



Facility Name & ID Number Symphony Of Midway

# 0053678 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	249	Skilled (SNF)	249	90,885	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	249	TOTALS	249	90,885	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			12,248	12,248	8
9	SNF/PED					9
10	ICF	52,028	9,641	6,256	67,925	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	52,028	9,641	18,504	80,173	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 88.21%

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 06/05/2000

J. Was the facility purchased or leased after January 1, 1978?  
YES  Date 06/05/2000 NO

K. Was the facility certified for Medicare during the reporting year?  
YES  NO  If YES, enter number of beds certified 249 and days of care provided 6,521

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRAUAL  MODIFIED CASH\*  CASH\*

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

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

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

Facility Name &amp; ID Number

Symphony Of Midway

# 0053678

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	358,533	47,901	49,214	455,648		455,648		455,648		1
2	Food Purchase		466,244		466,244	(32,850)	433,394	(9,102)	424,292		2
3	Housekeeping	278,449	50,966		329,415		329,415		329,415		3
4	Laundry	112,220	9,774	23,296	145,290		145,290		145,290		4
5	Heat and Other Utilities			245,765	245,765		245,765	(15,037)	230,728		5
6	Maintenance	53,630		255,686	309,316		309,316	39,022	348,338		6
7	Other (specify):*							4,331	4,331		7
8	<b>TOTAL General Services</b>	<b>802,832</b>	<b>574,885</b>	<b>573,961</b>	<b>1,951,678</b>	<b>(32,850)</b>	<b>1,918,828</b>	<b>19,215</b>	<b>1,938,043</b>		<b>8</b>
	<b>B. Health Care and Programs</b>										
9	Medical Director			24,520	24,520		24,520		24,520		9
10	Nursing and Medical Records	4,704,365	414,638	40,701	5,159,704		5,159,704	285,985	5,445,689		10
10a	Therapy	52,569		43,395	95,964		95,964	(4,680)	91,284		10a
11	Activities	201,991	20,980	1,980	224,951		224,951		224,951		11
12	Social Services	205,682			205,682		205,682		205,682		12
13	CNA Training										13
14	Program Transportation			145,180	145,180		145,180	(4,248)	140,932		14
15	Other (specify):*							57,137	57,137		15
16	<b>TOTAL Health Care and Programs</b>	<b>5,164,607</b>	<b>435,618</b>	<b>255,776</b>	<b>5,856,001</b>		<b>5,856,001</b>	<b>334,194</b>	<b>6,190,195</b>		<b>16</b>
	<b>C. General Administration</b>										
17	Administrative	147,013		998,463	1,145,476		1,145,476	(910,752)	234,724		17
18	Directors Fees										18
19	Professional Services			215,205	215,205		215,205	77,156	292,361		19
20	Dues, Fees, Subscriptions & Promotions			78,762	78,762		78,762	(24,177)	54,585		20
21	Clerical & General Office Expenses	265,408		471,633	737,041		737,041	(61,925)	675,116		21
22	Employee Benefits & Payroll Taxes			1,481,130	1,481,130	32,850	1,513,980		1,513,980		22
23	Inservice Training & Education										23
24	Travel and Seminar			6,292	6,292		6,292	3,236	9,528		24
25	Other Admin. Staff Transportation			1,208	1,208		1,208	14,482	15,690		25
26	Insurance-Prop.Liab.Malpractice			488,780	488,780		488,780	5,203	493,983		26
27	Other (specify):*							71,643	71,643		27
28	<b>TOTAL General Administration</b>	<b>412,421</b>		<b>3,741,473</b>	<b>4,153,894</b>	<b>32,850</b>	<b>4,186,744</b>	<b>(825,134)</b>	<b>3,361,610</b>		<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	<b>6,379,860</b>	<b>1,010,503</b>	<b>4,571,210</b>	<b>11,961,573</b>		<b>11,961,573</b>	<b>(471,725)</b>	<b>11,489,848</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 &amp; ID Number

Symphony Of Midway

#0053678

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			171,149	171,149		171,149	289,958	461,107			30
31	Amortization of Pre-Op. & Org.			228	228		228	(228)				31
32	Interest							203,780	203,780			32
33	Real Estate Taxes			545,500	545,500		545,500	(3,549)	541,951			33
34	Rent-Facility & Grounds			1,118,523	1,118,523		1,118,523	(1,115,721)	2,802			34
35	Rent-Equipment & Vehicles			53,059	53,059		53,059	12,167	65,226			35
36	Other (specify):*							49,208	49,208			36
37	<b>TOTAL Ownership</b>			1,888,459	1,888,459		1,888,459	(564,385)	1,324,074			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		510,689	1,970,429	2,481,118		2,481,118	(19,750)	2,461,368			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			695,583	695,583		695,583		695,583			42
43	Other (specify):*	62,815		29,369	92,184		92,184	(92,184)	(0)			43
44	<b>TOTAL Special Cost Centers</b>	62,815	510,689	2,695,381	3,268,885		3,268,885	(111,934)	3,156,951			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	6,442,675	1,521,192	9,155,050	17,118,917		17,118,917	(1,148,045)	15,970,872			45

