		FOR BHF USE					

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2017
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2017)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INF(
THAT IS NECESSARY TO ACCOMPLISH THE STATUT
PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCL(
OF THIS INFORMATION IS MANDATORY. FAILURE T
ANY INFORMATION ON OR BEFORE THE DUE DATE
RESULT IN CESSATION OF PROGRAM PAYMENTS. T
HAS BEEN APPROVED BY THE FORMS MANAGEME

I. IDPH License ID Number: 0051839

Facility Name: Symphony Maple Crest, LLC D/B/A Maple Crest Care Centre

Address: 4452 Squaw Prairie Road (Number) Belvidere (City) 61008 (Zip Code)

County: Boone

Telephone Number: (815) 547-6377 **Fax #** (815) 547-3857

HFS ID Number:

Date of Initial License for Current Owners: 01/01/2012

Type of Ownership:

	VOLUNTARY,NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
			"Sub-S" Corp.		
		X	Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Amanda Springborn **Telephone Number:** (314) 925-3838
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/17 to 12/31/17 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) _____ (Date)
(Type or Print Name) Dorothy Kuhl
(Title) Chief Financial Officer

Paid Preparer

(Signed) _____ (Date)
(Print Name and Title)
(Firm Name & Address) RSM US LLP, 20 N. Martingale Road, Ste. 500, Schaumburg, IL 60173
(Telephone) (847) 517-7070 Fax # (847) 517-7067

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 **Phone # (217) 782-1630**

Facility Name & ID Number Symphony Maple Crest, LLC D/B/A Maple Crest Care Centre # 0051839 Report Period Beginning: 1/1/17 Ending: 12/31/17

III. STATISTICAL DATA

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

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	86	Skilled (SNF)	86	31,390	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	86	TOTALS	86	31,390	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	13,853	7,233	8,292	29,378	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	13,853	7,233	8,292	29,378	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 93.59%

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 [X] 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 [X]

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 [X] Date 12/31/2011 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 86 and days of care provided 5,151

Medicare Intermediary Wisconsin Physicians Services

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] 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 Maple Crest, LLC D/B/A Maple C # 0051839 **Report Period Beginning:** 1/1/17 **Ending:** 12/31/17

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

		Costs Per General Ledger				Reclass-	Reclassified	Adjust-	Adjusted	FOR BHF USE ONLY		
	Operating Expenses	Salary/Wage	Supplies	Other	Total	ification	Total	ments	Total			
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	189,435	17,069	8,732	215,236		215,236	-	215,236			1
2	Food Purchase		158,275		158,275		158,275	-	158,275			2
3	Housekeeping	90,676	28,711	-	119,387		119,387	-	119,387			3
4	Laundry	46,643	15,043	3,659	65,345	-	65,345	-	65,345			4
5	Heat and Other Utilities			84,370	84,370		84,370	859	85,229			5
6	Maintenance	53,249	-	114,232	167,481		167,481	2,732	170,213			6
7	Other (specify):* Mgmt alloc of benef	-	-	-	-		-	1,381	1,381			7
8	**TOTAL General Services**	380,003	219,098	210,993	810,094	-	810,094	4,972	815,066			8
	B. Health Care and Programs											
9	Medical Director	-	-	25,200	25,200		25,200	-	25,200			9
10	Nursing and Medical Records	1,964,172	94,944	19,479	2,078,595		2,078,595	57,894	2,136,489			10
10a	Therapy	-	-	-	-		-	-	-			10a
11	Activities	65,198	-	2,365	67,563		67,563	-	67,563			11
12	Social Services	38,862	-	-	38,862		38,862	-	38,862			12
13	CNA Training	-	-	-	-		-	-	-			13
14	Program Transportation	-	-	-	-		-	-	-			14
15	Other (specify):* Mgmt alloc of benef	-	-	-	-		-	9,025	9,025			15
16	**TOTAL Health Care and Programs**	2,068,232	94,944	47,044	2,210,220	-	2,210,220	66,919	2,277,139			16
	C. General Administration											
17	Administrative	135,276	-	390,886	526,162		526,162	(363,231)	162,931			17
18	Directors Fees			-	-		-	-	-			18
19	Professional Services			242,713	242,713		242,713	(3,139)	239,574			19
20	Dues, Fees, Subscriptions & Promotions			20,996	20,996		20,996	224	21,220			20
21	Clerical & General Office Expenses	72,352	17,767	23,235	113,354		113,354	120,520	233,874			21
22	Employee Benefits & Payroll Taxes			308,867	308,867		308,867	-	308,867			22
23	Inservice Training & Education			-	-		-	-	-			23
24	Travel and Seminar			876	876		876	556	1,432			24
25	Other Admin. Staff Transportation		-	3,996	3,996		3,996	3,303	7,299			25
26	Insurance-Prop.Liab.Malpractice			(19,424)	(19,424)		(19,424)	1,252	(18,172)			26
27	Other (specify):* Mgmt alloc of benef	-	-	-	-		-	20,654	20,654			27
28	**TOTAL General Administration**	207,628	17,767	972,145	1,197,540	-	1,197,540	(219,861)	977,679			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	2,655,863	331,809	1,230,182	4,217,854	-	4,217,854	(147,970)	4,069,884			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 Maple Crest, LLC D/B/A Maple Crest Care Centr #0051839 Report Period Beginning: 1/1/17 Ending: 12/31/17

