



Facility Name & ID Number Symphony Evanston Healthcare

# 0053256 Report Period Beginning: 01/01/15 Ending: 12/31/15

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	148	Skilled (SNF)	148	54,020	1
2		Skilled Pediatric (SNF/PED)			2
3	10	Intermediate (ICF)	10	3,650	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	158	TOTALS	158	57,670	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				5
		3 Medicaid Recipient	Private Pay	4 Other	Total	
8	SNF	2,820	21,898	9,207	33,925	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	2,820	21,898	9,207	33,925	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 58.83%

D. How many bed-hold days during this year were paid by the Department? None (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

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 11/1/2014

J. Was the facility purchased or leased after January 1, 1978?  
YES  Date 11/01/2014 NO

K. Was the facility certified for Medicare during the reporting year?  
YES  NO  If YES, enter number of beds certified 148 and days of care provided 7,274

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRAUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 12/31/2015 Fiscal Year: 12/31/2015

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

Facility Name &amp; ID Number

Symphony Evanston Healthcare

# 0053256

Report Period Beginning:

01/01/15

Ending:

12/31/15

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	629,204	31,899	18,706	679,809		679,809		679,809		1
2	Food Purchase		324,289		324,289		324,289	(2,582)	321,707		2
3	Housekeeping	240,737	41,355		282,092		282,092		282,092		3
4	Laundry	113,760	26,710		140,470		140,470		140,470		4
5	Heat and Other Utilities			275,413	275,413		275,413	(23,386)	252,027		5
6	Maintenance	247,326		220,968	468,294		468,294	15,566	483,860		6
7	Other (specify):*							401	401		7
8	<b>TOTAL General Services</b>	<b>1,231,027</b>	<b>424,253</b>	<b>515,087</b>	<b>2,170,367</b>		<b>2,170,367</b>	<b>(10,000)</b>	<b>2,160,367</b>		<b>8</b>
	<b>B. Health Care and Programs</b>										
9	Medical Director			36,000	36,000		36,000		36,000		9
10	Nursing and Medical Records	4,074,674	183,536	41,615	4,299,825		4,299,825	40,927	4,340,752		10
10a	Therapy			2,100	2,100		2,100	(21)	2,079		10a
11	Activities	164,894	85,259		250,153		250,153		250,153		11
12	Social Services	133,719			133,719		133,719		133,719		12
13	CNA Training										13
14	Program Transportation			5,936	5,936		5,936	(892)	5,044		14
15	Other (specify):*							8,612	8,612		15
16	<b>TOTAL Health Care and Programs</b>	<b>4,373,287</b>	<b>268,795</b>	<b>85,651</b>	<b>4,727,733</b>		<b>4,727,733</b>	<b>48,626</b>	<b>4,776,359</b>		<b>16</b>
	<b>C. General Administration</b>										
17	Administrative	148,552		643,060	791,612		791,612	(640,301)	151,311		17
18	Directors Fees										18
19	Professional Services			142,922	142,922		142,922	10,642	153,564		19
20	Dues, Fees, Subscriptions & Promotions			83,421	83,421		83,421	(24,055)	59,366		20
21	Clerical & General Office Expenses	251,416	728	373,686	625,830		625,830	(142,930)	482,900		21
22	Employee Benefits & Payroll Taxes			1,087,390	1,087,390		1,087,390		1,087,390		22
23	Inservice Training & Education										23
24	Travel and Seminar			3,702	3,702		3,702	5,897	9,599		24
25	Other Admin. Staff Transportation			35,881	35,881		35,881	445	36,326		25
26	Insurance-Prop.Liab.Malpractice			291,602	291,602		291,602	6,897	298,499		26
27	Other (specify):*							29,550	29,550		27
28	<b>TOTAL General Administration</b>	<b>399,968</b>	<b>728</b>	<b>2,661,664</b>	<b>3,062,360</b>		<b>3,062,360</b>	<b>(753,855)</b>	<b>2,308,505</b>		<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	<b>6,004,282</b>	<b>693,776</b>	<b>3,262,402</b>	<b>9,960,460</b>		<b>9,960,460</b>	<b>(715,229)</b>	<b>9,245,231</b>		<b>29</b>

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

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

Facility Name & ID Number Symphony Evanston Healthcare #0053256 Report Period Beginning: 01/01/15 Ending: 12/31/15

## 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	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			133,376	133,376		133,376	269,973	403,349			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			76,469	76,469		76,469	495,959	572,428			32
33	Real Estate Taxes			230,417	230,417		230,417	478	230,895			33
34	Rent-Facility & Grounds			878,280	878,280		878,280	(878,280)				34
35	Rent-Equipment & Vehicles			53,912	53,912		53,912	(3,989)	49,923			35
36	Other (specify):*							(0)	(0)			36
37	<b>TOTAL Ownership</b>			1,372,454	1,372,454		1,372,454	(115,860)	1,256,594			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		346,504	1,247,730	1,594,234		1,594,234	(2,937)	1,591,297			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			248,277	248,277		248,277		248,277			42
43	Other (specify):*	162,616		81,581	244,197		244,197	(244,197)	(0)			43
44	<b>TOTAL Special Cost Centers</b>	162,616	346,504	1,577,588	2,086,708		2,086,708	(247,134)	1,839,574			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	6,166,898	1,040,280	6,212,444	13,419,622		13,419,622	(1,078,224)	12,341,398			45

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

**VI. ADJUSTMENT DETAIL**

**A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)**

		1	2	3	
	<b>NON-ALLOWABLE EXPENSES</b>	<b>Amount</b>	<b>Refer- ence</b>	<b>BHF USE ONLY</b>	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(534)	02		4
5	Telephone, TV & Radio in Resident Rooms	(23,727)	05		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(120,476)	30		9
10	Interest and Other Investment Income	(42)	32		10
11	Discounts, Allowances, Rebates & Refunds	(3,584)	21		11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,048)	02		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	(12,151)	21		18
19	Entertainment				19
20	Contributions	(7,700)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(192,972)	21		24
25	Fund Raising, Advertising and Promotional	(12,848)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(245)	20		28
29	Other-Attach Schedule	(427,303)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (803,629)		\$	30

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

		1	2	
		<b>Amount</b>	<b>Reference</b>	
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)	(274,595)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (274,595)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (1,078,224)		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	
		<b>Yes</b>	<b>No</b>	<b>Amount</b>	<b>Reference</b>	
38	Medically Necessary Transport.			\$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44						44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	<b>TOTAL (C): (sum of lines 38-46)</b>			\$		47