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



Symphony Of Midway

ID# 0053678

Report Period Beginning: 01/01/15

Ending: 12/31/15

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Medicare Sequestration	\$ (77,679)	21	1
2	Other Unclassified Income	(20)	21	2
3	Community Relations Staff	(51,041)	43	3
4	Marketing Salary	(11,774)	43	4
5	Bank Charges	(19,597)	21	5
6	Marketing Services	(29,369)	43	6
7	Bldg Co - Accounting Fees	(6,005)	19	7
8	Bldg Co - Bank Charges	(86)	21	8
9	Bldg Co - Licenses & Permits	(350)	20	9
10	Bldg Co - Prepayment Penalty	(365,795)	21	10
11	Bldg Co - Closing Costs	(361,278)	21	11
12	Amortization	(228)	31	12
13	Additional R&M	5,787	06	13
14	PAC Dues	(10,349)	20	14
15	Non Allowable Legal Fees	(25,023)	19	15
16	Main Street Sale/Leaseback Arrangement	(418,534)	34	16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>	(1,371,341)		49



## STATE OF ILLINOIS

Summary A

Facility Name & ID Number Symphony Of Midway# 0053678

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	(9,102)											(9,102)	2
3	Housekeeping													3
4	Laundry													4
5	Heat and Other Utilities	(19,488)		4,282	169								(15,037)	5
6	Maintenance	5,787		29,402	3,833								39,022	6
7	Other (specify):*			3,699	633								4,331	7
8	<b>TOTAL General Services</b>	<b>(22,803)</b>		<b>37,383</b>	<b>4,635</b>								<b>19,215</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director													9
10	Nursing and Medical Records			258,324	29,442		(1,781)						285,985	10
10a	Therapy							(4,680)					(4,680)	10a
11	Activities													11
12	Social Services													12
13	CNA Training													13
14	Program Transportation								(4,248)				(4,248)	14
15	Other (specify):*			50,402	6,735								57,137	15
16	<b>TOTAL Health Care and Programs</b>			<b>308,726</b>	<b>36,177</b>		<b>(1,781)</b>	<b>(4,680)</b>	<b>(4,248)</b>				<b>334,194</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative			(711,522)	(224,230)	25,000							(910,752)	17
18	Directors Fees													18
19	Professional Services	(31,028)	6,005	95,672	6,194	313							77,156	19
20	Fees, Subscriptions & Promotions	(37,665)	350	9,823	3,315								(24,177)	20
21	Clerical & General Office Expenses	(1,121,155)	727,159	257,567	69,400	5,104							(61,925)	21
22	Employee Benefits & Payroll Taxes													22
23	Inservice Training & Education													23
24	Travel and Seminar			1,381	1,869			(14)					3,236	24
25	Other Admin. Staff Transportation			13,781	701								14,482	25
26	Insurance-Prop.Liab.Malpractice		5,185	18									5,203	26
27	Other (specify):*			54,718	15,045	1,880							71,643	27
28	<b>TOTAL General Administration</b>	<b>(1,189,848)</b>	<b>738,699</b>	<b>(278,562)</b>	<b>(127,706)</b>	<b>32,297</b>		<b>(14)</b>					<b>(825,134)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> <b>(sum of lines 8,16 &amp; 28)</b>	<b>(1,212,651)</b>	<b>738,699</b>	<b>67,546</b>	<b>(86,894)</b>	<b>32,297</b>	<b>(1,781)</b>	<b>(4,694)</b>	<b>(4,248)</b>				<b>(471,725)</b>	<b>29</b>