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4	5	6	7	8	9	10	
	D. Ownership											
30	Depreciation			38,505	38,505		38,505	21,019	59,524			30
31	Amortization of Pre-Op. & Org.			-	-		-	-	-			31
32	Interest			399	399		399	8,912	9,311			32
33	Real Estate Taxes			49,443	49,443		49,443	1,515	50,958			33
34	Rent-Facility & Grounds			788,399	788,399		788,399	2,405	790,804			34
35	Rent-Equipment & Vehicles			44,425	44,425		44,425	1,307	45,732			35
36	Other (specify):*			-	-		-	-	-			36
37	**TOTAL Ownership**			921,171	921,171	-	921,171	35,158	956,329			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation	-	-	408	408		408	-	408			38
39	Ancillary Service Centers	-	164,769	869,896	1,034,665		1,034,665	-	1,034,665			39
40	Barber and Beauty Shops	-	-	-	-		-	-	-			40
41	Coffee and Gift Shops	-	-	-	-		-	-	-			41
42	Provider Participation Fee			194,137	194,137		194,137	-	194,137			42
43	Other (specify):* **Non-Allowable Cos**	66,711	-	191,388	258,099		258,099	(258,099)	-			43
44	**TOTAL Special Cost Centers**	66,711	164,769	1,255,829	1,487,309	-	1,487,309	(258,099)	1,229,210			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	2,722,574	496,578	3,407,182	6,626,334	-	6,626,334	(370,911)	6,255,423			45

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

Facility Name & ID Number Symphony Maple Crest, LLC D/B/A Maple Crest Care C(# 0051839 Report Period Beginning: 1/1/17 Ending: 12/31/17

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.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 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	(7,025)	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	17,065	30		9
10	Interest and Other Investment Income	(140)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,265)	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	(5,934)	43		18
19	Entertainment				19
20	Contributions	(6,637)	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	(77,037)	43		24
25	Fund Raising, Advertising and Promotional	(5,631)	43		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**	(171,382)	Var.		29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (257,986)		$ 0	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 Amount	2 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)	(112,925)		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (112,925)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (370,911)		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 Yes	2 No	3 Amount	4 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

STATE OF ILLINOIS

Symphony Maple Crest, LLC D/B/A Maple Crest Care Centre

ID# 0051839

Report Period Beginning: 1/1/17

Ending: 12/31/17

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Nonallowable marketing events	$ (16,271)	43	1
2	Laboratory Costs	(13,347)	43	2
3	X-Ray Costs	(14,500)	43	3
4	Nonallowable Legal Expense	(2,180)	19	4
5	Lobbying expense	(2,435)	20	5
6	Admitting Salaries	(45,504)	43	6
7	Marketing Consultants	(43,741)	43	7
8	Nonallowable collection fees	(3,852)	19	8
9	Community Relations	(21,207)	43	9
10	Misc Income Offset	(1,558)	21	10
11	To Capitalize Expenses over $2,500.	(6,787)	6	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
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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**	(171,382)		49

Facility Name & ID Number Symphony Maple Crest, LLC D/B/A Maple Crest Care Centre # 0051839 Report Period Beginning: 1/1/17 Ending: 12/31/17

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 [X] 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 Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V		N/A	$	N/A		$	$	1
2	V								2
3	V								3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$			$	$ *	14

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

Facility Name & ID Number Symphony Maple Crest, LLC D/B/A Maple Crest Care Centre # 0051839 Report Period Beginning: 1/1/17 Ending: 12/31/17

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] 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 Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	21	Clerical & Gen office exp	$	Symphony Financial Services, LLC	100.00%	$ 17,868	$ 17,868	15
16	V	30	Depreciation		Symphony Financial Services, LLC	100.00%	1,588	1,588	16
17	V	32	Interest		Symphony Financial Services, LLC	100.00%	3,366	3,366	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			$			$ 22,822	$ * 22,822	39

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

Facility Name & ID Number Symphony Maple Crest, LLC D/B/A Maple Crest Care Centre # 0051839 Report Period Beginning: 1/1/17 Ending: 12/31/17

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] 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 Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	5	Utilities	$	Maestro Consulting Services	100.00%	$ 859	$ 859	15
16	V	6	Maintenance Salaries		Maestro Consulting Services	100.00%	7,615	7,615	16
17	V	6	Maintenance Expenses		Maestro Consulting Services	100.00%	1,904	1,904	17
18	V	7	Employee Benefits - Maintenance		Maestro Consulting Services	100.00%	1,381	1,381	18
19	V	10	Clinical Salaries		Maestro Consulting Services	100.00%	58,129	58,129	19
20	V	15	Employee Benefits - Clinical		Maestro Consulting Services	100.00%	9,025	9,025	20
21	V	17	Administrative Salaries	390,886	Maestro Consulting Services	100.00%	27,655	(363,231)	21
22	V	19	Professional Fees		Maestro Consulting Services	100.00%	2,893	2,893	22
23	V	20	Dues, Fees, Subscriptions, Etc.		Maestro Consulting Services	100.00%	2,659	2,659	23
24	V	21	Clerical & General Salaries		Maestro Consulting Services	100.00%	89,139	89,139	24
25	V	21	Clerical & General Expenses		Maestro Consulting Services	100.00%	15,071	15,071	25
26	V	24	Seminars & Education		Maestro Consulting Services	100.00%	556	556	26
27	V	25	Transportation		Maestro Consulting Services	100.00%	3,303	3,303	27
28	V	26	Insurance		Maestro Consulting Services	100.00%	1,252	1,252	28
29	V	27	Employee Benefits - Administrative		Maestro Consulting Services	100.00%	20,654	20,654	29
30	V	30	Depreciation		Maestro Consulting Services	100.00%	2,366	2,366	30
31	V	33	Real Estate Tax		Maestro Consulting Services	100.00%	1,515	1,515	31
32	V	34	Building Rental		Maestro Consulting Services	100.00%	2,405	2,405	32
33	V	35	Equipment Rental		Maestro Consulting Services	100.00%	400	400	33
34	V	35	Auto Lease		Maestro Consulting Services	100.00%	1,324	1,324	34
35	V	32	Interest Expense		Maestro Consulting Services	100.00%	5,686	5,686	35
36	V								36
37	V								37
38	V								38
39	Total			$ 390,886			$ 255,791	$ * (135,095)	39