<b>BHF USE ONLY</b>							
48		49		50		51	52

Symphony Evanston Healthcare

ID# 0053256

Report Period Beginning: 01/01/15

Ending: 12/31/15

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Medicare Sequestration	\$ (68,348)	21	1
2	Other Unclassified Income	(3,796)	21	2
3	Community Relations Salaries	(83,809)	43	3
4	Marketing	(25,378)	43	4
5	Guest Relations Salary	(53,429)	43	5
6	Bank Charges	(18,858)	21	6
7	Marketing Services	(81,581)	43	7
8	Additional R&M	11,448	06	8
9	Amortization - Bldg Co	(109,311)	36	9
10	Non-allowable Auto Lease	(7,898)	35	10
11	PAC Dues	(5,909)	20	11
12	Non-allowable Legal	(18,765)	19	12
13	Symphony Rent Adjustment	38,332	34	13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>	(427,303)		49

Symphony Evanston Healthcare

ID# 0053256  
 Report Period Beginning: 01/01/15  
 Ending: 12/31/15

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference
50		\$	1
51			2
52			3
53			4
54			5
55			6
56			7
57			8
58			9
59			10
60			11
61			12
62			13
63			14
64			15
65			16
66			17
67			18
68			19
69			20
70			21
71			22
72			23
73			24
74			25
75			26
76			27
77			28
78			29
79			30
80			31
81			32
82			33
83			34
84			35
85			36
86			37
87			38
88			39
89			40
90			41
91			42
92			43
93			44
94			45
95			46
96			47
97			48
98	<b>Total</b>		49

## STATE OF ILLINOIS

Summary A

Facility Name & ID Number Symphony Evanston Healthcare# 0053256

Report Period Beginning:

01/01/15

Ending:

12/31/15

## SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary													1
2	Food Purchase	(2,582)											(2,582)	2
3	Housekeeping													3
4	Laundry													4
5	Heat and Other Utilities	(23,727)		234	107								(23,386)	5
6	Maintenance	11,448		1,686	2,432								15,566	6
7	Other (specify):*				401								401	7
8	<b>TOTAL General Services</b>	<b>(14,861)</b>		<b>1,920</b>	<b>2,941</b>								<b>(10,000)</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director													9
10	Nursing and Medical Records			23,626	18,682	(1,381)							40,927	10
10a	Therapy					(21)							(21)	10a
11	Activities													11
12	Social Services													12
13	CNA Training													13
14	Program Transportation						(892)						(892)	14
15	Other (specify):*			4,338	4,274								8,612	15
16	<b>TOTAL Health Care and Programs</b>			<b>27,964</b>	<b>22,956</b>	<b>(1,402)</b>	<b>(892)</b>						<b>48,626</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative			(643,060)	2,759								(640,301)	17
18	Directors Fees													18
19	Professional Services	(18,765)		25,477	3,930								10,642	19
20	Fees, Subscriptions & Promotions	(26,702)		544	2,103								(24,055)	20
21	Clerical & General Office Expenses	(299,709)		112,742	44,037								(142,930)	21
22	Employee Benefits & Payroll Taxes													22
23	Inservice Training & Education													23
24	Travel and Seminar			4,711	1,186								5,897	24
25	Other Admin. Staff Transportation				445								445	25
26	Insurance-Prop.Liab.Malpractice			6,897									6,897	26
27	Other (specify):*			20,003	9,547								29,550	27
28	<b>TOTAL General Administration</b>	<b>(345,176)</b>		<b>(472,686)</b>	<b>64,007</b>								<b>(753,855)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> <b>(sum of lines 8,16 &amp; 28)</b>	<b>(360,037)</b>		<b>(442,802)</b>	<b>89,904</b>	<b>(1,402)</b>	<b>(892)</b>						<b>(715,229)</b>	<b>29</b>

## STATE OF ILLINOIS

Summary B

Facility Name & ID Number Symphony Evanston Healthcare# 0053256

Report Period Beginning:

01/01/15

Ending:

12/31/15

## SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>D. Ownership</b>													
30	Depreciation	(120,476)	387,446	2,176	826								269,973	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(42)	495,892		109								495,959	32
33	Real Estate Taxes				478								478	33
34	Rent-Facility & Grounds	38,332	(878,280)	(38,332)									(878,280)	34
35	Rent-Equipment & Vehicles	(7,898)		2,378	1,531								(3,989)	35
36	Other (specify):*	(109,311)	109,311										(0)	36
37	<b>TOTAL Ownership</b>	<b>(199,395)</b>	<b>114,369</b>	<b>(33,778)</b>	<b>2,943</b>								<b>(115,860)</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers					(2,937)							(2,937)	39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(244,197)											(244,197)	43
44	<b>TOTAL Special Cost Centers</b>	<b>(244,197)</b>				<b>(2,937)</b>							<b>(247,134)</b>	<b>44</b>
	<b>GRAND TOTAL COST</b>													
45	<b>(sum of lines 29, 37 &amp; 44)</b>	<b>(803,629)</b>	<b>114,369</b>	<b>(476,580)</b>	<b>92,847</b>	<b>(4,339)</b>	<b>(892)</b>						<b>(1,078,224)</b>	<b>45</b>

**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	34 Rent	\$ 878,280	Symphony of Evanston, LLC	100.00%	\$	(878,280)	1	
2	V	36 Amortization		Symphony of Evanston, LLC	100.00%	109,311	109,311	2	
3	V	30 Depreciation		Symphony of Evanston, LLC	100.00%	387,446	387,446	3	
4	V	32 Interest		Symphony of Evanston, LLC	100.00%	495,892	495,892	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		\$ 878,280			\$ 992,649	\$ *	114,369	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%	\$ 234	\$ 234
16	V	6 Maintenance		Symphony Financial Services, LLC	100.00%	1,686	1,686
17	V	10 Nursing & Medical Records		Symphony Financial Services, LLC	100.00%	23,626	23,626
18	V	15 Other-Allocation of Benefits		Symphony Financial Services, LLC	100.00%	4,338	4,338
19	V	17 Administrative		Symphony Financial Services, LLC	100.00%		
20	V	19 Professional Services		Symphony Financial Services, LLC	100.00%	25,477	25,477
21	V	20 Dues, Fees, Subscriptions, Promotions		Symphony Financial Services, LLC	100.00%	544	544
22	V	21 Clerical & General Office Expenses		Symphony Financial Services, LLC	100.00%	112,742	112,742
23	V	24 Travel & Seminar		Symphony Financial Services, LLC	100.00%	4,711	4,711
24	V	26 Insurance-Prop, Liab, Malpractive		Symphony Financial Services, LLC	100.00%	6,897	6,897
25	V	27 Other		Symphony Financial Services, LLC	100.00%	20,003	20,003
26	V	30 Depreciation		Symphony Financial Services, LLC	100.00%	2,176	2,176
27	V	34 Rent - Facility & Grounds		Symphony Financial Services, LLC	100.00%	(38,332)	(38,332)
28	V	35 Rent - Equipment & Vehicles		Symphony Financial Services, LLC	100.00%	2,378	2,378
29	V						
30	V	17 Management Fees	643,060	Symphony Financial Services, LLC	100.00%		(643,060)
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 643,060			\$ 166,480	\$ * (476,580)

