

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

0051805 Report Period Beginning: 1/1/18 Ending: 12/31/18

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds N/A

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>303</u>	Skilled (SNF)	<u>303</u>	<u>110,595</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>303</u>	TOTALS	<u>303</u>	<u>110,595</u>	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				5 Total	
		3 Medicaid Recipient	4 Private Pay	Other	Total		
8	SNF	<u>36,028</u>	<u>4,614</u>	<u>37,804</u>	<u>78,446</u>	8	
9	SNF/PED					9	
10	ICF					10	
11	ICF/DD					11	
12	SC					12	
13	DD 16 OR LESS					13	
14	TOTALS	<u>36,028</u>	<u>4,614</u>	<u>37,804</u>	<u>78,446</u>	14	

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 70.93%

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

N/A (Do not include bed reserve days in Section B.)

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

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

None

F. Does the facility maintain a daily midnight census?

Yes

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

YES NO

Note : Non-allowable costs have been eliminated in Schedule V, Column 7.

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES NO

I. On what date did you start providing long term care at this location?

Date started 01/01/2012

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

YES Date 12/31/2011 NO

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

YES NO If YES, enter number of beds certified 297 and days of care provided 6,536

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: 12/31/2018 Fiscal Year: 12/31/2018

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

Facility Name & ID Number Symphony Crestwood, LLC D/B/A Symphony # 0051805 Report Period Beginning: 1/1/18 Ending: 12/31/18

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	493,582	45,315	28,998	567,895		567,895	-	567,895		1
2	Food Purchase		429,993		429,993		429,993	-	429,993		2
3	Housekeeping	296,624	165,985	-	462,609		462,609	-	462,609		3
4	Laundry	118,588	37,388	4,082	160,058		160,058	-	160,058		4
5	Heat and Other Utilities			281,988	281,988		281,988	3,205	285,193		5
6	Maintenance	99,068	-	309,071	408,139		408,139	9,172	417,311		6
7	Other (specify):*	-	-	-				-			7
8	TOTAL General Services	1,007,862	678,681	624,139	2,310,682		2,310,682	12,377	2,323,059		8
	B. Health Care and Programs										
9	Medical Director	-	-	36,000	36,000		36,000	-	36,000		9
10	Nursing and Medical Records	6,110,116	375,257	448,860	6,934,233		6,934,233	217,279	7,151,512		10
10a	Therapy	-	-	-				-			10a
11	Activities	175,035	-	2,365	177,400		177,400	-	177,400		11
12	Social Services	123,177	-	-	123,177		123,177	-	123,177		12
13	CNA Training	-	-	-				-			13
14	Program Transportation	-	-	-				-			14
15	Other (specify):* Mgmt alloc of benef	-	-	-				66,610	66,610		15
16	TOTAL Health Care and Programs	6,408,328	375,257	487,225	7,270,810		7,270,810	283,889	7,554,699		16
	C. General Administration										
17	Administrative	215,261	-	984,797	1,200,058		1,200,058	(984,797)	215,261		17
18	Directors Fees			-				-			18
19	Professional Services			635,899	635,899		635,899	46,165	682,064		19
20	Dues, Fees, Subscriptions & Promotions			67,833	67,833		67,833	(3,694)	64,139		20
21	Clerical & General Office Expenses	238,902	24,494	59,581	322,977		322,977	195,439	518,416		21
22	Employee Benefits & Payroll Taxes			1,579,035	1,579,035		1,579,035	-	1,579,035		22
23	Inservice Training & Education			-				-			23
24	Travel and Seminar			6,725	6,725		6,725	1,564	8,289		24
25	Other Admin. Staff Transportation		-	457	457		457	11,896	12,353		25
26	Insurance-Prop.Liab.Malpractice			900,122	900,122		900,122	5,961	906,083		26
27	Other (specify):* Mgmt alloc of benef	-	-	-				33,230	33,230		27
28	TOTAL General Administration	454,163	24,494	4,234,449	4,713,106		4,713,106	(694,236)	4,018,870		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	7,870,353	1,078,432	5,345,813	14,294,598		14,294,598	(397,970)	13,896,628		29

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

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

Facility Name & ID Number Symphony Crestwood, LLC D/B/A Symphony of Crestwood #0051805 Report Period Beginning: 1/1/18 Ending: 12/31/18

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			311,063	311,063		311,063	87,637	398,700			30
31	Amortization of Pre-Op. & Org.			-				-				31
32	Interest			143,548	143,548		143,548	(34,860)	108,688			32
33	Real Estate Taxes			900,985	900,985		900,985	6,030	907,015			33
34	Rent-Facility & Grounds			1,885,445	1,885,445		1,885,445	4,380	1,889,825			34
35	Rent-Equipment & Vehicles			216,771	216,771		216,771	210	216,981			35
36	Other (specify):*			-				-				36
37	TOTAL Ownership			3,457,812	3,457,812		3,457,812	63,397	3,521,209			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation	-	-	24,627	24,627		24,627	-	24,627			38
39	Ancillary Service Centers	-	494,096	1,879,536	2,373,632		2,373,632	(471)	2,373,161			39
40	Barber and Beauty Shops	-	-	-				-				40
41	Coffee and Gift Shops	-	-	-				-				41
42	Provider Participation Fee			602,376	602,376		602,376	-	602,376			42
43	Other (specify):* Non-Allowable Cos	113,281	-	1,229,522	1,342,803		1,342,803	(1,342,803)				43
44	TOTAL Special Cost Centers	113,281	494,096	3,736,061	4,343,438		4,343,438	(1,343,274)	3,000,164			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	7,983,634	1,572,528	12,539,686	22,095,848		22,095,848	(1,677,847)	20,418,001			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	(7,195)	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	58,810	30		9
10	Interest and Other Investment Income	(38,841)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	12,599	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	(11,754)	43		18
19	Entertainment				19
20	Contributions	(626)	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	(916,371)	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 <u>See PG5A</u>	(517,915)	Var.		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (1,421,293)		\$	30

BHF USE ONLY							
48		49		50		51	
							52

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(256,554)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (256,554)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (1,677,847)		37