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

Facility Name & ID Number Symphony Maple Crest, LLC D/B/A Maple Crest Care Centre # 0051839 Report Period Beginning: 1/1/17 Ending: 12/31/17

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] 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 Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	10	Nursing and Medical Records	$ 1,106	Integra Healthcare Equipment, LLC	19.00%	$ 871	$ (235)	15
16	V	35	Rent-Equipment & Vehicles	1,960	Integra Healthcare Equipment, LLC	19.00%	1,543	(417)	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			$ 3,066			$ 2,414	$ * (652)	39

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

Facility Name & ID Number Symphony Maple Crest, LLC D/B/A Maple Crest Care Centre # 0051839 Report Period Beginning: 1/1/17 Ending: 12/31/17

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	Debra Hartman	24.50	Symphony Aspen Ridge, LLC D/B/A Symphony	Decatur	Symphony Healthcare,	Lincolnwood	Sub Lessor	1
2	Hartman Family Fdn	4.50	Symphony Countryside, LLC D/B/A Countrysid	Aurora	Symphony M.L., LLC	Lincolnwood	Main Lessor	2
3	Hartman Dynasty Trust	4.50	Symphony Crestwood, LLC D/B/A Symphony o	Crestwood	Symphony HMG, LLC	Lincolnwood	Sub Lessor	3
4	Mark Hartman	4.50	Symphony Deerbrook, LLC D/B/A Symphony o	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	Mark Hartman-Bemoit Holdings	3.00	Symphony of Crown Point	Indiana	Nucare Services	Lincolnwood	Bookkeeping Mgmt	11
12	IBEX Mgmt Svces, LLC	14.00	Symphony of Chesterton	Indiana	7257 N. Lincoln Ave, L	Lincolnwood	Building Rental	12
13	Penina Hartman	2.00			Diamond Insurance	Northbrook	Work Comp Ins.	13
14	Drake Louis	4.00			Mapleleaf Insurance	Grand Cayman	Liability/Work Com	14
15			California Gardens Corp.	Chicago	Seasons Hospice	Park Ridge	Hospice *	15
16			Monroe Pavillion	Chicago	JLR Financial Svcs. 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 Maple Crest, LLC D/B/A Maple (# 0051839 Report Period Beginning: 1/1/17 Ending: 12/31/17

VII. RELATED PARTIES (continued)

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

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

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		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 Maple Crest, LLC D/B/A Maple Crest Care Cer # 0051839 Report Period Beginning: 1/1/17 Ending: 12/31/17

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] 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 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	21	Clerical & Gen office exp	Occupied Bed Days	499,232	12	$ 303,646	$	29,378	$ 17,868	1
2	30	Depreciation	Occupied Bed Days	499,232	12	26,988		29,378	1,588	2
3	32	Interest	Occupied Bed Days	499,232	12	57,206		29,378	3,366	3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 387,840	$		$ 22,822	25

Facility Name & ID Number Symphony Maple Crest, LLC D/B/A Maple Crest Care Cer # 0051839 Report Period Beginning: 1/1/17 Ending: 12/31/17