## STATE OF ILLINOIS

Summary B

Facility Name & ID Number Symphony Of Midway# 0053678

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	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	278,323		10,333	1,302								289,958	30
31	Amortization of Pre-Op. & Org.	(228)											(228)	31
32	Interest	(18,130)	217,998	3,740	171								203,780	32
33	Real Estate Taxes		(8,049)	3,747	753								(3,549)	33
34	Rent-Facility & Grounds	(418,534)	(699,989)	2,802									(1,115,721)	34
35	Rent-Equipment & Vehicles			9,755	2,412								12,167	35
36	Other (specify):*		49,208										49,208	36
37	<b>TOTAL Ownership</b>	<b>(158,569)</b>	<b>(440,832)</b>	<b>30,377</b>	<b>4,639</b>								<b>(564,385)</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers						(19,750)						(19,750)	39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(92,184)											(92,184)	43
44	<b>TOTAL Special Cost Centers</b>	<b>(92,184)</b>					<b>(19,750)</b>						<b>(111,934)</b>	<b>44</b>
	<b>GRAND TOTAL COST</b>													
45	(sum of lines 29, 37 & 44)	(1,463,404)	297,867	97,924	(82,255)	32,297	(21,531)	(4,694)	(4,248)				(1,148,045)	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	\$ 699,989	Claridge at Cicero LP	100.00%	\$	(699,989)	1
2	V	32 Interest	403	Claridge at Cicero LP	100.00%	218,401	217,998	2
3	V	36 MIP Expense		Claridge at Cicero LP	100.00%	49,208	49,208	3
4	V	26 Insurance Expense		Claridge at Cicero LP	100.00%	5,185	5,185	4
5	V	19 Accounting Fees		Claridge at Cicero LP	100.00%	6,005	6,005	5
6	V	21 Bank Charges		Claridge at Cicero LP	100.00%	86	86	6
7	V	20 Licenses & Permits		Claridge at Cicero LP	100.00%	350	350	7
8	V	21 Prepayment Penalty		Claridge at Cicero LP	100.00%	365,795	365,795	8
9	V	33 Real Estate Taxes	449,000	Claridge at Cicero LP	100.00%	440,951	(8,049)	9
10	V	21 Closing Costs		Claridge at Cicero LP	100.00%	361,278	361,278	10
11	V							11
12	V							12
13	V							13
14	Total		\$ 1,149,392			\$ 1,447,259	\$ * 297,867	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	5 UTILITIES	\$	NUCARE SERVICES CORP.	100.00%	\$ 4,282	\$ 4,282
16	V	6 MAINTENANCE SALARIES		NUCARE SERVICES CORP.	100.00%	18,957	18,957
17	V	6 MAINTENANCE EXPENSES		NUCARE SERVICES CORP.	100.00%	10,446	10,446
18	V	7 EMPLOYEE BENEFITS - MAINTENANCE		NUCARE SERVICES CORP.	100.00%	3,699	3,699
19	V	10 CLINICAL SALARIES		NUCARE SERVICES CORP.	100.00%	258,324	258,324
20	V	15 EMPLOYEE BENEFITS - CLINICAL		NUCARE SERVICES CORP.	100.00%	50,402	50,402
21	V	17 ADMINISTRATIVE SALARIES - NON-OWNER		NUCARE SERVICES CORP.	100.00%	58,363	58,363
22	V	19 PROFESSIONAL FEES		NUCARE SERVICES CORP.	100.00%	95,672	95,672
23	V	20 DUES, FEES, SUBSCRIPTIONS, ETC.		NUCARE SERVICES CORP.	100.00%	9,823	9,823
24	V	21 CLERICAL & GENERAL SALARIES		NUCARE SERVICES CORP.	100.00%	222,085	222,085
25	V	21 CLERICAL & GENERAL EXPENSES		NUCARE SERVICES CORP.	100.00%	35,482	35,482
26	V	24 SEMINARS AND EDUCATION		NUCARE SERVICES CORP.	100.00%	1,381	1,381
27	V	25 TRANSPORTATION		NUCARE SERVICES CORP.	100.00%	13,781	13,781
28	V	26 INSURANCE		NUCARE SERVICES CORP.	100.00%	18	18
29	V	27 EMPLOYEE BENEFITS - ADMINISTRATIVE		NUCARE SERVICES CORP.	100.00%	54,718	54,718
30	V	30 DEPRECIATION		NUCARE SERVICES CORP.	100.00%	10,333	10,333
31	V	32 INTEREST EXPENSE		NUCARE SERVICES CORP.	100.00%	3,740	3,740
32	V	33 REAL ESTATE TAX		NUCARE SERVICES CORP.	100.00%	3,747	3,747
33	V	34 PARKING LOT RENT		NUCARE SERVICES CORP.	100.00%	2,802	2,802
34	V	35 EQUIPMENT RENTAL		NUCARE SERVICES CORP.	100.00%	2,795	2,795
35	V	35 AUTO LEASE		NUCARE SERVICES CORP.	100.00%	6,961	6,961
36	V						
37	V	17 BOOKKEEPING FEES	769,885	NUCARE SERVICES CORP.	100.00%		(769,885)
38	V						
39	Total		\$ 769,885			\$ 867,809	\$ * 97,924

