

Facility Name & ID Number Symphony Of Beverly

0053728 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	<u>210</u>	Skilled (SNF)	<u>210</u>	<u>76,650</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>210</u>	TOTALS	<u>210</u>	<u>76,650</u>	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				
		3 Medicaid Recipient	4 Private Pay	5 Other	6 Total	
8	SNF			<u>19,361</u>	<u>19,361</u>	8
9	SNF/PED					9
10	ICF	<u>42,292</u>	<u>3,646</u>	<u>3,867</u>	<u>49,805</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>42,292</u>	<u>3,646</u>	<u>23,228</u>	<u>69,166</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 90.24%

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 07/01/1999

J. Was the facility purchased or leased after January 1, 1978?
YES Date New Construction NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 210 and days of care provided 11,387

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

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

Facility Name & ID Number Symphony Of Beverly # 0053728 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
	A. General Services										
1	Dietary	365,721	39,829	21,814	427,364		427,364		427,364		1
2	Food Purchase		423,947		423,947	(37,340)	386,608	(223)	386,384		2
3	Housekeeping		377,918		377,918		377,918		377,918		3
4	Laundry		191,795	24,899	216,694		216,694		216,694		4
5	Heat and Other Utilities			232,925	232,925		232,925	(13,801)	219,124		5
6	Maintenance	84,544		153,077	237,621		237,621	31,804	269,425		6
7	Other (specify):*							3,653	3,653		7
8	TOTAL General Services	450,265	1,033,489	432,715	1,916,469	(37,340)	1,879,130	21,433	1,900,562		8
	B. Health Care and Programs										
9	Medical Director			18,820	18,820		18,820		18,820		9
10	Nursing and Medical Records	4,680,414	302,967	94,606	5,077,987		5,077,987	241,623	5,319,610		10
10a	Therapy	154,453	5,590	11,559	171,602		171,602	(871)	170,731		10a
11	Activities	148,451	17,576	1,540	167,567		167,567		167,567		11
12	Social Services	247,182			247,182		247,182		247,182		12
13	CNA Training										13
14	Program Transportation			54,736	54,736		54,736		54,736		14
15	Other (specify):*							48,188	48,188		15
16	TOTAL Health Care and Programs	5,230,500	326,133	181,261	5,737,894		5,737,894	288,939	6,026,833		16
	C. General Administration										
17	Administrative	181,969		1,047,381	1,229,350		1,229,350	(969,492)	259,858		17
18	Directors Fees										18
19	Professional Services			177,861	177,861	(6,030)	171,831	69,973	241,804		19
20	Dues, Fees, Subscriptions & Promotions			77,004	77,004		77,004	(26,628)	50,376		20
21	Clerical & General Office Expenses	241,400	73	536,306	777,779		777,779	(160,795)	616,984		21
22	Employee Benefits & Payroll Taxes			1,278,629	1,278,629	37,340	1,315,969		1,315,969		22
23	Inservice Training & Education										23
24	Travel and Seminar			5,660	5,660		5,660	2,741	8,401		24
25	Other Admin. Staff Transportation			825	825		825	12,214	13,039		25
26	Insurance-Prop.Liab.Malpractice			617,123	617,123		617,123	11,797	628,920		26
27	Other (specify):*							60,716	60,716		27
28	TOTAL General Administration	423,369	73	3,740,789	4,164,231	31,310	4,195,541	(999,474)	3,196,066		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,104,134	1,359,695	4,354,765	11,818,594	(6,030)	11,812,564	(689,102)	11,123,462		29

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

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

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			119,493	119,493		119,493	408,207	527,700			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			290,486	290,486		290,486	221,428	511,914			32
33	Real Estate Taxes			436,270	436,270	6,030	442,300	(9,830)	432,470			33
34	Rent-Facility & Grounds			1,020,604	1,020,604		1,020,604	(1,018,241)	2,363			34
35	Rent-Equipment & Vehicles			55,530	55,530		55,530	10,262	65,792			35
36	Other (specify):*			228	228		228	42,247	42,475			36
37	TOTAL Ownership			1,922,611	1,922,611	6,030	1,928,641	(345,927)	1,582,714			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		693,919	2,257,799	2,951,718		2,951,718	(6,050)	2,945,668			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			585,461	585,461		585,461	(119,767)	465,694			42
43	Other (specify):*	41,392		44,330	85,722		85,722	(85,722)	(0)			43
44	TOTAL Special Cost Centers	41,392	693,919	2,887,590	3,622,901		3,622,901	(211,539)	3,411,362			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,145,526	2,053,614	9,164,966	17,364,106	(0)	17,364,106	(1,246,569)	16,117,537			45

THE TOTAL FOR COLUMN 5 MUST BE ZERO,PLEASE CORRECT

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

Symphony Of BeverlyID# 0053728Report Period Beginning: 01/01/15Ending: 12/31/15

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Medicare Sequester	\$ (128,278)	21	1
2	Other Unclassified Income	(20)	21	2
3	Discounts Earned	(4,806)	21	3
4	Marketing Expense	(1,867)	43	4
5	Guest Relations	(41,115)	43	5
6	Bank Charges	(11,871)	21	6
7	Marketing Services	(42,463)	43	7
8	Community Relations Staff	(277)	43	8
9	Amortization	(228)	36	9
10	Additional R&M	3,775	06	10
11	Non-Allowable Legal	(16,251)	19	11
12	Prior Period - Bed Tax	(119,767)	42	12
13	Annual Report	(529)	20	13
14	PAC Dues	(7,922)	20	14
15	Building Company - Closing Costs	(376,635)	21	15
16	Building Company - Bank Charges	(96)	21	16
17	Building Company - Data Processing	(440)	19	17
18	Building Company - Accounting Fees	(5,310)	19	18
19	Building Company - Prepayment Penalty	(369,443)	21	19
20	Sale / Leaseback Arrangement	(382,900)	34	20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(1,506,443)		49

Symphony Of Beverly

ID# 0053728
 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	Total		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Symphony Of Beverly# 0053728