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	5	Utilities	Bed Days Available	1,835,856	28	$ 50,076	$	31,476	$ 859	1
2	6	Maintenance Salaries	Bed Days Available	1,835,856	28	444,128	444,128	31,476	7,615	2
3	6	Maintenance Expenses	Bed Days Available	1,835,856	28	111,048		31,476	1,904	3
4	7	Employee Benefits - Maintenance	Bed Days Available	1,835,856	28	80,529		31,476	1,381	4
5	10	Clinical Salaries	Bed Days Available	1,835,856	28	2,884,957	2,884,957	31,476	49,463	5
6	10	Contract Nursing	Bed Days Available	1,835,856	28	505,476		31,476	8,666	6
7	15	Employee Benefits - Clinical	Bed Days Available	1,835,856	28	526,402		31,476	9,025	7
8	17	Administrative Salaries	Bed Days Available	1,835,856	28	1,612,976	1,612,976	31,476	27,655	8
9	19	Professional Fees	Bed Days Available	1,835,856	28	168,752		31,476	2,893	9
10	20	Dues, Fees, Subscriptions, Etc.	Bed Days Available	1,835,856	28	155,112		31,476	2,659	10
11	21	Clerical & General Salaries	Bed Days Available	1,835,856	28	5,199,066	5,199,066	31,476	89,139	11
12	21	Clerical & General Expenses	Bed Days Available	1,835,856	28	879,035		31,476	15,071	12
13	24	Seminars & Education	Bed Days Available	1,835,856	28	32,418		31,476	556	13
14	25	Transportation	Bed Days Available	1,835,856	28	192,674		31,476	3,303	14
15	26	Insurance	Bed Days Available	1,835,856	28	73,017		31,476	1,252	15
16	27	Employee Benefits - Administrativ	Bed Days Available	1,835,856	28	1,204,673		31,476	20,654	16
17	30	Depreciation	Bed Days Available	1,835,856	28	138,011		31,476	2,366	17
18	32	Interest Expense	Bed Days Available	1,835,856	28	331,638		31,476	5,686	18
19	33	Real Estate Tax	Bed Days Available	1,835,856	28	88,385		31,476	1,515	19
20	34	Building Rental	Bed Days Available	1,835,856	28	140,244		31,476	2,405	20
21	35	Equipment Rental	Bed Days Available	1,835,856	28	23,351		31,476	400	21
22	35	Auto Lease	Bed Days Available	1,835,856	28	77,202		31,476	1,324	22
23										23
24										24
25	TOTALS					$ 14,919,170	$ 10,141,127		$ 255,791	25

Facility Name & ID Number Symphony Maple Crest, LLC D/B/A Maple Crest Care Cer # 0051839 Report Period Beginning: 1/1/17 Ending: 12/31/17

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] 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 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	10	Nursing and Medical Records	Direct Allocation			$	$		$ 871	1
2	35	Rent-Equipment & Vehicles	Direct Allocation						1,543	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					$	$		$ 2,414	25

Facility Name & ID Number Symphony Maple Crest, LLC D/B/A Maple C # 0051839 Report Period Beginning: 1/1/17 Ending: 12/31/17

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1	Omnicare		X	Pharmacy Services	$67,444.34	11/27/2017	$ 2,170,337	$ 33,736	10/20/2020	0.0750	$ 399	1
2	LifeMed Illinois, LLC	X		Pharmacy Services	$38,731.00	12/29/2017	6,197,033	96,772	1/1/2024	0.0750	0	2
3												3
4												4
5												5
	Working Capital											
6												6
7												7
8												8
9	TOTAL Facility Related				$106,175.34		$ 8,367,370	$ 130,508			$ 399	9
	B. Non-Facility Related*											
10												10
11												11
12								Interest Income			(140)	12
13								Allocated from Mgmt Co.			9,052	13
14	TOTAL Non-Facility Related						$ 0	$ 0			$ 8,912	14
15	TOTALS (line 9+line14)						$ 8,367,370	$ 130,508			$ 9,311	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 Maple Crest, LLC D/B/A Maple Crest Care Centre **#** 0051839 **Report Period Beginning:** 1/1/17 **Ending:** 12/31/17

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2016 report.	**Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$ 58,212	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**	$ 53,295	2
3. Under or (over) accrual (line 2 minus line 1).		$ (4,917)	3
4. Real Estate Tax accrual used for 2017 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 54,360	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.** 1,515	$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		$ 50,958	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2012	49,772	8
	2013	50,908	9
	2014	52,744	10
	2015	56,341	11
	2016	53,295	12

2017 Tax Accrual = $53,295 * 1.02 = $54,360; Use $54,360

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2016	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATI	$	16

NOTES:

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

2016 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Symphony Maple Crest, LLC D/B/A Maple Crest Care Centre COUNTY Boone

FACILITY IDPH LICENSE NUMBER 0051839

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) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	05-14-100-015	Nursing Home	$ 53,295.26	$ 53,295.26
2.	10-27-319-028-0000	Land & Property Mgmt. Co.	$ 88,384.90	$ 1,515.37
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 141,680.16	$ 54,810.63

B. **Real Estate Tax Cost Allocations**

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

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

C. **Tax Bills**

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

PLEASE NOTE: ***Payment information from the Internet*** or otherwise is ***not considered acceptable tax bill documentation*** . Facilities located in Cook County are required to provide copies of their original **second installment** tax bill.

Facility Name & ID Number Symphony Maple Crest, LLC D/B/A Maple Crest Care Centre # 0051839 Report Period Beginning: 1/1/17 Ending: 12/31/17

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 36,000 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 1

C. Does the Operating Entity? [ ] (a) Own the Facility [ ] (b) Rent from a Related Organization. [X] (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? [X] (a) Own the Equipment [X] (b) Rent equipment from a Related Organization. [X] (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 [X] 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 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Alloc Fr Maestro 7257		2004	$ 2,743	1
2					2
3	TOTALS			$ 2,743	3

Facility Name & ID Number Symphony Maple Crest, LLC D/B/A Maple Crest Care Centre # 0051839 Report Period Beginning: 1/1/17 Ending: 12/31/17