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

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

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

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

ID# 0051805

Report Period Beginning: 1/1/18

Ending: 12/31/18

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Nonallowable marketing events	\$ (133,710)	43	1
2	Laboratory Costs	(58,642)	43	2
3	X-Ray Costs	(59,325)	43	3
4	Marketing & Admissions Salaries	(68,937)	43	4
5	Lobbying Expense	(11,450)	20	5
6	Non-Allowable Legal Fees	(4,506)	19	6
7	Non Allowable collection fees	(82,650)	19	7
8	Vallet Parking	(35,075)	43	8
9	Guest Relations	(44,344)	43	9
10	Trust Overcharge	(109)	43	10
11	Closing Costs	(19,167)	43	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	(517,915)		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 Supplement		

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 Schedule V	2 Line	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		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 Schedule V	2 Line	3 Cost Per General Ledger	4 Amount	5 Cost to Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)		
		Item		Name of Related Organization					
15	V	5	Utilities	\$	Maestro Consulting Services	100.00%	\$ 3,205	\$ 3,205	15
16	V	6	Maintenance Salaries		Maestro Consulting Services	100.00%	0		16
17	V	6	Maintenance Expenses		Maestro Consulting Services	100.00%	9,172	9,172	17
18	V	7	Employee Benefits - Maintenance		Maestro Consulting Services	100.00%	0		18
19	V	10	Clinical Salaries		Maestro Consulting Services	100.00%	207,128	207,128	19
20	V	10	Contract Nursing		Maestro Consulting Services	100.00%	10,284	10,284	20
21	V	15	Employee Benefits - Clinical		Maestro Consulting Services	100.00%	66,610	66,610	21
22	V	17	Administrative Management Fees	984,797	Maestro Consulting Services	100.00%	0	(984,797)	22
23	V	19	Professional Fees		Maestro Consulting Services	100.00%	133,161	133,161	23
24	V	20	Dues, Fees, Subscriptions, Etc.		Maestro Consulting Services	100.00%	7,756	7,756	24
25	V	21	Clerical & General Salaries		Maestro Consulting Services	100.00%	103,330	103,330	25
26	V	21	Clerical & General Expenses		Maestro Consulting Services	100.00%	63,146	63,146	26
27	V	24	Seminars and Education		Maestro Consulting Services	100.00%	1,564	1,564	27
28	V	25	Transportation		Maestro Consulting Services	100.00%	11,896	11,896	28
29	V	26	Insurance		Maestro Consulting Services	100.00%	5,961	5,961	29
30	V	27	Employee Benefits - Administrative		Maestro Consulting Services	100.00%	33,230	33,230	30
31	V	30	Depreciation		Maestro Consulting Services	100.00%	22,957	22,957	31
32	V	32	Interest Expense		Maestro Consulting Services	100.00%	97	97	32
33	V	33	Real Estate Tax		Maestro Consulting Services	100.00%	6,030	6,030	33
34	V	34	Building Rental		Maestro Consulting Services	100.00%	4,380	4,380	34
35	V	35	Equipment Rental		Maestro Consulting Services	100.00%	10,848	10,848	35
36	V	35	Auto Lease		Maestro Consulting Services	100.00%	9,648	9,648	36
37	V								37
38	V								38
39	Total		\$ 984,797				\$ 710,403	\$ * (274,394)	39

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

Facility Name & ID Number Symphony Crestwood, LLC D/B/A Symphony of Crestwood # 0051805 Report Period Beginning: 1/1/18 Ending: 12/31/18

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%	\$ 28,963	\$ 28,963	15
16	V	30 Depreciation		Symphony Financial Services, LLC	100%	5,870	5,870	16
17	V	32 Interest		Symphony Financial Services, LLC	100%	3,884	3,884	17
18	V	35 Rent - Equipment & Vehicles		Symphony Financial Services, LLC	100%	3,275	3,275	18
19	V	19 Professional Fees		Symphony Financial Services, LLC	100%	160	160	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		\$			\$ 42,152	\$ * 42,152	39

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

Facility Name & ID Number Symphony Crestwood, LLC D/B/A Symphony of Crestwood # 0051805 Report Period Beginning: 1/1/18 Ending: 12/31/18

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	\$ 854	Integra Healthcare Equipment, LLC	100.00%	\$ 721	\$ (133)	15
16	V	35 Rent-Equipment & Vehicles	151,712	Integra Healthcare Equipment, LLC	100.00%	128,151	(23,561)	16
17	V	39 Oxygen-Clinical	3,030	Integra Healthcare Equipment, LLC	100.00%	2,559	(471)	17
18	V	43 Penalties-Administrative	942	Integra Healthcare Equipment, LLC	100.00%	795	(147)	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		\$ 156,537			\$ 132,226	\$ * (24,312)	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	22	Workers Compensation	\$ 213,611	Maple Leaf	100%	\$ 213,611	\$	15
16	V	26	Liability Insurance	541,028	Maple Leaf	100%	541,028		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			\$ 754,639			\$ 754,639	\$ *	39

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

Facility Name & ID Number

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

0051805

Report Period Beginning:

1/1/18

Ending:

12/31/18

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 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						6
7	Robert Hartman	4.00						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 h			25
26			Symphony of Hanover Park	Hanover Park	entity, therefore no pa			26
27			Symphony of Lincoln Park	Chicago	** No expense of this r			27
28			Symphony of Morgan Park	Chicago	allocated to homes			28
29			Symphony of South Shore	Chicago				29
30			Symphony Residences of Lincoln Park	Chicago				30

Facility Name & ID Number Symphony Crestwood, LLC D/B/A Symphon # 0051805 Report Period Beginning: 1/1/18 Ending: 12/31/18

VII. RELATED PARTIES (continued)

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

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

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

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

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

Facility Name & ID Number Symphony Crestwood, LLC D/B/A Symphony of Crestwood # 0051805 Report Period Beginning: 1/1/18 Ending: 12/31/18

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization Symphony Financial Services, LLC
 Street Address 7257 N. Lincoln Ave,
 City / State / Zip Code Lincolnwood, IL 60712
 Phone Number (847) 933-2600
 Fax Number ()

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	21	Clerical & Gen office exp	Occupied Bed Days	480,705	9	\$ 125,888	\$ 110,595	\$ 28,963	1
2	30	Depreciation	Occupied Bed Days	480,705	9	25,515	110,595	5,870	2
3	32	Interest	Occupied Bed Days	480,705	9	16,882	110,595	3,884	3
4	35	Rent - Equipment	Occupied Bed Days	480,705	9	14,234	110,595	3,275	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					\$ 182,519	\$	\$ 41,992	25

