PER AGREEME</b>	2017	108,500	3,617	15	3,617		3,617	3
4	<b>R &amp; M - Install new septic basin</b>	2017	2,800	93	15	93		93	4
5	<b>Installation Of A 65 Channel Antenna</b>	2017	17,625	881	10	881		881	5
6	<b>Installation Of 65 Channel Ana</b>	2017	5,875	294	10	294		294	6
7	<b>43" Toshiba Led,Overbed Light</b>	2017	3,214	107	15	107		107	7
8	<b>Trane M Ysc060G3Eha 5 Ton HVAC</b>	2017	8,708	435	10	435		435	8
9	<b>2X4 Lithonia Led Light Fixture</b>	2017	5,800	193	15	193		193	9
10	<b>Compressor, Refrigerant, Labor</b>	2017	4,842	202	12	202		202	10
11	<b>FINISHED RESIDENT ROOMS &amp; MEDI</b>	2017	24,875	1,036	12	1,036		1,036	11
12	<b>LIGHT FIXTURES FOR DINING ROOM</b>	2017	10,629	354	15	354		354	12
13	<b>FLR MATERIAL FOR NEW ACTIVITY</b>	2017	24,971	832	15	832		832	13
14	<b>ARCHITECTURAL - JOLIET COFFEE</b>	2017	11,040	368	15	368		368	14
15	<b>REPLACED CONCRETE SECTION ON S</b>	2017	2,500	83	15	83		83	15
16	<b>VARIOU PAINT, WOOD REFINISH, P</b>	2017	3,692	123	15	123		123	16
17	<b>CARPETING, VINYL FLOORING, COV</b>	2017	81,661	2,722	15	2,722		2,722	17
18	<b>coffee shop</b>	2017	3,369	112	15	112		112	18
19									19
20	<b>Allocated from Maestro Consulting Services</b>	2003	500		39			353	20
21	<b>Allocated from Maestro Consulting Services</b>	2004	10,146		39			6,962	21
22	<b>Allocated from Maestro Consulting Services</b>	2005	602		39			387	22
23	<b>Allocated from Maestro Consulting Services</b>	2006	816		39			463	23
24	<b>Allocated from Maestro Consulting Services</b>	2008	860		39			398	24
25	<b>Allocated from Maestro Consulting Services</b>	2009	13,841		20			5,958	25
26	<b>Allocated from Maestro Consulting Services</b>	2010	2,127		20			798	26
27	<b>Allocated from Maestro Consulting Services</b>	2011	115		20			40	27
28	<b>Allocated from Maestro Consulting Services</b>	2012	128		20			37	28
29	<b>Allocated from Maestro Consulting Services</b>	2014	1,600		20			288	29
30	<b>Allocated from Maestro Consulting Services</b>	2015	450		20			52	30
31	<b>Allocated from Maestro Consulting Services</b>	2016	1,972		20	252	252	274	31
32	<b>Allocated from Maestro Consulting Services</b>	2017	264		20			13	32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 1,895,875	\$ 94,727		\$ 96,552	\$ 1,825	\$ 366,374	34

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

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

# 0051797

Report Period Beginning:

1/1/2017

Ending:

12/31/17

**XI. OWNERSHIP COSTS (continued)**

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	<b>Totals from Page 12C, Carried Forward</b>		\$ 1,895,875	\$ 94,727		\$ 96,552	\$ 1,825	\$ 366,374	1
2									2
3									3
4									4
5	Allocated from Maestro 7257	2004	1,220		10			824	5
6	Allocated from Maestro 7257	2005	5,600		10	39	39	4,107	6
7	Allocated from Maestro 7257	2015	967		15	83	83	151	7
8									8
9									9
10	Tie to book Depreciation			(61,951)			61,951		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	<b>TOTAL (lines 1 thru 33)</b>		\$ 1,903,662	\$ 32,776		\$ 96,674	\$ 63,898	\$ 371,456	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	\$ 553,272	\$ 110,948	\$ 110,948	\$	5-7	\$ 386,305	71
72	Current Year Purchases	129,157	15,695	15,695		5-7	15,695	72
73	Fully Depreciated Assets	20,377				5-7	20,377	73
74	See Sch 13A	114,173		7,266	7,266	5-10	71,497	74
75	TOTALS	\$ 816,979	\$ 126,643	\$ 133,909	\$ 7,266		\$ 493,874	75