XI. OWNERSHIP COSTS (continued)

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					$	$		$	$	$	4
5											5
6											6
7											7
8	Allocated from Maestro 7257		2004		24,689			633	633	9,964	8
	Improvement Type**										
9	F&I Smoke Detector above fire alarm control panel in			2013	3,725	186	20	186		931	9
10	100 Wing Nurse Station										10
11											11
12	Facility Remodeling			2014	396,750	19,838	20	19,838		73,418	12
13	-Demo/carpentry/drywall throughout facility										13
14	-Railing throughout facility										14
15	-Pulled wires for lights, rough in & installed can lights in										15
16	200 Wing Spa										16
17	-Rough in fire place area, rough in floor box in										17
18	200 Wing Spa										18
19	-Hallway, restrooms, dining room & recreation room -										19
20	remove wallpaper & prep wall										20
21	-Spa wall and floor tile in salon										21
22	-Plumbing work done in salon										22
23	-Electrical throughout facility										23
24	-Interior painting in resident rooms, front offices,										24
25	reception area and therapy room										25
26	-Floor coverings throughout facility										26
27	-Vestibule work										27
28	-Automatic doors throughout Facility										28
29	-Permits										29
30	-Gazebo outside										30
31	-Architectural services										31
32	-General contractors fees										32
33											33
34											34
35											35
36											36

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

See Page 12A, Line 70 for total

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

Facility Name & ID Number Symphony Maple Crest, LLC D/B/A Maple Crest Care Centre # 0051839 Report Period Beginning: 1/1/17 Ending: 12/31/17

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Architecture fee, Electric power for new entrance door	2015	$ 10,187	$ 510	20	$ 510	$	$ 1,444	37
38	Repair broken drain pipe, Kitchen floor	2015	4,995	249	20	249		665	38
39	Dark bronze glass and aluminum door and frame	2015	19,144	957	20	957		1,994	39
40	-1 dining room, 1 end of 100 Hallway (LTC) and 200 Hallway								40
41									41
42	Installed electrical work: new conduit, trench and back fill from	2016	3,910	196	20	196		310	42
43	the main valve to the back of the building, fire wire to main fire pa								43
44									44
45	Replace A-coil in air handler	2017	7,281	68	10	68		68	45
46	R&M - Replaced LED parking lot head and installed new timers.	2017	2,774		10	139	139	139	46
47	R&M - Welded and repaired holes in boiler and water heater pipe	2017	4,013		20	100	100	100	47
48	Installed new insulation, new vent damper and new belts for boiler.								48
49									49
50									50
51	Tie to book Depreciation			(16,826)			16,826		51
52									52
53	Allocated from Maestro Consulting Services	2003	201		39			142	53
54	Allocated from Maestro Consulting Services	2004	4,077		39			2,798	54
55	Allocated from Maestro Consulting Services	2005	242		39			155	55
56	Allocated from Maestro Consulting Services	2006	328		39			186	56
57	Allocated from Maestro Consulting Services	2008	345		39			160	57
58	Allocated from Maestro Consulting Services	2009	5,562		20			2,395	58
59	Allocated from Maestro Consulting Services	2010	855		20			321	59
60	Allocated from Maestro Consulting Services	2011	46		20			16	60
61	Allocated from Maestro Consulting Services	2012	51		20			15	61
62	Allocated from Maestro Consulting Services	2014	643		20			116	62
63	Allocated from Maestro Consulting Services	2015	181		20			21	63
64	Allocated from Maestro Consulting Services	2016	792		20	101	101	110	64
65	Allocated from Maestro Consulting Services	2017	106		20			5	65
66	Allocated from Maestro 7257	2004	491		10			331	66
67	Allocated from Maestro 7257	2005	2,251		10	16	16	1,650	67
68	Allocated from Maestro 7257	2015	389		15	33	33	61	68
69									69
70	TOTAL (lines 4 thru 69)		$ 494,028	$ 5,178		$ 23,026	$ 17,848	$ 97,515	70

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

Facility Name & ID Number Symphony Maple Crest, LLC D/B/A Maple Crest Ca# 0051839 Report Period Beginning: 1/1/17 Ending: 12/31/17

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 172,779	$ 32,971	$ 32,971	$ 0	5-7	$ 115,304	71
72	Current Year Purchases	4,870	356	356	0	5-7	356	72
73	Fully Depreciated Assets	14,060			0	5-7	14,060	73
74	See Sch 13A	47,450		3,171	3,171	5-10	29,869	74
75	TOTALS	$ 239,159	$ 33,327	$ 36,498	$ 3,171		$ 159,589	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 Mgmt. Co.			$ 152	$	$	$ 0		$ 152	76
77							0			77
78							0			78
79							0			79
80	TOTALS			$ 152	$ 0	$ 0	$ 0		$ 152	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)	$ 736,082	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 38,505	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 59,524	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 21,019	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 257,256	85

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

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

G. Construction-in-Progress

	Description	Cost	
92	N/A	$	92
93			93
94			94
95		$	95

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

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

Facility Name: **Symphony Maple Crest, LLC D/B/A Maple Crest Care Centre**
IDPH License ID Number: **0051839**
Fiscal Year End: **12/31/17**

Schedule 13A

XI. Ownership Costs
Line 74 - Equipment Costs - Excluding Transportation

Category of Equipment	Cost			Current Book Depreciation	Straight Line Depreciation	Adjustments	Component Life	Accumulated Depreciation
Allocated from Symphony Financial Services, LLC		9,914			1,588	1588	5-7	7,187
Allocated from Maestro Consulting Services		37,536			1583	1583	5-10	22,682
						-		
TOTAL		47,450		-	3,171	3,171		29,869

Facility Name & ID Number Symphony Maple Crest, LLC D/B/A Maple Crest Care Cen # 0051839 Report Period Beginning: 1/1/17 Ending: 12/31/17

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Diana Master Landlord, LLC
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? If NO, see instructions. [X] 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:	1972	86	12/31/2011	$ 786,861	10	10	3
4	Additions							4
5								5
6	Allocated from Mgmt. Co.				2,405			6
7	TOTAL		86		$ 789,266 **			7

8. List separately any amortization of lease expense included on page 4, line 34. 1,538
   This amount was calculated by dividing the total amount to be amortized 15,379
   by the length of the lease 10 .