Facility Name & ID Number Symphony Crestwood, LLC D/B/A Symphony of Crestwood # 0051805 Report Period Beginning: 1/1/18 Ending: 12/31/18

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	1,668,541	25	\$ 48,352	\$ 110,595	\$ 3,205	1	
2	6	Maintenance Salaries	Bed Days Available	1,668,541	25		110,595		2	
3	6	Maintenance Expenses	Bed Days Available	1,668,541	25	138,375	110,595	9,172	3	
4	7	Employee Benefits - Maintenance	Bed Days Available	1,668,541	25		110,595		4	
5	10	Clinical Salaries	Bed Days Available	1,668,541	25	3,124,933	3,124,933	110,595	207,128	5
6	10	Contract Nursing	Bed Days Available	1,668,541	25	155,149	110,595	10,284	6	
7	15	Employee Benefits - Clinical	Bed Days Available	1,668,541	25	1,004,938	110,595	66,610	7	
8	17	Administrative Salaries	Bed Days Available	1,668,541	25		110,595		8	
9	19	Professional Fees	Bed Days Available	1,668,541	25	2,008,992	110,595	133,161	9	
10	20	Dues, Fees, Subscriptions, Etc.	Bed Days Available	1,668,541	25	117,020	110,595	7,756	10	
11	21	Clerical & General Salaries	Bed Days Available	1,668,541	25	1,558,938	1,558,938	110,595	103,330	11
12	21	Clerical & General Expenses	Bed Days Available	1,668,541	25	952,676	110,595	63,146	12	
13	24	Seminars & Education	Bed Days Available	1,668,541	25	23,599	110,595	1,564	13	
14	25	Transportation	Bed Days Available	1,668,541	25	179,481	110,595	11,896	14	
15	26	Insurance	Bed Days Available	1,668,541	25	89,939	110,595	5,961	15	
16	27	Employee Benefits - Administrative	Bed Days Available	1,668,541	25	501,334	110,595	33,230	16	
17	30	Depreciation	Bed Days Available	1,668,541	25	346,345	110,595	22,957	17	
18	32	Interest Expense	Bed Days Available	1,668,541	25	1,470	110,595	97	18	
19	33	Real Estate Tax	Bed Days Available	1,668,541	25	90,970	110,595	6,030	19	
20	34	Building Rental	Bed Days Available	1,668,541	25	66,085	110,595	4,380	20	
21	35	Equipment Rental	Bed Days Available	1,668,541	25	163,656	110,595	10,848	21	
22	35	Auto Lease	Bed Days Available	1,668,541	25	145,555	110,595	9,648	22	
23									23	
24									24	
25	TOTALS					\$ 10,717,807	\$ 4,683,871	\$ 710,403	25	

Facility Name & ID Number Symphony Crestwood, LLC D/B/A Symphony of Crestwood # 0051805 Report Period Beginning: 1/1/18 Ending: 12/31/18

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization Symphony Financial Services
 Street Address 7257 N. Lincoln Ave,
 City / State / Zip Code Lincolnwood, IL 60712
 Phone Number (847) 933-2600
 Fax Number (

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	21	Clerical & Gen office exp	Occupied Bed Days	480,705	9	\$ 125,888	\$ 110,595	\$ 28,963	1
2	30	Depreciation	Occupied Bed Days	480,705	9	25,515	110,595	5,870	2
3	32	Interest	Occupied Bed Days	480,705	9	16,882	110,595	3,884	3
4	35	Rent - Equipment & Vehicles	Occupied Bed Days	480,705	9	14,234	110,595	3,275	4
5	19	Professional Fees	Occupied Bed Days	480,705	9	694	110,595	160	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					\$ 183,213	\$	\$ 42,152	25

Facility Name & ID Number Symphony Crestwood, LLC D/B/A Symphony of Crestwood # 0051805 Report Period Beginning: 1/1/18 Ending: 12/31/18

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			\$		\$ 721	1
2	35	Rent-Equipment & Vehicles	Direct Allocation					128,151	2
3	39	Oxygen-Clinical	Direct Allocation					2,559	3
4	43	Penalties-Administrative	Direct Allocation					795	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					\$	\$	\$ 132,226	25

Facility Name & ID Number Symphony Crestwood, LLC D/B/A Symphony of Crestwood # 0051805 Report Period Beginning: 1/1/18 Ending: 12/31/18

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization Maple Leaf Insurance
 Street Address PO Box 69,720 West Bay Rd.
 City / State / Zip Code Grand Cayman, K Y I-1102
 Phone Number (
 Fax Number (

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	22	Workers Compensation			\$	\$		\$ 213,611	1
2	26	Liability Insurance						541,028	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				\$	\$		\$ 754,639	25

Facility Name & ID Number Symphony Crestwood, LLC D/B/A Symphony # 0051805 Report Period Beginning: 1/1/18 Ending: 12/31/18

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	\$ 101,344	10/20/2020	0.075	\$ 4,646	1								
2	LifeMed	X		Pharmacy Services	38,731.00	1/1/2018	6,197,033	511,374	1/1/2024	0.075	29,141	2								
3												3								
4												4								
5												5								
Working Capital																				
6	Midcap Financial Trust*		X	Line of Credit (Revolving)	Interest Only	9/18/2018	35,000,000		9/17/21	Libor + 4.25%	109,761	6								
7	*Original loan with Symcare Healthcare LLC facility pays the interest expense																			
8												8								
9	TOTAL Facility Related				\$106,175.34		\$ 43,367,370	\$ 612,718			\$ 143,548	9								
B. Non-Facility Related*																				
10												10								
11												11								
12											(38,841)	12								
13											3,981	13								
14	TOTAL Non-Facility Related						\$	\$			\$ (34,860)	14								
15	TOTALS (line 9+line14)						\$ 43,367,370	\$ 612,718			\$ 108,688	15								

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

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

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

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

0051805

Report Period Beginning:

1/1/18

Ending:

12/31/18

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 2017 report.			\$	<u>756,719</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.)	2017		\$	<u>883,921</u>	2
3. Under or (over) accrual (line 2 minus line 1).			\$	<u>127,203</u>	3
4. Real Estate Tax accrual used for 2018 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	<u>773,783</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>6,029</u>	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	<u>907,015</u>	7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2013	<u>700,096</u>	8	FOR BHF USE ONLY	
	2014	<u>730,695</u>	9	13	FROM R. E. TAX STATEMENT FOR 2017 \$
	2015	<u>794,158</u>	10	14	PLUS APPEAL COST FROM LINE 5 \$
	2016	<u>823,769</u>	11	15	LESS REFUND FROM LINE 6 \$
	2017	<u>883,921</u>	12	16	AMOUNT TO USE FOR RATE CALCULATION \$
2018 Tax Accrual = \$883,921 * .87 = \$, Use \$773,783					

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.

