

Facility Name & ID Number Countryside Care Centre

0051763 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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	203	Skilled (SNF)	203	74,095	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	203	TOTALS	203	74,095	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	27,393	6,279	29,232	62,904	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	27,393	6,279	29,232	62,904	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 84.90%

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

N/A (Do not include bed-hold 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 127 and days of care provided 5,486

Medicare Intermediary Wisconsin Physicians Services

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

Is your fiscal year identical to your tax year? YES NO

Tax Year: 12/31/15 Fiscal Year: 12/31/15

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

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	400,656	38,059	21,687	460,402		460,402	460,402		1	
2	Food Purchase		374,548		374,548		374,548	374,548		2	
3	Housekeeping	229,104	64,687		293,791		293,791	293,791		3	
4	Laundry	77,196	42,526	9,866	129,588		129,588	129,588		4	
5	Heat and Other Utilities			254,475	254,475		254,475	573	255,048	5	
6	Maintenance	64,932	2,012	160,249	227,193		227,193	6,256	233,449	6	
7	Other (specify):*									7	
8	TOTAL General Services	771,888	521,832	446,277	1,739,997		1,739,997	6,829	1,746,826	8	
	B. Health Care and Programs										
9	Medical Director			19,600	19,600		19,600	19,600		9	
10	Nursing and Medical Records	3,861,522	244,253		4,105,775		4,105,775	67,884	4,173,659	10	
10a	Therapy	18,733			18,733		18,733	18,733		10a	
11	Activities	114,253		7,289	121,542		121,542	121,542		11	
12	Social Services	73,757			73,757		73,757	73,757		12	
13	CNA Training									13	
14	Program Transportation									14	
15	Other (specify):* Mgmt alloc of benef							13,547	13,547	15	
16	TOTAL Health Care and Programs	4,068,265	244,253	26,889	4,339,407		4,339,407	81,431	4,420,838	16	
	C. General Administration										
17	Administrative	107,065		665,223	772,288		772,288	(665,125)	107,163	17	
18	Directors Fees									18	
19	Professional Services			291,395	291,395		291,395	(1,098)	290,297	19	
20	Dues, Fees, Subscriptions & Promotions			39,286	39,286		39,286	(11,237)	28,049	20	
21	Clerical & General Office Expenses	176,703	27,661	84,545	288,909		288,909	269,428	558,337	21	
22	Employee Benefits & Payroll Taxes			1,041,675	1,041,675		1,041,675	1,041,675		22	
23	Inservice Training & Education									23	
24	Travel and Seminar			947	947		947	10,274	11,221	24	
25	Other Admin. Staff Transportation			2,556	2,556		2,556	(514)	2,042	25	
26	Insurance-Prop.Liab.Malpractice			503,283	503,283		503,283	12,810	516,093	26	
27	Other (specify):* Mgmt alloc of benef							49,418	49,418	27	
28	TOTAL General Administration	283,768	27,661	2,628,910	2,940,339		2,940,339	(336,044)	2,604,295	28	
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,123,921	793,746	3,102,076	9,019,743		9,019,743	(247,784)	8,771,959	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

Countryside Care Centre

#0051763

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

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			178,463	178,463	178,463	4,065	182,528				30
31	Amortization of Pre-Op. & Org.											31
32	Interest			86,256	86,256	86,256	(855)	85,401				32
33	Real Estate Taxes			(43,114)	(43,114)	(43,114)	53,268	10,154				33
34	Rent-Facility & Grounds			1,614,975	1,614,975	1,614,975	(70,679)	1,544,296				34
35	Rent-Equipment & Vehicles			94,472	94,472	94,472	6,383	100,855				35
36	Other (specify):*											36
37	TOTAL Ownership			1,931,052	1,931,052	1,931,052	(7,818)	1,923,234				37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation			22,883	22,883	22,883		22,883				38
39	Ancillary Service Centers		250,590	1,735,241	1,985,831	1,985,831		1,985,831				39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			458,852	458,852	458,852		458,852				42
43	Other (specify):* Non-Allowable Co	47,498		374,745	422,243	422,243	(422,243)					43
44	TOTAL Special Cost Centers	47,498	250,590	2,591,721	2,889,809	2,889,809	(422,243)	2,467,566				44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,171,419	1,044,336	7,624,849	13,840,604	13,840,604	(677,845)	13,162,759				45

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

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0051763

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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	(21,494)	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	(1,037)	30		9
10	Interest and Other Investment Income	(995)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,183)	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	(12,972)	43		18
19	Entertainment				19
20	Contributions	(10,223)	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	(241,741)	43		24
25	Fund Raising, Advertising and Promotional	(6,827)	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	(143,653)	Var.		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (441,125)		\$	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)	(236,720)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (236,720)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (677,845)		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					45
46	Other-Attach Schedule					46
47	TOTAL (C): (sum of lines 38-46)			\$		47

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Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Nonallowable marketing events	\$ (48,558)	43	1
2	Laboratory Costs	(15,592)	43	2
3	X-Ray Costs	(15,155)	43	3
4	Lobbying Expense	(14,951)	20	4
5	Nonallowable Legal	(813)	19	5
6	Nonallowable other staff & admin transportation	(1,086)	25	6
7	Admissions Salaries	(47,498)	43	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				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		(143,653)	49

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Use Page 6-Supplemental as necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Page 6 Supplemental		See Page 6 Supplemental		See Page 6 Supplemental		