\* 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%	\$ 169	\$ 169
16	V	6 MAINTENANCE SALARIES		MAESTRO CONSULTING SERVICES LLC	100.00%	2,763	2,763
17	V	6 MAINTENANCE EXPENSES		MAESTRO CONSULTING SERVICES LLC	100.00%	1,070	1,070
18	V	7 EMPLOYEE BENEFITS - MAINTENANCE		MAESTRO CONSULTING SERVICES LLC	100.00%	633	633
19	V	10 CLINICAL SALARIES		MAESTRO CONSULTING SERVICES LLC	100.00%	29,442	29,442
20	V	15 EMPLOYEE BENEFITS - CLINICAL		MAESTRO CONSULTING SERVICES LLC	100.00%	6,735	6,735
21	V	17 ADMINISTRATIVE SALARIES		MAESTRO CONSULTING SERVICES LLC	100.00%	4,348	4,348
22	V	19 PROFESSIONAL FEES		MAESTRO CONSULTING SERVICES LLC	100.00%	6,194	6,194
23	V	20 DUES, FEES, SUBSCRIPTIONS, ETC.		MAESTRO CONSULTING SERVICES LLC	100.00%	3,315	3,315
24	V	21 CLERICAL & GENERAL SALARIES		MAESTRO CONSULTING SERVICES LLC	100.00%	65,655	65,655
25	V	21 CLERICAL & GENERAL EXPENSES		MAESTRO CONSULTING SERVICES LLC	100.00%	3,745	3,745
26	V	24 SEMINARS AND EDUCATION		MAESTRO CONSULTING SERVICES LLC	100.00%	1,869	1,869
27	V	25 TRANSPORTATION		MAESTRO CONSULTING SERVICES LLC	100.00%	701	701
28	V	27 EMPLOYEE BENEFITS - ADMINISTRATIVE		MAESTRO CONSULTING SERVICES LLC	100.00%	15,045	15,045
29	V	30 DEPRECIATION		MAESTRO CONSULTING SERVICES LLC	100.00%	1,302	1,302
30	V	32 INTEREST EXPENSE		MAESTRO CONSULTING SERVICES LLC	100.00%	171	171
31	V	33 REAL ESTATE TAX		MAESTRO CONSULTING SERVICES LLC	100.00%	753	753
32	V	35 EQUIPMENT RENTAL		MAESTRO CONSULTING SERVICES LLC	100.00%	1,726	1,726
33	V	35 AUTO LEASE		MAESTRO CONSULTING SERVICES LLC	100.00%	686	686
34	V						
35	V	17 BOOKKEEPING FEES	228,578	MAESTRO CONSULTING SERVICES LLC	100.00%		(228,578)
36	V						
37	V						
38	V						
39	Total		\$ 228,578			\$ 146,323	\$ * (82,255)

\* 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	10 Nursing Supplies & Equipment	\$ 17,577	Integra Healthcare Equipment, LLC		\$ 15,796	\$ (1,781)
16	V	39 DME & Medical Supplies	194,968	Integra Healthcare Equipment, LLC		175,218	(19,750)
17	V						
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		\$ 212,545			\$ 191,014	\$ * (21,531)

\* 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	10A Respiratory Services	\$ 38,738	Integra Respiratory Service LLC		\$ 34,058	\$ (4,680)
16	V	24 Seminar Expense	120	Integra Respiratory Service LLC		106	(14)
17	V						
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		\$ 38,858			\$ 34,164	\$ * (4,694)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	14 Transportation	\$ 55,527	Lifeline Ambulance		\$ 51,279	\$ (4,248)
16	V						
17	V						
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		\$ 55,527			\$ 51,279	\$ * (4,248)

\* 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	\$ 43,703	MAPLE LEAF		\$ 43,703	\$	15
16	V	26 Liability Insurance	21,385	MAPLE LEAF		21,385		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		\$ 65,088			\$ 65,088	\$ *	39

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

VII. RELATED PARTIES (continued)

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

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

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

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

VII. RELATED PARTIES (continued)

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

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

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

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





Facility Name &amp; ID Number

Symphony Of Midway

#

0053678

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	2.47	4.94%	Alloc. Salary	4,348	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	\$ 29,348		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 Midway