2017 LONG TERM CARE REAL ESTATE TAX STATEMENT

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

FACILITY IDPH LICENSE NUMBER 0051805

CONTACT PERSON REGARDING THIS REPORT Ari Krupp

TELEPHONE (410) 258-7363 FAX #: N/A

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2017 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 2017.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>28-03-303-012-0000</u>	<u>Nursing Home</u>	\$ <u>564,240.16</u>	\$ <u>564,240.16</u>
2. <u>28-03-303-011-0000</u>	<u>Nursing Home</u>	\$ <u>308,702.80</u>	\$ <u>308,702.80</u>
3. <u>28-03-303-038-0000</u>	<u>Nursing Home</u>	\$ <u>10,978.40</u>	\$ <u>10,978.40</u>
4. <u>10-27-319-028-0000</u>	<u>Land & Property Mgmt. Co.</u>	\$ <u>87,874.67</u>	\$ <u>6,029.00</u>
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u>971,796.03</u>	\$ <u>889,950.36</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 2017 tax bills which were listed in Section A to this statement. Be sure to use the 2017 tax bill which is normally paid during 2018.

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: 91,960 B. General Construction Type: Exterior Stone Frame Steel Number of Stories 4

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

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

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

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

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

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

N/A

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

If so, please complete the following:

1. Total Amount Incurred: N/A 2. Number of Years Over Which it is Being Amortized: N/A

3. Current Period Amortization: N/A 4. Dates Incurred: N/A

Nature of Costs:

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Allocated from Maestro 7257</u>	<u>-</u>	<u>2004</u>	<u>\$ 10,605</u>	1
2					2
3	TOTALS			\$ 10,605	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		95,447		39	2,727	2,727	41,247	8
		Improvement Type**									
9		Architectural Fees	2012		30,284	1,514	20	1,514		9,681	9
10		Elevator - Electrical	2012		19,950	998	20	998		6,077	10
11		Exterior Aluminum	2012		52,666	2,634	20	2,634		16,041	11
12		Exterior Painting - Back Entrance	2012		53,000	2,650	20	2,650		16,783	12
13		Interior Painting - First Floor	2012		16,140	807	20	807		5,062	13
14		Interior Painting - Second Floor	2012		32,000	1,600	20	1,600		9,745	14
15		Front Entrance - West & S	2012		19,000	950	20	950		5,729	15
16		Cooling Tower - Replace	2012		31,138	1,557	20	1,557		9,766	16
17		Floor Coverings	2012		213,242	10,662	20	10,662		64,295	17
18		Elevator - Fix Car Sills	2012		242,100	12,105	20	12,105		72,997	18
19		Sprinkler System - Entire	2012		326,853	16,343	20	16,343		98,552	19
20		Standby Generator for Service Elevator	2012		55,000	10,083	5	10,083		65,083	20
21						-		-			21
22		Cast Iron sewer located on 1st floor	2013		2,500	125	20	125		750	22
23		Installing receptacles on hallway for wall mounting	2013		2,520	126	20	126		756	23
24		Demo/Carpentry drywall - Second Floor	2013		16,050	802	20	802		4,747	24
25		Contractor fees for facility renovation-Second Floor	2013		11,018	551	20	551		3,260	25
26		Wall Coverings and Painting-Second Floor	2013		18,932	947	20	947		5,602	26
27		Contractor fees for facility renovation-Elevator/Cooling Tower	2013		183,922	9,196	20	9,196		54,410	27
28		Wall coverings-Throughout Facility	2013		91,289	4,564	20	4,564		27,005	28
29		Demo/Carpentry Drywall-Throughout Facility	2013		46,300	2,315	20	2,315		13,697	29
30		Interior Electrical Alarms	2013		75,869	3,974	20	3,974		22,626	30
31		Electrical modifications standby generator	2013		38,193	1,909	20	1,909		11,297	31
32		Interior painting, wall coverings, demo and cap 2 sinks	2013		13,189	659	20	659		3,845	32
33		-Second Floor									33
34		Interior Painting - Second Floor	2013		5,500	550	10	550		3,208	34
35		Interior soffit enclosures, fittings, painting service-2nd Fl	2013		7,960	398	20	398		2,322	35
36		Floor Coverings-Third Floor Dialysis	2013		41,686	2,084	20	2,084		11,984	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 Crestwood, LLC D/B/A Symphony of Crestwood# 0051805

Report Period Beginning:

1/1/18

Ending:

