



Facility Name & ID Number Symphony Of Buffalo Grove

# 0053702 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	200	Skilled (SNF)	200	73,000	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	200	TOTALS	200	73,000	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	30,027	8,768	22,759	61,554	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	30,027	8,768	22,759	61,554	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 84.32%

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 3/1/2005

J. Was the facility purchased or leased after January 1, 1978?  
YES  Date 3/1/2005 NO

K. Was the facility certified for Medicare during the reporting year?  
YES  NO  If YES, enter number of beds certified 200 and days of care provided 15,775

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL  MODIFIED CASH\*  CASH\*

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

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

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

Facility Name &amp; ID Number

Symphony Of Buffalo Grove

# 0053702

Report Period Beginning:

01/01/15

Ending:

12/31/15

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	444,353	50,880	24,107	519,340		519,340		519,340		1
2	Food Purchase		417,168		417,168		417,168	(6,799)	410,369		2
3	Housekeeping	243,427	39,537		282,964		282,964		282,964		3
4	Laundry	27,699	9,281	12,585	49,565		49,565		49,565		4
5	Heat and Other Utilities			267,095	267,095		267,095	(11,738)	255,357		5
6	Maintenance	77,952		176,973	254,925		254,925	33,221	288,146		6
7	Other (specify):*							3,479	3,479		7
8	<b>TOTAL General Services</b>	<b>793,431</b>	<b>516,866</b>	<b>480,760</b>	<b>1,791,057</b>		<b>1,791,057</b>	<b>18,163</b>	<b>1,809,220</b>		<b>8</b>
	<b>B. Health Care and Programs</b>										
9	Medical Director			74,120	74,120		74,120		74,120		9
10	Nursing and Medical Records	4,356,095	557,139	34,180	4,947,414		4,947,414	230,702	5,178,116		10
10a	Therapy	131,858		21,891	153,749		153,749	(1,914)	151,835		10a
11	Activities	206,009	32,082	2,420	240,511		240,511		240,511		11
12	Social Services	263,968			263,968		263,968		263,968		12
13	CNA Training										13
14	Program Transportation			13,151	13,151		13,151		13,151		14
15	Other (specify):*							45,893	45,893		15
16	<b>TOTAL Health Care and Programs</b>	<b>4,957,930</b>	<b>589,221</b>	<b>145,762</b>	<b>5,692,913</b>		<b>5,692,913</b>	<b>274,681</b>	<b>5,967,594</b>		<b>16</b>
	<b>C. General Administration</b>										
17	Administrative	170,938		1,069,219	1,240,157		1,240,157	(1,018,849)	221,308		17
18	Directors Fees										18
19	Professional Services			222,915	222,915	(2,677)	220,238	78,936	299,174		19
20	Dues, Fees, Subscriptions & Promotions			173,567	173,567		173,567	(102,426)	71,141		20
21	Clerical & General Office Expenses	332,217	17,942	583,712	933,871		933,871	(234,772)	699,099		21
22	Employee Benefits & Payroll Taxes			1,096,738	1,096,738		1,096,738		1,096,738		22
23	Inservice Training & Education										23
24	Travel and Seminar			5,056	5,056		5,056	2,610	7,666		24
25	Other Admin. Staff Transportation			3,948	3,948		3,948	11,632	15,580		25
26	Insurance-Prop.Liab.Malpractice			546,753	546,753		546,753	79,209	625,962		26
27	Other (specify):*							56,034	56,034		27
28	<b>TOTAL General Administration</b>	<b>503,155</b>	<b>17,942</b>	<b>3,701,908</b>	<b>4,223,005</b>	<b>(2,677)</b>	<b>4,220,328</b>	<b>(1,127,625)</b>	<b>3,092,703</b>		<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	<b>6,254,516</b>	<b>1,124,029</b>	<b>4,328,430</b>	<b>11,706,975</b>	<b>(2,677)</b>	<b>11,704,298</b>	<b>(834,781)</b>	<b>10,869,517</b>		<b>29</b>

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

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

Facility Name & ID Number Symphony Of Buffalo Grove

#0053702

Report Period Beginning:

01/01/15

Ending:

12/31/15

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			179,086	179,086		179,086	498,247	677,333			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			86,122	86,122		86,122	250,889	337,011			32
33	Real Estate Taxes			258,500	258,500	2,677	261,177	21,548	282,725			33
34	Rent-Facility & Grounds			362,682	362,682		362,682	(359,831)	2,851			34
35	Rent-Equipment & Vehicles			57,656	57,656		57,656	8,834	66,490			35
36	Other (specify):*			228	228		228	111,528	111,756			36
37	<b>TOTAL Ownership</b>			944,274	944,274	2,677	946,951	531,216	1,478,166			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		968,208	2,760,758	3,728,966		3,728,966	(6,523)	3,722,443			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			454,076	454,076		454,076		454,076			42
43	Other (specify):*	46,036		1,067,128	1,113,164		1,113,164	(1,113,164)	(0)			43
44	<b>TOTAL Special Cost Centers</b>	46,036	968,208	4,281,962	5,296,206		5,296,206	(1,119,687)	4,176,519			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	6,300,552	2,092,237	9,554,666	17,947,455		17,947,455	(1,423,253)	16,524,202			45

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



Symphony Of Buffalo Grove

ID# 0053702

Report Period Beginning: 01/01/15

Ending: 12/31/15

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Sequestration	\$ (163,629)	21	1
2	Other Income	(416)	21	2
3	Rental Income	(150)	36	3
4	Gain/Loss on Sale of Assets	(1,020,334)	43	4
5	Marketing Salary	(14,394)	43	5
6	Guest Relations	(31,642)	43	6
7	Bank Charges	(24,835)	21	7
8	Marketing Expenses	(46,794)	43	8
9	Amortization	(228)	36	9
10	Non-Allowable Vehicle Rental	(939)	35	10
11	Collections	(536)	21	11
12	Additional R&M	6,526	06	12
13	Building Co - Accounting Fees	(17,200)	19	13
14	Building Co - Prepayment Penalty	(572,403)	21	14
15	Building Co - Office Expense	(756)	21	15
16	Building Co - Closing Expense	(432,971)	36	16
17	Non-Allowable Legal	(2,884)	19	17
18	PAC Dues	(13,160)	20	18
19	Rent for Sale/Leaseback Arrangement	(445,134)	34	19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>	(2,781,880)		49