# 0053678

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 Midway

# 0053678

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	\$ 75,696	\$ 4,282	1
2	6	MAINTENANCE SALARIES	AVAIL. CENSUS DAYS	1,031,168	17	258,238	258,238	18,957	2
3	6	MAINTENANCE EXPENSES	AVAIL. CENSUS DAYS	1,031,168	17	142,295	75,696	10,446	3
4	7	EMPLOYEE BENEFITS - MAIN	AVAIL. CENSUS DAYS	1,031,168	17	50,385	75,696	3,699	4
5	10	CLINICAL SALARIES	AVAIL. CENSUS DAYS	1,031,168	17	3,519,020	3,519,020	258,324	5
6	15	EMPLOYEE BENEFITS - CLINI	AVAIL. CENSUS DAYS	1,031,168	17	686,596	75,696	50,402	6
7	17	ADMINISTRATIVE SALARIES	AVAIL. CENSUS DAYS	1,031,168	17	795,048	795,048	58,363	7
8	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS	1,031,168	17	1,303,295	75,696	95,672	8
9	20	DUES, FEES, SUBSCRIPTIONS,	AVAIL. CENSUS DAYS	1,031,168	17	133,814	75,696	9,823	9
10	21	CLERICAL & GENERAL SALA	AVAIL. CENSUS DAYS	1,031,168	17	3,025,348	3,025,348	222,085	10
11	21	CLERICAL & GENERAL EXPE	AVAIL. CENSUS DAYS	1,031,168	17	483,355	75,696	35,482	11
12	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS	1,031,168	17	18,809	75,696	1,381	12
13	25	TRANSPORTATION	AVAIL. CENSUS DAYS	1,031,168	17	187,735	75,696	13,781	13
14	26	INSURANCE	AVAIL. CENSUS DAYS	1,031,168	17	238	75,696	18	14
15	27	EMPLOYEE BENEFITS - ADMI	AVAIL. CENSUS DAYS	1,031,168	17	745,397	75,696	54,718	15
16	30	DEPRECIATION	AVAIL. CENSUS DAYS	1,031,168	17	140,764	75,696	10,333	16
17	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS	1,031,168	17	50,953	75,696	3,740	17
18	33	REAL ESTATE TAX	AVAIL. CENSUS DAYS	1,031,168	17	51,037	75,696	3,747	18
19	34	PARKING LOT RENT	AVAIL. CENSUS DAYS	1,031,168	17	38,171	75,696	2,802	19
20	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS	1,031,168	17	38,069	75,696	2,795	20
21	35	AUTO LEASE	AVAIL. CENSUS DAYS	1,031,168	17	94,822	75,696	6,961	21
22									22
23									23
24									24
25	TOTALS					\$ 11,821,715	\$ 7,597,654	\$ 867,809	25

Facility Name & ID Number Symphony Of Midway

# 0053678

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	\$ 15,189	\$ 169	1
2	6	MAINTENANCE SALARIES	AVAIL. CENSUS DAYS	307,257	28	55,893	55,893	15,189	2,763
3	6	MAINTENANCE EXPENSES	AVAIL. CENSUS DAYS	307,257	28	21,648	15,189	1,070	3
4	7	EMPLOYEE BENEFITS - MAIN	AVAIL. CENSUS DAYS	307,257	28	12,799	15,189	633	4
5	10	CLINICAL SALARIES	AVAIL. CENSUS DAYS	307,257	28	595,582	595,582	15,189	29,442
6	15	EMPLOYEE BENEFITS - CLINI	AVAIL. CENSUS DAYS	307,257	28	136,244	15,189	6,735	6
7	17	ADMINISTRATIVE SALARIES	AVAIL. CENSUS DAYS	307,257	28	87,954	2,420	15,189	4,348
8	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS	307,257	28	125,288	15,189	6,194	8
9	20	DUES, FEES, SUBSCRIPTIONS,	AVAIL. CENSUS DAYS	307,257	28	67,058	15,189	3,315	9
10	21	CLERICAL & GENERAL SALA	AVAIL. CENSUS DAYS	307,257	28	1,328,131	1,328,131	15,189	65,655
11	21	CLERICAL & GENERAL EXPE	AVAIL. CENSUS DAYS	307,257	28	75,756	15,189	3,745	11
12	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS	307,257	28	37,815	15,189	1,869	12
13	25	TRANSPORTATION	AVAIL. CENSUS DAYS	307,257	28	14,185	15,189	701	13
14	27	EMPLOYEE BENEFITS - ADMI	AVAIL. CENSUS DAYS	307,257	28	304,341	15,189	15,045	14
15	30	DEPRECIATION	AVAIL. CENSUS DAYS	307,257	28	26,334	15,189	1,302	15
16	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS	307,257	28	3,464	15,189	171	16
17	33	REAL ESTATE TAX	AVAIL. CENSUS DAYS	307,257	28	15,239	15,189	753	17
18	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS	307,257	28	34,911	15,189	1,726	18
19	35	AUTO LEASE	AVAIL. CENSUS DAYS	307,257	28	13,885	15,189	686	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 2,959,951	\$ 1,982,025	\$ 146,323	25

Facility Name & ID Number Symphony Of Midway

# 0053678

Report Period Beginning:

01/01/15

Ending: 12/31/15

VIII. ALLOCATION OF INDIRECT COSTS

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

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	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 Midway

# 0053678

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		\$	\$		\$ 15,796	1
2	39	DME & Medical Supplies	Direct Allocation					175,218	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				\$	\$		\$ 191,014	25