\* 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 LLC	100.00%	\$ 107	\$	107	15
16	V	6 MAINTENANCE SALARIES		MAESTRO CONSULTING SERVICES LLC	100.00%	1,753		1,753	16
17	V	6 MAINTENANCE EXPENSES		MAESTRO CONSULTING SERVICES LLC	100.00%	679		679	17
18	V	7 EMPLOYEE BENEFITS - MAINTENANCE		MAESTRO CONSULTING SERVICES LLC	100.00%	401		401	18
19	V	10 CLINICAL SALARIES		MAESTRO CONSULTING SERVICES LLC	100.00%	18,682		18,682	19
20	V	15 EMPLOYEE BENEFITS - CLINICAL		MAESTRO CONSULTING SERVICES LLC	100.00%	4,274		4,274	20
21	V	17 ADMINISTRATIVE SALARIES		MAESTRO CONSULTING SERVICES LLC	100.00%	2,759		2,759	21
22	V	19 PROFESSIONAL FEES		MAESTRO CONSULTING SERVICES LLC	100.00%	3,930		3,930	22
23	V	20 DUES, FEES, SUBSCRIPTIONS, ETC.		MAESTRO CONSULTING SERVICES LLC	100.00%	2,103		2,103	23
24	V	21 CLERICAL & GENERAL SALARIES		MAESTRO CONSULTING SERVICES LLC	100.00%	41,661		41,661	24
25	V	21 CLERICAL & GENERAL EXPENSES		MAESTRO CONSULTING SERVICES LLC	100.00%	2,376		2,376	25
26	V	24 SEMINARS AND EDUCATION		MAESTRO CONSULTING SERVICES LLC	100.00%	1,186		1,186	26
27	V	25 TRANSPORTATION		MAESTRO CONSULTING SERVICES LLC	100.00%	445		445	27
28	V	27 EMPLOYEE BENEFITS - ADMINISTRATIVE		MAESTRO CONSULTING SERVICES LLC	100.00%	9,547		9,547	28
29	V	30 DEPRECIATION		MAESTRO CONSULTING SERVICES LLC	100.00%	826		826	29
30	V	32 INTEREST EXPENSE		MAESTRO CONSULTING SERVICES LLC	100.00%	109		109	30
31	V	33 REAL ESTATE TAX		MAESTRO CONSULTING SERVICES LLC	100.00%	478		478	31
32	V	35 EQUIPMENT RENTAL		MAESTRO CONSULTING SERVICES LLC	100.00%	1,095		1,095	32
33	V	35 AUTO LEASE		MAESTRO CONSULTING SERVICES LLC	100.00%	436		436	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	<b>Total</b>		\$			\$ 92,847	\$ *	92,847	39

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

**VII. RELATED PARTIES (continued)**

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	10 Nursing Supplies & Equipment	\$ 13,641	Integra Healthcare Equipment LLC		\$ 12,260	\$ (1,381)
16	V	10A Respiratory Services	210	Integra Healthcare Equipment LLC		189	(21)
17	V	39 DME & Medical Supplies	28,994	Integra Healthcare Equipment LLC		26,057	(2,937)
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	<b>Total</b>		\$ 42,845			\$ 38,506	\$ * (4,339)

\* 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	14 Transportation	\$ 11,654	Lifeline Ambulance LLC		\$ 10,762	\$ (892)	15
16	V							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	<b>Total</b>		\$ 11,654			\$ 10,762	\$ * (892)	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	22 Workers Compensation	\$ 147,842	MAPLE LEAF INSURANCE	100.00%	\$ 147,842	\$	15
16	V	26 Liability Insurance	234,404	MAPLE LEAF INSURANCE	100.00%	234,404		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		\$ 382,246			\$ 382,246	\$ *	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: 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		
15	V		\$			\$	\$	15
16	V							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	<b>Total</b>		\$			\$	\$ *	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: 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		
15	V		\$			\$	\$	15
16	V							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	<b>Total</b>		\$			\$	\$ *	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		\$			\$	\$	15
16	V							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	<b>Total</b>		\$			\$	\$ *	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: 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		
15	V		\$			\$	\$	15
16	V							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	<b>Total</b>		\$			\$	\$ *	39

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

VII. RELATED PARTIES

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

Table with 8 columns: Line Item, Name, Ownership %, Name, City, Name, City, Type of Business, and a final column for line items 1-30. It lists various owners and related nursing homes and business entities.



Facility Name &amp; ID Number

Symphony Evanston Healthcare

#

0053256

Report Period Beginning:

01/01/15

Ending:

12/31/15

## 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	Michael Munter	Owner	Administrative	30.00%	See Attached	1.57	3.14%	Alloc. Salary	\$ 2,759	17-7	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	\$ 2,759		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 Evanston Healthcare

# 0053256

Report Period Beginning:

01/01/15

Ending: 12/31/15

**VIII. ALLOCATION OF INDIRECT COSTS**

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

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

Name of Related Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									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	<b>TOTALS</b>				\$	\$		\$	25

Facility Name & ID Number Symphony Evanston Healthcare

# 0053256

Report Period Beginning:

01/01/15

Ending: 12/31/15

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization Symphony Financial Services, LLC  
 Street Address 7257 N. Lincoln Avenue  
 City / State / Zip Code Lincolnwood, IL 60712  
 Phone Number ( 847) 933-2600  
 Fax Number ( 847) 933-2601