D. Vehicle Costs. (See instructions.)\*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Allocated from Maestro Consulting Services			\$ 378	\$	\$	\$		\$ 378	76
77										77
78										78
79										79
80	TOTALS			\$ 378	\$	\$	\$		\$ 378	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)	\$ 2,727,845	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 159,419	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 230,583	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 71,164	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 865,708	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:** Tabor Hills Health Care Facility, Inc.  
**IDPH License ID Number:** 0040543  
**Fiscal Year End:** 1/0/1900

**Schedule 13A**

**XI. Ownership Costs**

Category of Equipment	Cost	Current Book Depreciation	Straight Line Depreciation	Adjustments	Component Life	Accumulated Depreciation
Allocated from Symphony Financial Services, LLC	20,770		3,327	3,327	5-7	15,056
Allocated from Maestro Consulting Services	93,403		3938	3938	5-10	56,441
<b>TOTAL</b>	<b>114,173</b>	<b>-</b>	<b>7,265</b>	<b>7,265</b>		<b>71,497</b>

**Line 79 - Vehicle Depreciation**

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

**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>1975</u>	<u>214</u>	<u>12/31/2011</u>	\$ <u>2,259,055</u>	<u>10</u>	<u>10</u>	3
4	Additions						4
5							5
6	<u>Allocated from Mgmt. Co.</u>			<u>5,983</u>			6
7	<b>TOTAL</b>	<b>214</b>		\$ <b>2,265,038</b>			7

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

2,264

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

22,635

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: \$ 159,348

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	<u>Facility</u>	<u>2016 Ford Van</u>	<u>958.00</u>	<u>11,500</u>	18
19					19
20	<u>Allocated from Mgmt. Co.</u>			<u>3,294</u>	20
21	<b>TOTAL</b>		\$ <b>958.00</b>	\$ <b>14,794</b>	21

10. Effective dates of current rental agreement:

Beginning 12/31/2011

Ending 12/31/2021

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

Fiscal Year Ending Annual Rent

12. /2018 \$ 1,948,378

13. /2019 \$ 1,987,345

14. /2020 \$ 2,027,092

\* 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 Deerbrook, LLC D/B/A Symphony of Joliet  
**IDPH License ID Number:** 0051797  
**Fiscal Year End:** 12/31/17

**Schedule 14A**

**XIV. Rental Costs**

**Line 16 Rental Amount for Moveable Equipment**

<b>Rental Description</b>	<b>Amount</b>
Computer Rental	959
Nursing Equipment Rental	137,776
Office Equipment Rental	44,638
Postage Meter Rental	922
Storage Rental	946
Water Cooler Rental	652
Allocated from Mgmt Co	(26,545)
<b>Total - Line 16</b>	<b><u>159,348</u></b>

Facility Name & ID Number Symphony Deerbrook, LLC D/B/A Symphony of Joliet # 0051797 Report Period Beginning: 1/1/2017 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	<b>TOTALS</b>	\$	\$	\$	\$
10	<b>SUM OF line 9, col. 1 and 2 (e)</b>	\$			

**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)	
<b>TOTAL TRAINED</b>	

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

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

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

	Service	1 Schedule V Line & Column Reference	2		3		4		5		6		7		8	
			Staff		Units of Service	Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)					
			Units	Cost			Units	Cost								
1	Licensed Occupational Therapist	39(3)	hrs	\$	9,601	\$	691,270	\$	9,601	\$	691,270					1
2	Licensed Speech and Language Development Therapist	39(3)	hrs		3,017		217,214		3,017		217,214					2
3	Licensed Recreational Therapist		hrs		10,158		733,134		10,158		733,134					3
4	Licensed Physical Therapist	39(3)	hrs													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							373,656					373,656	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs													10
11	Academic Education		hrs													11
12	Other (specify): <u>Oxygen</u>	39(2)								8,292					8,292	12
13	Other (specify): <u>See Sch 16A</u>	39(3), (7)							14,420		171,300		14,420		171,300	13
14	TOTAL			\$	37,196	\$	1,812,918	\$	37,196	\$	381,948	\$	37,196	\$	2,194,866	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 Deerbrook, LLC D/B/A Symphony of Joliet  
**IDPH License ID Number:** 0051797  
**Fiscal Year End:** 12/31/17