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	(223)											(223)	2
3	Housekeeping													3
4	Laundry													4
5	Heat and Other Utilities	(17,555)		3,611	143								(13,801)	5
6	Maintenance	3,775		24,797	3,233								31,804	6
7	Other (specify):*			3,119	534								3,653	7
8	TOTAL General Services	(14,004)		31,528	3,909								21,433	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records			217,864	24,831			(1,072)					241,623	10
10a	Therapy							(871)					(871)	10a
11	Activities													11
12	Social Services													12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*			42,507	5,680								48,188	15
16	TOTAL Health Care and Programs			260,371	30,511			(1,943)					288,939	16
	C. General Administration													
17	Administrative			(751,691)	(242,801)	25,000							(969,492)	17
18	Directors Fees													18
19	Professional Services	(22,001)	5,750	80,687	5,223	313							69,973	19
20	Fees, Subscriptions & Promotions	(37,708)		8,285	2,796								(26,628)	20
21	Clerical & General Office Expenses	(1,187,827)	746,173	217,225	58,530	5,104							(160,795)	21
22	Employee Benefits & Payroll Taxes													22
23	Inservice Training & Education													23
24	Travel and Seminar			1,164	1,577								2,741	24
25	Other Admin. Staff Transportation			11,623	591								12,214	25
26	Insurance-Prop.Liab.Malpractice		11,782	15									11,797	26
27	Other (specify):*			46,148	12,688	1,880							60,716	27
28	TOTAL General Administration	(1,247,536)	763,705	(386,544)	(161,396)	32,297							(999,474)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(1,261,540)	763,705	(94,646)	(126,976)	32,297		(1,943)					(689,102)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Symphony Of Beverly# 0053728

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)	
	D. Ownership													
30	Depreciation	398,394		8,715	1,098								408,207	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(2,270)	220,399	3,155	144								221,428	32
33	Real Estate Taxes		(13,625)	3,160	635								(9,830)	33
34	Rent-Facility & Grounds	(382,900)	(637,704)	2,363									(1,018,241)	34
35	Rent-Equipment & Vehicles			8,227	2,034								10,262	35
36	Other (specify):*	(228)	42,475										42,247	36
37	TOTAL Ownership	12,996	(388,455)	25,619	3,912								(345,927)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers							(6,050)					(6,050)	39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee	(119,767)											(119,767)	42
43	Other (specify):*	(85,722)											(85,722)	43
44	TOTAL Special Cost Centers	(205,489)						(6,050)					(211,539)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(1,454,033)	375,250	(69,026)	(123,064)	32,297		(7,993)					(1,246,569)	45

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:	
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)	
1	V	34 Rental Income	\$ 637,704	Renaissance at Beverly Partnership	100.00%	\$	(637,704)	1
2	V	33 Real Estate Taxes	360,870	Renaissance at Beverly Partnership	100.00%	347,245	(13,625)	2
3	V	32 Interest	180	Renaissance at Beverly Partnership	100.00%	220,579	220,399	3
4	V	21 Closing Costs		Renaissance at Beverly Partnership	100.00%	376,635	376,635	4
5	V	36 MIP Expense		Renaissance at Beverly Partnership	100.00%	42,475	42,475	5
6	V	26 Insurance		Renaissance at Beverly Partnership	100.00%	11,782	11,782	6
7	V	21 Bank Changes		Renaissance at Beverly Partnership	100.00%	95	95	7
8	V	19 Data Processing		Renaissance at Beverly Partnership	100.00%	440	440	8
9	V	19 Accounting Fees		Renaissance at Beverly Partnership	100.00%	5,310	5,310	9
10	V	21 Prepayment Penalty		Renaissance at Beverly Partnership	100.00%	369,443	369,443	10
11	V							11
12	V							12
13	V							13
14	Total		\$ 998,754			\$ 1,374,004	\$ * 375,250	14

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

Facility Name & ID Number

Symphony Of Beverly

0053728

Report Period Beginning:

01/01/15

Ending:

12/31/15

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	\$	NUCARE SERVICES CORP.	100.00%	\$ 3,611	\$ 3,611 15
16	V	6 MAINTENANCE SALARIES		NUCARE SERVICES CORP.	100.00%	15,988	15,988 16
17	V	6 MAINTENANCE EXPENSES		NUCARE SERVICES CORP.	100.00%	8,810	8,810 17
18	V	7 EMPLOYEE BENEFITS - MAINTENANCE		NUCARE SERVICES CORP.	100.00%	3,119	3,119 18
19	V	10 CLINICAL SALARIES		NUCARE SERVICES CORP.	100.00%	217,864	217,864 19
20	V	15 EMPLOYEE BENEFITS - CLINICAL		NUCARE SERVICES CORP.	100.00%	42,507	42,507 20
21	V	17 ADMINISTRATIVE SALARIES - NON-OWNER		NUCARE SERVICES CORP.	100.00%	49,222	49,222 21
22	V	19 PROFESSIONAL FEES		NUCARE SERVICES CORP.	100.00%	80,687	80,687 22
23	V	20 DUES, FEES, SUBSCRIPTIONS, ETC.		NUCARE SERVICES CORP.	100.00%	8,285	8,285 23
24	V	21 CLERICAL & GENERAL SALARIES		NUCARE SERVICES CORP.	100.00%	187,300	187,300 24
25	V	21 CLERICAL & GENERAL EXPENSES		NUCARE SERVICES CORP.	100.00%	29,925	29,925 25
26	V	24 SEMINARS AND EDUCATION		NUCARE SERVICES CORP.	100.00%	1,164	1,164 26
27	V	25 TRANSPORTATION		NUCARE SERVICES CORP.	100.00%	11,623	11,623 27
28	V	26 INSURANCE		NUCARE SERVICES CORP.	100.00%	15	15 28
29	V	27 EMPLOYEE BENEFITS - ADMINISTRATIVE		NUCARE SERVICES CORP.	100.00%	46,148	46,148 29
30	V	30 DEPRECIATION		NUCARE SERVICES CORP.	100.00%	8,715	8,715 30
31	V	32 INTEREST EXPENSE		NUCARE SERVICES CORP.	100.00%	3,155	3,155 31
32	V	33 REAL ESTATE TAX		NUCARE SERVICES CORP.	100.00%	3,160	3,160 32
33	V	34 PARKING LOT RENT		NUCARE SERVICES CORP.	100.00%	2,363	2,363 33
34	V	35 EQUIPMENT RENTAL		NUCARE SERVICES CORP.	100.00%	2,357	2,357 34
35	V	35 AUTO LEASE		NUCARE SERVICES CORP.	100.00%	5,870	5,870 35
36	V						
37	V	17 BOOKKEEPING FEES	800,913	NUCARE SERVICES CORP.	100.00%		(800,913) 37
38	V						
39	Total		\$ 800,913			\$ 731,887	\$ * (69,026) 39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	5 UTILITIES	\$	MAESTRO CONSULTING SERVICES LLC	100.00%	\$ 143	\$	143	15
16	V	6 MAINTENANCE SALARIES		MAESTRO CONSULTING SERVICES LLC	100.00%	2,330		2,330	16
17	V	6 MAINTENANCE EXPENSES		MAESTRO CONSULTING SERVICES LLC	100.00%	903		903	17
18	V	7 EMPLOYEE BENEFITS - MAINTENANCE		MAESTRO CONSULTING SERVICES LLC	100.00%	534		534	18
19	V	10 CLINICAL SALARIES		MAESTRO CONSULTING SERVICES LLC	100.00%	24,831		24,831	19
20	V	15 EMPLOYEE BENEFITS - CLINICAL		MAESTRO CONSULTING SERVICES LLC	100.00%	5,680		5,680	20
21	V	17 ADMINISTRATIVE SALARIES		MAESTRO CONSULTING SERVICES LLC	100.00%	3,667		3,667	21
22	V	19 PROFESSIONAL FEES		MAESTRO CONSULTING SERVICES LLC	100.00%	5,223		5,223	22
23	V	20 DUES, FEES, SUBSCRIPTIONS, ETC.		MAESTRO CONSULTING SERVICES LLC	100.00%	2,796		2,796	23
24	V	21 CLERICAL & GENERAL SALARIES		MAESTRO CONSULTING SERVICES LLC	100.00%	55,372		55,372	24
25	V	21 CLERICAL & GENERAL EXPENSES		MAESTRO CONSULTING SERVICES LLC	100.00%	3,158		3,158	25
26	V	24 SEMINARS AND EDUCATION		MAESTRO CONSULTING SERVICES LLC	100.00%	1,577		1,577	26
27	V	25 TRANSPORTATION		MAESTRO CONSULTING SERVICES LLC	100.00%	591		591	27
28	V	27 EMPLOYEE BENEFITS - ADMINISTRATIVE		MAESTRO CONSULTING SERVICES LLC	100.00%	12,688		12,688	28
29	V	30 DEPRECIATION		MAESTRO CONSULTING SERVICES LLC	100.00%	1,098		1,098	29
30	V	32 INTEREST EXPENSE		MAESTRO CONSULTING SERVICES LLC	100.00%	144		144	30
31	V	33 REAL ESTATE TAX		MAESTRO CONSULTING SERVICES LLC	100.00%	635		635	31
32	V	35 EQUIPMENT RENTAL		MAESTRO CONSULTING SERVICES LLC	100.00%	1,456		1,456	32
33	V	35 AUTO LEASE		MAESTRO CONSULTING SERVICES LLC	100.00%	579		579	33
34	V								34
35	V	17 BOOKKEEPING FEES	246,468	MAESTRO CONSULTING SERVICES LLC	100.00%			(246,468)	35
36	V								36
37	V								37
38	V								38
39	Total		\$ 246,468			\$ 123,404	\$ *	(123,064)	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	17 J. RAJCHENBACH-COMP.	\$	JLR FINANCIAL SERVICES CORP.	100.00%	\$ 25,000	\$	25,000	15
16	V	19 PROFESSIONAL FEES		JLR FINANCIAL SERVICES CORP.	100.00%	313		313	16
17	V	21 OFFICE		JLR FINANCIAL SERVICES CORP.	100.00%	5,104		5,104	17
18	V	27 EMPLOYEE BENEFITS		JLR FINANCIAL SERVICES CORP.	100.00%	1,880		1,880	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		\$			\$ 32,297	\$ *	32,297	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	\$ 24,674	MAPLE LEAF INSURANCE	100.00%	\$ 24,674	\$	15
16	V	26 LIABILITY INSURANCE	10,631	MAPLE LEAF INSURANCE	100.00%	10,631		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		\$ 35,305			\$ 35,305	\$ *	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	\$ 10,577	Integra Healthcare Equipment LLC		\$ 9,505	\$ (1,072)
16	V	10A Respiratory Services	8,600	Integra Healthcare Equipment LLC		7,729	(871)
17	V	39 DME & Medical Supplies	59,727	Integra Healthcare Equipment LLC		53,677	(6,050)
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	Total		\$ 78,904			\$ 70,911	\$ * (7,993)

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

Facility Name & ID Number

Symphony Of Beverly

0053728

Report Period Beginning:

01/01/15

Ending:

12/31/15

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	Total		\$			\$	\$ *	39

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

Facility Name & ID Number

Symphony Of Beverly

0053728

Report Period Beginning:

01/01/15

Ending:

12/31/15

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	Total		\$			\$	\$ *	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	Total		\$			\$	\$ *	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	Total		\$			\$	\$ *	39

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

Facility Name & ID Number

Symphony Of Beverly

#

0053728

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	Jack Rajchenbach	Relative	Administrative	0%	See Attached	6.00	10.00%	Alloc. Salary	\$ 25,000	17-7	1	
2	Michael Munter	Owner	Administrative	19.00%	See Attached	2.09	4.17%	Alloc. Salary	3,667	17-7	2	
3											3	
4											4	
5											5	
6											6	
7											7	
8											8	
9											9	
10											10	
11	Where applicable, the amounts reported on this page have been adjusted from the actual costs to reflect only the amounts											11
12	anticipated to be considered allowable by the IL. Dept. of HFS.											12
13								TOTAL	\$ 28,667		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 Of Beverly # 0053728 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	TOTALS				\$	\$		\$	25