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V		\$			\$	\$	1
2	V			N/A				2
3	V							3
4	V							4
5	V							5
6	V							6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$			\$	\$ * 0	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	5 Utilities	\$	Symphony Financial Services, LLC	100.00%	\$ 435	\$	435	15
16	V	6 Maintenance		Symphony Financial Services, LLC	100.00%	3,131		3,131	16
17	V	10 Nursing & Medical Records		Symphony Financial Services, LLC	100.00%	43,881		43,881	17
18	V	15 Other		Symphony Financial Services, LLC	100.00%	8,056		8,056	18
19	V	17 Administrative	543,706	Symphony Financial Services, LLC	100.00%			(543,706)	19
20	V	19 Professional Services		Symphony Financial Services, LLC	100.00%	47,320		47,320	20
21	V	20 Dues, Fees, Subscripts & Promos		Symphony Financial Services, LLC	100.00%	1,011		1,011	21
22	V	21 Clerical & General Office Exp		Symphony Financial Services, LLC	100.00%	209,402		209,402	22
23	V	24 Travel & Seminar		Symphony Financial Services, LLC	100.00%	8,750		8,750	23
24	V	26 Insurance-Prop, Liab & Malpractice		Symphony Financial Services, LLC	100.00%	12,810		12,810	24
25	V	27 Other		Symphony Financial Services, LLC	100.00%	37,153		37,153	25
26	V	30 Depreciation		Symphony Financial Services, LLC	100.00%	4,041		4,041	26
27	V	34 Rent-Facility & Grounds		Symphony Financial Services, LLC	100.00%	(71,195)		(71,195)	27
28	V	35 Rent-Equipment & Vehicles		Symphony Financial Services, LLC	100.00%	4,416		4,416	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		\$ 543,706			\$ 309,211	\$ *	(234,495)	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	5 Utilities	\$	Maestro Consulting Services	100.00%	\$ 138	\$	138	15
16	V	6 Maintenance Salaries		Maestro Consulting Services	100.00%	2,253		2,253	16
17	V	6 Maintenance Expenses		Maestro Consulting Services	100.00%	872		872	17
18	V	7 Employee Benefits - Maintenance		Maestro Consulting Services	100.00%	516		516	18
19	V	10 Clinical Salaries		Maestro Consulting Services	100.00%	24,003		24,003	19
20	V	15 Employee Benefits - Clinical		Maestro Consulting Services	100.00%	5,491		5,491	20
21	V	17 Administrative Salaries	121,517	Maestro Consulting Services	100.00%	98		(121,419)	21
22	V	19 Professional Fees		Maestro Consulting Services	100.00%	5,049		5,049	22
23	V	20 Dues, Fees, Subscriptions, Etc.		Maestro Consulting Services	100.00%	2,703		2,703	23
24	V	21 Clerical & General Salaries		Maestro Consulting Services	100.00%	53,526		53,526	24
25	V	21 Clerical & General Expenses		Maestro Consulting Services	100.00%	6,500		6,500	25
26	V	24 Seminars and Education		Maestro Consulting Services	100.00%	1,524		1,524	26
27	V	25 Transportation		Maestro Consulting Services	100.00%	572		572	27
28	V	27 Employee Benefits - Administrative		Maestro Consulting Services	100.00%	12,265		12,265	28
29	V	30 Depreciation		Maestro Consulting Services	100.00%	1,061		1,061	29
30	V	32 Interest Expense		Maestro Consulting Services	100.00%	140		140	30
31	V	33 Real Estate Tax		Maestro Consulting Services	100.00%	614		614	31
32	V	35 Equipment Rental		Maestro Consulting Services	100.00%	1,407		1,407	32
33	V	35 Auto Lease		Maestro Consulting Services	100.00%	560		560	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 121,517			\$ 119,292	\$ *	(2,225)	39

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

Facility Name & ID Number

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Report Period Beginning:

01/01/2015

Ending:

12/31/2015

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 Crestwood, LLC D/B/A Symphony of Crestwood		Symphony M.L., LLC	Lincolnwood	Main Lessor	2
3	Hartman Dynasty Trust	4.50	Symphony Deerbrook, LLC D/B/A Symphony of Joliet		Symphony HMG, LLC	Lincolnwood	Sub Lessor	3
4	Mark Hartman	4.50	Symphony Maple Crest, LLC D/B/A Maple Crest	Belvidere	Symphony Financial S	Lincolnwood	Mgmt Co.	4
5	Julie Thomas	4.50	Symphony Maple Ridge, LLC D/B/A Symphony Lincoln					5
6	Rena Dickman	4.50	Symphony McKinley, LLC D/B/A McKinley Co	Decatur				6
7	Robert Hartman	4.00	Symphony Northwoods, LLC D/B/A Northwood	Belvidere				7
8	Jack Hartman	3.00	Symphony Evanston Healthcare	Evanston				8
9	Joseph Hartman	3.00	Symphony of Dyer	Indiana				9
10	David J. Hartman	20.00	Symphony of Crown Point	Indiana				10
11	Jay Flatt	3.00			NuCare Services	Lincolnwood	Bookkeeping Mgmt	11
12	Gerry Jenich	10.00			7257 N. Lincoln Ave, I	Lincolnwood	Building Rental	12
13	IBEX Mgmt Svces, LLC	10.00			Diamond Insurance	Northbrook	Work Comp Ins.	13
14			Bronzeville Park	Chicago	Mapleleaf Insurance	Grand Cayman	Liability/Work Com	14
15			California Gardens Corp.	Chicago	Seasons Hospice	Park Ridge	Hospice *	15
16			Claremont Rehab. & Living	Buffalo Grove	JLR Financial Svcs. C	Lincolnwood	Management Co.	16
17			Claremont - Hanover Park	Hanover Park	KFT Services, LLC	Lincolnwood	Management Co. **	17
18			Claridge Imperial, LTD.	Chicago	Drake Louis Enterpris	Lincolnwood	Management Co. **	18
19			Jackson Corp	Chicago	Integra Healthcare Eq	Elmhurst	DME & Med. Suppl	19
20			Monroe Pavillion	Chicago	Lifeline Ambulance, L	Chicago	Ambulance	20
21			Renaissance at 87th Street	Chicago	Integra Respiratory Se	Elmhurst	Respiratory Service	21
22			Renaissance at Midway	Chicago				22
23			Renaissance at South Shore	Chicago				23
24			Renaissance at Park South	Chicago	* No expense paid by h			24
25			Aria Post Acute Care	Hillside	entity, therefore no pa			25
26			Seven Oaks	Glendale, Wiscosin	** No expense of this r			26
27			Renaissance East	Mesa, Arizona	allocated to homes			27
28			Renaissance West	Mesa, Arizona				28
29			Renaissance Village IL	Mesa, Arizona				29
30			Renaissance Village AL	Mesa, Arizona				30