**Schedule 16A**

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

**Line 13 Other (specify)**

<b>Description</b>	<b>Amount</b>
I.V. Therapy Costs	115,185
Inhalation Therapy Costs	55,773
Other Ancillary Costs	2,080
Allocation from Mgmt. Co.	(1,738)
<b>Total - Line 13</b>	<b><u>171,300</u></b>

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

# 0051797

Report Period Beginning: 1/1/2017

Ending: 12/31/17

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*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 2,000	\$ 2,000	1
2	Cash-Patient Deposits	33,883	33,883	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>1,352,543</u> )	3,935,671	3,935,671	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	5,728	5,728	6
7	Other Prepaid Expenses	1,018,066	1,018,066	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>See Schedule 17A</u>	1,104,611	1,104,611	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 6,099,959	\$ 6,099,959	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		6,826	13
14	Buildings, at Historical Cost		61,435	14
15	Leasehold Improvements, at Historical Cost	1,787,246	1,842,227	15
16	Equipment, at Historical Cost	812,130	817,357	16
17	Accumulated Depreciation (book methods)	(735,569)	(865,708)	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, net</u> )	22,635	22,635	22
23	Other(specify): <u>See Schedule 17A</u>	992,938	992,938	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 2,879,380	\$ 2,877,710	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 8,979,339	\$ 8,977,669	25

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 2,803,640	\$ 2,803,640	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	114,801	114,801	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	534,452	534,452	30
31	Accrued Taxes Payable (excluding real estate taxes)	96,188	96,188	31
32	Accrued Real Estate Taxes(Sch.IX-B)	151,014	151,014	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	<u>See Schedule 17A</u>	3,892,690	3,892,690	36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 7,592,785	\$ 7,592,785	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable	349,735	349,735	39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43				43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 349,735	\$ 349,735	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 7,942,520	\$ 7,942,520	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 1,036,819	\$ 1,035,149	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 8,979,339	\$ 8,977,669	48

\*(See instructions.)

Facility Name: Symphony Deerbrook, LLC D/B/A Symphony of Joliet  
 IDPH License ID Number: 12/31/17  
 Fiscal Year End: 0051797

**Schedule 17A**

**XV. Balance Sheet**

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

Description	Operating	After Consolidation
Accounts Receivable - Employee Loans	(273)	(273)
CSA I/C Related/Party Due To/From Accts	1,104,884	1,104,884
<b>Total - Line 9</b>	<b>1,104,611</b>	<b>1,104,611</b>

**XV. Balance Sheet**

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

Description	Operating	After Consolidation
Other Assets - Security Deposits	281,475	281,475
Due To/From - Symphony Healthcare	711,463	711,463
<b>Total - Line 23</b>	<b>992,938</b>	<b>992,938</b>

**XV. Balance Sheet**

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

Description	Operating	After Consolidation
Cash	246,917	246,917
Due To/From - Maestro	415,804	415,804
Accrued Payables	47,093	47,093
Accrued Payables - Health Insurance	21,410	21,410
Accrued Payables - Garnishments	1,045	1,045
Accrued Payables - WC/GL Insurance	74,698	74,698
Accrued Payables - Bed Taxes	29,532	29,532
Accrued Payables - Bed Taxes Add'l	21,881	21,881
Accrued Payables - Management Fees	403,677	403,677
Accrued Payables - Interest	1,099	1,099
Accrued Payables - Rent	463,895	463,895
Accrued Payables - Sales Tax	1,096	1,096
Deferred Rent	1,118,703	1,118,703
Lease Holds Payable	1,045,840	1,045,840
<b>Total - Line 36</b>	<b>3,892,690</b>	<b>3,892,690</b>

**XVI. STATEMENT OF CHANGES IN EQUITY**

		<b>1 Total</b>	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>1,537,686</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>			<b>3</b>
<b>4</b>	<b>Rounding</b>	<b>2</b>	<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>1,537,688</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	<b>(500,869)</b>	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	( )	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>(500,869)</b>	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>1,036,819</b>	<b>24</b> *