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	\$ 28,013	\$ 234	1
2	6	Maintenance	Occupied Bed Days	372,277	11	22,405	28,013	1,686	2
3	10	Nursing & Medical Records	Occupied Bed Days	372,277	11	313,972	313,972	28,013	23,626
4	15	Other-Allocation of Benefits	Occupied Bed Days	372,277	11	57,644	28,013	4,338	4
5	19	Professional Services-Legal	Occupied Bed Days	372,277	11	5,442	28,013	409	5
6	19	Professional Services-Other	Occupied Bed Days	372,277	11	333,134	28,013	25,068	6
7	20	Dues, Fees, Subscriptions, Promot	Occupied Bed Days	372,277	11	7,234	28,013	544	7
8	21	Clerical & General Office Salaries	Occupied Bed Days	372,277	11	1,244,063	1,244,063	28,013	93,613
9	21	Clerical & General Office Expense	Occupied Bed Days	372,277	11	254,217	28,013	19,129	9
10	24	Travel & Seminar	Occupied Bed Days	372,277	11	62,607	28,013	4,711	10
11	26	Insurance-Prop, Liab, Malpractiv	Occupied Bed Days	372,277	11	91,654	28,013	6,897	11
12	27	Other	Occupied Bed Days	372,277	11	265,831	28,013	20,003	12
13	30	Depreciation	Occupied Bed Days	372,277	11	28,917	28,013	2,176	13
14	34	Rent - Facility & Grounds	Occupied Bed Days	372,277	11	(509,407)	28,013	(38,332)	14
15	35	Rent - Equipment & Vehicles	Occupied Bed Days	372,277	11	14,362	28,013	1,081	15
16	35	Rent - Vehicles	Occupied Bed Days	372,277	11	17,234	28,013	1,297	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	\$ 166,480	25

Facility Name & ID Number Symphony Evanston Healthcare

# 0053256

Report Period Beginning:

01/01/15

Ending: 12/31/15

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization MAESTRO CONSULTING SERVICES LLC  
 Street Address 7257 N. LINCOLN AVENUE  
 City / State / Zip Code LINCOLNWOOD, IL 60712  
 Phone Number ( 847) 933-2600  
 Fax Number ( 847) 933-2601

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	AVAIL. CENSUS DAYS	307,257	28	\$ 3,424	\$ 9,638	\$ 107	1	
2	6	MAINTENANCE SALARIES	AVAIL. CENSUS DAYS	307,257	28	55,893	55,893	9,638	1,753	2
3	6	MAINTENANCE EXPENSES	AVAIL. CENSUS DAYS	307,257	28	21,648		9,638	679	3
4	7	EMPLOYEE BENEFITS - MAIN	AVAIL. CENSUS DAYS	307,257	28	12,799		9,638	401	4
5	10	CLINICAL SALARIES	AVAIL. CENSUS DAYS	307,257	28	595,582	595,582	9,638	18,682	5
6	15	EMPLOYEE BENEFITS - CLINI	AVAIL. CENSUS DAYS	307,257	28	136,244		9,638	4,274	6
7	17	ADMINISTRATIVE SALARIES	AVAIL. CENSUS DAYS	307,257	28	87,954	2,420	9,638	2,759	7
8	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS	307,257	28	125,288		9,638	3,930	8
9	20	DUES, FEES, SUBSCRIPTIONS,	AVAIL. CENSUS DAYS	307,257	28	67,058		9,638	2,103	9
10	21	CLERICAL & GENERAL SALA	AVAIL. CENSUS DAYS	307,257	28	1,328,131	1,328,131	9,638	41,661	10
11	21	CLERICAL & GENERAL EXPE	AVAIL. CENSUS DAYS	307,257	28	75,756		9,638	2,376	11
12	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS	307,257	28	37,815		9,638	1,186	12
13	25	TRANSPORTATION	AVAIL. CENSUS DAYS	307,257	28	14,185		9,638	445	13
14	27	EMPLOYEE BENEFITS - ADMI	AVAIL. CENSUS DAYS	307,257	28	304,341		9,638	9,547	14
15	30	DEPRECIATION	AVAIL. CENSUS DAYS	307,257	28	26,334		9,638	826	15
16	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS	307,257	28	3,464		9,638	109	16
17	33	REAL ESTATE TAX	AVAIL. CENSUS DAYS	307,257	28	15,239		9,638	478	17
18	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS	307,257	28	34,911		9,638	1,095	18
19	35	AUTO LEASE	AVAIL. CENSUS DAYS	307,257	28	13,885		9,638	436	19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 2,959,951	\$ 1,982,025	\$ 92,847		25

Facility Name & ID Number Symphony Evanston Healthcare

# 0053256

Report Period Beginning:

01/01/15

Ending: 12/31/15

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	10	Nursing Supplies & Equipment	Direct Allocation		\$	\$		\$ 12,260	1
2	10A	Respiratory Services	Direct Allocation					189	2
3	39	DME & Medical Supplies	Direct Allocation					26,057	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				\$	\$		\$ 38,506	25

Facility Name & ID Number Symphony Evanston Healthcare

# 0053256

Report Period Beginning:

01/01/15

Ending: 12/31/15

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization

Lifeline Ambulance LLC

Street Address

2424 S. Wabash Avenue

City / State / Zip Code

Chicago, IL 60616

Phone Number

( 312) 949-9595

Fax Number

( 312) 949-9262

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	14	Transportation	Direct Allocation		\$	\$		\$ 10,762	1
2									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				\$	\$		\$ 10,762	25

Facility Name & ID Number Symphony Evanston Healthcare

# 0053256

Report Period Beginning:

01/01/15

Ending: 12/31/15

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization

Maple Leaf Insurance

Street Address

PO Box 69, 720 West Bay Rd

City / State / Zip Code

Grand Cayman, KY1-1102

Phone Number

( )

Fax Number

( )

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	22	WORKERS COMPENSATION	Direct Allocation		\$	\$		\$ 147,842	1
2	26	LIABILITY INSURANCE	Direct Allocation					234,404	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				\$	\$		\$ 382,246	25

Facility Name & ID Number Symphony Evanston Healthcare

# 0053256

Report Period Beginning:

01/01/15

Ending: 12/31/15

**VIII. ALLOCATION OF INDIRECT COSTS**

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

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

Name of Related Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									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	<b>TOTALS</b>				\$	\$		\$	25

Facility Name & ID Number Symphony Evanston Healthcare

# 0053256

Report Period Beginning:

01/01/15

Ending: 12/31/15

**VIII. ALLOCATION OF INDIRECT COSTS**

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

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

Name of Related Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									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	<b>TOTALS</b>				\$	\$		\$	25

Facility Name & ID Number Symphony Evanston Healthcare

# 0053256

Report Period Beginning:

01/01/15

Ending: 12/31/15

**VIII. ALLOCATION OF INDIRECT COSTS**

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

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

Name of Related Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									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	<b>TOTALS</b>				\$	\$		\$	25

Facility Name & ID Number Symphony Evanston Healthcare

# 0053256

Report Period Beginning:

01/01/15

Ending: 12/31/15

**VIII. ALLOCATION OF INDIRECT COSTS**

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

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

Name of Related Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									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	<b>TOTALS</b>				\$	\$		\$	25

Facility Name & ID Number

Symphony Evanston Healthcare

# 0053256

Report Period Beginning:

01/01/15

Ending:

12/31/15

**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										
										Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
										YES	NO				Original	Balance			
<b>A. Directly Facility Related</b>																			
<b>Long-Term</b>																			
1	Private Bank		X	Mortgage				\$	7,555,000			\$	372,392	1					
2														2					
3														3					
4														4					
5														5					
<b>Working Capital</b>																			
6	Private Bank		X	Note Payable					3,490,000				76,469	6					
7	Harborview Capital Funding		X	Note Payable				950,000	950,000	1/31/2018	0.1200		123,500	7					
8	See Supplemental Schedule												109	8					
9	<b>TOTAL Facility Related</b>							\$	950,000	\$	11,995,000		\$	572,470	9				
<b>B. Non-Facility Related*</b>																			
10	Interest Income		X										(42)	10					
11														11					
12														12					
13														13					
14	<b>TOTAL Non-Facility Related</b>							\$		\$			\$	(42)	14				
15	<b>TOTALS (line 9+line14)</b>							\$	950,000	\$	11,995,000		\$	572,428	15				

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

\* 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 Evanston Healthcare

# 0053256

Report Period Beginning:

01/01/15

Ending:

12/31/15

**IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE - SUPPLEMENTAL SCHEDULE**

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

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
<b>A. Directly Facility Related</b>																				
<b>Long-Term</b>																				
1										1										
2										2										
3										3										
4										4										
5										5										
6										6										
7	<b>TOTAL Long-Term</b>																			
<b>Working Capital</b>																				
8	Allocated from Maestro		X							109										
9										9										
10										10										
11										11										
12										12										
13										13										
14	<b>TOTAL Working Capital</b>																			
<b>B. Non-Facility Related*</b>																				
15										15										
16										16										
17										17										
18										18										
19										19										
20	<b>TOTAL Non-Facility Related</b>																			

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

SEE ACCOUNTANTS' COMPILATION REPORT

\*\* 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**

		<b>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</b>			
1. Real Estate Tax accrual used on 2014 report.		\$	<b>227,840</b>		<b>1</b>
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.)		\$	<b>224,035</b>		<b>2</b>
3. Under or (over) accrual (line 2 minus line 1).		\$	<b>(3,805)</b>		<b>3</b>
4. Real Estate Tax accrual used for 2015 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<b>234,700</b>		<b>4</b>
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>		\$			<b>5</b>
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. <b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		\$			<b>6</b>
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	<b>230,895</b>		<b>7</b>
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2010	<u>403,582</u>	8	<b>FOR BHF USE ONLY</b>	
	2011	<u>362,311</u>	9	13	FROM R. E. TAX STATEMENT FOR 2014 \$ 13
	2012	<u>403,754</u>	10	14	PLUS APPEAL COST FROM LINE 5 \$ 14
	2013	<u>409,218</u>	11	15	LESS REFUND FROM LINE 6 \$ 15
	2014	<u>223,557</u>	12	16	AMOUNT TO USE FOR RATE CALCULATION \$ 16
<b>Beginning accrual adjusted, since there is no prior year report</b>					
<b>Allocated from Maestro Consulting \$478</b>					

**NOTES:**

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







**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	158		2014	1975	\$ 5,920,641	\$ 215,296	40	\$ 148,016	\$ (67,280)	\$ 172,685	4
5											5
6											6
7											7
8											8
	<b>Improvement Type**</b>										
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

\*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

**XI. OWNERSHIP COSTS (continued)**

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

1	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		\$	\$		\$	\$	\$	37	
38								38	
39								39	
40								40	
41								41	
42								42	
43								43	
44								44	
45								45	
46								46	
47								47	
48								48	
49								49	
50								50	
51								51	
52								52	
53								53	
54								54	
55								55	
56								56	
57								57	
58								58	
59								59	
60								60	
61								61	
62								62	
63								63	
64								64	
65								65	
66								66	
67								67	
68			31,411	423	426	3	12,239	68	
69				133,375		(133,375)		69	
70			\$ 5,952,052	\$ 349,094		\$ 148,442	\$ (200,652)	\$ 184,924	70

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

Facility Name & ID Number Symphony Evanston Healthcare# 0053256

Report Period Beginning:

01/01/15

Ending:

12/31/15**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 5,952,052	\$ 349,094		\$ 148,442	\$ (200,652)	\$ 184,924	1
2	Interior Design Services	2014	4,000		20	200	200	200	2
3	Interior Design Services	2014	19,500		20	975	975	975	3
4	Field Work, Drawings	2015	9,180		20	421	421	421	4
5	Field Work, Drawings, Project Submission	2015	12,180		20	558	558	558	5
6	Demo-Remove Existing Finishes, Floor, Light Ceiling Fixtures, Flo	2015	10,775		20	449	449	449	6
7	Tile Avila Blanco, Grout Tec Sanded, Mortar Wall White	2015	15,628		20	586	586	586	7
8	Van Gogh Wood Plan Adhesive	2015	12,954		20	486	486	486	8
9	Van Gogh Wood Plan Adhesive	2015	11,663		20	389	389	389	9
10	Flooring Kardean Van Gogh Wood Plank	2015	19,308		20	644	644	644	10
11	Interior Design	2015	4,000		20	183	183	183	11
12	Garage Door, Fire Doors	2015	3,599		20	45	45	45	12
13	Power Wash, Panel & Vents Painting, Repair Fence Posts	2015	8,500		20	106	106	106	13
14	Paint Stucco Surface	2015	9,400		20	118	118	118	14
15	Light Fixtures, Ceiling Mount, Wallscones	2015	32,995		20	583	583	583	15
16	Orchids & Flowers Draper	2015	2,678		20	45	45	45	16
17	Flooring Tile, Plumbing, Adhesive	2015	103,136		20	3,868	3,868	3,868	17
18	Floor, Painting, Wall Vinyl, Carpentry, Electrical, Plumb-4&5Th Fl	2015	131,033		20	4,368	4,368	4,368	18
19	Flooring, Doors, Carpentry, Plumbing, Electrical, Fireplace-1St Fl	2015	91,737		20	3,058	3,058	3,058	19
20	Lighting, Grout For Rooms, Schluter-Rooms 10-16	2015	4,120		20	137	137	137	20
21	Flooring, Electrical, Plumbing, Carpentry, Painting, Wall Vinyl ...	2015	123,763		20	4,125	4,125	4,125	21
22	Flooring, Painting, Drop Ceiling, Carpentry, Electrical-4&5Th Fl	2015	131,022		20	3,821	3,821	3,821	22
23	Speakers, Lighting, Wall Vinyl	2015	6,893		20	172	172	172	23
24	Flooring, Carpentry, Painting, Plumbing, Electrical, Fireplace-1St Fl	2015	91,737		20	2,293	2,293	2,293	24
25	Flooring, Carpentry, Painting, Plumbing, Electrical, Fireplace-1St Fl	2015	92,013		20	2,300	2,300	2,300	25
26	Floor, Painting, Wall Vinyl, Plumbing, Electrical-4&5Th Fl	2015	131,049		20	2,730	2,730	2,730	26
27	Flooring, Electrical, Plumbing Fixtures, Wood Work, Wall Vinyl	2015	61,881		20	1,805	1,805	1,805	27
28	Flooring, Electrical, Plumbing Fixtures, Painging, Wall Vinyl	2015	55,693		20	1,392	1,392	1,392	28
29	Lights, Glass Mirror, Switches, Flooring, Plumbing-4&5Th Fl	2015	14,824		20	309	309	309	29
30	Electical, Wood Work, Drop Ceiling, Doors, Plumbing-4&5Th Fl	2015	40,395		20	842	842	842	30
31	Demo, Flooring, Lighting, Plumbing, Painting, Permits-1St Fl	2015	34,782		20	580	580	580	31
32	Ventilator For 4Th And 5Th Floor	2015	4,397		20	92	92	92	32
33	Two Exhaust Grills 4Th & 5Th Floor	2015	3,653		20	61	61	61	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 7,250,538	\$ 349,094		\$ 186,182	\$ (162,912)	\$ 222,664	34

\*\*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	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	<b>Totals from Page 12B, Carried Forward</b>		\$ 7,250,538	\$ 349,094		\$ 186,182	\$ (162,912)	\$ 222,664	1
2	Ac Split System	2015	2,500		20	42	42	42	2
3	Custome Build Work Desk, Counters,	2015	5,300		20	88	88	88	3
4	Support Column Cover & Base Cabinet, Food Serving Station	2015	2,900		20	48	48	48	4
5	Interior Stainless Steel Passenger Elevators	2015	3,200		20	53	53	53	5
6	Relaminated Patient Room	2015	9,800		20	204	204	204	6
7	Replace Nurse Call Master	2015	7,704		20	642	642	642	7
8	Troubleshoot Air Handling	2015	5,454		20	454	454	454	8
9	Compressor - Repaired Leak And Charge	2015	2,984		20	199	199	199	9
10	Night Ir Turret Pow Camera	2015	29,345		20	1,956	1,956	1,956	10
11	Replace Compressor, Added Suction Filter & Valve	2015	12,460		20	623	623	623	11
12	Installed Air Conditioning	2015	10,960		20	548	548	548	12
13	Light Fixtures	2015	57,800		20	2,890	2,890	2,890	13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 7,400,945	\$ 349,094		\$ 193,931	\$ (155,163)	\$ 230,413	34

\*\*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	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		\$ 7,400,945	\$ 349,094		\$ 193,931	\$ (155,163)	\$ 230,413	1
2								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								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 7,400,945	\$ 349,094		\$ 193,931	\$ (155,163)	\$ 230,413	34

\*\*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	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		\$ 7,400,945	\$ 349,094		\$ 193,931	\$ (155,163)	\$ 230,413	1
2								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								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 7,400,945	\$ 349,094		\$ 193,931	\$ (155,163)	\$ 230,413	34

\*\*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	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	<b>Building Company</b>		\$	\$		\$	\$	\$	1
2	<b>Buildings:</b>								2
3									3
4									4
5									5
6									6
7									7
8	<b>Leasehold Improvements:</b>								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	<b>TOTAL (lines 1 thru 33)</b>		\$	\$		\$	\$	\$	34

\*\*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	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		\$	\$		\$	\$	\$	1
2								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								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$	\$		\$	\$	\$	34

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

Facility Name & ID Number Symphony Evanston Healthcare# 0053256

Report Period Beginning:

01/01/15

Ending:

12/31/15**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Related Party</b>		\$	\$		\$	\$	\$	1
2	<b>Buildings:</b>								2
3	<u>Allocated from 7257 N. Lincoln Ave. - Maestro</u>	<u>2004</u>	<u>7,530</u>	<u>193</u>	<u>35</u>	<u>215</u>	<u>22</u>	<u>2,609</u>	3
4									4
5									5
6									6
7									7
8	<b>Leasehold Improvements:</b>								8
9	<u>Allocated from Maestro Consulting Services</u>	<u>2003</u>	<u>367</u>	<u>4</u>	<u>20</u>	<u>3</u>	<u>(1)</u>	<u>220</u>	9
10	<u>Allocated from Maestro Consulting Services</u>	<u>2004</u>	<u>7,459</u>	<u>72</u>	<u>20</u>	<u>50</u>	<u>(22)</u>	<u>4,376</u>	10
11	<u>Allocated from Maestro Consulting Services</u>	<u>2005</u>	<u>442</u>	<u>4</u>	<u>20</u>	<u>3</u>	<u>(1)</u>	<u>236</u>	11
12	<u>Allocated from Maestro Consulting Services</u>	<u>2006</u>	<u>600</u>	<u>6</u>	<u>20</u>	<u>4</u>	<u>(2)</u>	<u>276</u>	12
13	<u>Allocated from Maestro Consulting Services</u>	<u>2008</u>	<u>632</u>	<u>6</u>	<u>20</u>	<u>4</u>	<u>(2)</u>	<u>224</u>	13
14	<u>Allocated from Maestro Consulting Services</u>	<u>2009</u>	<u>10,176</u>	<u>99</u>	<u>20</u>	<u>71</u>	<u>(28)</u>	<u>3,278</u>	14
15	<u>Allocated from Maestro Consulting Services</u>	<u>2010</u>	<u>1,564</u>	<u>15</u>	<u>20</u>	<u>13</u>	<u>(2)</u>	<u>352</u>	15
16	<u>Allocated from Maestro Consulting Services</u>	<u>2011</u>	<u>85</u>	<u>1</u>	<u>20</u>	<u>1</u>		<u>20</u>	16
17	<u>Allocated from Maestro Consulting Services</u>	<u>2012</u>	<u>94</u>	<u>1</u>	<u>20</u>	<u>1</u>		<u>17</u>	17
18	<u>Allocated from Maestro Consulting Services</u>	<u>2014</u>	<u>1,176</u>	<u>11</u>	<u>20</u>	<u>8</u>	<u>(3)</u>	<u>85</u>	18
19	<u>Allocated from Maestro Consulting Services</u>	<u>2015</u>	<u>331</u>		<u>20</u>			<u>3</u>	19
20									20
21	<u>Allocated from 7257 N. Lincoln Ave. - Maestro</u>	<u>2015</u>	<u>119</u>	<u>6</u>	<u>20</u>	<u>3</u>	<u>(3)</u>	<u>3</u>	21
22	<u>Allocated from 7257 N. Lincoln Ave. - Maestro</u>	<u>2005</u>	<u>686</u>	<u>5</u>	<u>20</u>	<u>43</u>	<u>38</u>	<u>454</u>	22
23	<u>Allocated from 7257 N. Lincoln Ave. - Maestro</u>	<u>2004</u>	<u>150</u>		<u>20</u>	<u>7</u>	<u>7</u>	<u>86</u>	23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ <b>31,411</b>	\$ <b>423</b>		\$ <b>426</b>	\$ <b>3</b>	\$ <b>12,239</b>	34

\*\*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	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		\$ 31,411	\$ 423		\$ 426	\$ 3	\$ 12,239	1
2								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								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 31,411	\$ 423		\$ 426	\$ 3	\$ 12,239	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	\$ 1,770,546	\$ 174,678	\$ 170,854	\$ (3,824)	10	\$ 212,320	71
72	Current Year Purchases	319,755	49	38,552	38,503	10	38,901	72
73	Fully Depreciated Assets	12,830		7	7	10	12,830	73
74								74
75	TOTALS	\$ 2,103,131	\$ 174,727	\$ 209,413	\$ 34,686		\$ 264,050	75

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

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76		Allocated from Maestro Consultir	2015	\$ 278	\$ 3	\$ 5	\$ 2	5	\$ 278	76
77										77
78										78
79										79
80	TOTALS			\$ 278	\$ 3	\$ 5	\$ 2		\$ 278	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)	\$ 11,005,191	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 523,824	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 403,349	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (120,476)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 494,741	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		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	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 & ID Number Symphony Evanston Healthcare

# 0053256

Report Period Beginning: 01/01/15

Ending: 12/31/15

**XII. RENTAL COSTS**

**A. Building and Fixed Equipment (See instructions.)**

1. Name of Party Holding Lease: N/A

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:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

10. Effective dates of current rental agreement:

Beginning \_\_\_\_\_

Ending \_\_\_\_\_

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

Fiscal Year Ending                      Annual Rent

12. \_\_\_\_\_ /2016                      \$ \_\_\_\_\_

13. \_\_\_\_\_ /2017                      \$ \_\_\_\_\_

14. \_\_\_\_\_ /2018                      \$ \_\_\_\_\_

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 \_\_\_\_\_.

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: \$ 35,333

Description: See Attached Schedule

(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	2015 Ford Champion	\$ 1,179.45	\$ 14,153	17
18		Challenger			18
19	Allocated from Maestro Consulting			436	19
20					20
21	TOTAL		\$ 1,179.45	\$ 14,589	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.

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

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

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. <u>CLASSROOM PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. <u>CLINICAL PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
--	---	--

**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

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

**C. CONTRACTUAL INCOME**

In the box below record the amount of income your facility received training CNAs from other facilities.

\$

**D. NUMBER OF CNAs TRAINED**

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
<b>TOTAL TRAINED</b>	

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

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

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

	Service	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 - 03	hrs	\$		\$ 492,628	\$		\$ 492,628	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			197,593			197,593	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			557,149			557,149	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39 - 02	# of prescripts				253,820		253,820	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify): <u>See Supplemental</u>					360	92,684		93,044	13
14	TOTAL			\$		\$ 1,247,730	\$ 346,504		\$ 1,594,234	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 & ID Number Symphony Evanston Healthcare# 0053256Report Period Beginning: 01/01/15

Ending:

12/31/15

## XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/15

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$ 216,725	\$ 216,913	1
2	Cash-Patient Deposits	452,417	452,417	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	2,955,094	3,784,229	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	416	416	6
7	Other Prepaid Expenses	58,719	58,719	7
8	Accounts Receivable (owners or related parties)	1,304,148	817,930	8
9	Other(specify):	234,700	234,700	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 5,222,219	\$ 5,565,324	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		1,500,000	13
14	Buildings, at Historical Cost		5,870,641	14
15	Leasehold Improvements, at Historical Cost	1,327,286	1,377,286	15
16	Equipment, at Historical Cost	963,637	2,168,690	16
17	Accumulated Depreciation (book methods)	(133,588)	(585,608)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		343,113	19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(40,030)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):	9,907	672,407	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 2,167,242	\$ 11,306,499	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 7,389,461	\$ 16,871,823	25

		1 Operating	2 After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 4,244,502	\$ 4,479,203	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	3,490,000	4,440,000	29
30	Accrued Salaries Payable	83,043	83,043	30
31	Accrued Taxes Payable (excluding real estate taxes)	101,457	101,457	31
32	Accrued Real Estate Taxes(Sch.IX-B)	234,700	234,700	32
33	Accrued Interest Payable		10,481	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36			859,000	36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 8,153,702	\$ 10,207,884	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable			39
40	Mortgage Payable		7,555,000	40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43				43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$	\$ 7,555,000	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 8,153,702	\$ 17,762,884	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ (764,241)	\$ (891,061)	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 7,389,461	\$ 16,871,823	48