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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 Countryside Care Centre

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Ending: 2/31/2015

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 Symphony Financial Services, LLC
 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	Occupied Bed Days	372,277	11	\$ 3,116	\$ 52,030	\$ 435	1
2	6	Maintenance	Occupied Bed Days	372,277	11	22,405	52,030	3,131	2
3	10	Nursing & Med Records - Sal	Occupied Bed Days	372,277	11	313,972	313,972	43,881	3
4	15	Other-Mgmt Alloc of Benefits	Occupied Bed Days	372,277	11	57,644	52,030	8,056	4
5	19	Professional Services-Legal	Occupied Bed Days	372,277	11	5,442	52,030	761	5
6	19	Professional Services-Other	Occupied Bed Days	372,277	11	333,134	52,030	46,559	6
7	20	Dues, Fees, Subscripts & Promoti	Occupied Bed Days	372,277	11	7,234	52,030	1,011	7
8	21	Clerical & Gen ofc exp -Salary	Occupied Bed Days	372,277	11	1,244,063	1,244,063	173,872	8
9	21	Clerical & Gen ofc exp -Salary	Occupied Bed Days	372,277	11	254,217	52,030	35,530	9
10	24	Travel & Seminar	Occupied Bed Days	372,277	11	62,607	52,030	8,750	10
11	26	Ins-Prop, Liab & Malpractice	Occupied Bed Days	372,277	11	91,654	52,030	12,810	11
12	27	Other-Mgmt Alloc of Benefits	Occupied Bed Days	372,277	11	265,831	52,030	37,153	12
13	30	Depreciation	Occupied Bed Days	372,277	11	28,917	52,030	4,041	13
14	34	Rent - Facility & Grounds	Occupied Bed Days	372,277	11	(509,407)	52,030	(71,195)	14
15	35	Rent - Equipment	Occupied Bed Days	372,277	11	14,362	52,030	2,007	15
16	35	Rent - Vehicles	Occupied Bed Days	372,277	11	17,234	52,030	2,409	16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 2,212,425	\$ 1,558,035		\$ 309,211	25

Facility Name & ID Number Countryside Care Centre

0051763 Report Period Beginning: 01/01/2015

Ending: 2/31/2015

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	307,257	28	\$ 3,424	\$ 12,383	\$ 138	1
2	6	Maintenance Salaries	Bed Days Available	307,257	28	55,893	12,383	2,253	2
3	6	Maintenance Expenses	Bed Days Available	307,257	28	21,648	12,383	872	3
4	7	Employee Benefits - Maintenance	Bed Days Available	307,257	28	12,799	12,383	516	4
5	10	Clinical Salaries	Bed Days Available	307,257	28	595,582	595,582	24,003	5
6	15	Employee Benefits - Clinical	Bed Days Available	307,257	28	136,244	12,383	5,491	6
7	17	Administrative Salaries	Bed Days Available	307,257	28	2,420	2,420	98	7
8	19	Professional Fees	Bed Days Available	307,257	28	125,288	12,383	5,049	8
9	20	Dues, Fees, Subscriptions, Etc.	Bed Days Available	307,257	28	67,058	12,383	2,703	9
10	21	Clerical & General Salaries	Bed Days Available	307,257	28	1,328,131	1,328,131	53,526	10
11	21	Clerical & General Expenses	Bed Days Available	307,257	28	161,289	12,383	6,500	11
12	24	Seminars and Education	Bed Days Available	307,257	28	37,815	12,383	1,524	12
13	25	Transportation	Bed Days Available	307,257	28	14,185	12,383	572	13
14	27	Employee Benefits - Administrati	Bed Days Available	307,257	28	304,341	12,383	12,265	14
15	30	Depreciation	Bed Days Available	307,257	28	26,334	12,383	1,061	15
16	32	Interest Expense	Bed Days Available	307,257	28	3,464	12,383	140	16
17	33	Real Estate Tax	Bed Days Available	307,257	28	15,239	12,383	614	17
18	35	Equipment Rental	Bed Days Available	307,257	28	34,911	12,383	1,407	18
19	35	Auto Lease	Bed Days Available	307,257	28	13,885	12,383	560	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 2,959,950	\$ 1,982,026	\$ 119,292	25

Facility Name & ID Number

Countryside Care Centre

0051763

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

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	Name of Lender	2		3	4	5	6		8	9	10						
		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							\$	\$			\$						
2																	
3																	
4																	
5																	
	Working Capital																
6	The Private Bank		X	Capital Improvements	Interest Only	12/30/2011	2,000,000	160,023	12/30/2017	0.0525	6,870						
7	The Private Bank		X	Line of credit	Interest Only	12/30/2011	27,000,000	1,849,223	12/29/2016	0.0450	79,386						
8																	
9	TOTAL Facility Related						\$	29,000,000	\$	2,009,246	\$	86,256					
	B. Non-Facility Related*																
10																	
11																	
12											(995)						
13											140						
14	TOTAL Non-Facility Related						\$		\$		\$	(855)					
15	TOTALS (line 9+line14)						\$	29,000,000	\$	2,009,246	\$	85,401					