Symphony Of Buffalo Grove

ID# 0053702  
 Report Period Beginning: 01/01/15  
 Ending: 12/31/15

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

## STATE OF ILLINOIS

Summary A

Facility Name & ID Number Symphony Of Buffalo Grove# 0053702

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	(6,799)											(6,799)	2
3	Housekeeping													3
4	Laundry													4
5	Heat and Other Utilities	(15,313)		3,439	136								(11,738)	5
6	Maintenance	6,526		23,616	3,079								33,221	6
7	Other (specify):*			2,971	508								3,479	7
8	<b>TOTAL General Services</b>	<b>(15,586)</b>		<b>30,026</b>	<b>3,723</b>								<b>18,163</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director													9
10	Nursing and Medical Records			207,489	23,648	(436)							230,702	10
10a	Therapy					(1,914)							(1,914)	10a
11	Activities													11
12	Social Services													12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*			40,483	5,410								45,893	15
16	<b>TOTAL Health Care and Programs</b>			<b>247,973</b>	<b>29,058</b>	<b>(2,350)</b>							<b>274,681</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative			(782,063)	(236,786)								(1,018,849)	17
18	Directors Fees													18
19	Professional Services	(20,084)	17,200	76,845	4,975								78,936	19
20	Fees, Subscriptions & Promotions	(112,978)		7,890	2,663								(102,426)	20
21	Clerical & General Office Expenses	(1,070,556)	573,159	206,881	55,743								(234,772)	21
22	Employee Benefits & Payroll Taxes													22
23	Inservice Training & Education													23
24	Travel and Seminar			1,109	1,501								2,610	24
25	Other Admin. Staff Transportation			11,069	563								11,632	25
26	Insurance-Prop.Liab.Malpractice		79,195	14									79,209	26
27	Other (specify):*			43,950	12,084								56,034	27
28	<b>TOTAL General Administration</b>	<b>(1,203,618)</b>	<b>669,554</b>	<b>(434,304)</b>	<b>(159,257)</b>								<b>(1,127,625)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> <b>(sum of lines 8,16 &amp; 28)</b>	<b>(1,219,204)</b>	<b>669,554</b>	<b>(156,305)</b>	<b>(126,476)</b>	<b>(2,350)</b>							<b>(834,781)</b>	<b>29</b>

## STATE OF ILLINOIS

Summary B

Facility Name & ID Number Symphony Of Buffalo Grove# 0053702

Report Period Beginning:

01/01/15

Ending:

12/31/15

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>D. Ownership</b>													
30	Depreciation	488,902		8,300	1,046								498,247	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(780)	248,527	3,004	138								250,889	32
33	Real Estate Taxes		17,934	3,009	605								21,548	33
34	Rent-Facility & Grounds	(445,134)	83,052	2,251									(359,831)	34
35	Rent-Equipment & Vehicles	(939)		7,836	1,938								8,834	35
36	Other (specify):*	(433,349)	544,877										111,528	36
37	<b>TOTAL Ownership</b>	<b>(391,300)</b>	<b>894,390</b>	<b>24,399</b>	<b>3,726</b>								<b>531,216</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers					(6,523)							(6,523)	39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(1,113,164)											(1,113,164)	43
44	<b>TOTAL Special Cost Centers</b>	<b>(1,113,164)</b>				<b>(6,523)</b>							<b>(1,119,687)</b>	<b>44</b>
	<b>GRAND TOTAL COST</b>													
45	(sum of lines 29, 37 & 44)	(2,723,668)	1,563,944	(131,906)	(122,750)	(8,873)							(1,423,253)	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 Rent	\$ (83,052)	Claremont Extended Healthcare Realty, LLC	100.00%	\$ 83,052	\$	83,052	1
2	V	19 Accounting		Claremont Extended Healthcare Realty, LLC	100.00%	17,200		17,200	2
3	V	26 General Insurance		Claremont Extended Healthcare Realty, LLC	100.00%	79,195		79,195	3
4	V	36 Mortgage Insurance		Claremont Extended Healthcare Realty, LLC	100.00%	111,906		111,906	4
5	V	21 Prepayment Penalty		Claremont Extended Healthcare Realty, LLC	100.00%	572,403		572,403	5
6	V	21 Office Expense		Claremont Extended Healthcare Realty, LLC	100.00%	756		756	6
7	V	36 Closing Expense		Claremont Extended Healthcare Realty, LLC	100.00%	432,971		432,971	7
8	V	33 Real Estate Taxes	195,300	Claremont Extended Healthcare Realty, LLC	100.00%	213,234		17,934	8
9	V	32 Interest	212	Claremont Extended Healthcare Realty, LLC	100.00%	248,739		248,527	9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total		\$ 112,460			\$ 1,676,404	\$ *	1,563,944	14