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

**XVII. INCOME STATEMENT** (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.  
**Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.**

		1		
<b>I. Revenue</b>		Amount		
<b>A. Inpatient Care</b>				
1	Gross Revenue -- All Levels of Care	\$ 15,031,201		1
2	Discounts and Allowances for all Levels	(3,726,171)		2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 11,305,030		3
<b>B. Ancillary Revenue</b>				
4	Day Care			4
5	Other Care for Outpatients			5
6	Therapy	3,509,396		6
7	Oxygen	3,384		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 3,512,780		8
<b>C. Other Operating Revenue</b>				
9	Payments for Education			9
10	Other Government Grants			10
11	CNA Training Reimbursements			11
12	Gift and Coffee Shop			12
13	Barber and Beauty Care			13
14	Non-Patient Meals			14
15	Telephone, Television and Radio			15
16	Rental of Facility Space			16
17	Sale of Drugs	610,727		17
18	Sale of Supplies to Non-Patients			18
19	Laboratory	154,518		19
20	Radiology and X-Ray	32,067		20
21	Other Medical Services	126,990		21
22	Laundry			22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 924,302		23
<b>D. Non-Operating Revenue</b>				
24	Contributions			24
25	Interest and Other Investment Income***	21,466		25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 21,466		26
<b>E. Other Revenue (specify):****</b>				
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>			27
28	<b>Medicare &amp; Managed Care Rentals</b>	2,255		28
28a				28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 2,255		29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 15,765,833		30

		2		
<b>II. Expenses</b>		Amount		
<b>A. Operating Expenses</b>				
31	General Services	1,633,604		31
32	Health Care	5,297,023		32
33	General Administration	3,075,505		33
<b>B. Capital Expense</b>				
34	Ownership	2,765,304		34
<b>C. Ancillary Expense</b>				
35	Special Cost Centers	3,054,602		35
36	Provider Participation Fee	440,664		36
<b>D. Other Expenses (specify):</b>				
37				37
38				38
39				39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 16,266,702		40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(500,869)		41
42	<b>Income Taxes</b>			42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (500,869)		43

<b>III. Net Inpatient Revenue detailed by Payer Source</b>			
44	Medicaid - Net Inpatient Revenue	\$ 6,880,244	44
45	Private Pay - Net Inpatient Revenue	1,531,742	45
46	Medicare - Net Inpatient Revenue	1,942,794	46
47	Other-(specify) <u>Hospice</u>	549,293	47
48	Other-(specify) <u>Managed Care</u>	400,957	48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 11,305,030	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 Deerbrook, LLC D/B/A Symphony of Joliet

# 0051797

Report Period Beginning:

1/1/2017

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	1,963	2,132	\$ 118,777	\$ 55.71	1
2	Assistant Director of Nursing	1,558	1,825	77,042	42.21	2
3	Registered Nurses	40,142	42,842	1,371,393	32.01	3
4	Licensed Practical Nurses	31,492	34,017	925,476	27.21	4
5	CNAs & Orderlies	118,464	124,318	1,764,905	14.20	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	13,447	14,430	209,554	14.52	10
11	Social Service Workers	4,949	5,424	129,193	23.82	11
12	Dietician					12
13	Food Service Supervisor	3,265	3,650	85,715	23.48	13
14	Head Cook					14
15	Cook Helpers/Assistants	23,835	25,622	278,454	10.87	15
16	Dishwashers					16
17	Maintenance Workers	3,783	4,155	84,498	20.34	17
18	Housekeepers	18,674	19,731	254,310	12.89	18
19	Laundry	7,660	8,249	82,308	9.98	19
20	Administrator	2,068	2,332	145,956	62.59	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	17,588	19,217	318,427	16.57	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	4,344	4,703	118,752	25.25	31
32	Other Health Care(specify) <u>MDS</u>	3,036	3,281	104,032	31.71	32
33	Other(specify) <u>Admissions</u>	3,295	3,561	112,899	31.70	33
34	TOTAL (lines 1 - 33)	299,563	319,489	\$ 6,181,691 *	\$ 19.35	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	\$ 19,384	1(3)	35
36	Medical Director	Monthly	125,400	9(3)	36
37	Medical Records Consultant				37
38	Nurse Consultant	Monthly	23,160	10(3) & 10(7)	38
39	Pharmacist Consultant	Monthly	19,543	10(3)	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	Monthly	5,499	39(3)	42
43	Speech Therapy Consultant				43
44	Activity Consultant	Monthly	2,833	11(3)	44
45	Social Service Consultant				45
46	Other(specify)				46
47	<u>Dialysis</u>	Monthly	53,935	10(3)	47
48	<u>Psychiatric consultant</u>	Monthly	7,155	10(3)	48
49	TOTAL (lines 35 - 48)		\$ 256,909		49