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

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

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

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

B. Real Estate Taxes

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.																		
1. Real Estate Tax accrual used on 2014 report.				\$	164,200	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.)	2014			\$	59,086	2														
3. Under or (over) accrual (line 2 minus line 1).				\$	(105,114)	3														
4. Real Estate Tax accrual used for 2015 report. (Detail and explain your calculation of this accrual on the lines below.)				\$	62,000	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.)				\$	52,654	5														
			Allocated from Management Co.		614															
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)				\$		6														
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.				\$	10,154	7														
Real Estate Tax History:																				
Real Estate Tax Bill for Calendar Year:	2010	<u>178,035</u>	8	<table border="1"> <tr> <td colspan="2">FOR BHF USE ONLY</td> </tr> <tr> <td>13</td> <td>FROM R. E. TAX STATEMENT FOR 2014 \$</td> <td>13</td> </tr> <tr> <td>14</td> <td>PLUS APPEAL COST FROM LINE 5 \$</td> <td>14</td> </tr> <tr> <td>15</td> <td>LESS REFUND FROM LINE 6 \$</td> <td>15</td> </tr> <tr> <td>16</td> <td>AMOUNT TO USE FOR RATE CALCULATION \$</td> <td>16</td> </tr> </table>			FOR BHF USE ONLY		13	FROM R. E. TAX STATEMENT FOR 2014 \$	13	14	PLUS APPEAL COST FROM LINE 5 \$	14	15	LESS REFUND FROM LINE 6 \$	15	16	AMOUNT TO USE FOR RATE CALCULATION \$	16
FOR BHF USE ONLY																				
13	FROM R. E. TAX STATEMENT FOR 2014 \$	13																		
14	PLUS APPEAL COST FROM LINE 5 \$	14																		
15	LESS REFUND FROM LINE 6 \$	15																		
16	AMOUNT TO USE FOR RATE CALCULATION \$	16																		
	2011	<u>203,590</u>	9																	
	2012	<u>230,275</u>	10																	
	2013	<u>156,396</u>	11																	
	2014	<u>59,086</u>	12																	
2014 Tax Accrual = \$59,086 * 1.05 = \$62,040, use \$62,000																				

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.

2014 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Symphony Countryside, LLC D/B/A Countryside Care Centre COUNTY Kane

FACILITY IDPH LICENSE NUMBER 0051763

CONTACT PERSON REGARDING THIS REPORT Elizabeth Koshy

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 2014 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 2014.

(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>15-19-176-009</u>	<u>Nursing Home</u>	\$ <u>59,086.18</u>	\$ <u>59,086.18</u>
2. <u>10-27-319-028-0000</u>	<u>Land & Property Mgmt. Co.</u>	\$ <u>15,239.04</u>	\$ <u>1,551.42</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>74,325.22</u></u>	\$ <u><u>60,637.60</u></u>

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES X 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 2014 tax bills which were listed in Section A to this statement. Be sure to use the 2014 tax bill which is normally paid during 2015.

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: 59,536 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 2

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)
 List entity name, type of business, square footage, and number of beds/units available (where applicable).

N/A

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES NO
 If so, please complete the following:

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

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

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	<u>Alloc Fr Maestro 7257</u>			\$ <u>1,075</u>	1
2					2
3	TOTALS			\$ <u>1,075</u>	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				\$	\$		\$	\$	\$
5									
6									
7									
8	Allocated from Maestro 7257		2004	9,674		39	248	248	3,351
	Improvement Type**								
9	Architectural fees, contractor fees, paint, remove wallpaper, install flooring, demo, carpentry, drywall, install wallpaper		2013	198,047	9,902	20	9,902		29,707
10	First Floor								
11	Demo/carpentry/drywall, acoustical ceiling, interior electrical alarms, painting, wall covering, floor covering, add 3 heads contractor fees - First Floor and Dining Room		2013	116,913	5,846	20	5,846		17,537
12	Interior painting, replace storefront glass, wall and floor coverings - First Floor		2013	22,173	1,110	20	1,110		3,142
13	Repiped water line to 3 compartments		2013	2,630	132	20	132		362
14	Demo/carpentry/drywall, permit, contractor fees - First Floor		2013	54,915	2,746	20	2,746		7,780
15	Interior electrical alarms		2013	16,460	823	20	823		2,332
16	Exterior demo/carpentry, interior elec/alarms, plumbing open office, engineering - First Floor & Dining Room		2013	50,619	2,531	20	2,531		6,960
17	Carpet removal - Nurses station tie back in all vct		2013	10,856	543	20	543		1,493
18	Roofing		2013	10,000	500	20	500		1,375
19	Lounge 500 - New Carpet		2013	3,100	443	7	443		1,181
20	Demo/carpentry/drywall, electrical, glass, demo brick & rebuild around windows, engineering, besam swing door, painting, modified, bitumen, ridge vent, aluminum soffit		2013	303,589	15,179	20	15,179		38,734
21	architecture fees, stucco molding, contractors fees - First Floor, Spa Room, Rear Entry Vestibule, Exterior of Building								
22	Fencing in patio		2013	2,922	195	15	195		471
23	Electirical work for office		2013	4,391	219	20	219		512
24	Demo/carpentry/drywall, window wall tape & mud, saw cut concrete, excavation, rough in & frame roof & rear vestibule, steel posts, besam swing door, contractors fees - Rear Vestibule & Second Floor		2013	49,040	2,452	20	2,452		5,517
25									
26									
27									
28									
29									
30									
31									
32									
33									
34									
35									
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 Countryside Care Centre