Facility Name & ID Number Symphony Of Beverly

0053728

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

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

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	5	UTILITIES	AVAIL. CENSUS DAYS	1,031,168	17	\$ 58,329	\$ 63,840	\$ 3,611	1	
2	6	MAINTENANCE SALARIES	AVAIL. CENSUS DAYS	1,031,168	17	258,238	258,238	63,840	15,988	2
3	6	MAINTENANCE EXPENSES	AVAIL. CENSUS DAYS	1,031,168	17	142,295		63,840	8,810	3
4	7	EMPLOYEE BENEFITS - MAIN	AVAIL. CENSUS DAYS	1,031,168	17	50,385		63,840	3,119	4
5	10	CLINICAL SALARIES	AVAIL. CENSUS DAYS	1,031,168	17	3,519,020	3,519,020	63,840	217,864	5
6	15	EMPLOYEE BENEFITS - CLINI	AVAIL. CENSUS DAYS	1,031,168	17	686,596		63,840	42,507	6
7	17	ADMINISTRATIVE SALARIES	AVAIL. CENSUS DAYS	1,031,168	17	795,048	795,048	63,840	49,222	7
8	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS	1,031,168	17	1,303,295		63,840	80,687	8
9	20	DUES, FEES, SUBSCRIPTIONS,	AVAIL. CENSUS DAYS	1,031,168	17	133,814		63,840	8,285	9
10	21	CLERICAL & GENERAL SALA	AVAIL. CENSUS DAYS	1,031,168	17	3,025,348	3,025,348	63,840	187,300	10
11	21	CLERICAL & GENERAL EXPE	AVAIL. CENSUS DAYS	1,031,168	17	483,355		63,840	29,925	11
12	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS	1,031,168	17	18,809		63,840	1,164	12
13	25	TRANSPORTATION	AVAIL. CENSUS DAYS	1,031,168	17	187,735		63,840	11,623	13
14	26	INSURANCE	AVAIL. CENSUS DAYS	1,031,168	17	238		63,840	15	14
15	27	EMPLOYEE BENEFITS - ADMI	AVAIL. CENSUS DAYS	1,031,168	17	745,397		63,840	46,148	15
16	30	DEPRECIATION	AVAIL. CENSUS DAYS	1,031,168	17	140,764		63,840	8,715	16
17	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS	1,031,168	17	50,953		63,840	3,155	17
18	33	REAL ESTATE TAX	AVAIL. CENSUS DAYS	1,031,168	17	51,037		63,840	3,160	18
19	34	PARKING LOT RENT	AVAIL. CENSUS DAYS	1,031,168	17	38,171		63,840	2,363	19
20	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS	1,031,168	17	38,069		63,840	2,357	20
21	35	AUTO LEASE	AVAIL. CENSUS DAYS	1,031,168	17	94,822		63,840	5,870	21
22										22
23										23
24										24
25	TOTALS					\$ 11,821,715	\$ 7,597,654	\$ 731,887		25

Facility Name & ID Number Symphony Of Beverly

0053728

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	\$ 12,810	\$ 143	1
2	6	MAINTENANCE SALARIES	AVAIL. CENSUS DAYS	307,257	28	55,893	12,810	2,330	2
3	6	MAINTENANCE EXPENSES	AVAIL. CENSUS DAYS	307,257	28	21,648	12,810	903	3
4	7	EMPLOYEE BENEFITS - MAIN	AVAIL. CENSUS DAYS	307,257	28	12,799	12,810	534	4
5	10	CLINICAL SALARIES	AVAIL. CENSUS DAYS	307,257	28	595,582	12,810	24,831	5
6	15	EMPLOYEE BENEFITS - CLINI	AVAIL. CENSUS DAYS	307,257	28	136,244	12,810	5,680	6
7	17	ADMINISTRATIVE SALARIES	AVAIL. CENSUS DAYS	307,257	28	87,954	12,810	3,667	7
8	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS	307,257	28	125,288	12,810	5,223	8
9	20	DUES, FEES, SUBSCRIPTIONS,	AVAIL. CENSUS DAYS	307,257	28	67,058	12,810	2,796	9
10	21	CLERICAL & GENERAL SALA	AVAIL. CENSUS DAYS	307,257	28	1,328,131	12,810	55,372	10
11	21	CLERICAL & GENERAL EXPE	AVAIL. CENSUS DAYS	307,257	28	75,756	12,810	3,158	11
12	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS	307,257	28	37,815	12,810	1,577	12
13	25	TRANSPORTATION	AVAIL. CENSUS DAYS	307,257	28	14,185	12,810	591	13
14	27	EMPLOYEE BENEFITS - ADMI	AVAIL. CENSUS DAYS	307,257	28	304,341	12,810	12,688	14
15	30	DEPRECIATION	AVAIL. CENSUS DAYS	307,257	28	26,334	12,810	1,098	15
16	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS	307,257	28	3,464	12,810	144	16
17	33	REAL ESTATE TAX	AVAIL. CENSUS DAYS	307,257	28	15,239	12,810	635	17
18	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS	307,257	28	34,911	12,810	1,456	18
19	35	AUTO LEASE	AVAIL. CENSUS DAYS	307,257	28	13,885	12,810	579	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 2,959,951	\$ 1,982,025	\$ 123,404	25

Facility Name & ID Number Symphony Of Beverly

0053728

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 JLR FINANCIAL SERVICES CORP.
 Street Address 6633 NORTH LINCOLN
 City / State / Zip Code LINCOLNWOOD, IL. 60712
 Phone Number (847) 679-9141
 Fax Number (847) 679-1820

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	17	J. RAJCHENBACH-COMP.	AVG. HOURS WORKED 48	9	\$ 200,000	\$ 200,000	6	\$ 25,000	1
2	19	PROFESSIONAL FEES	AVG. HOURS WORKED 48	9	2,500		6	313	2
3	21	OFFICE	AVG. HOURS WORKED 48	9	40,828	40,828	6	5,104	3
4	27	EMPLOYEE BENEFITS	AVG. HOURS WORKED 48	9	15,037		6	1,880	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				\$ 258,365	\$ 240,828		\$ 32,297	25

Facility Name & ID Number Symphony Of Beverly

0053728

Report Period Beginning:

01/01/15

Ending: 12/31/15

VIII. ALLOCATION OF INDIRECT COSTS

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

(_____) _____

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	22	WORKERS COMPENSATION	DIRECT ALLOCATION					24,674	1
2	26	LIABILITY INSURANCE	DIRECT ALLOCATION					10,631	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					\$	\$	\$ 35,305	25