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

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	$ 649,460
13.	/2019	$ 662,449
14.	/2020	$ 675,698

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

15. Is Movable equipment rental included in building rental? [ ] YES [X] NO
16. Rental Amount for movable equipment: $ 38,629 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	Facility	2016 Van	$ 482.00	$ 5,780	17
18					18
19					19
20	Allocated from Mgmt. Co.			1,324	20
21	TOTAL		$ 482.00	$ 7,104	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 Maple Crest, LLC D/B/A Maple Crest Care Centre**
IDPH License ID Number: **0051839**
Fiscal Year End: **12/31/17**

Schedule 14A

XIV. Rental Costs
Line 16 Rental Amount for Moveable Equipment

Rental Description	Amount
COMPUTER RENTAL	1,079
KITCHEN EQUIPMENT RENTAL	2,213
NURSING EQUIPMENT RENTAL	12,303
OFFICE EQUIPMENT RENTAL	49
OFFICE EQUIPMENT RENTAL (COPIER)	23,002
Allocated from Mgmt Co.	(17)
Total - Line 16	**38,629**

Facility Name & ID Number Symphony Maple Crest, LLC D/B/A Maple Crest Care Centre # 0051839 Report Period Beginning: 1/1/17 Ending: 12/31/17

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?
   [ ] YES
   [X] NO

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.

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [ ]
   - HOURS PER CNA ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - HOURS PER CNA ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$	$	$ 0
2	Books and Supplies				0
3	Classroom Wages (a)				0
4	Clinical Wages (b)				0
5	In-House Trainer Wages (c)				0
6	Transportation				0
7	Contractual Payments				0
8	CNA Competency Tests				0
9	TOTALS	$ 0	$ 0	$ 0	$ 0
10	SUM OF line 9, col. 1 and 2 (e)	$ 0			

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.

Facility Name & ID Number Symphony Maple Crest, LLC D/B/A Maple Crest Care Centre # 0051839 Report Period Beginning: 1/1/17 Ending: 12/31/17

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

	1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39(3)	hrs	$	4,745	$ 341,673	$	4,745	$ 341,673	1
2	Licensed Speech and Language Development Therapist	39(3)	hrs		762	54,830		762	54,830	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39(3)	hrs		6,231	448,598		6,231	448,598	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 prescrpts				154,806		154,806	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): See Sch 16A	39(3)			344	24,795		344	24,795	12
13	Other (specify): Oxygen	39(2)					9,963		9,963	13
14	TOTAL			$	12,082	$ 869,896	$ 164,769	12,082	$ 1,034,665	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 Maple Crest, LLC D/B/A Maple Crest Care Centre**
IDPH License ID Number: **0051839**
Fiscal Year End: **12/31/17**

Schedule 16A

XIV. Special Services (Direct Cost)
Line 12 Other (specify)

Description	Amount
I.V. Therapy Costs	16,438
Inhalation Therapy Costs	7,401
Other Ancillary Costs	587
Total - Line 12	**24,426**

Facility Name & ID Number Symphony Maple Crest, LLC D/B/A Maple Crest Care Cen # 0051839 **Report Period Beginning:** 1/1/17 **Ending:** 12/31/17

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/17 **(last day of reporting year)**

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 2,000	$ 2,000	1
2	Cash-Patient Deposits	6,226	6,226	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 223,218)	1,028,562	1,028,562	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	2,723	2,723	6
7	Other Prepaid Expenses	305,495	305,495	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Schedule 17A	165	165	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 1,345,171	$ 1,345,171	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		2,743	13
14	Buildings, at Historical Cost		24,689	14
15	Leasehold Improvements, at Historical Cost	462,909	469,339	15
16	Equipment, at Historical Cost	198,494	239,311	16
17	Accumulated Depreciation (book methods)	(213,195)	(257,256)	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 **Lease cost, net**	6,408	6,408	22
23	Other(specify): See Schedule 17A	4,634,476	4,634,476	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 5,089,092	$ 5,119,710	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 6,434,263	$ 6,464,881	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 1,139,367	$ 1,139,367	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	6,226	6,226	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	265,485	265,485	30
31	Accrued Taxes Payable (excluding real estate taxes)	14,706	14,706	31
32	Accrued Real Estate Taxes(Sch.IX-B)	54,360	54,360	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See Schedule 17A	1,517,014	1,517,014	36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 2,997,158	$ 2,997,158	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	130,508	130,508	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)**	$ 130,508	$ 130,508	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 3,127,666	$ 3,127,666	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 3,306,597	$ 3,337,215	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 6,434,263	$ 6,464,881	48