0051763

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

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	Painting/Carpentry - Entry & Second Floor	2013	\$ 13,180	\$ 1,882	7	\$ 1,882	\$	\$ 4,236	37
38	Demo/Carpentry/Drywall, exterior demo, emergency power, electrical, gen cont fees-Entryway & Second Floor	2013	53,564	2,679	20	2,679		5,580	38
39									39
40	Painting/Carpentry - Office & Back Entrance	2013	1,980	283	7	283		589	40
41	Roof Garden	2013	8,595	573	15	573		1,194	41
42									42
43	Facility Remodeling	2014	85,002	5,741	5-20	5,741		9,392	43
44	- Custom Hollow Metal Doors & Frames: Entrance								44
45	- Exterior Demo & Carpentry								45
46	- General Contracting								46
47	- Architecture Fees								47
48	- Install & Wire 2 Light Poles & Replace Ballards								48
49	- Interior Painting of Door Jambs & 3 Hallways								49
50	- Supplied & Installed Metal Flashing, Flat Roof, and Cement Roof on 2nd Floor								50
51	- Sealcoating Parking Lot								51
52	- Bipart Slide Door								52
53	- Repair and Install Grease Interceptor: Kitchen								53
54	- Enclose Top of W/Drywall in Closet: Resident Rooms								54
55	- Remove Vent and Install Piece of Sheet Metal in closets								55
56	- Tape and Install FRP								56
57	- Provide Door Coordinators on 8 doors								57
58									58
59									59
60	Code-Compliant Door Restrictor on 2-Stop Hydraulic Elevator	2015	3,300	138	20	138		138	60
61	New Overhang Roof, Replaced 12 Pieces of Metal Decking	2015	21,248	530	20	530		530	61
62	-Applied Patch to Wall Flashing								62
63									63
64	Window Treatments, Design Fee for Dialysis Unit	2015	4,409	37	20	37		37	64
65	Demo, Flooring, Electrical, plumbing, permits	2015	53,972	450	20	450		450	65
66	Signs & Banners Aluminum, Rebranded Facility	2015	20,164	55	20	55		55	66
67									67
68	To Tie to Financial Statements			1,037			(1,037)		68
69									69
70	TOTAL (lines 4 thru 69)		\$ 1,120,742	\$ 56,024		\$ 55,235	\$ (789)	\$ 142,655	70

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

XI. OWNERSHIP COSTS (continued)

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

1	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		\$ 1,120,742	\$ 56,024		\$ 55,235	\$ (789)	\$ 142,655	1
2	Allocated from Maestro Consulting Services	2003	472		39	5	5	282	2
3	Allocated from Maestro Consulting Services	2004	9,584		39	93	93	5,623	3
4	Allocated from Maestro Consulting Services	2005	568		39	6	6	304	4
5	Allocated from Maestro Consulting Services	2006	770		39	7	7	354	5
6	Allocated from Maestro Consulting Services	2008	812		39	8	8	288	6
7	Allocated from Maestro Consulting Services	2009	13,075		20	126	126	4,210	7
8	Allocated from Maestro Consulting Services	2010	2,009		20	19	19	453	8
9	Allocated from Maestro Consulting Services	2011	109		20	1	1	26	9
10	Allocated from Maestro Consulting Services	2012	121		20	1	1	22	10
11	Allocated from Maestro Consulting Services	2014	1,511		20	15	15	109	11
12	Allocated from Maestro Consulting Services	2015	425		20			4	12
13									13
14	Allocated from Maestro 7257	2004	192		20			111	14
15	Allocated from Maestro 7257	2005	883		10	6	6	583	15
16	Allocated from Maestro 7257	2015	152		10	8	8	3	16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 1,151,425	\$ 56,024		\$ 55,530	\$ (494)	\$ 155,027	34

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 708,855	\$ 120,252	\$ 120,252	\$		\$ 354,328	71
72	Current Year Purchases	2,886	529	529			529	72
73	Fully Depreciated Assets							73
74	See Sch 13A	94,340		4,556	4,556		50,719	74
75	TOTALS	\$ 806,081	\$ 120,781	\$ 125,337	\$ 4,556		\$ 405,576	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	Patient Transportation	2008 Ford Van	2013	\$ 16,587	\$ 1,658	\$ 1,658	\$	10	\$ 4,561	76
77										77
78	Allocated from Maestro Consulting Services			357		3	3		357	78
79										79
80	TOTALS			\$ 16,944	\$ 1,658	\$ 1,661	\$ 3		\$ 4,918	80

E. Summary of Care-Related Assets

	1	2		
	Reference	Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 1,975,525	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 178,463	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 182,528	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 4,065	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 565,521	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 Countryside, LLC D/B/A Countryside Care Centre
IDPH License ID Number: 0051763
Fiscal Year End: 12/31/2015

Schedule 13A

XI. Ownership Costs

Line 74 - Equipment Costs - Excluding Transportation

Category of			Current Book	Straight Line		Component	Accumulated
Equipment	Cost		Depreciation	Depreciation	Adjustments	Life	Depreciation
Allocated from Symphony Financial Services, LLC	24,724			4,041	4,041	5-7	9,921
Allocated from Maestro Consulting Services	69,616			515	515	5-10	40,798
					-		
TOTAL	94,340		-	4,556	4,556		50,719

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Diana Master Landlord, LLC

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

If NO, see instructions. YES NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:	<u>1972</u>	<u>203</u>	<u>12/31/2011</u>	\$ <u>1,611,655</u>	<u>10</u>	<u>10</u>	3
4	Additions							4
5								5
6	<u>Allocated from Mgmt. Co.</u>				<u>(70,679)</u>			6
7	TOTAL		203		\$ <u>1,540,976</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. /2016 \$ 1,144,440

13. /2017 \$ 1,167,329

14. /2018 \$ 1,190,675

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.