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

Facility Name & ID Number Symphony Of Buffalo Grove

# 0053702

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%	\$ 3,439	\$	3,439	15
16	V	6 MAINTENANCE SALARIES		NUCARE SERVICES CORP.	100.00%	15,226		15,226	16
17	V	6 MAINTENANCE EXPENSES		NUCARE SERVICES CORP.	100.00%	8,390		8,390	17
18	V	7 EMPLOYEE BENEFITS - MAINTENANCE		NUCARE SERVICES CORP.	100.00%	2,971		2,971	18
19	V	10 CLINICAL SALARIES		NUCARE SERVICES CORP.	100.00%	207,489		207,489	19
20	V	15 EMPLOYEE BENEFITS - CLINICAL		NUCARE SERVICES CORP.	100.00%	40,483		40,483	20
21	V	17 ADMINISTRATIVE SALARIES - NON-OWNER		NUCARE SERVICES CORP.	100.00%	46,878		46,878	21
22	V	19 PROFESSIONAL FEES		NUCARE SERVICES CORP.	100.00%	76,845		76,845	22
23	V	20 DUES, FEES, SUBSCRIPTIONS, ETC.		NUCARE SERVICES CORP.	100.00%	7,890		7,890	23
24	V	21 CLERICAL & GENERAL SALARIES		NUCARE SERVICES CORP.	100.00%	178,381		178,381	24
25	V	21 CLERICAL & GENERAL EXPENSES		NUCARE SERVICES CORP.	100.00%	28,500		28,500	25
26	V	24 SEMINARS AND EDUCATION		NUCARE SERVICES CORP.	100.00%	1,109		1,109	26
27	V	25 TRANSPORTATION		NUCARE SERVICES CORP.	100.00%	11,069		11,069	27
28	V	26 INSURANCE		NUCARE SERVICES CORP.	100.00%	14		14	28
29	V	27 EMPLOYEE BENEFITS - ADMINISTRATIVE		NUCARE SERVICES CORP.	100.00%	43,950		43,950	29
30	V	30 DEPRECIATION		NUCARE SERVICES CORP.	100.00%	8,300		8,300	30
31	V	32 INTEREST EXPENSE		NUCARE SERVICES CORP.	100.00%	3,004		3,004	31
32	V	33 REAL ESTATE TAX		NUCARE SERVICES CORP.	100.00%	3,009		3,009	32
33	V	34 PARKING LOT RENT		NUCARE SERVICES CORP.	100.00%	2,251		2,251	33
34	V	35 EQUIPMENT RENTAL		NUCARE SERVICES CORP.	100.00%	2,245		2,245	34
35	V	35 AUTO LEASE		NUCARE SERVICES CORP.	100.00%	5,591		5,591	35
36	V								36
37	V	17 BOOKKEEPING FEES	828,941	NUCARE SERVICES CORP.	100.00%			(828,941)	37
38	V								38
39	Total		\$ 828,941			\$ 697,035	\$ *	(131,906)	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%	\$ 136	\$	136	15
16	V	6 MAINTENANCE SALARIES		MAESTRO CONSULTING SERVICES LLC	100.00%	2,219		2,219	16
17	V	6 MAINTENANCE EXPENSES		MAESTRO CONSULTING SERVICES LLC	100.00%	860		860	17
18	V	7 EMPLOYEE BENEFITS - MAINTENANCE		MAESTRO CONSULTING SERVICES LLC	100.00%	508		508	18
19	V	10 CLINICAL SALARIES		MAESTRO CONSULTING SERVICES LLC	100.00%	23,648		23,648	19
20	V	15 EMPLOYEE BENEFITS - CLINICAL		MAESTRO CONSULTING SERVICES LLC	100.00%	5,410		5,410	20
21	V	17 ADMINISTRATIVE SALARIES		MAESTRO CONSULTING SERVICES LLC	100.00%	3,492		3,492	21
22	V	19 PROFESSIONAL FEES		MAESTRO CONSULTING SERVICES LLC	100.00%	4,975		4,975	22
23	V	20 DUES, FEES, SUBSCRIPTIONS, ETC.		MAESTRO CONSULTING SERVICES LLC	100.00%	2,663		2,663	23
24	V	21 CLERICAL & GENERAL SALARIES		MAESTRO CONSULTING SERVICES LLC	100.00%	52,735		52,735	24
25	V	21 CLERICAL & GENERAL EXPENSES		MAESTRO CONSULTING SERVICES LLC	100.00%	3,008		3,008	25
26	V	24 SEMINARS AND EDUCATION		MAESTRO CONSULTING SERVICES LLC	100.00%	1,501		1,501	26
27	V	25 TRANSPORTATION		MAESTRO CONSULTING SERVICES LLC	100.00%	563		563	27
28	V	27 EMPLOYEE BENEFITS - ADMINISTRATIVE		MAESTRO CONSULTING SERVICES LLC	100.00%	12,084		12,084	28
29	V	30 DEPRECIATION		MAESTRO CONSULTING SERVICES LLC	100.00%	1,046		1,046	29
30	V	32 INTEREST EXPENSE		MAESTRO CONSULTING SERVICES LLC	100.00%	138		138	30
31	V	33 REAL ESTATE TAX		MAESTRO CONSULTING SERVICES LLC	100.00%	605		605	31
32	V	35 EQUIPMENT RENTAL		MAESTRO CONSULTING SERVICES LLC	100.00%	1,386		1,386	32
33	V	35 AUTO LEASE		MAESTRO CONSULTING SERVICES LLC	100.00%	551		551	33
34	V								34
35	V	17 BOOKKEEPING FEES	240,278	MAESTRO CONSULTING SERVICES LLC	100.00%			(240,278)	35
36	V								36
37	V								37
38	V								38
39	Total		\$ 240,278			\$ 117,528	\$ *	(122,750)	39

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

Facility Name & ID Number Symphony Of Buffalo Grove

# 0053702

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	10 Nursing Supplies & Equipment	\$ 4,305	Integra Healthcare Equipment, LLC		\$ 3,869	\$ (436)
16	V	10A Respiratory Services	18,893	Integra Healthcare Equipment, LLC		16,979	(1,914)
17	V	39 DME & Medical Supplies	64,394	Integra Healthcare Equipment, LLC		57,871	(6,523)
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	<b>Total</b>		\$ 87,592			\$ 78,719	\$ * (8,873)