**C. CONTRACT NURSES**

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	7	\$ 317	10(3)	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides	171	3,814	10(3)	52
53	TOTAL (lines 50 - 52)	178	\$ 4,131		53



Facility Name: Symphony Deerbrook, LLC D/B/A Symphony of Joliet  
 IDPH License ID Number: 0051797  
 Fiscal Year End: 12/31/17

**Schedule 21C**

**XIX. SUPPORT SCHEDULES**

**C. Professional Services**

Vendor	Type	Amount
Ability Network	Secure Exchange Manged Serv	4,748
Achieve Accreditation Llc	Accreditation	6,959
Allegro Data Solutions	Legal Database Development	301
American Express	Internet	2,237
Call One	Internet	352
Carbonite	Protect One	1,728
Comcast Cable	Business Class Internet	4,333
Corporation Service Company	Professional Fees	1,001
Cisco Capital	Non-Cisco Equip, Soft Cost	18,752
Creative Technology	Monthly It Support	18,546
Dart Chart Map And Track Systems, Llc	Hmo Contract Specification Sets	795
Emmi Solutions	Engage Provider	461
Formation Healthcare Group	Monthly Subscription	105
Global Capacity	Business Class Internet	1,054
Health Data Systems	Micro-Fiche Ap/Pr Maint	6,042
HIPP Law Office	Collection	9,501
Hk Payroll Services	Work Tax Credit	211
Iit/Sourcetek	Operator Monthly Support Fee	1,380
LTC Consulting	Collection	14,156
Lowis & Gellen, LLP	Legal Fees	726
Maestro Consulting	Professional Fees	225,055
Market Metrix	Customer & Employee Metrix	429
Marcum LLP	Public Accounting and Advisory Services	1,128
Medical Business Office	Collection	11,574
Sb2 Inc.	Healthcare Compliance	300
MTS Conculing, LLC	Tax Consulting Services	922
National Datacare Corporation	Trust Fund and Medicaid Bill Services	1,819
Nexus Communications Technology	Data Locations	3,997
Personnel Planners Inc	UI Claims Mgmt	1,785
Prime Care Technologies	Pbj Reporting Module Access	20
Point B Communication	Hosting	240
Pointclickcare Technologies Inc.	Clinical/Bookeeping/Data Processing	42,027
RFMS Care Cost	Resident Fund Management Services	4,669
RSM US LLP	Accounting Fees	15,317
Real Time Medical Systems LLC	Software Services	6,853
Stone Pogrund & Korey	Guardianship matter	559
Stone, Mcguire & Siegel	Compliance	1,200
Telemedicine Solutions	Wound Rounds Care Mgmt	18,200
The Joint Commisision	Accreditation	2,840
<b>Total (agree to Schedule V, line 19, column 3)</b>		<b>432,322</b>
Allocated from Management Company Professional Services		7,200
Less: Non-Allowable Legal Fees		(2,078)
Less: Professional Collection Fees		(25,730)
<b>Total (agree to Schedule V, line 19, column 8)</b>		<b>411,714</b>

**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 - \$23,253
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes  
What was the average life used for new equipment added during this period? 5-7 Yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 182 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. \$ 440,664  
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? N/A
  - g. Does the facility transport residents to and from day training? No**  
**Indicate the amount of income earned from providing such transportation during this reporting period.** \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? Yes  
Firm Name: RSM US LLP
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes  
Attach invoices and a summary of services for all architect and appraisal fees.