3,320

33,198

9. Option to Buy: YES NO Terms: _____ *

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: \$ 94,472 Description: See Schedule 14A

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>N/A</u>		\$	\$	17
18					18
19					19
20	<u>Allocated from Mgmt. Co.</u>			<u>6,383</u>	20
21	TOTAL		\$	\$ <u>6,383</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: Countryside Care Centre
IDPH License ID Number: 0051763
Fiscal Year End: 12/31/2015

Schedule 14A

XIV. Rental Costs

Line 16 Rental Amount for Moveable Equipment

Rental Description	Amount
Low Loss Air Mattress	85
Oxygen Concentrator	24,929
Bipap	1,139
Wound Pump	1,577
Vac Freedom	3,026
Cpap	507
Bariatric Bed	9,871
Nebulizer	2,431
Blood Pressure Machine	2,376
Cooler	4,050
Ice Making Equipment	4,451
Water Machine	132
Copiers	35,405
Voice Media	352
Mailing Machine	1,507
Aquarium	2,634
Total - Line 16	94,472

Facility Name & ID Number Countryside Care Centre # 0051763 Report Period Beginning: 01/01/2015 Ending: 12/31/2015
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?</p> <p><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			Total
		1	2	3	
		Drop-outs	Completed	Contract	
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		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service			Units	Cost				
1	Licensed Occupational Therapist	39(3)	hrs	\$	10,278	\$ 740,032	\$	10,278	\$ 740,032	1	
2	Licensed Speech and Language Development Therapist	39(3)	hrs		2,393	172,270		2,393	172,270	2	
3	Licensed Recreational Therapist		hrs							3	
4	Licensed Physical Therapist	39(3)	hrs		10,327	743,533		10,327	743,533	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				246,739		246,739	9	
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10	
11	Academic Education		hrs							11	
12	Other (specify): <u>Oxygen</u>	39(2)					3,851		3,851	12	
13	Other (specify): <u>See Schedule 16A</u>	39(3)			1,103	79,406		1,103	79,406	13	
14	TOTAL			\$	24,101	\$ 1,735,241	\$ 250,590	24,101	\$ 1,985,831	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: Countryside Care Centre
IDPH License ID Number: 0051763
Fiscal Year End: 12/31/2015

Schedule 16A

XIV. Special Services (Direct Cost)

Line 12 Other (specify)

<u>Description</u>	<u>Units</u>	<u>Amount</u>
5301 INHALATION THERAPY-PRIVATE	16	1,125
5303 INHALATION THERAPY-MEDICARE	101	7,299
5305 INHALATION THERAPY-MEDICAID	76	5,474
5308 INHALATION THERAPY-MANAGED CR	49	3,506
5753 OTHER SERVICES - MEDICARE	9	623
5853 I.V THERAPY- MEDICARE	523	37,686
5855 I.V. THERAPY-MEDICAID	25	1,800
5858 I.V. THERAPY -MANAGED CA	111	7,967
15885 RESPIRATORY	149	10,705
15888 PROGRAM CONSULTANT	45	3,221
Total - Line 12	1,103	79,406

Facility Name & ID Number Countryside Care Centre

0051763

Report Period Beginning: 01/01/2015

Ending:

12/31/2015

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2015

(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	\$ 433,859	\$ 433,859	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>450,725</u>)	8,016,733	8,016,733	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	300,811	300,811	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>See Schedule 17A</u>	123,996	123,996	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 8,875,399	\$ 8,875,399	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		1,075	13
14	Buildings, at Historical Cost		9,674	14
15	Leasehold Improvements, at Historical Cost	1,111,069	1,141,751	15
16	Equipment, at Historical Cost	752,257	823,025	16
17	Accumulated Depreciation (book methods)	(499,759)	(565,521)	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 (spec <u>Lease Cost</u>)	19,919	19,919	22
23	Other(specify): <u>See Schedule 17A</u>	601,057	601,057	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,984,543	\$ 2,030,980	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 10,859,942	\$ 10,906,379	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 2,243,378	\$ 2,243,378	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	152,166	152,166	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	62,000	62,000	32
33	Accrued Interest Payable	265	265	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>See Schedule 17A</u>	2,419,975	2,419,975	36
37	<u>See Schedule 17A</u>	54,279	54,279	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 4,932,063	\$ 4,932,063	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	2,009,246	2,009,246	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)	\$ 2,009,246	\$ 2,009,246	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 6,941,309	\$ 6,941,309	46
47	TOTAL EQUITY(page 18, line 24)	\$ 3,918,633	\$ 3,965,070	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 10,859,942	\$ 10,906,379	48

*(See instructions.)