12/31/18**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Custom Built Cabinetry-Nurse Station, Comp Wk Station	2013	\$ 14,140	\$ 707	20	\$ 707	\$	\$ 4,124	37
38	Hallway and bathroom doors	2013	2,640	132	20	132		770	38
39	Demo/Carpentry Drywall and plumbing-Fourth Fl Showers	2013	35,902	1,795	20	1,795		10,322	39
40	Replaced floor drain-Fourth Floor Showers	2013	2,900	145	20	145		822	40
41	Demo/Carpentry Drywall-Fourth Floor	2013	7,925	396	20	396		2,212	41
42	Contractor fees for facility renovation-Throughout Facility	2013	8,731	436	20	436		2,436	42
43	Interior Electrical Alarms	2013	51,532	2,577	20	2,577		14,387	43
44	Interior painting - 4th floor	2013	31,250	3,125	10	3,125		17,448	44
45	2nd floor north spa room floor coverings	2013	14,300	715	20	715		3,992	45
46	Sun Shade Installation	2013	9,620	481	20	481		2,686	46
47	Carpentry drywall, asphalt patching for trench and generator	2013	38,625	1,931	20	1,931		10,460	47
48	-Second Floor & Corridors			-		-			48
49	Painting - First floor	2013	12,800	1,280	10	1,280		6,933	49
50	Custom Built Cabinetry-First Floor Dialysis	2013	20,940	1,047	20	1,047		5,497	50
51	Demo Carpentry/Drywall Material and Labor-1st Fl Dialysis	2013	21,379	1,069	20	1,069		5,612	51
52	Installation of Louvers-Third Floor Dialysis	2013	151,750	7,587	20	7,587		39,833	52
53	Contractor fees for facility renovation-Throughout Facility	2013	28,436	1,422	20	1,422		7,465	53
54	Fire pump installation-raceways & conductors for tampers	2013	37,113	1,856	20	1,856		9,743	54
55	Exterior painting	2013	2,500	250	10	250		1,313	55
56	Conference Room wallpaper	2013	8,277	414	20	414		2,173	56
57	Roofing labor and materials	2013	7,100	355	20	355		1,864	57
58	Staining courtyard (3,450 sq ft)	2013	10,350	1,035	10	1,035		5,434	58
59				-		-			59
60	Plumbing Improvements	2014	6,450	323	20	323		1,560	60
61	-Cut 1-1/2" Galvanized & Gate Valve Replaced			-		-			61
62	-Port Ball Valve to Allow Water to 2,3, & 4th Floor			-		-			62
63	-Removed & Replaced Wall Hung Toilet, Sloan Flush Valve			-		-			63
64	Automatic Door	2014	5,995	298	20	298		1,304	64
65				-		-			65
66				-		-			66
67				-		-			67
68				-		-			68
69				-		-			69
70	TOTAL (lines 4 thru 69)		\$ 2,272,403	\$ 119,479		\$ 122,206	\$ 2,727	\$ 744,957	70

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

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

Report Period Beginning:

1/1/18

Ending:

12/31/18**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 2,272,403	\$ 119,479		\$ 122,206	\$ 2,727	\$ 744,957	1
2	Facility Remodeling	2014	446,362	22,318	20	22,318		103,013	2
3	-Demo/Carpentry/Drywall-Throughout Facility			-		-			3
4	-Permits-Throughout Facility			-		-			4
5	-General Contracting-Throughout Facility			-		-			5
6	-Rough in Temporary Dialysis Room			-		-			6
7	-2" Feeders to 3rd Flr to 1st Flr, & 2nd Floor Shower Room			-		-			7
8	-Demo Elec in Vestibule Entry			-		-			8
9	-F&I Piping and Trim into New Ceiling, Shower Remodel			-		-			9
10	-New Lobby Admissions Office			-		-			10
11	-Administrative Office, F7I Mill Work Wall Base								11
12	-F&I Vinyl Plank Floor & Wall Base - Breakroom								12
13	-Custom Counter Tops - Dialysis Office								13
14	-Add Reliable Dry Sidewall Sprinkler Head in Vestibule								14
15	- Dialysis Room on the 1st Floor								15
16	-Fire Prot, Floor Coverings, Interior Painting-1st & 3rd Fl			-		-			16
17	-Architectual Svc, Roof Repairs, Interior Elec-1st & 3rd Fl								17
18	-Alarms-First & Third Floor								18
19	-Gazebo								19
20	-Interior Electrical/Alarms-First Floor Dialysis			-		-			20
21	-Plumbing-First Floor			-		-			21
22	- Supervision-Throughout Facility			-		-			22
23	- Architect Fees-Throughout Facility								23
24	- Plumbing-Throughout Facility								24
25	- Demo, Carpentry, Drywall-Shower Room			-		-			25
26	- Pipe Existing Emergency Panel to New Panel-Shower Rm								26
27	- Plumbing-Shower Room			-		-			27
28	- Floor Covering-Shower Room			-		-			28
29	- Open Walls & Ceiling for Exhaust-1st Floor			-		-			29
30	- Exhaust fan for 11 Risers, Ductwork to Exterior-1st Fl			-		-			30
31	- Exhaust Discharge, Coring of Outside Walls-1st Floor			-		-			31
32	- Pour Concrete, Demo-1st Floor			-		-			32
33	- Third floor dialysis architecture fees			-		-			33
34	TOTAL (lines 1 thru 33)		\$ 2,718,765	\$ 141,797		\$ 144,524	\$ 2,727	\$ 847,970	34

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

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

Report Period Beginning:

1/1/18

Ending:

12/31/18**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 2,718,765	\$ 141,797		\$ 144,524	\$ 2,727	\$ 847,970	1
2	IDPH Dialysis -Architecture Fees, Electric, Plumbing,	2015	47,470	2,373	20	2,373		9,295	2
3	-Construction Fee								3
4	Millwork & Trim on 3rd & 4th Floor Nurses Stations	2015	26,000	1,300	20	1,300		4,225	4
5				-		-			5
6	Installed new flooring on 4th floor	2016	21,352	534	20	534		1,602	6
7	Installed 3 Isolation Ball Valves for chilled water piping in	2016	8,500	106	20	106		318	7
8	Therapy Room			-		-			8
9	Electrical work in Office Room	2016	2,730	46	20	46		138	9
10	Pipe replacement in Kitchen	2016	4,960	21	20	21		63	10
11				-		-			11
12	Cisco direct phone system throughout facility	2016	14,854	2,723	5	2,723		8,169	12
13	Installed replacement 60 ton chiller compressor in the	2016	19,737	1,597	5	1,597		4,791	13
14	ground level mechanical/boiler room			-		-			14
15				-		-			15
16	Heater Booster 6 Gal 24Kw	2017	3,790	742		742		1,501	16
17	Domestic Water Heater	2017	44,500	9,030		9,030		17,316	17
18	New Bogan Ceiling Paging Speak	2017	6,331	1,421		1,421		1,950	18
19	Pit Ladders - Elevator	2017	5,331	372		372		753	19
20	F&I 29X60 Smoke Damper, Modify	2017	3,850	276		276		528	20
21	Tee Jay Services	2018	10,691	192		192		192	21
22	Air Conditioner	2018	13,110	803		803		803	22
23				-		-			23
24									24
25									25
26									26
27									27
28				-		-			28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,951,971	\$ 163,333		\$ 166,060	\$ 2,727	\$ 899,614	34

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

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

Report Period Beginning:

1/1/18

Ending:

12/31/18**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12C, Carried Forward	\$ 2,951,971	\$ 163,333		\$ 166,060	\$ 2,727	\$ 899,614		1
2			-		-				2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10	Allocated from Maestro Consulting Services	2003	776		39	40	40	587	10
11	Allocated from Maestro Consulting Services	2004	15,762		39	787	787	11,603	11
12	Allocated from Maestro Consulting Services	2005	935		39	47	47	647	12
13	Allocated from Maestro Consulting Services	2006	1,267		39	63	63	783	13
14	Allocated from Maestro Consulting Services	2008	1,336	-	39	67	67	685	14
15	Allocated from Maestro Consulting Services	2009	21,503	-	20	1,075	1,075	10,332	15
16	Allocated from Maestro Consulting Services	2010	3,304	-	20	165	165	1,406	16
17	Allocated from Maestro Consulting Services	2011	179		20	9	9	71	17
18	Allocated from Maestro Consulting Services	2012	199		20	10	10	67	18
19	Allocated from Maestro Consulting Services	2014	2,485	-	20	124	124	572	19
20									20
21	Allocated from Maestro Consulting Services	2015	699	-	20	35	35	116	21
22	Allocated from Maestro Consulting Services	2016	3,063		20	306	306	731	22
23	Allocated from Maestro Consulting Services	2017	410		20	20	20	41	23
24									24
25	Allocated from Maestro 7257	2004	1,897		10	95	95	1,375	25
26	Allocated from Maestro 7257	2005	8,701		10	312	312	6,692	26
27	Allocated from Maestro 7257	2015	1,504		15	100	100	334	27
28									28
29	Tie to book depreciation			(58,810)			58,810		29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,015,991	\$ 104,523		\$ 169,315	\$ 64,792	\$ 935,656	34

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

Facility Name & ID Number Symphony Crestwood, LLC D/B/A Symphony of Cr# 0051805 Report Period Beginning: 1/1/18 Ending: 12/31/18

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,048,736	\$ 204,901	\$ 204,901	\$ -	5-7	\$ 966,654	71
72	Current Year Purchases	29,524	1,639	1,639	-	5-7	1,639	72
73	Fully Depreciated Assets	38,540			-	5-7	38,540	73
74	See Sch 13A	311,609		22,845	22,845	5-10	137,650	74
75	TOTALS	\$ 1,428,409	\$ 206,540	\$ 229,385	\$ 22,845		\$ 1,144,483	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			\$ 587	\$ -	\$ -	\$ -		\$ 587	76
77							-			77
78							-			78
79							-			79
80	TOTALS			\$ 587	\$ -	\$ -	\$ -		\$ 587	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 4,455,592	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 311,063	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 398,700	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 87,637	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 2,080,726	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	\$ 2,685	92
93			93
94			94
95		\$ 2,685	95

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

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

Facility Name: Symphony Crestwood, LLC D/B/A Symphony of Crestwood
IDPH License ID Number: 0051805
Fiscal Year End: 12/31/18

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	37,407		5,870	5,870	5-7	32,987
Allocated from Maestro Consulting Services	274,202		16,975	0	5-10	104,663
TOTAL	311,609	-	22,845	5,870		137,650

Facility Name & ID Number Symphony Crestwood, LLC D/B/A Symphony of Crestwood # 0051805 Report Period Beginning: 1/1/18 Ending: 12/31/18

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Crestwood Healthcare Property, LLC

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

If NO, see instructions. YES NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:	<u>1974</u>	<u>303</u>	<u>12/31/2011</u>	\$ <u>1,878,992</u>	<u>10</u>	<u>10</u>	3
4	Additions							4
5								5
6	Allocated fro				<u>4,380</u>			6
7	TOTAL		<u>303</u>		\$ <u>1,883,372</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>/2019</u>	\$ <u>1,650,000</u>
13.	<u>/2020</u>	\$ <u>1,700,000</u>
14.	<u>/2021</u>	\$ <u>1,750,000</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.

6,453

64,527

9. Option to Buy: YES NO Terms: N/A *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?

YES NO

16. Rental Amount for movable equipment: \$ 207,333 Description: See Schedule 14A

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18					18
19					19
20	Allocated from Mgmt. Co.			<u>9,648</u>	20
21	TOTAL		\$	\$ <u>9,648</u>	21

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

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

Facility Name: Symphony Crestwood, LLC D/B/A Symphony of Crestwood
IDPH License ID Number: 0051805
Fiscal Year End: 12/31/18

Schedule 14A

XIV. Rental Costs

Line 16 Rental Amount for Moveable Equipment

Rental Description	Amount
OFFICE EQUIPMENT RENTAL	161,192
NURSING EQUIPMENT RENTAL	49,363
COMPUTER RENTAL	480
POSTAGE METER RENTAL	1,639
WATER COOLER RENTAL	4,097
Alloc from Mgmt. Co	14,123
Alloc from Integra	(23,561)
Total - Line 16	<u>207,333</u>

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. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
--	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility			
		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	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								
1	Licensed Occupational Therapist	39(3)	hrs	\$	10,277	\$ 739,953				10,277	\$ 739,953					1
2	Licensed Speech and Language Development Therapist	39(3)	hrs		1,826	131,473				1,826	131,473					2
3	Licensed Recreational Therapist		hrs													3
4	Licensed Physical Therapist	39(3)	hrs		11,655	839,126				11,655	839,126					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							465,116	465,116					9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs													10
11	Academic Education		hrs													11
12	Other (specify): <u>See Sch. 16A</u>	39(2)			2,341	168,537				2,341	168,537					12
13	Other (specify): <u>Oxygen</u>	39(3) (7)								28,509	28,509					13
14	TOTAL			\$	26,099	\$ 1,879,089	\$	493,625	\$	26,099	\$ 2,372,714					14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

Facility Name: Symphony Crestwood, LLC D/B/A Symphony of Crestwood
IDPH License ID Number: 0051805
Fiscal Year End: 12/31/18

Schedule 16A

XIV. Special Services (Direct Cost)

Line 12 Other (specify)

Description	Units	Amount
Inhalation Therapy	341.14	24,562
Other Ancillary Costs	9.40	677
I.V. Therapy	1,989.96	143,277
Total - Line 12	2,341	168,516