Facility Name & ID Number Symphony Of Beverly

0053728

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		\$	\$		\$ 9,505	1
2	10A	Respiratory Services	Direct Allocation					7,729	2
3	39	DME & Medical Supplies	Direct Allocation					53,677	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				\$	\$		\$ 70,911	25

Facility Name & ID Number Symphony Of Beverly

0053728

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	TOTALS				\$	\$		\$	25

Facility Name & ID Number Symphony Of Beverly

0053728

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	TOTALS				\$	\$		\$	25

Facility Name & ID Number Symphony Of Beverly

0053728 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	TOTALS				\$	\$		\$	25

Facility Name & ID Number Symphony Of Beverly

0053728

Report Period Beginning:

01/01/15

Ending: 12/31/15

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

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

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

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

Facility Name & ID Number

Symphony Of Beverly

0053728

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		8	9	10									
					Name of Lender	Related**				Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
						YES							NO	Original				Balance
A. Directly Facility Related																		
Long-Term																		
1	Mortgage		X							\$ 220,579	1							
2											2							
3											3							
4											4							
5											5							
Working Capital																		
6	The Private Bank		X	Line of Credit						290,486	6							
7	Allocated from NuCare Serv	X								3,155	7							
8											8							
9	TOTAL Facility Related					\$	\$			\$ 514,220	9							
B. Non-Facility Related*																		
10	Interest Income									(2,270)	10							
11	Interest Income - Bldg Co									(180)	11							
12	Allocated from Maestro Cons	X								144	12							
13											13							
14	TOTAL Non-Facility Related					\$	\$			\$ (2,306)	14							
15	TOTALS (line 9+line14)					\$	\$			\$ 511,914	15							

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 42,475 Line # 36

* 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 Of Beverly

0053728

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
	A. Directly Facility Related																			
	Long-Term																			
1							\$	\$			\$	1								
2												2								
3												3								
4												4								
5												5								
6												6								
7	TOTAL Long-Term																			
	Working Capital																			
8							\$	\$			\$	8								
9												9								
10												10								
11												11								
12												12								
13												13								
14	TOTAL Working Capital																			
	B. Non-Facility Related*																			
15							\$	\$			\$	15								
16												16								
17												17								
18												18								
19												19								
20	TOTAL Non-Facility Related																			

* 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.)

2014 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Symphony Of Beverly COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0053728

CONTACT PERSON REGARDING THIS REPORT Steve Lavenda

TELEPHONE (847) 236-1111 FAX #: (847) 236-1155

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2014 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2014.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>19-36-322-011-0000</u>	<u>Long Term Care Property</u>	\$ <u>60,588.14</u>	\$ <u>60,588.14</u>
2. <u>19-36-322-012-0000</u>	<u>Long Term Care Property</u>	\$ <u>76,604.57</u>	\$ <u>76,604.57</u>
3. <u>19-36-322-013-0000</u>	<u>Long Term Care Property</u>	\$ <u>117,833.95</u>	\$ <u>117,833.95</u>
4. <u>19-36-322-014-0000</u>	<u>Long Term Care Property</u>	\$ <u>84,850.42</u>	\$ <u>84,850.42</u>
5. <u>19-36-322-015-0000</u>	<u>Long Term Care Property</u>	\$ <u>76,604.57</u>	\$ <u>76,604.57</u>
6. <u>19-36-322-016-0000</u>	<u>Long Term Care Property</u>	\$ <u>11,344.17</u>	\$ <u>11,344.17</u>
7. <u>19-36-322-017-0000</u>	<u>Long Term Care Property</u>	\$ <u>2,907.76</u>	\$ <u>2,907.76</u>
8. <u>19-36-322-018-0000</u>	<u>Long Term Care Property</u>	\$ <u>2,730.76</u>	\$ <u>2,730.76</u>
9. <u>10-27-319-028-0000</u>	<u>Allocated - 7257 N. Lincoln Ave</u>	\$ <u>91,415.94</u>	\$ <u>3,159.75</u>
10. <u>10-27-319-028-0000</u>	<u>Allocated - 7257 N. Lincoln Ave</u>	\$ <u>91,415.94</u>	\$ <u>1,604.91</u>
TOTALS		\$ <u>616,296.22</u>	\$ <u>438,229.00</u>

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

Attach a copy of the original 2014 tax bills which were listed in Section A to this statement. Be sure to use the 2014 tax bill which is normally paid during 2015.

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

Facility Name & ID Number Symphony Of Beverly

0053728

Report Period Beginning:

01/01/15

Ending:

12/31/15

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 66,911 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 4

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

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

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

None

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

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

Nature of Costs:

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Facility</u>	<u>51,162</u>	<u>1994</u>	<u>\$ 143,613</u>	<u>1</u>
2	<u>Allocated from 7257 N. Lincoln Ave</u>		<u>2004</u>	<u>7,749</u>	<u>2</u>
3	TOTALS	51,162		\$ 151,362	3

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	210		1999	\$ 8,930,998	\$	39	\$ 223,306	\$ 223,306	\$ 3,726,042	4
5										5
6										6
7										7
8										8
Improvement Type**										
9	Various		1999	89,068		20	4,434	4,434	72,812	9
10	Various		2000	45,130		20	1,174	1,174	18,184	10
11	Various		2001	40,213		20	2,011	2,011	28,886	11
12	Various		2002	12,014		20	344	344	9,829	12
13	Various		2003	20,012		20	795	795	14,104	13
14	Various		2004	27,005		20	244	244	26,151	14
15	Various		2005	16,125		20	1,712	1,712	15,388	15
16	Various		2006	109,609		20	8,084	8,084	106,533	16
17	Various		2010	320,346		20	30,317	30,317	172,868	17
18	Various		2011	169,484		20	14,484	14,484	88,485	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

Facility Name & ID Number Symphony Of Beverly

0053728

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	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		783,631			39,182	39,182	275,687	67
68		154,303	4,501		3,896	(605)	59,201	68
69			119,493			(119,493)		69
70		\$ 10,717,938	\$ 123,994		\$ 329,983	\$ 205,989	\$ 4,614,170	70