Facility Name: Countryside Care Centre
IDPH License ID Number: 0051763
Fiscal Year End: 12/31/2015

Schedule 17A

XV. Balance Sheet

Line 9 Current Assets Other (specify):

<u>Description</u>	<u>Operating</u>	<u>After Consolidation</u>
1127 RESERVE FOR CAPEX	70,000	70,000
1147 DUE FROM KENSINGTON	53,996	53,996
Total - Line 9	123,996	123,996

XV. Balance Sheet

Line 23 Long-Term Assets Other (specify):

<u>Description</u>	<u>Operating</u>	<u>After Consolidation</u>
1125 SECURITY DEPOSIT	271,874	271,874
1126 REAL ESTATE ESCROW DEPOSIT	329,183	329,183
Total - Line 23	601,057	601,057

XV. Balance Sheet

Line 36 Other Current Liabilities (specify):

<u>Description</u>	<u>Operating</u>	<u>After Consolidation</u>
1209 SECURITY DEPOSIT PAYABLE	(67,301)	(67,301)
1210 OPERATING EXPENSES	(357,212)	(357,212)
1212 MANAGEMENT FEES - SYMPHONY	(136,556)	(136,556)
1214 INSURANCE ALLOWANCE - WC/GI	(198,288)	(198,288)
1221 STATE UNEMPLOYMENT TAX	(8,613)	(8,613)
1222 FEDERAL UNEMPLOYMENT TAX	(1,186)	(1,186)
1223 SALES TAX	(172)	(172)

1224 PAYROLL TAXES OTHER	(16,929)	(16,929)
1226 ACCRUED EMPLOYEE BENEFITS	(244,955)	(244,955)
1232 FICA & W/H FED	(65)	(65)
1242 DUE TO IDPA-ADD'TL BED TAX	(59,055)	(59,055)
1252 DUE TO NUCARE	(20,238)	(20,238)
1257 WAGE ASSIGN & GARNISHMENTS	(1,381)	(1,381)
1258 PATIENT PERSONAL FUNDS	(56,781)	(56,781)
1253 DUE TO SYMPHONY FINANCIAL	(157,046)	(157,046)
1204 EXCHANGE FORMATION L/H	(593,791)	(593,791)
1206 DUE TO DPA	(411,504)	(411,504)
1220 ACCUMULATED AMORTIZATION]	67,811	67,811
1249 EXCHANGE	(156,713)	(156,713)
Total - Line 36	(2,419,975)	(2,419,975)

XV. Balance Sheet

Line 36 Other Current Liabilities (specify):

<u>Description</u>	<u>Operating</u>	<u>After Consolidation</u>
1152 PREPAID INSURANCE-LIABILITY	(44,066)	(44,066)
1153 PREPAID INS.-WORKMANS COMP.	(10,213)	(10,213)
Total - Line 36	(54,279)	(54,279)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 2,992,043	1
2	Restatements (describe):		2
3	Prior Period Adjustment	(1,387)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 2,990,656	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	927,977	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)	\$ 927,977	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)	\$ 3,918,633	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	\$ 13,623,148	1
2	Discounts and Allowances for all Levels	(2,440,641)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 11,182,507	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	3,147,151	6
7	Oxygen	6,343	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 3,153,494	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	319,392	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	65,716	19
20	Radiology and X-Ray	10,755	20
21	Other Medical Services	35,722	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 431,585	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	995	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 995	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)		29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 14,768,581	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,739,997	31
32	Health Care	4,339,407	32
33	General Administration	2,940,339	33
B. Capital Expense			
34	Ownership	1,931,052	34
C. Ancillary Expense			
35	Special Cost Centers	2,430,957	35
36	Provider Participation Fee	458,852	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 13,840,604	40
41	Income before Income Taxes (line 30 minus line 40)**	927,977	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 927,977	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 5,796,945	44
45	Private Pay - Net Inpatient Revenue	1,140,127	45
46	Medicare - Net Inpatient Revenue	2,670,630	46
47	Other-(specify) <u>Hospice</u>	1,136,310	47
48	Other-(specify) <u>Managed Care</u>	438,495	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 11,182,507	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 cash basis

Facility Name: Countryside Care Centre
IDPH License ID Number: 0051763
Fiscal Year End: 12/31/2015

Schedule 19C

XVII. Income Statement

Line 47 Net Inpatient Revenue detailed by Payer Source Other (specify):

<u>Description</u>	<u>Amount</u>
4170 HOSPICE - ROUTINE	1,136,310
Total - Line 47	<u><u>1,136,310</u></u>

XVII. Income Statement

Line 48 Net Inpatient Revenue detailed by Payer Source Other (specify):

<u>Description</u>	<u>Amount</u>
4180 MANAGED CARE - ROUTINE	1,017,949
4228 MEDICAL SUPP - CONT ADJ- MANAGED CARI	(1,948)
4278 RX - CONT ADJ - MANAGED CARE	(99,496)
4478 LABORATORY - CONT ADJ MAN. CARE	(25,517)
4528 PHYSICAL TPY-CONT ADJ MNG CAR	(194,933)
4578 SPEECH THERAPY C/A - MANAGE CARE	(53,018)
4628 OCCUP. TPY-MAN CARE CONT ADJ	(205,837)
4878 IV THERAPY CONT ADJ - MANAGE CARE	1,295
Total - Line 48	<u><u>438,495</u></u>