***(See instructions.)**

Facility Name: **Symphony Maple Crest, LLC D/B/A Maple Crest Care Centre**
IDPH License ID Nun **0051839**
Fiscal Year End: **12/31/17**

Schedule 17A

XV. Balance Sheet
Line 9 Current Assets Other (specify):

Description	Operating	After Consolidation
Accounts Receivable - Employee Loans	165	165
Total - Line 9	**165**	**165**

XV. Balance Sheet
Line 23 Long-Term Assets Other (specify):

Description	Operating	After Consolidation
Other Assets - Security Deposits	102,004	102,004
Due To/From - Symphony Healthcare	17,364	17,364
CSA I/C Related/Party Due To/From Accts	4,515,108	4,515,108
Total - Line 23	**4,634,476**	**4,634,476**

XV. Balance Sheet
Line 36 Other Current Liabilities (specify):

Description	Operating	After Consolidation
Cash	48,148	48,148
Due To/From - Maestro	144,853	144,853
Accrued Payables	66,306	66,306
Accounts Payables - Patient Security Deposit	11,142	11,142
Accrued Payables - Health Insurance	9,920	9,920
Accrued Payables - Garnishments	1,120	1,120
Accrued Payables - WC/GL Insurance	10,000	10,000
Accrued Payables - Bed Taxes	21,786	21,786
Accrued Payables - Bed Taxes Add'l	24,189	24,189
Accrued Payables - Management Fees	137,082	137,082
Accrued Payables - Interest	399	399
Accrued Payables - Rent	156,555	156,555
Accrued Payables - Sales Tax	316	316
Deferred Rent	524,552	524,552
Lease Holds Payable	360,646	360,646
Total - Line 36	**1,517,014**	**1,517,014**

Facility Name & ID Number Symphony Maple Crest, LLC D/B/A Maple Crest Care Centre # 0051839 Report Period Beginning: 1/1/17 Ending: 12/31/17

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 1,450,523	1
2	Restatements (describe):		2
3	**Prior Period Adjustment**	688,030	3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 2,138,553	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	1,168,044	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)**	$ 1,168,044	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$ 0	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 3,306,597	24 *

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

Facility Name & ID Number Symphony Maple Crest, LLC D/B/A Maple Crest C # 0051839 Report Period Beginning: 1/1/17 Ending: 12/31/17

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

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

	I. Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 7,505,095	1
2	Discounts and Allowances for all Levels	(1,721,533)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 5,783,562	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,743,218	6
7	Oxygen	732	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 1,743,950	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	212,922	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	40,344	19
20	Radiology and X-Ray	10,392	20
21	Other Medical Services	1,510	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 265,168	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	140	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 140	26
	E. Other Revenue (specify):**		
27	**Settlement Income (Insurance, Legal, Etc.)**		27
28	**Miscellaneous Income**	1,558	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 1,558	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 7,794,378	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	810,094	31
32	Health Care	2,210,220	32
33	General Administration	1,197,540	33
	B. Capital Expense		
34	Ownership	921,171	34
	C. Ancillary Expense		
35	Special Cost Centers	1,293,172	35
36	Provider Participation Fee	194,137	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 6,626,334	40
41	**Income before Income Taxes (line 30 minus line 40)****	1,168,044	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 1,168,044	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 2,439,071	44
45	Private Pay - Net Inpatient Revenue	1,388,618	45
46	Medicare - Net Inpatient Revenue	1,474,158	46
47	Other-(specify) **Hospice**	129,796	47
48	Other-(specify) **Managed Care**	351,919	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 5,783,562	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 Maple Crest, LLC D/B/A Maple Crest Care Cent # 0051839 Report Period Beginning: 1/1/17 Ending: 12/31/17

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

(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	2,051	2,291	$ 107,478	$ 46.91	1
2	Assistant Director of Nursing	1,767	1,956	66,324	33.91	2
3	Registered Nurses	15,229	16,073	470,453	29.27	3
4	Licensed Practical Nurses	13,541	14,831	386,035	26.03	4
5	CNAs & Orderlies	56,986	60,986	807,284	13.24	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	5,060	5,500	65,198	11.85	10
11	Social Service Workers	1,909	2,075	38,862	18.73	11
12	Dietician					12
13	Food Service Supervisor	1,868	2,120	55,700	26.27	13
14	Head Cook					14
15	Cook Helpers/Assistants	13,001	13,816	133,735	9.68	15
16	Dishwashers					16
17	Maintenance Workers	2,525	2,750	53,249	19.36	17
18	Housekeepers	8,650	9,242	90,676	9.81	18
19	Laundry	4,906	5,219	46,643	8.94	19
20	Administrator	2,083	2,325	135,276	58.18	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	4,555	5,033	93,559	18.59	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	1,742	1,889	36,700	19.43	31
32	Other Health C: MDS	2,194	2,356	89,898	38.16	32
33	Other(specify) Admission	1,900	2,296	45,504	19.82	33
34	TOTAL (lines 1 - 33)	139,967	150,758	$ 2,722,574 *	$ 18.06	34