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 10,717,938	\$ 123,994		\$ 329,983	\$ 205,989	\$ 4,614,170	1
2	Cabinets	2012	3,585		20	717	717	2,868	2
3	Divider Walls	2012	4,050		20	810	810	3,173	3
4	Divider Walls	2012	4,570		20	914	914	3,504	4
5	Lighting - Building And Parking Lot	2012	3,200		20	213	213	800	5
6	Flooring - Vinyl	2012	12,123		20	1,732	1,732	6,061	6
7	Install Wiring For Touch Screen Monitors	2012	7,500		20	1,500	1,500	5,375	7
8	101 Undersink Protective Pipe Cover Plus 5I Offset Cover	2012	4,077		20	408	408	1,291	8
9	Word Door Specialists - 1/2" X 5" Saddle Threshold - Aluminum,	2012	4,890		20	489	489	1,549	9
10	Installed 4" And 6" Check Valves And Cast Iron Pipe For Pump S	2015	12,450		20	623	623	623	10
11	Patched Cracks On Roof	2015	3,500		20	175	175	175	11
12	Custom Built Backsplash For 2Nd And 3Rd Floor Dining Room	2015	2,982		20	149	149	149	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)		\$ 10,780,865	\$ 123,994		\$ 337,712	\$ 213,718	\$ 4,639,737	34

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

Facility Name & ID Number Symphony Of Beverly

0053728

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	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		\$ 10,780,865	\$ 123,994		\$ 337,712	\$ 213,718	\$ 4,639,737	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)	\$ 10,780,865	\$ 123,994		\$ 337,712	\$ 213,718	\$ 4,639,737	34

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

Facility Name & ID Number Symphony Of Beverly

0053728

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	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		\$ 10,780,865	\$ 123,994		\$ 337,712	\$ 213,718	\$ 4,639,737	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)	\$ 10,780,865	\$ 123,994		\$ 337,712	\$ 213,718	\$ 4,639,737	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		\$ 10,780,865	\$ 123,994		\$ 337,712	\$ 213,718	\$ 4,639,737	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)	\$ 10,780,865	\$ 123,994		\$ 337,712	\$ 213,718	\$ 4,639,737	34

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

Facility Name & ID Number Symphony Of Beverly# 0053728

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	Building Company		\$	\$		\$	\$	\$	1
2	Buildings:								2
3									3
4									4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	Various	2005	96,496		20	4,825	4,825	78,203	9
10	Built In Kitchen Unit/Cabinet/Table Legs And Sink	2007	10,200		20	510	510	5,440	10
11	Replace Built-In Cabinets And Credenza Unit	2007	9,800		20	490	490	5,145	11
12	2Nd Floor - Sink	2007	4,800		20	240	240	2,520	12
13	3Rd Floor - Assisted Bathing Area	2007	5,200		20	260	260	2,730	13
14	150 Yds Tranquility Dandelion - Wall Covering	2007	2,546		20	127	127	1,823	14
15	2Nd Floor Dinning Room - Electrical	2007	3,500		20	175	175	1,838	15
16	3Rd Floor Dinning Room - Electrical	2007	3,500		20	175	175	1,838	16
17	Basement Corridor	2007	2,750		20	138	138	1,447	17
18	Lobby/Large Main Office - Carpeting	2007	8,578		20	429	429	4,943	18
19	Door Upgrades & R&M	2007	4,301		20	215	215	2,258	19
20	Replace Ejector Pumps For Flood Control System	2007	3,700		20	185	185	1,819	20
21	Vct Tiles For Bathroom	2008	4,656		20	233	233	1,864	21
22	Upholstered Cornice And Roller Shades; Remove Existing Window	2008	8,647		20	432	432	3,457	22
23	Material & Labor For Power Supply & Switch For Airconditioning	2008	5,726		20	286	286	2,289	23
24	Installation: Sprinkler, Ddc Valve, Expansion Tank & Antifreeze	2008	7,665		20	383	383	3,065	24
25	Replacement Motor & Compressor And Refrigerant Of Freezer	2008	5,368		20	268	268	2,145	25
26	Telephone System Tadrion	2008	23,739		20	1,187	1,187	9,496	26
27	Motor Conversion	2008	2,965		20	148	148	1,185	27
28	130 Ft Of Sdr35 Drain Tile	2008	8,910		20	446	446	3,567	28
29	Asphalt Repair Work Sealing And Striping	2008	7,600		20	380	380	3,020	29
30	Prime And Paint Outside Railings, Repair Walls, Paint Pavroll Of	2008	3,220		20	161	161	1,288	30
31	Painting - 2Nd Floor Doorframes And Dining Room	2008	2,970		20	149	149	1,191	31
32	Plaster, Prime, And Paint 3Rd Floor Dining Rm Walls, Window Si	2008	10,600		20	530	530	4,240	32
33	Part & Labor to repair Fire Sprinkler System	2009	4,224		20	211	211	1,477	33
34	TOTAL (lines 1 thru 33)		\$ 251,661	\$		\$ 12,583	\$ 12,583	\$ 148,288	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	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 251,661	\$		\$ 12,583	\$ 12,583	\$ 148,288	1
2	Core Glosswhite Tile	2009	2,753		20	138	138	966	2
3	Paint & Remodeling of 7 Shower Rooms	2009	17,363		20	868	868	6,076	3
4	Flooring	2011	194,042		20	9,702	9,702	48,510	4
5	Casework/Countertops	2011	68,125		20	3,406	3,406	17,030	5
6	Demolition/Carpentry	2011	74,500		20	3,725	3,725	18,625	6
7	Buildout	2011	65,045		20	3,252	3,252	16,260	7
8	Wallpaper/Paint	2011	59,430		20	2,972	2,972	14,860	8
9	VCT Tile Removal & Installation-Resident Rooms 1st,2nd & 3rd FL	2014	44,000		20	2,200	2,200	4,400	9
10	Install New Vinyl Base in Resident Rooms with New Tiles-1,2&3rd F	2014	3,900		20	195	195	390	10
11	2nd Floor - Replaced Wood Door and Window	2014	2,812		20	141	141	282	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)		\$ 783,631	\$		\$ 39,182	\$ 39,182	\$ 275,687	34