Facility Name & ID Number Symphony Of Midway

# 0053678

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 Respiratory Service 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	10A	Respiratory Services	Direct Allocation		\$	\$		\$ 34,058	1
2	24	Seminar Expense	Direct Allocation					106	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				\$	\$		\$ 34,164	25

Facility Name & ID Number Symphony Of Midway

# 0053678

Report Period Beginning:

01/01/15

Ending: 12/31/15

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization

Lifeline Ambulance LLC

Street Address

2424 S. Wabash Avenue

City / State / Zip Code

Chicago, IL 60616

Phone Number

( 312) 949-9595

Fax Number

( 312) 949-9262

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	14	Transportation	Direct Allocation		\$	\$		\$ 51,279	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				\$	\$		\$ 51,279	25

Facility Name & ID Number Symphony Of Midway

# 0053678

Report Period Beginning:

01/01/15

Ending: 12/31/15

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization

Maple Leaf Insurance

Street Address

PO Box 69,720 West Bay Rd.

City / State / Zip Code

Grand Cayman KY1-1102

Phone Number

( )

Fax Number

( )

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	22	Workers Compensation	Direct Allocation		\$	\$		\$ 43,703	1
2	26	Liability Insurance	Direct Allocation					21,385	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				\$	\$		\$ 65,088	25

Facility Name & ID Number Symphony Of Midway

# 0053678

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 Midway

# 0053678

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 Midway

# 0053678

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											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
<b>A. Directly Facility Related</b>																				
<b>Long-Term</b>																				
1	HUD		X	Mortgage						\$ 218,401	1									
2											2									
3											3									
4											4									
5											5									
<b>Working Capital</b>																				
6	Symphony		X	Note Payable				476,000			6									
7											7									
8											8									
9	<b>TOTAL Facility Related</b>							\$ 476,000		\$ 218,401	9									
<b>B. Non-Facility Related*</b>																				
10	Interest Income		X							(18,130)	10									
11	Interest Income - Bldg Co.		X							(403)	11									
12	Allocated from Nucare	X								3,740	12									
13	See Supplemental Schedule									171	13									
14	<b>TOTAL Non-Facility Related</b>									\$ (14,622)	14									
15	<b>TOTALS (line 9+line14)</b>							\$ 476,000		\$ 203,779	15									

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 49,208 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 Midway

# 0053678

Report Period Beginning:

01/01/15

Ending:

12/31/15

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

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

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
<b>A. Directly Facility Related</b>																				
<b>Long-Term</b>																				
1										1										
2										2										
3										3										
4										4										
5										5										
6										6										
7	<b>TOTAL Long-Term</b>									7										
<b>Working Capital</b>																				
8										8										
9										9										
10										10										
11										11										
12										12										
13										13										
14	<b>TOTAL Working Capital</b>									14										
<b>B. Non-Facility Related*</b>																				
15	Allocated from Maestro	X								171										
16										16										
17										17										
18										18										
19										19										
20	<b>TOTAL Non-Facility Related</b>									171										

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

(See instructions.)

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

**B. Real Estate Taxes**

		<b>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</b>			
1. Real Estate Tax accrual used on 2014 report.		\$	<b>566,595</b>		<b>1</b>
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	<b>554,984</b>		<b>2</b>
3. Under or (over) accrual (line 2 minus line 1).		\$	<b>(11,611)</b>		<b>3</b>
4. Real Estate Tax accrual used for 2015 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<b>96,500</b>		<b>4</b>
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>		\$			<b>5</b>
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. <b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		\$			<b>6</b>
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	<b>84,889</b>		<b>7</b>
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2010	<u>513,247</u>	<u>8</u>	<b>FOR BHF USE ONLY</b>	
	2011	<u>511,112</u>	<u>9</u>	<b>13</b>	FROM R. E. TAX STATEMENT FOR 2014 \$
	2012	<u>614,037</u>	<u>10</u>		
	2013	<u>539,614</u>	<u>11</u>	<b>14</b>	PLUS APPEAL COST FROM LINE 5 \$
	2014	<u>550,484</u>	<u>12</u>		
<b>The amount on line 7 does not agree to page 4, line 33. This is the result of the accrual on line 4 above being for only 2 months.</b>				<b>15</b>	LESS REFUND FROM LINE 6 \$
<b>Allocated from NuCare = \$3,747</b>				<b>16</b>	AMOUNT TO USE FOR RATE CALCULATION \$
<b>Allocated from Maestro = \$753</b>					<b>16</b>

**NOTES:**

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





Facility Name & ID Number Symphony Of Midway

# 0053678 Report Period Beginning:

01/01/15 Ending:

12/31/15

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 98,903 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 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	<u>Facility</u>	<u>48,972</u>		<u>\$ 155,000</u>	<u>1</u>
2	<u>Allocated from 7257 N. Lincoln-Maestro/Nucare</u>			<u>9,188</u>	<u>2</u>
3	<b>TOTALS</b>	<b>48,972</b>		<b>\$ 164,188</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	249		2000	\$ 9,032,497	\$	35	\$ 260,214	\$ 260,214	\$ 4,055,002
5									
6									
7									
8									
<b>Improvement Type**</b>									
9	Various		2000	186,297		20	9,284	9,284	144,036
10	Various		2001	47,574		20	2,379	2,379	34,707
11	Various		2002	15,861		20			15,861
12	Various		2003	126,758		20	5,399	5,399	112,256
13	Various		2004	42,166		20	1,280	1,280	38,326
14	Various		2005	29,048		20	1,587	1,587	27,288
15	Various		2006	172,462		20	11,979	11,979	153,016
16	Various		2007	3,200		20	633	633	2,908
17	Various		2009	23,132		20	1,478	1,478	19,970
18	Various		2010	254,899		20	23,214	23,214	133,627
19	Various		2011	261,021		20	21,016	21,016	99,212
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
32									
33									
34									
35									
36									

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

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

See Page 12A, Line 70 for total

**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		568,779			28,427	28,427	196,624	67
68		182,960	5,338		4,621	(717)	70,193	68
69			171,149			(171,149)		69
70		\$ 10,946,654	\$ 176,487		\$ 371,511	\$ 195,024	\$ 5,103,026	70

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

Facility Name & ID Number Symphony Of Midway

# 0053678

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>		\$ 10,946,654	\$ 176,487		\$ 371,511	\$ 195,024	\$ 5,103,026	1
2	Nurse Station - Cabinets And Drawers	2012	4,945		20	989	989	3,874	2
3	Divider Wall	2012	4,310		20	862	862	3,304	3
4	Lighting On Different Floors	2012	3,680		20	368	368	1,411	4
5	Divider Wall	2012	4,310		20	862	862	3,233	5
6	Parking Lot Lighting	2012	3,800		20	253	253	950	6
7	Smoke Detectors	2012	7,925		20	1,132	1,132	3,962	7
8	Security Cameras	2012	3,205		20	321	321	1,148	8
9	Replace Time Delated Egress Maglock	2013	2,560		20	128	128	363	9
10	Replace Bad Time Egress & Cameras	2013	3,200		20	160	160	387	10
11	Install New Vinyl Base In All Residents Rooms With New Tiles	2014	5,500		20	275	275	481	11
12	Shower Room Demolition & Repair - 2Nd & 3Rd Floor	2014	36,600		20	1,830	1,830	2,593	12
13	Install 18 Window Sills For Dining Rm On 1St,2Nd,3Rd,4Th Floor	2014	4,500		20	225	225	338	13
14	Remodel 1St Flr Shower Rm, Demolish Existing Tiles	2014			20				14
15	On Floor/Walls, Remove Drywall By Shower	2014	19,200		20	960	960	1,120	15
16	Repaired Sewer Storm Lines	2015	6,500		20	325	325	325	16
17	Install Electrical Sub-Panel & Circuit Breaker In Basement	2015	5,215		20	261	261	261	17
18	Scrape Iron Fence & Replace Railing	2015	8,500		20	425	425	425	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>		\$ 11,070,604	\$ 176,487		\$ 380,886	\$ 204,399	\$ 5,127,199	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		\$ 11,070,604	\$ 176,487		\$ 380,886	\$ 204,399	\$ 5,127,199	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)	\$ 11,070,604	\$ 176,487		\$ 380,886	\$ 204,399	\$ 5,127,199	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		\$ 11,070,604	\$ 176,487		\$ 380,886	\$ 204,399	\$ 5,127,199	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)	\$ 11,070,604	\$ 176,487		\$ 380,886	\$ 204,399	\$ 5,127,199	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		\$ 11,070,604	\$ 176,487		\$ 380,886	\$ 204,399	\$ 5,127,199	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)	\$ 11,070,604	\$ 176,487		\$ 380,886	\$ 204,399	\$ 5,127,199	34