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		<b>1 Total</b>	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>(293,256)</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>			<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>(293,256)</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	(470,985)	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	( )	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>(470,985)</b>	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>(764,241)</b>	<b>24</b> *

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

Facility Name & ID Number Symphony Evanston Healthcare# 0053256Report Period Beginning: 01/01/15Ending: 12/31/15

**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	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 12,174,664	1
2	Discounts and Allowances for all Levels	(175,651)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	<b>\$ 11,999,013</b>	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	847,231	6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	<b>\$ 847,231</b>	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	5,731	13
14	Non-Patient Meals	534	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	2,755	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	15	19
20	Radiology and X-Ray		20
21	Other Medical Services	79,031	21
22	Laundry	6,905	22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	<b>\$ 94,971</b>	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	42	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	<b>\$ 42</b>	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<b>See Supplemental Schedule</b>	7,380	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	<b>\$ 7,380</b>	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	<b>\$ 12,948,637</b>	30

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	2,170,367	31
32	Health Care	4,727,733	32
33	General Administration	3,062,360	33
<b>B. Capital Expense</b>			
34	Ownership	1,372,454	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	1,838,431	35
36	Provider Participation Fee	248,277	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	<b>\$ 13,419,622</b>	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	<b>(470,985)</b>	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	<b>\$ (470,985)</b>	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 494,302	44
45	Private Pay - Net Inpatient Revenue	6,825,200	45
46	Medicare - Net Inpatient Revenue	4,001,379	46
47	Other-(specify) <u>Hospice</u>	260,795	47
48	Other-(specify) <u>Managed Care</u>	417,337	48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	<b>\$ 11,999,013</b>	49

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

\*\* Does this agree with taxable income (loss) per Federal Income Tax Return? Not Complete 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.

Facility Name & ID Number Symphony Evanston Healthcare

# 0053256

Report Period Beginning:

01/01/15

Ending:

12/31/15

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	1,949	2,086	\$ 113,013	\$ 54.18	1
2	Assistant Director of Nursing					2
3	Registered Nurses	51,094	54,287	1,944,003	35.81	3
4	Licensed Practical Nurses	10,129	10,859	310,457	28.59	4
5	CNAs & Orderlies	101,545	109,156	1,707,201	15.64	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	2,371	2,499	74,976	30.00	9
10	Activity Assistants	5,674	6,047	89,918	14.87	10
11	Social Service Workers	3,845	4,048	109,628	27.08	11
12	Dietician					12
13	Food Service Supervisor	9,577	10,279	231,346	22.51	13
14	Head Cook	7,711	8,270	126,501	15.30	14
15	Cook Helpers/Assistants	21,339	22,570	271,357	12.02	15
16	Dishwashers					16
17	Maintenance Workers	12,742	13,725	247,326	18.02	17
18	Housekeepers	18,303	19,743	240,737	12.19	18
19	Laundry	7,370	7,961	113,760	14.29	19
20	Administrator	1,997	2,086	148,552	71.21	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager	1,698	1,789	36,116	20.19	23
24	Clerical	7,329	7,590	215,300	28.37	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					31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>	9,438	9,667	186,707	19.31	33
34	TOTAL (lines 1 - 33)	274,111	292,662	\$ 6,166,898 *	\$ 21.07	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	\$ 18,706	01-03	35
36	Medical Director	Monthly	36,000	09-03	36
37	Medical Records Consultant				37
38	Nurse Consultant	Monthly	1,045	10-03	38
39	Pharmacist Consultant	Monthly	18,070	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	Monthly	2,100	10a-03	42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant				45
46	Other(specify)				46
47	<u>Cardiologist</u>	Monthly	22,500	10-03	47
48					48
49	TOTAL (lines 35 - 48)		\$ 98,421		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			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	
Moshe Polstein	Administrator	0%	\$ 148,552	Workers' Compensation Insurance	\$ 215,834	IDPH License Fee	\$	
				Unemployment Compensation Insurance	44,602	Advertising: Employee Recruitment	14,601	
				FICA Taxes	450,080	Health Care Worker Background Check		
				Employee Health Insurance	345,364	(Indicate # of checks performed <u>339</u> )	3,393	
				Employee Meals		Patient Background Checks	<u>157</u> 1,570	
				Illinois Municipal Retirement Fund (IMRF)*		Dues & Subscriptions	27,094	
				Pension Plan	11,519	Licenses & Permits	10,063	
				Employees' Physical Exams	5,461	Allocated from Symphony	544	
				Other Employee Benefits	14,531	Allocated from Maestro	2,103	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)								
			\$ 148,552					
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 - Symphony & Maestro	\$ 643,060						Out-of-State Travel	\$
							In-State Travel	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)								
			\$ 643,060				Seminar Expense	3,702
							Allocated from Symphony	4,711
							Allocated from Maestro	1,186
C. Professional Services				TOTAL			Entertainment Expense	
Vendor/Payee	Type	Amount					(agree to Sch. V,	
FR&R/Marcum LLP	Accounting	\$ 22,185					line 24, col. 8)	
See Attached	Legal	52,457					\$ 9,599	
Personnel Planners	Unemployment Consult	1,200						
Iron Administration	401 K Set-up	3,475						
Nicki Dubin	Sign Language Interpreter	1,150						
Corporate Services	Statutory Representation	782						
HDS	Computer Services	4,588						
E-Health Data Systems	Computer Services	3,978						
Westcom Solutions	Computer Services	18,232						
Creative Technology	Computer Services	16,109						
Infinite Technology	Computer Services	4,650						
See Supplemental Schedule		14,116						
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)								
			\$ 142,922					

\* Attach copy of IMRF notifications

\*\*See instructions.



Facility Name & ID Number Symphony Evanston Healthcare# 0053256

Report Period Beginning:

01/01/15

Ending:

12/31/15**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. ICLTC \$17,907
- (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? 10 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 10,783 Line 10
- (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. \$ 248,277  
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. \$ Yes Has any meal income been offset against related costs? Yes Indicate the amount. \$ 534
- (16) Travel and Transportation
- a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.
- b. Do you have a separate contract with the Department to provide medical transportation for residents? N/A If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
- c. What percent of all travel expense relates to transportation of nurses and patients? 100% ln 14
- d. Have vehicle usage logs been maintained? N/A
- e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
- f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
- g. Does the facility transport residents to and from day training? No**  
**Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A**
- (17) Has an audit been performed by an independent certified public accounting firm? No  
Firm Name: N/A
- (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.