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

Facility Name & ID Number Symphony Of Beverly# 0053728

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	Related Party		\$	\$		\$	\$	\$	1
2	Buildings:								2
3	<u>Allocated from 7257 N. Lincoln Avenue</u>	2004	69,739	1,533	20	1,708	175	24,160	3
4									4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	<u>Allocated from Maestro Consulting</u>	2003	488	5	20	3	(2)	292	9
10	<u>Allocated from Maestro Consulting</u>	2004	9,914	96	20	66	(30)	5,816	10
11	<u>Allocated from Maestro Consulting</u>	2005	588	6	20	4	(2)	314	11
12	<u>Allocated from Maestro Consulting</u>	2006	797	8	20	6	(2)	367	12
13	<u>Allocated from Maestro Consulting</u>	2008	840	8	20	6	(2)	298	13
14	<u>Allocated from Maestro Consulting</u>	2009	13,526	131	20	94	(37)	4,357	14
15	<u>Allocated from Maestro Consulting</u>	2010	2,078	20	20	17	(3)	468	15
16	<u>Allocated from Maestro Consulting</u>	2011	112	1	20	1		27	16
17	<u>Allocated from Maestro Consulting</u>	2012	125	1	20	1		22	17
18	<u>Allocated from Maestro Consulting</u>	2014	1,563	15	20	11	(4)	113	18
19	<u>Allocated from Maestro Consulting</u>	2015	440		20	1	1	4	19
20									20
21	<u>Allocated from 7257 N. Lincoln Avenue</u>	2015	1,100	47	20	21	(26)	25	21
22	<u>Allocated from 7257 N. Lincoln Avenue</u>	2005	6,357	38	20	345	307	4,207	22
23	<u>Allocated from 7257 N. Lincoln Avenue</u>	2004	1,386		20	59	59	797	23
24									24
25	<u>Allocated from NuCare Services Corp</u>	2003	725	42	20	25	(17)	433	25
26	<u>Allocated from NuCare Services Corp</u>	2004	14,723	856	20	490	(366)	8,637	26
27	<u>Allocated from NuCare Services Corp</u>	2005	873	51	20	30	(21)	466	27
28	<u>Allocated from NuCare Services Corp</u>	2006	1,184	69	20	41	(28)	544	28
29	<u>Allocated from NuCare Services Corp</u>	2008	1,247	72	20	43	(29)	442	29
30	<u>Allocated from NuCare Services Corp</u>	2009	20,085	1,167	20	697	(470)	6,471	30
31	<u>Allocated from NuCare Services Corp</u>	2010	3,086	179	20	129	(50)	696	31
32	<u>Allocated from NuCare Services Corp</u>	2011	167	10	20	6	(4)	40	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 151,143	\$ 4,355		\$ 3,804	\$ (551)	\$ 58,996	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	Totals from Page 12H, Carried Forward		\$ 151,143	\$ 4,355		\$ 3,804	\$ (551)	\$ 58,996	1
2									2
3	Allocated from NuCare Services Corp	2012	186	11	20	6	(5)	33	3
4	Allocated from NuCare Services Corp	2014	2,321	135	20	81	(54)	167	4
5	Allocated from NuCare Services Corp	2015	653		20	5	5	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)		\$ 154,303	\$ 4,501		\$ 3,896	\$ (605)	\$ 59,201	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	\$ 1,893,601	\$ 4,635	\$ 185,847	\$ 181,212	10	\$ 510,444	71
72	Current Year Purchases	48,773	642	3,999	3,357	10	4,601	72
73	Fully Depreciated Assets	1,807,208		83	83	10	1,807,208	73
74								74
75	TOTALS	\$ 3,749,582	\$ 5,277	\$ 189,929	\$ 184,652		\$ 2,322,253	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 Consultin	2015	\$ 369	\$ 4	\$ 7	\$ 3	5	\$ 369	76
77		Allocated from NuCare Services (2015	548	32	53	21	5	548	77
78										78
79										79
80	TOTALS			\$ 917	\$ 36	\$ 60	\$ 24		\$ 917	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)	\$ 14,682,726	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 129,307	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 527,701	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 398,394	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 6,962,907	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.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Main Street (Sale / Leaseback Arrangement)

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

If NO, see instructions. YES NO

	1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building: <u>1999</u>	<u>210</u>		\$ <u>382,900</u>			3
4	Additions			<u>(382,900)</u>			4
5							5
6	<u>Allocated from NuCare Services Corp</u>			<u>2,363</u>			6
7	TOTAL	<u>210</u>		\$ <u>2,363</u>			7

**

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: \$ 57,031 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	Infiniti	\$ <u>660.50</u>	\$ <u>2,312</u>	17
18	<u>Allocated from Maestro Consulting</u>			<u>579</u>	18
19	<u>Allocated from NuCare Services Corp</u>			<u>5,870</u>	19
20					20
21	TOTAL		\$ <u>660.50</u>	\$ <u>8,761</u>	21

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 \$ _____

* 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	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	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	\$		\$ 926,493	\$		\$ 926,493	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			227,533			227,533	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			910,232			910,232	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				518,864		518,864	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>					193,541	175,055		368,596	13
14	TOTAL			\$		\$ 2,257,799	\$ 693,919		\$ 2,951,718	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 Of Beverly# 0053728Report Period Beginning: 01/01/15Ending: 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	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$	\$ 3,335,242	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	2,922,906	2,922,906	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	1,474	1,474	6
7	Other Prepaid Expenses	26,101	26,101	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	154,609	2,231,409	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,105,090	\$ 8,517,132	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	3,775	3,775	16
17	Accumulated Depreciation (book methods)	(126)	(126)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	13,700	13,700	19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(228)	(228)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):		1,003,051	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 17,121	\$ 1,020,172	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 3,122,211	\$ 9,537,304	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 1,709,147	\$ 1,709,587	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	323,694	323,694	30
31	Accrued Taxes Payable (excluding real estate taxes)	71,217	71,217	31
32	Accrued Real Estate Taxes(Sch.IX-B)	75,400	75,400	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	See Attached Schedule	833,033	833,033	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,012,491	\$ 3,012,931	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 3,012,491	\$ 3,012,931	46
47	TOTAL EQUITY(page 18, line 24)	\$ 109,720	\$ 6,524,373	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 3,122,211	\$ 9,537,304	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$	1
2	Restatements (describe):		2
3	Adjustment for change in ownership	(1,879,559)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (1,879,559)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	1,989,279	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 1,989,279	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 109,720	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Symphony Of Beverly# 0053728Report 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	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 18,830,995	1
2	Discounts and Allowances for all Levels	(196,190)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 18,634,805	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	702,606	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 702,606	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	6,673	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	1,605	19
20	Radiology and X-Ray		20
21	Other Medical Services	600	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 8,878	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	2,270	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 2,270	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Supplemental Schedule	4,826	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 4,826	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 19,353,385	30