\* 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	\$ 25,456	Maple Leaf Insurance	100.00%	\$ 25,456	\$	15
16	V	26 Liability Insurance	8,076	Maple Leaf Insurance	100.00%	8,076		16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	<b>Total</b>		\$ 33,532			\$ 33,532	\$ *	39

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

**VII. RELATED PARTIES (continued)**

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	<b>Total</b>		\$			\$	\$ *	39

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

Facility Name & ID Number Symphony Of Buffalo Grove

# 0053702

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	<b>Total</b>		\$			\$	\$ *	39

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

Facility Name & ID Number Symphony Of Buffalo Grove

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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		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	<b>Total</b>		\$			\$	\$ *	39

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

**VII. RELATED PARTIES (continued)**

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	<b>Total</b>		\$			\$	\$ *	39

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

**VII. RELATED PARTIES (continued)**

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	<b>Total</b>		\$			\$	\$ *	39

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

VII. RELATED PARTIES

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

Table with 8 columns: Line number, Owner Name, Ownership %, Related Nursing Home Name, City, Other Related Business Entity Name, City, Type of Business. Rows 1-30.



Facility Name & ID Number Symphony Of Buffalo Grove # 0053702 Report Period Beginning: 01/01/15 Ending: 12/31/15

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Michael Munter	Owner	Administrative	19.00%	See Attached	1.99	3.97%	Alloc Salary	\$ 3,492	17-7	1
2											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	\$ 3,492		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 Buffalo Grove

# 0053702

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 Buffalo Grove

# 0053702

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 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

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	\$ 60,800	\$ 3,439	1	
2	6	MAINTENANCE SALARIES	AVAIL. CENSUS DAYS	1,031,168	17	258,238	258,238	60,800	15,226	2
3	6	MAINTENANCE EXPENSES	AVAIL. CENSUS DAYS	1,031,168	17	142,295		60,800	8,390	3
4	7	EMPLOYEE BENEFITS - MAIN	AVAIL. CENSUS DAYS	1,031,168	17	50,385		60,800	2,971	4
5	10	CLINICAL SALARIES	AVAIL. CENSUS DAYS	1,031,168	17	3,519,020	3,519,020	60,800	207,489	5
6	15	EMPLOYEE BENEFITS - CLINI	AVAIL. CENSUS DAYS	1,031,168	17	686,596		60,800	40,483	6
7	17	ADMINISTRATIVE SALARIES	AVAIL. CENSUS DAYS	1,031,168	17	795,048	795,048	60,800	46,878	7
8	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS	1,031,168	17	1,303,295		60,800	76,845	8
9	20	DUES, FEES, SUBSCRIPTIONS,	AVAIL. CENSUS DAYS	1,031,168	17	133,814		60,800	7,890	9
10	21	CLERICAL & GENERAL SALA	AVAIL. CENSUS DAYS	1,031,168	17	3,025,348	3,025,348	60,800	178,381	10
11	21	CLERICAL & GENERAL EXPE	AVAIL. CENSUS DAYS	1,031,168	17	483,355		60,800	28,500	11
12	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS	1,031,168	17	18,809		60,800	1,109	12
13	25	TRANSPORTATION	AVAIL. CENSUS DAYS	1,031,168	17	187,735		60,800	11,069	13
14	26	INSURANCE	AVAIL. CENSUS DAYS	1,031,168	17	238		60,800	14	14
15	27	EMPLOYEE BENEFITS - ADMI	AVAIL. CENSUS DAYS	1,031,168	17	745,397		60,800	43,950	15
16	30	DEPRECIATION	AVAIL. CENSUS DAYS	1,031,168	17	140,764		60,800	8,300	16
17	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS	1,031,168	17	50,953		60,800	3,004	17
18	33	REAL ESTATE TAX	AVAIL. CENSUS DAYS	1,031,168	17	51,037		60,800	3,009	18
19	34	PARKING LOT RENT	AVAIL. CENSUS DAYS	1,031,168	17	38,171		60,800	2,251	19
20	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS	1,031,168	17	38,069		60,800	2,245	20
21	35	AUTO LEASE	AVAIL. CENSUS DAYS	1,031,168	17	94,822		60,800	5,591	21
22										22
23										23
24										24
25	TOTALS					\$ 11,821,715	\$ 7,597,654	\$ 697,035		25

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Report Period Beginning:

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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	\$ 12,200	\$ 136	1	
2	6	MAINTENANCE SALARIES	AVAIL. CENSUS DAYS	307,257	28	55,893	55,893	12,200	2,219	2
3	6	MAINTENANCE EXPENSES	AVAIL. CENSUS DAYS	307,257	28	21,648		12,200	860	3
4	7	EMPLOYEE BENEFITS - MAIN	AVAIL. CENSUS DAYS	307,257	28	12,799		12,200	508	4
5	10	CLINICAL SALARIES	AVAIL. CENSUS DAYS	307,257	28	595,582	595,582	12,200	23,648	5
6	15	EMPLOYEE BENEFITS - CLINI	AVAIL. CENSUS DAYS	307,257	28	136,244		12,200	5,410	6
7	17	ADMINISTRATIVE SALARIES	AVAIL. CENSUS DAYS	307,257	28	87,954	2,420	12,200	3,492	7
8	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS	307,257	28	125,288		12,200	4,975	8
9	20	DUES, FEES, SUBSCRIPTIONS,	AVAIL. CENSUS DAYS	307,257	28	67,058		12,200	2,663	9
10	21	CLERICAL & GENERAL SALA	AVAIL. CENSUS DAYS	307,257	28	1,328,131	1,328,131	12,200	52,735	10
11	21	CLERICAL & GENERAL EXPE	AVAIL. CENSUS DAYS	307,257	28	75,756		12,200	3,008	11
12	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS	307,257	28	37,815		12,200	1,501	12
13	25	TRANSPORTATION	AVAIL. CENSUS DAYS	307,257	28	14,185		12,200	563	13
14	27	EMPLOYEE BENEFITS - ADMI	AVAIL. CENSUS DAYS	307,257	28	304,341		12,200	12,084	14
15	30	DEPRECIATION	AVAIL. CENSUS DAYS	307,257	28	26,334		12,200	1,046	15
16	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS	307,257	28	3,464		12,200	138	16
17	33	REAL ESTATE TAX	AVAIL. CENSUS DAYS	307,257	28	15,239		12,200	605	17
18	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS	307,257	28	34,911		12,200	1,386	18
19	35	AUTO LEASE	AVAIL. CENSUS DAYS	307,257	28	13,885		12,200	551	19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 2,959,951	\$ 1,982,025	\$	117,528	25