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

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly	$ 8,732	1(3)	35
36	Medical Director	Monthly	25,200	9(3)	36
37	Medical Records Consultant	Monthly	1,834	10(3)	37
38	Nurse Consultant	Monthly	9,595	10(3),(7)	38
39	Pharmacist Consultant	Monthly	8,999	10(3)	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	Monthly	369	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)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 57,094		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses		$		50
51	Licensed Practical Nurses	4	94	10(3)	51
52	Certified Nurse Assistants/Aides	75	2,240	10(3)	52
53	TOTAL (lines 50 - 52)	79	$ 2,334		53

Facility Name & ID Number Symphony Maple Crest, LLC D/B/A Maple Crest Cai # 0051839 Report Period Beginning: 1/1/17 Ending: 12/31/17

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Renee Woods	Administrator	0	$ 135,276
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 135,276

B. Administrative - Other

Description	Amount
Management Fees (Eliminated in Col. 7)	$ 390,886
TOTAL (agree to Schedule V, line 17, col. 3)	$ 390,886
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
See Schedule 21C		$ 242,713
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 242,713

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 107,775
Unemployment Compensation Insurance	26,896
FICA Taxes	194,855
Employee Health Insurance	(37,554)
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Employee Retirement	3,100
Employee Benefits - Other	10,426
Employees' Physical Exams	3,369
TOTAL (agree to Schedule V, line 22, col.8)	$ 308,867

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
N/A		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 1,990
Advertising: Employee Recruitment	296
Health Care Worker Background Check	
(Indicate # of checks performed 138)	1,654
Patient Background Checks 188	2,255
Miscellaneous Licenses & Fees	
Illinois Council on Long Term Care	7,379
Miscellaneous Dues & Subscriptions	7,422
Lobbying offset	(2,435)
Allocated from Mgmt Co.	2,659
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 21,220

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	876
Allocated from Mgmt Co.	556
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 1,432

* Attach copy of IMRF notifications

**See instructions.

Facility Name: **Symphony Maple Crest, LLC D/B/A Maple Crest Care Centre**
IDPH License ID Number: **0051839**
Fiscal Year End: **12/31/17**

Schedule 21C

XIX. SUPPORT SCHEDULES
C. Professional Services

Vendor	Type	Amount
Ability Network	Secure Exchange Managed Services	4,271
American Express	Internet	2,237
Carbonite, Inc	Protect One Services	2,736
Comcast Business	Internet	7,376
Constant Care Technology	Care Connection	1,703
Corporate Service Company	Annual Filing	1,001
Creative Technology	IT Support	13,373
Dart Chart Map and Track Systems, LLC - JOL	Mapping of HMO Contract Specification Sets	503
EMMI Solutions	Subscription - Engage Provider	185
Formation Healthcare Group	Monthly Subscription Fee	42
Frontier	Internet	900
Health Data Systems Inc	Programming	5,484
Hipp Law Office	Legal Fees	26,303
HK Payroll Services	Work Tax Credit	949
IIT/SourceTech	Operator Monthly Support Fee	1,380
Language Line Service	Phone Interpretation	83
LTC Consulting Services	Collection Agency	584
Maestro Consulting Services	Consulting Services	130,710
Marcus LLP	Public Accounting & Advisory Services	1,076
Market Matrix	Customer and Employee Metrix Subscription	172
McCabe, Kirshner P.C.	Legal Fees	540
Medical Business Office	Collection Agency	739
MTS Consulting, LLC	Tax Consulting Services	347
National Datacare Corporation	Trust fund and Medicaid billing services	961
Nexuscomm, LLC	Cable	2,542
Personnel Planners Inc	Qtrly Unemployment Claims	885
PointB Communication	Yrly Web Hosting	240
Point Click Care Technologies, LLC	Cloud based software and services	17,460
Prime Care Technologies	PBJ Reporting Module Access Fee	20
Real Time Medical Systems LLC	Clinical and Financial Analytics Service	4,605
Resolute Healthcare Solutions	Collection Agency	2,529
RSM US LLP	Accounting	1,198
Stone, McGuire & Siegel	Legal Fees	1,200
Telemedicine Solutions LLC	Wound Rounds Care	8,379
	Total (agree to Schedule V, line 19, column 3)	242,713
Allocated from Management Company	Professional Services	2,893
Less: Non-Allowable Legal Fees		(2,180)
Less: Professional Collection Fees		(3,852)
	Total (agree to Schedule V, line 19, column 8)	239,574

Facility Name & ID Number Symphony Maple Crest, LLC D/B/A Maple Crest Care Centre # 0051839 **Report Period Beginning:** 1/1/17 **Ending:** 12/31/17

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 - $7,379**

(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. $ **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. $ **194,137**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **No** If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? **Yes**

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? **No** For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **0** Has any meal income been offset against related costs? **No** Indicate the amount. $ **N/A**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **No**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **No** If YES, please indicate the amount of income earned from such a program during this reporting period. $ **N/A**
c. What percent of all travel expense relates to transportation of nurses and patients? **5**
d. Have vehicle usage logs been maintained? **Adequate records have been maintained**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **No**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **Yes**
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. $ **N/A**

(17) Has an audit been performed by an independent certified public accounting firm? **Yes**
Firm Name: **RSM US LLP**

(18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? **Yes**

(19) Has a schedule for the legal fees reported on the cost report been provided by the facility? **Yes**
See page 39 of the instructions for details.
Attach invoices and a summary of services for all architect and appraisal fees