2

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,916,469	31
32	Health Care	5,737,894	32
33	General Administration	4,164,231	33
B. Capital Expense			
34	Ownership	1,922,611	34
C. Ancillary Expense			
35	Special Cost Centers	3,037,440	35
36	Provider Participation Fee	585,461	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 17,364,106	40
41	Income before Income Taxes (line 30 minus line 40)**	1,989,279	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 1,989,279	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 7,447,369	44
45	Private Pay - Net Inpatient Revenue	723,574	45
46	Medicare - Net Inpatient Revenue	6,110,391	46
47	Other-(specify) <u>Managed Care</u>	3,670,305	47
48	Other-(specify) <u>Hospice</u>	683,166	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 18,634,805	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 Of Beverly

0053728

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	1,840	1,990	\$ 115,071	\$ 57.82	1
2	Assistant Director of Nursing	1,930	2,111	86,577	41.01	2
3	Registered Nurses	31,342	34,116	1,156,520	33.90	3
4	Licensed Practical Nurses	61,021	65,615	1,777,518	27.09	4
5	CNAs & Orderlies	121,306	131,258	1,487,153	11.33	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	4,840	5,411	154,453	28.54	8
9	Activity Director	2,414	2,709	55,213	20.38	9
10	Activity Assistants	6,818	8,186	93,238	11.39	10
11	Social Service Workers	9,602	10,680	239,870	22.46	11
12	Dietician					12
13	Food Service Supervisor	3,706	3,824	89,440	23.39	13
14	Head Cook	5,708	6,109	80,022	13.10	14
15	Cook Helpers/Assistants	18,000	19,393	196,259	10.12	15
16	Dishwashers					16
17	Maintenance Workers	3,368	4,039	84,544	20.93	17
18	Housekeepers					18
19	Laundry					19
20	Administrator	2,832	3,064	181,969	59.39	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager	2,978	3,104	67,024	21.59	23
24	Clerical	9,224	9,874	174,376	17.66	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	3,607	3,816	47,618	12.48	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>	3,107	3,236	58,660	18.13	33
34	TOTAL (lines 1 - 33)	293,643	318,535	\$ 6,145,525 *	\$ 19.29	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	461	\$ 21,814	01-03	35
36	Medical Director	Monthly	18,820	09-03	36
37	Medical Records Consultant				37
38	Nurse Consultant	218	11,870	10-03	38
39	Pharmacist Consultant	Monthly	31,546	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	Monthly	11,559	10a-03	42
43	Speech Therapy Consultant				43
44	Activity Consultant	28	1,540	11-03	44
45	Social Service Consultant				45
46	Other(specify) <u>Cardiologist</u>	Monthly	4,000	10-03	46
47	<u>Orthopedic Surgeon Consultant</u>	Monthly	20,000	10-03	47
48	<u>Psychiatric</u>	Monthly	27,190	10-03	48
49	TOTAL (lines 35 - 48)	707	\$ 148,339		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	
Daniel Johnson	Administrator	0	\$ 181,969	Workers' Compensation Insurance	\$ 272,358	IDPH License Fee	\$ 1,990	
				Unemployment Compensation Insurance	167,925	Advertising: Employee Recruitment		
				FICA Taxes	454,284	Health Care Worker Background Check		
				Employee Health Insurance	331,551	(Indicate # of checks performed <u>570</u>)	5,701	
				Employee Meals	37,340	Patient Background Checks <u>103</u>	1,030	
				Illinois Municipal Retirement Fund (IMRF)*		Dues and Subscriptions	23,257	
				Pension Plan	22,544	Licenses and Permits	7,319	
				Other Employee Benefits	22,171	Allocated from Maestro Consulting	2,796	
				Employee Physicals	7,796	Allocated from NuCare Services Corp	8,285	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 181,969	TOTAL (agree to Schedule V, line 22, col.8)		\$ 50,378		
B. Administrative - Other							Less: Public Relations Expense ()	
Description			Amount				Non-allowable advertising ()	
NuCare Services Corp - Bookkeeping Services			\$ 800,913				Yellow page advertising ()	
Maestro Consulting - Bookkeeping Services			246,468				TOTAL (agree to Sch. V, line 20, col. 8)	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 1,047,381				\$ 8,401	
C. Professional Services				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Vendor/Payee	Type		Amount	Description	Line #	Amount	Description	Amount
FRR / Marcum	Accounting		\$ 7,020				Out-of-State Travel	\$
Matrixcare	E.H.R		11,550					
Creative Technology	Information Technology		16,059				In-State Travel	
Curaspan Health Group	Care Transitions		3,050					
eHealth Data Solutions	Network Service Vendor		5,112					
Market Metrix	Hospitality		1,270				Seminar Expense	5,660
Telemedicine	Wound Care Management		16,869				Allocated from Maestro Consulting	1,577
Wescom Solutions	E.H.R		15,026				Allocated from NuCare Services Corp	1,164
Emdeon	Network Service Vendor		297					
Legal	See Attached		48,532				Entertainment Expense ()	
Language Line	Translation Services		1,300				(agree to Sch. V, line 24, col. 8)	
See Supplemental Schedule			51,776				TOTAL	\$ 8,401
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 177,862	TOTAL				

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Symphony Of Beverly# 0053728

Report Period Beginning:

01/01/15

Ending:

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

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. ICLTC \$24,006
- (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. \$ 194 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? Yes
If YES, give effective date of lease. 11/1/2015
- (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 X NO If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.
Renaissance at 87th St., IDPH 0042093, Date 11/01/15
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 465,694
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. \$ 37,340 Has any meal income been offset against related costs? No Indicate the amount. \$ NA
- (16) Travel and Transportation
- a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
- b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
- c. What percent of all travel expense relates to transportation of nurses and patients? 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: NA
- (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.