Facility Name & ID Number Symphony Of Buffalo Grove

# 0053702

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 Integra Healthcare Equipment, LLC  
 Street Address 747 Church Road  
 City / State / Zip Code Elmhurst, IL 60126  
 Phone Number ( 630) 834-3700  
 Fax Number ( 630) 834-1500

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	10	Nursing Supplies & Equipment	Direct Allocation		\$	\$		\$ 3,869	1
2	10A	Respiratory Services	Direct Allocation					16,979	2
3	39	DME & Medical Supplies	Direct Allocation					57,871	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				\$	\$		\$ 78,719	25

Facility Name & ID Number Symphony Of Buffalo Grove

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Ending: 12/31/15

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization

Maple Leaf Insurance

Street Address

PO Box 69,720 West Bay Rd.

City / State / Zip Code

Grand Cayman KY1-1102

Phone Number

( )

Fax Number

( )

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	22	Workers Compensation	Direct Allocation		\$	\$		\$ 25,456	1
2	26	Liability Insurance	Direct Allocation					8,076	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				\$	\$		\$ 33,532	25

Facility Name & ID Number Symphony Of Buffalo Grove

# 0053702

Report Period Beginning:

01/01/15

Ending: 12/31/15

**VIII. ALLOCATION OF INDIRECT COSTS**

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

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

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

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

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	<b>TOTALS</b>				\$	\$		\$	25

Facility Name & ID Number Symphony Of Buffalo Grove

# 0053702

Report Period Beginning:

01/01/15

Ending: 12/31/15

**VIII. ALLOCATION OF INDIRECT COSTS**

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

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

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

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

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	<b>TOTALS</b>				\$	\$		\$	25

Facility Name & ID Number Symphony Of Buffalo Grove

# 0053702

Report Period Beginning:

01/01/15

Ending: 12/31/15

**VIII. ALLOCATION OF INDIRECT COSTS**

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

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

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

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

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	<b>TOTALS</b>				\$	\$		\$	25

Facility Name & ID Number Symphony Of Buffalo Grove

# 0053702 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 Buffalo Grove

# 0053702

Report Period Beginning:

01/01/15

Ending: 12/31/15

**VIII. ALLOCATION OF INDIRECT COSTS**

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

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

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

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

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	<b>TOTALS</b>				\$	\$		\$	25

Facility Name & ID Number

Symphony Of Buffalo Grove

# 0053702

Report Period Beginning:

01/01/15

Ending:

12/31/15

**IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE**

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

1	2	3	4	5	6	7	8	9	10										
										Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
										YES	NO				Original	Balance			
<b>A. Directly Facility Related</b>																			
<b>Long-Term</b>																			
1	Greystone Funding Corp		X					\$	\$	\$ 248,739	1								
2											2								
3											3								
4											4								
5											5								
<b>Working Capital</b>																			
6	The Private Bank		X	Note Payable					252,000	86,122	6								
7	Allocated from Nucare Serv	X								3,004	7								
8	See Supplemental Schedule									138	8								
9	<b>TOTAL Facility Related</b>							\$	\$ 252,000	\$ 338,003	9								
<b>B. Non-Facility Related*</b>																			
10	Interest Income		X							(780)	10								
11	Interest Income - Bldg Co		X							(212)	11								
12											12								
13											13								
14	<b>TOTAL Non-Facility Related</b>							\$	\$	\$ (992)	14								
15	<b>TOTALS (line 9+line14)</b>							\$	\$ 252,000	\$ 337,012	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 111,906 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 Buffalo Grove

# 0053702

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						
		Related**					Purpose of Loan	Monthly Payment Required					Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO											Original	Balance			
	<b>A. Directly Facility Related</b>																	
	<b>Long-Term</b>																	
1							\$	\$			\$	1						
2												2						
3												3						
4												4						
5												5						
6												6						
7	<b>TOTAL Long-Term</b>																	
	<b>Working Capital</b>																	
8	Allocated from Maestro Consult	X					\$	\$			\$	138						
9												9						
10												10						
11												11						
12												12						
13												13						
14	<b>TOTAL Working Capital</b>																	
	<b>B. Non-Facility Related*</b>																	
15							\$	\$			\$	15						
16												16						
17												17						
18												18						
19												19						
20	<b>TOTAL Non-Facility Related</b>																	

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

(See instructions.)