Facility Name & ID Number Symphony Crestwood, LLC D/B/A Symphony of Crestwood# 0051805 Report Period Beginning: 1/1/18 Ending: 12/31/18
 XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/18 (last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 4,000	\$ 4,000	1
2	Cash-Patient Deposits	88,491	88,491	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>4,972,993</u>)	9,074,329	9,074,329	3
4	Supply Inventory (priced at _____)			4
5	Short-Term Investments			5
6	Prepaid Insurance	7,773	7,773	6
7	Other Prepaid Expenses	536,648	536,648	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): _____			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 9,711,241	\$ 9,711,241	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		10,605	13
14	Buildings, at Historical Cost		95,447	14
15	Leasehold Improvements, at Historical Cost	2,699,202	2,920,544	15
16	Equipment, at Historical Cost	1,261,683	1,428,996	16
17	Accumulated Depreciation (book methods)	(1,784,352)	(2,080,726)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	64,527	64,527	19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (spec) <u>Lease Cost</u>	(41,948)	(41,948)	22
23	Other(specify): <u>See Sch 17A</u>	646,552	646,552	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,845,664	\$ 3,043,997	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 12,556,905	\$ 12,755,238	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 4,995,010	\$ 4,995,010	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	188,785	188,785	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	406,188	406,188	30
31	Accrued Taxes Payable (excluding real estate taxes)	104,177	104,177	31
32	Accrued Real Estate Taxes(Sch.IX-B)	773,783	773,783	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>	19,540,978	19,540,978	36
37	_____			37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 26,008,921	\$ 26,008,921	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	612,718	612,718	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)	\$ 612,718	\$ 612,718	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 26,621,639	\$ 26,621,639	46
47	TOTAL EQUITY(page 18, line 24)	\$ (14,064,734)	\$ (13,866,401)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 12,556,905	\$ 12,755,238	48

*(See instructions.)

Facility Name: Symphony Crestwood, LLC D/B/A Symphony of Crestwood
 IDPH License ID Number: 0051805
 Fiscal Year End: 12/31/18

Schedule 17A

XV. Balance Sheet

Line 23 Other Long Term Assets (specify):

Description	After	
	Operating	Consolidation
Fixed Assets - Construction in Process	2,685	2,685
Other Assets- Security Deposits	263,867	263,867
Due To/From Maple Ridge LLC	170,000	170,000
Due To/From McKinley LLC	185,000	185,000
Due To/From Sycamore LLC	25,000	25,000
	646,552	646,552

XV. Balance Sheet

Line 36 Other Current Liabilities (specify):

Description	After	
	Operating	Consolidation
Cash	215,036	215,036
Accounts Receivable - Employee Loans	-	-
CSA I/C Related/Party Due To/From Accts	183,647	183,647
Due To/From - Decatur	460,500	460,500
Due To/From - Deerbrook LLC	1,224,500	1,224,500
Due To/From - Lincoln Park LLC	839	839
Due To/From - Maple Crest LLC	588,500	588,500
Due To/From - Northwoods LLC	47,000	47,000
Due To/From - Tillers	1,385	1,385
Due To/From - California Gardens Nursing and Reha	56,604	56,604
Due To/From - Orchard Valley	830,000	830,000
Due To/From - Symphony ML	20,000	20,000
Due To/From - Symphony Healthcare	9,627,458	9,627,458
Due To/From - Symphony Financial Services	2,789,214	2,789,214
Due To/From - Maestro	46,527	46,527
Due To/From - Nuicare Services	1,851	1,851
Accrued Payables	41,420	41,420
Accrued Payables - Professional Fees	22,293	22,293
Accrued Payables - Health Insurance	191,740	191,740
Accrued Payable - Dental Insurance	(1,227)	(1,227)
Accrued Payables - Vision Insurance	(159)	(159)
Accrued Payables - Life Insurance	5,275	5,275
Accrued Payables - Short Term Disability	(4,293)	(4,293)
Accrued Payables - Payroll SWT - IN	417	417
Accrued Payables - Payroll Union Dues	5,680	5,680
Accrued Payables - 401K Deductions	(959)	(959)
Accrued Payables - 401K Loan Repayments	250	250
Accrued Payables - Garnishments	(1,081)	(1,081)
Accrued Payables - WC/GL Insurance	450,531	450,531
Accrued Payables - Bed Taxes	(1,119)	(1,119)
Accrued Payables - Bed Taxes Add'l	42,362	42,362
Accrued Payables - Management Fees	1,015,807	1,015,807
Accrued Payables - Interest	1,136	1,136
Accrued Payables - Sales Tax	180	180
Sales Tax Payable - Manual	202	202
Deferred Rent	463,442	463,442
Lease Holds Payable	1,216,020	1,216,020
Total - Line 36	19,540,978	19,540,978

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (14,932,231)	1
2	Restatements (describe):		2
3	Prior Period Adjustment	2,875,499	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (12,056,732)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(2,008,002)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (2,008,002)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (14,064,734)	24 *

* This must agree with page 17, line 47.

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

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

		1	
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 19,540,315	1
2	Discounts and Allowances for all Levels	(5,097,426)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 14,442,889	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	4,459,818	6
7	Oxygen	14,256	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 4,474,074	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	697,431	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	177,730	19
20	Radiology and X-Ray	55,619	20
21	Other Medical Services	199,602	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,130,382	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income****	38,841	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 38,841	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>Other Income</u>	1,660	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 1,660	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 20,087,846	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,310,682	31
32	Health Care	7,270,810	32
33	General Administration	4,713,106	33
B. Capital Expense			
34	Ownership	3,457,812	34
C. Ancillary Expense			
35	Special Cost Centers	3,741,062	35
36	Provider Participation Fee	602,376	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 22,095,848	40
41	Income before Income Taxes (line 30 minus line 40)**	(2,008,002)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (2,008,002)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 6,902,073	44
45	Private Pay - Net Inpatient Revenue	1,069,502	45
46	Medicare - Net Inpatient Revenue	1,595,173	46
47	Other-(specify) <u>Hospice</u>	1,190,394	47
48	Other-(specify) <u>Managed Care</u>	3,685,747	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 14,442,889	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.
 ^ Entity is a cash basis taxpayer

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

0051805

Report Period Beginning:

1/1/18

Ending:

12/31/18

VIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	2,012	2,126	\$ 117,030	\$ 55.04	1
2	Assistant Director of Nursing	4,774	4,894	217,998	44.54	2
3	Registered Nurses	37,973	42,449	1,454,914	34.27	3
4	Licensed Practical Nurses	63,741	73,041	2,026,939	27.75	4
5	CNAs & Orderlies	125,504	139,708	1,974,677	14.13	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	10,099	11,380	175,035	15.38	10
11	Social Service Workers	5,801	6,189	123,177	19.90	11
12	Dietician					12
13	Food Service Supervisor	5,721	6,396	151,542	23.69	13
14	Head Cook					14
15	Cook Helpers/Assistants	24,524	27,299	342,040	12.53	15
16	Dishwashers					16
17	Maintenance Workers	4,070	4,337	99,068	22.84	17
18	Housekeepers	20,404	22,712	296,624	13.06	18
19	Laundry	7,469	8,635	118,588	13.73	19
20	Administrator	1,757	1,868	160,262	85.81	20
21	Assistant Administrator	1,458	1,676	54,999	32.81	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	11,805	12,839	238,902	18.61	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	7,199	8,026	120,046	14.96	31
32	Other Health Care(specify) <u>MDS</u>	5,907	6,432	198,512	30.86	32
33	Other(specify) <u>Admissions</u>	4,621	4,976	113,281	22.76	33
34	TOTAL (lines 1 - 33)	344,838	384,985	\$ 7,983,634 *	\$ 20.74	34

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

** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly	\$ 28,998	1(3)	35
36	Medical Director	Monthly	36,000	9(3)	36
37	Medical Records Consultant				37
38	Nurse Consultant	Monthly	10,504	10(3), (7)	38
39	Pharmacist Consultant	Monthly	36,328	10(3)	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	Monthly	447	39(3)	42
43	Speech Therapy Consultant				43
44	Activity Consultant	Monthly	2,365	11(3)	44
45	Social Service Consultant				45
46	Other(specify) <u>Dialysis</u>	Monthly	368,065	10(3)	46
47	<u>Psychologist</u>	Monthly	6,240	10(3)	47
48	<u>Orthopedic Surgeon</u>	Monthly	30,000	10(3)	48
49	TOTAL (lines 35 - 48)		\$ 518,947		49

C. CONTRACT NURSES

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

Facility Name: Symphony Crestwood, LLC D/B/A Symphony of Crestwood
 IDPH License ID Number: 0051805
 Fiscal Year End: 12/31/18

Schedule 21C

XIX. SUPPORT SCHEDULES
 C. Professional Services

Vendor	Type	Amount
ABILITY NETWORK INC	SECURE EXCHANGE MANAGED SERVICE	6,597
ACHIEVE ACCREDITATION	ACCREDITATION	4,516
ALLSCRIPTS	IT SYSTEM	3,510
ALTERYX	DATA ANALYTICS	1,928
AMERICAN EXPRESS	INTERNET	4,353
CERIDA INVESTMENT CORP	BUSINESS SERVICES	627
COMCAST CABLE	HIGH-SPEED INTERNET	24,538
CORPORATION SERVICE COMPANY	MONITORING SERVICE	254
CREATIVE TECHNOLOGY SOLUTIONS	IT SUPPORT & FACILITY USER	18,997
CURASPAN HEALTH GROUP	REFERRAL CENTRAL NETWORK PATIENT TRANS	1,995
DART CHART	HMO CONTRACT SPECIFICATION	50,375
DATA ROBOT	COMPUTER SERVICES	1,817
FORMATION HEALTHCARE GROUP, LLC	MONTHLY SUBSCRIPTION FEE	1,476
FYI SYSTEMS	COMPUTER IT	610
HEALTH DATA SYSTEMS	MICRO-FICHE AP/PR MAINTENANCE	1,783
HIPP LAW OFFICE	LEGAL	257
LTC CONSULTING SERVICES	COLLECTION ACTIVITY	82,773
MAESTRO CONSULTING	CONSULTING	217,468
MANAGED CARE GROUP LLC	IT SUPPORT	1,016
MARKET MATRIX	SURVEYS	1,250
MCCABE, KIRSHNER P.C.	LEGAL	86,263
MOOD MEDIA	CONSULTING	53
MTS CONSULTING, LLC	TAX CONSULTING SERVICES	6,221
MUCH SHELIST	LEGAL	149
NATIONAL DATACARE COPORATION	TRUST FUND AND MEDICAID BILL SERVICES	1,855
NEAL,GERBER, & EISENBERG, LLP	LEGAL	86
NEXUSCOMM, LLC	CABLE CONNECTION	350
ONSHIFT INC	ENTERPRISE IMPLEMENTATION W/ INTEGRATION	11,499
PATIENTPING	CARE COORDINATION NETWORK	2,000
PERSONNEL PLANNERS	QUARTERLY CLAIMS MGMT FEE	1,134
POINTCLICK CARE TECHNOLOGIES, INC.	CLOUD BASED SOFTWARE AND SERVICES	34,882
PRIME CARE TECHNOLOGIES	PRIME CARE	272
REAL TIME MEDICAL SYSTEM LLC	CLINICAL AND FINANCIAL ANALYTIS SERVICE	18,748
RESOLUTE HEALTHCARE SOLUTIONS	LEGAL	36
RISKWATCH	RISK ASSESMENT	465
RSM US LLP	ACCOUNTING FEES	14,949
SB2, Inc	LEGAL	3,043
SCOTT NORTON	COMPUTER CONSULTING	430
SNOWFLAKE COMPUTING	COMPUTER SERVICES	973
SOURCETECH	IT SYSTEM	805
STONE, POGRUND & KOREY	LEGAL	4,250
TELEMEDICINE SOLUTIONS LLC	WOUNDROUND CARE MANAGEMENT SYSTEM LICENSE FEE	14,451
WENCEL WORLDWIDE, INC	BRANDING	4,779
WOUNDROUNDS	CLINICAL CONSULTING SOLUTIONS	2,064
Total (agree to Schedule V, line 19, column 3)		635,899
Allocated from Management Company Professional Services		133,321
Less: Non-Allowable Legal Fees		(4,506)
Less: Professional Collection Fees		(82,650)
Total (agree to Schedule V, line 19, column 8)		682,064

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

Report Period Beginning:

1/1/18Ending: 12/31/18**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 - \$16,573
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 5-7
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 0 Line 10(2)
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 602,376
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 0 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? N/A If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
c. What percent of all travel expense relates to transportation of nurses and patients? 5
d. Have vehicle usage logs been maintained? Adequate records have been maintained
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
g. **Does the facility transport residents to and from day training? No**
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: RSM US LLP
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes
Attach invoices and a summary of services for all architect and appraisal fees.