Facility Name & ID Number Countryside Care Centre

0051763

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,967	2,228	\$ 101,460	\$ 45.54	1
2	Assistant Director of Nursing	4,486	4,969	154,062	31.00	2
3	Registered Nurses	40,936	44,899	1,145,891	25.52	3
4	Licensed Practical Nurses	25,688	28,246	722,379	25.57	4
5	CNAs & Orderlies	127,239	136,456	1,696,555	12.43	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,250	1,369	18,733	13.68	8
9	Activity Director	2,171	2,439	39,674	16.27	9
10	Activity Assistants	6,185	6,773	74,579	11.01	10
11	Social Service Workers	3,799	4,141	73,757	17.81	11
12	Dietician					12
13	Food Service Supervisor	2,884	3,205	53,025	16.54	13
14	Head Cook	8,541	9,381	98,285	10.48	14
15	Cook Helpers/Assistants	24,508	26,044	249,346	9.57	15
16	Dishwashers					16
17	Maintenance Workers	2,428	2,926	64,932	22.19	17
18	Housekeepers	20,074	21,777	229,104	10.52	18
19	Laundry	7,718	8,359	77,196	9.24	19
20	Administrator	1,493	1,665	93,064	55.89	20
21	Assistant Administrator	437	459	14,001	30.50	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	8,573	9,330	176,703	18.94	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	2,228	2,468	37,102	15.03	31
32	Other Health C: <u>Ward Clerk</u>	213	222	4,073	18.35	32
33	Other(specify) <u>Marketing</u>	2,250	2,608	47,498	18.21	33
34	TOTAL (lines 1 - 33)	295,068	319,964	\$ 5,171,419 *	\$ 16.16	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	\$ 21,687	1(3)	35
36	Medical Director	Monthly	19,600	9(3)	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	Monthly	2,420	11(3)	44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 43,707		49

C. CONTRACT NURSES

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

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Julie Adduci	Administrator	0	\$ 34,419	Workers' Compensation Insurance	\$ 186,594	IDPH License Fee	\$ 0	
Daniela Clevenger	Administrator	0	56,155	Unemployment Compensation Insurance	84,028	Advertising: Employee Recruitment	671	
Lynn Blackburn	Assistant Administrator	0	16,491	FICA Taxes	381,017	Health Care Worker Background Check (Indicate # of checks performed _____)	3,200	
				Employee Health Insurance	363,257	Patient Background Checks	3,010	
				Employee Meals		Miscellaneous Licenses & Fees	422	
				Illinois Municipal Retirement Fund (IMRF)*		Illinois Council on Long Term Care	25,002	
				Employee Retirement	13,490	Miscellaneous Dues & Subscriptions	6,981	
				Employee Benefits - Other	8,219	Lobbying Expense	(14,951)	
				Employees' Physical Exams	5,070	Allocated from Mgmt. Co.	3,714	
						Less: Public Relations Expense	()	
						Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)				TOTAL (agree to Schedule V, line 22, col.8)			TOTAL (agree to Sch. V, line 20, col. 8)	
\$ 107,065				\$ 1,041,675			\$ 28,049	
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount
Management Fees (Eliminated in col. 7)			\$ 665,223	N/A		\$	Out-of-State Travel	\$
							In-State Travel	
							Seminar Expense	947
							Allocated from Mgmt. Co.	10,274
							Entertainment Expense	()
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)				TOTAL			TOTAL (agree to Sch. V, line 24, col. 8)	
\$ 665,223				\$			\$ 11,221	
C. Professional Services								
Vendor/Payee	Type	Amount						
See Schedule 21A		\$ 291,395						
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)								
\$ 291,395								

* Attach copy of IMRF notifications

**See instructions.

Facility Name: Countryside Care Centre
IDPH License ID Number: 0051763
Fiscal Year End: 12/31/2015

Schedule 21A

XIX. SUPPORT SCHEDULES

C. Professional Services

Vendor	Type	Amount
WESCOM SOLUTIONS INC	Clinical/Bookkeeping/Data Processing	30,182
Nucare Services Corp	Microsoft Corporation	651
Point B Communication	Yearly Hosting	1,295
Symphony Financial Services	Comcast Charges & Web Hosting	7,838
Symphony Financial Services	Monthly IT Support	200
Symphony Financial Services	Clinical/Bookkeeping/Data Processing	705
Symphony Financial Services	Eligibility Verification	1,138
TELEMEDICINE SOLUTIONS	WOUND ROUNDS CARE	16,149
E-Health Data Solution	CareWatch & RiskWatch	5,112
Health Data Systems	AP/PR Maintenance	5,211
IIT/Sourcetek	Operator Monthly Support	1,380
Ability Network, Inc	Secure Exchange Managed Serv.	1,685
Allscript	Mgmt Facility Subscription	269
Comcast Cable	Business Class Internet	1,885
Creative Technology	Monthly IT Support	14,849
McGladrey	Accounting Fees	24,676
Achieve Accreditation	Accreditation Maintenance	3,371
HK Payroll Services	WOTC Program	4,977
Life Safety Resource	Safety	2,220
Medical Business Office	Collection Activity	6,068
Personnel Planners	Quarterly UI Claims Managment	853
Symphony Financial Services	Administrative Consulting	70,428
The Joint commission	Accreditation	3,200
Tonic Healthcare Resurce	Recruiting	13,750
World Changer Consulting	Consulting	3,700
Allen A Lefkovitz	Real Estate Tax Reduction	52,654

Hipp Law Office	Collection Activity	813
Much Shelist	Legal	402
Stone, Mcguire & Siegel	Compliance	14,488
Documentation Solutions	Legal	1,249

Total (agree to Schedule V, line 19, column 3) 291,395

Allocated from Management Company Legal Fees	761
Allocated from Management Company Professional Services	51,608
Less: Non-Allowable Legal Fees	(813)
Less: Reclass of Legal Fees to Real Estate Taxes	<u>(52,654)</u>
Total (agree to Schedule V, line 19, column 8)	<u>290,297</u>

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

1	2	3	4	5	6	7	8	9	10	11	12	13
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2												
3												N/A
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	TOTALS	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

Facility Name & ID Number Countryside Care Centre# 0051763Report Period Beginning: 01/01/2015Ending: 12/31/2015**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 - \$25,002
- (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 Yr
- (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? No 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. \$ 458,852
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. \$ N/A Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
c. What percent of all travel expense relates to transportation of nurses and patients? 5
d. Have vehicle usage logs been maintained? Adequate records have been maintained.
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: RSM US LLP
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes
Attach invoices and a summary of services for all architect and appraisal fees.