**2014 LONG TERM CARE REAL ESTATE TAX STATEMENT**

FACILITY NAME Symphony Of Buffalo Grove COUNTY Lake

FACILITY IDPH LICENSE NUMBER 0053702

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 Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>15-33-404-140</u>	<u>Long Term Care Facility</u>	\$ <u>236,921.11</u>	\$ <u>236,921.11</u>
2. <u>10-27-319-028-0000</u>	<u>Home Office Allocation</u>	\$ <u>91,415.94</u>	\$ <u>3,009.29</u>
3. <u>10-27-319-028-0000</u>	<u>Home Office Allocation</u>	\$ <u>91,415.94</u>	\$ <u>1,528.49</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u>419,752.99</u>	\$ <u>241,458.89</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 Buffalo Grove

# 0053702

Report Period Beginning:

01/01/15

Ending:

12/31/15

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 86,000 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 3

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

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

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

N/A

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

1. Total Amount Incurred: \_\_\_\_\_ 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>181,210</u>	<u>2013</u>	<u>\$ 588,636</u>	<u>1</u>
2	<u>Allocated from NuCare/Maestro 7257 N. Lincoln Ave</u>			<u>7,380</u>	<u>2</u>
3	<b>TOTALS</b>	<b>181,210</b>		<b>\$ 596,016</b>	<b>3</b>

**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	200	2013	1994	\$ 14,760,145	\$	35	\$ 421,718	\$ 421,718	\$ 1,098,225	4
5										5
6										6
7										7
8										8
<b>Improvement Type**</b>										
9	Various		2005	104,010		20	5,202	5,202	50,864	9
10	Various		2006	189,554		20	9,479	9,479	82,946	10
11	Various		2007	159,767		20	7,991	7,991	67,907	11
12	Various		2008	241,452		20	12,074	12,074	96,607	12
13	Various		2009	148,023		20	7,402	7,402	46,291	13
14	Various		2010	44,577		20	2,230	2,230	12,262	14
15	Various		2011	37,908		20	1,896	1,896	8,531	15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25										25
26										26
27										27
28										28
29										29
30										30
31										31
32										32
33										33
34										34
35										35
36										36

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

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

See Page 12A, Line 70 for total

**XI. OWNERSHIP COSTS (continued)**

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37		\$	\$		\$	\$	\$	37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67		401,244			21,846	21,846	49,044	67
68		146,959	4,284		3,710	(574)	56,379	68
69			179,086			(179,086)		69
70		\$ 16,233,639	\$ 183,370		\$ 493,549	\$ 310,179	\$ 1,569,056	70

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

Facility Name & ID Number Symphony Of Buffalo Grove

# 0053702

Report Period Beginning:

01/01/15

Ending:

12/31/15

**XI. OWNERSHIP COSTS (continued)**

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 16,233,639	\$ 183,370		\$ 493,549	\$ 310,179	\$ 1,569,056	1
2	Install Oak Chair Rail & Paint Dining Room	2012	3,890		20	195	195	681	2
3	Furnished/Install Electrical Parts For Each Nurse Station	2012	5,570		20	279	279	975	3
4	Wire & Labor To Pull Wires - Nursing Stations, Dining Room...	2012	10,548		20	527	527	1,846	4
5	Furnish / Install 8 Solar Screen Collection	2012	2,852		20	143	143	499	5
6	Install Flooring	2012	5,519		20	276	276	966	6
7	Patch 4 Areas Of Parking Lot - Remove & Install New Asphalt	2012	3,300		20	165	165	578	7
8	Remove Old Carpeting & Install New	2012	3,900		20	195	195	683	8
9	Re-Wire 1St-3Rd Floors Tv Cable	2012	5,824		20	291	291	1,019	9
10	Fire Alarm Repair	2012	2,912		20	146	146	510	10
11	Repair Elevator Air Conditioner	2013	9,837		20	492	492	1,230	11
12	Interior Design - Master Plan	2013	2,905		20	145	145	363	12
13	Install New Door & Frame	2013	4,855		20	243	243	607	13
14	Resurface Parking Lot	2013	73,120		20	3,656	3,656	9,140	14
15	Furnish/Install 2 Water Heaters/Install New Water Heater Lines	2014	58,510		20	2,926	2,926	4,388	15
16	Remove Electrical Supply From Old Hot Water Tanks & Hook Up	2014			20				16
17	Hot Water Lines In Boiler Room & Kitchen	2014	2,960		20	148	148	222	17
18	Repaired Elevator Pump Motor	2015	6,764		20	338	338	338	18
19	Compact Water Booster	2015	2,817		20	141	141	141	19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 16,439,722	\$ 183,370		\$ 503,854	\$ 320,484	\$ 1,593,242	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		\$ 16,439,722	\$ 183,370		\$ 503,854	\$ 320,484	\$ 1,593,242	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		\$ 16,439,722	\$ 183,370		\$ 503,854	\$ 320,484	\$ 1,593,242	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		\$ 16,439,722	\$ 183,370		\$ 503,854	\$ 320,484	\$ 1,593,242	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)	\$ 16,439,722	\$ 183,370		\$ 503,854	\$ 320,484	\$ 1,593,242	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		\$ 16,439,722	\$ 183,370		\$ 503,854	\$ 320,484	\$ 1,593,242	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)	\$ 16,439,722	\$ 183,370		\$ 503,854	\$ 320,484	\$ 1,593,242	34

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

**XI. OWNERSHIP COSTS (continued)**

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	<b>Building Company</b>		\$	\$		\$	\$	\$	1
2	<b>Buildings:</b>								2
3									3
4									4
5									5
6									6
7									7
8	<b>Leasehold Improvements:</b>								8
9	<b>Allocated from purchase price</b>	2013	53,512		20	4,459	4,459	14,270	9
10	<b>Elevator &amp; Ashphalt work</b>	2014	79,091		20	3,955	3,955	7,910	10
11	<b>2 HVAC Systems</b>	2014	268,641		20	13,432	13,432	26,864	11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 401,244	\$		\$ 21,846	\$ 21,846	\$ 49,044	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		\$ 401,244	\$		\$ 21,846	\$ 21,846	\$ 49,044	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)	\$ 401,244	\$		\$ 21,846	\$ 21,846	\$ 49,044	34

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

Facility Name & ID Number Symphony Of Buffalo Grove# 0053702

Report Period Beginning:

01/01/15

Ending:

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Related Party</b>		\$	\$		\$	\$	\$	1
2	<b>Buildings:</b>								2
3	Allocated from NuCare 7257 N. Lincoln Ave	2004	56,887	1,215	35	1,354	139	19,707	3
4	Allocated from Maestro 7257 N. Lincoln Ave	2004	9,531	244	35	272	28	3,302	4
5									5
6									6
7									7
8	<b>Leasehold Improvements:</b>								8
9	Allocated from NuCare Services	2003	691	40	20	24	(16)	413	9
10	Allocated from NuCare Services	2004	14,022	815	20	467	(348)	8,226	10
11	Allocated from NuCare Services	2005	831	48	20	29	(19)	444	11
12	Allocated from NuCare Services	2006	1,127	66	20	39	(27)	518	12
13	Allocated from NuCare Services	2008	1,188	69	20	41	(28)	421	13
14	Allocated from NuCare Services	2009	19,129	1,112	20	664	(448)	6,162	14
15	Allocated from NuCare Services	2010	2,940	171	20	123	(48)	663	15
16	Allocated from NuCare Services	2011	159	9	20	6	(3)	38	16
17	Allocated from NuCare Services	2012	177	10	20	6	(4)	32	17
18	Allocated from NuCare Services	2014	2,211	128	20	77	(51)	159	18
19	Allocated from NuCare Services	2015	622		20	4	4	5	19
20									20
21	Allocated from NuCare 7257 N. Lincoln Ave	2015	897	37	20	17	(20)	20	21
22	Allocated from NuCare 7257 N. Lincoln Ave	2005	5,186	30	20	273	243	3,431	22
23	Allocated from NuCare 7257 N. Lincoln Ave	2004	1,131		20	47	47	650	23
24									24
25									25
26	Allocated from Maestro 7257 N. Lincoln Ave	2015	150	8	20	3	(5)	3	26
27	Allocated from Maestro 7257 N. Lincoln Ave	2005	869	6	20	55	49	575	27
28	Allocated from Maestro 7257 N. Lincoln Ave	2004	189		20	9	9	109	28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 117,937	\$ 4,008		\$ 3,510	\$ (498)	\$ 44,878	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	<b>Totals from Page 12H, Carried Forward</b>		\$ 117,937	\$ 4,008		\$ 3,510	\$ (498)	\$ 44,878	1
2									2
3	<b>Leasehold Improvements:</b>								3
4	Allocated from Maestro Consulting Services	2003	465	5	20	3	(2)	278	4
5	Allocated from Maestro Consulting Services	2004	9,442	91	20	63	(28)	5,539	5
6	Allocated from Maestro Consulting Services	2005	560	5	20	4	(1)	299	6
7	Allocated from Maestro Consulting Services	2006	759	7	20	5	(2)	349	7
8	Allocated from Maestro Consulting Services	2008	800	8	20	6	(2)	284	8
9	Allocated from Maestro Consulting Services	2009	12,882	125	20	89	(36)	4,150	9
10	Allocated from Maestro Consulting Services	2010	1,980	19	20	17	(2)	446	10
11	Allocated from Maestro Consulting Services	2011	107	1	20	1		25	11
12	Allocated from Maestro Consulting Services	2012	119	1	20	1		21	12
13	Allocated from Maestro Consulting Services	2014	1,489	14	20	10	(4)	107	13
14	Allocated from Maestro Consulting Services	2015	419		20	1	1	3	14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 146,959	\$ 4,284		\$ 3,710	\$ (574)	\$ 56,379	34

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

Facility Name & ID Number Symphony Of Buffalo Grove

# 0053702

Report Period Beginning:

01/01/15

Ending:

12/31/15

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	\$ 2,184,289	\$ 4,030	\$ 171,340	\$ 167,310	10	\$ 769,265	71
72	Current Year Purchases	63,000	994	1,998	1,004	10	24,970	72
73	Fully Depreciated Assets	152,079		79	79	10	152,079	73
74								74
75	TOTALS	\$ 2,399,368	\$ 5,024	\$ 173,417	\$ 168,393		\$ 946,314	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		Bus	2006	\$ 4,365	\$	\$	\$	5	\$ 4,365	76
77		Allocated from NuCare Services (	2015	522	30	51	21	5	522	77
78		Allocated from Maestro Consultin	2015	352	3	7	4	5	352	78
79										79
80	TOTALS			\$ 5,239	\$ 33	\$ 58	\$ 25		\$ 5,239	80

E. Summary of Care-Related Assets

	1	2		
	Reference	Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 19,440,345	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 188,427	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 677,329	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 488,902	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 2,544,795	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	Architectural/Design Fees	\$ 46,750	92
93			93
94			94
95		\$ 46,750	95

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

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

Facility Name & ID Number Symphony Of Buffalo Grove

# 0053702

Report Period Beginning: 01/01/15

Ending: 12/31/15

**XII. RENTAL COSTS**

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

1. Name of Party Holding Lease: 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:	200		\$ 445,134			3
4	Additions			(445,134)			4
5	Parking Lot			600			5
6	Allocated from NuCare Services Corp			2,251			6
7	TOTAL	200		\$ 2,851			7

10. Effective dates of current rental agreement:

Beginning \_\_\_\_\_

Ending \_\_\_\_\_

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

	Fiscal Year Ending	Annual Rent
--	--------------------	-------------

12.	_____ /2016	\$ _____
-----	-------------	----------

13.	_____ /2017	\$ _____
-----	-------------	----------

14.	_____ /2018	\$ _____
-----	-------------	----------

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized by the length of the lease \_\_\_\_\_.

9. Option to Buy:  YES  NO Terms: \_\_\_\_\_ \*

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

15. Is Movable equipment rental included in building rental?  YES  NO

16. Rental Amount for movable equipment: \$ 46,560 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	2013 Goshen Bus	\$ 1,149.00	\$ 13,788	17
18	Allocated from NuCare Services Corp			5,591	18
19	Allocated from Maestro Consulting Services			551	19
20					20
21	TOTAL		\$ 1,149.00	\$ 19,930	21

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

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

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

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

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

**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

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

**C. CONTRACTUAL INCOME**

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

\$

**D. NUMBER OF CNAs TRAINED**

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

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

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39 - 03	hrs	\$		\$ 920,817	\$		\$ 920,817	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			255,912			255,912	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			1,359,073			1,359,073	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				772,386		772,386	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>					224,956	195,822		420,778	13
14	TOTAL			\$		\$ 2,760,758	\$ 968,208		\$ 3,728,966	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 Buffalo Grove# 0053702Report 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 Operating	2 After Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$ 7,333	\$ 2,944,356	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	2,684,995	2,684,995	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	791	791	6
7	Other Prepaid Expenses	40,503	40,503	7
8	Accounts Receivable (owners or related parties)		297,413	8
9	Other(specify):	197,574	197,574	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 2,931,196	\$ 6,165,632	10
<b>B. Long-Term Assets</b>				
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	2,090	2,090	16
17	Accumulated Depreciation (book methods)	(70)	(70)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):	13,472	2,404,872	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 15,492	\$ 2,406,892	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 2,946,688	\$ 8,572,524	25

		1 Operating	2 After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 1,876,037	\$ 1,876,477	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	252,000	252,000	29
30	Accrued Salaries Payable	327,228	327,228	30
31	Accrued Taxes Payable (excluding real estate taxes)	44,482	44,482	31
32	Accrued Real Estate Taxes(Sch.IX-B)	41,500	41,500	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	See Attached Schedule	173,395	173,395	36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 2,714,642	\$ 2,715,082	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43				43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$	\$	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 2,714,642	\$ 2,715,082	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 232,046	\$ 5,857,442	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 2,946,688	\$ 8,572,524	48

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		1 Total	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>	<b>Adjustment for change in ownership</b>	<b>(1,838,753)</b>	<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>(1,838,753)</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	<b>2,070,799</b>	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	( )	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>2,070,799</b>	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>232,046</b>	<b>24</b> *

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

Facility Name & ID Number Symphony Of Buffalo Grove# 0053702Report Period Beginning: 01/01/15

Ending:

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**

I. Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 19,041,211	1
2	Discounts and Allowances for all Levels	(296,539)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 18,744,672	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,230,086	6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 1,230,086	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	24,552	13
14	Non-Patient Meals	100	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space	150	16
17	Sale of Drugs	2,947	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	800	19
20	Radiology and X-Ray	27	20
21	Other Medical Services	7,619	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 36,195	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	780	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 780	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<b>See Supplemental Schedule</b>	6,521	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 6,521	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 20,018,254	30

II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,791,057	31
32	Health Care	5,692,913	32
33	General Administration	4,223,005	33
<b>B. Capital Expense</b>			
34	Ownership	944,274	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	4,842,130	35
36	Provider Participation Fee	454,076	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 17,947,455	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	2,070,799	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 2,070,799	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 5,334,627	44
45	Private Pay - Net Inpatient Revenue	2,161,158	45
46	Medicare - Net Inpatient Revenue	8,868,885	46
47	Other-(specify) <u>Managed Care</u>	1,864,168	47
48	Other-(specify) <u>Hospice</u>	515,834	48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 18,744,672	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 Buffalo Grove

# 0053702

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	1,979	2,155	\$ 115,793	\$ 53.73	1
2	Assistant Director of Nursing	1,837	2,137	84,879	39.72	2
3	Registered Nurses	47,860	52,225	1,641,944	31.44	3
4	Licensed Practical Nurses	28,983	32,123	817,525	25.45	4
5	CNAs & Orderlies	115,887	126,059	1,598,423	12.68	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	9,838	10,694	131,858	12.33	8
9	Activity Director	1,870	2,221	43,706	19.68	9
10	Activity Assistants	12,531	13,260	162,303	12.24	10
11	Social Service Workers	9,624	10,085	217,729	21.59	11
12	Dietician					12
13	Food Service Supervisor	3,042	3,297	118,451	35.93	13
14	Head Cook	7,968	8,784	119,730	13.63	14
15	Cook Helpers/Assistants	17,337	18,726	206,172	11.01	15
16	Dishwashers					16
17	Maintenance Workers	4,592	5,019	77,952	15.53	17
18	Housekeepers	23,997	26,575	243,427	9.16	18
19	Laundry	2,936	3,151	27,699	8.79	19
20	Administrator	1,992	2,036	125,723	61.75	20
21	Assistant Administrator	1,422	1,457	45,215	31.03	21
22	Other Administrative					22
23	Office Manager	1,665	1,894	65,574	34.62	23
24	Clerical	11,657	12,483	266,643	21.36	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	2,984	3,127	63,200	20.21	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>	6,677	7,205	126,607	17.57	33
34	TOTAL (lines 1 - 33)	316,678	344,713	\$ 6,300,553 *	\$ 18.28	34

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

\*\* See instructions.

B. CONSULTANT SERVICES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	Monthly	\$ 24,107	01-03	35
36	Medical Director	Monthly	74,120	09-03	36
37	Medical Records Consultant				37
38	Nurse Consultant	Monthly	6,197	10-03	38
39	Pharmacist Consultant	Monthly	27,983	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	Monthly	21,891	10a-03	42
43	Speech Therapy Consultant				43
44	Activity Consultant	44	2,420	11-03	44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	44	\$ 156,718		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





Facility Name & ID Number Symphony Of Buffalo Grove# 0053702

Report Period Beginning:

01/01/15

Ending:

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

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. IL Council on LTC \$31,887 and IHCA \$7,000
- (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. \$ 249 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.  
Claremont Rehab & Living Ctr IDPH # 0047043
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 454,076  
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. \$ No Has any meal income been offset against related costs? No Indicate the amount. \$ 100
- (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? Yes  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? No  
**g. Does the facility transport residents to and from day training? No**  
**Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A**
- (17) Has an audit been performed by an independent certified public accounting firm? No  
Firm Name: N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes  
Attach invoices and a summary of services for all architect and appraisal fees.