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

Facility Name & ID Number Symphony Of Midway# 0053678

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>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	Various	2005	45,177		20	2,259	2,259	24,848	9
10	Repair Door Closures	2006	5,062		20	253	253	2,277	10
11	Repair Door Holders	2006	7,201		20	360	360	3,240	11
12	Tv Lounge/Stairway	2007	5,000		20	250	250	2,250	12
13	Flooring 4Th Floor Corridor	2007	41,150		20	2,058	2,058	18,520	13
14	Install - Card Swipe And Door Strike	2007	3,501		20	175	175	1,575	14
15	2 Tormax Ttx Ii Low Engergy Operator	2007	3,470		20	174	174	1,564	15
16	10 Fantagraph Pleated Shades, Window Fashions	2007	5,394		20	270	270	2,428	16
17	Fire Sprinkler Work	2007	4,929		20	246	246	2,216	17
18	Admission/Hallway Lobby/Reception Area	2007	6,560		20	328	328	2,952	18
19	6 Track System For Cubicle Curtain	2007	3,310		20	166	166	1,492	19
20	1St Floor 22 Resident Washrooms	2007	4,620		20	231	231	2,079	20
21	14 Pleated Shades/Blinds Window Fashion	2007	8,154		20	408	408	3,670	21
22	1 Tormax Ttx Ii Low Engergy Operator	2007	4,968		20	248	248	2,234	22
23	Door Closer/ Holders	2007	4,045		20	202	202	1,820	23
24	Generator Upgrade	2007	5,793		20	290	290	2,608	24
25	Flooring 22 Residents Washrooms	2007	4,920		20	246	246	2,214	25
26	Flooring Admission Hallway/Lobby/Reception Area	2007	6,560		20	328	328	2,952	26
27	1St Floor Reface 34 Doors	2007	2,295		20	115	115	1,035	27
28	1St Floor Reface 34 Doors	2007	2,295		20	115	115	1,035	28
29	Door Locks	2007	2,832		20	142	142	1,276	29
30	Construct Patient Room	2007	5,000		20	250	250	2,250	30
31	Ventilation Work For Generator	2007	26,978		20	1,349	1,349	12,141	31
32	Window Coverings	2007	23,163		20	1,158	1,158	10,422	32
33	Construct Closets	2007	6,000		20	300	300	2,700	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 238,377	\$		\$ 11,921	\$ 11,921	\$ 111,798	34

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

Facility Name & ID Number Symphony Of Midway# 0053678

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 12F, Carried Forward</b>		\$ 238,377	\$		\$ 11,921	\$ 11,921	\$ 111,798	1
2	Flooring	2007	3,890		20	195	195	1,753	2
3	Drapery	2007	5,169		20	258	258	2,324	3
4	Painted 33 Rooms; Holes Patching & Repairing	2008	6,930		20	347	347	3,063	4
5	Armstrong Wide Material - Connection Corlon Stone Harbor - Fl	2008	4,471		20	224	224	1,977	5
6	Replaced Door Closures & Holders For Rooms	2008	10,865		20	543	543	4,889	6
7	Reface Doors & Metal Door Kickplates	2008	8,050		20	403	403	3,625	7
8	Routing And Cracksealing Of Parking Lot; Concrete Removal & I	2008	6,909		20	345	345	2,646	8
9	Sign Lightbox And Banner	2008	5,726		20	286	286	2,098	9
10	Landscape Irrigation System	2008	6,500		20	325	325	2,275	10
11	Painting Walls in 31 Rooms	2009	8,725		20	436	436	3,054	11
12	Landscape retaining Walls, Plants, Perennials, and Mulch	2009	9,000		20	450	450	3,150	12
13	Chair Rail - Oak Color	2009	4,410		20	221	221	1,545	13
14	2nd and 3rd Flr Dining Rm- Tiles, Window Treatments, Chair Ra	2009	59,648		20	2,968	2,968	20,776	14
15	Outside Security System - Monitors, Strobe Lights, Indoor and Ou	2009	21,603		20	1,080	1,080	7,560	15
16	Painting 30 Rooms	2009	12,305		20	615	615	4,307	16
17	Landscaping, Rocks, Boulders, Plants, and Mulch	2009	9,000		20	450	450	3,150	17
18	Chair Rails for 3rd Floor	2009	2,482		20	124	124	868	18
19	5 Indoor Cameras; 1 Outdoor Camera; 6 Boxes of Wire	2009	3,465		20	173	173	1,213	19
20	Wifi Cable Wiring	2013	5,500		20	275	275	825	20
21	Solid-State Starter	2013	3,047		20	152	152	456	21
22	1 Crv Heat Exchanger Cb 1796 Ch1801H	2013	4,910		20	246	246	492	22
23	Sand down and satin 250 doors, laminate and reinstalled doors	2014	22,500		20	1,125	1,125	2,250	23
24	Removed and installed floor tiling-resident rooms on 1,2,3 & 4th F	2014	62,000		20	3,100	3,100	6,200	24
25	1st, 2nd, 3rd, and 4th Floor Dining Room - Wallcoverings	2014	38,297		20	1,915	1,915	3,830	25
26	8 Fire doors	2014	5,000		20	250	250	500	26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 568,779	\$		\$ 28,427	\$ 28,427	\$ 196,624	34

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

Facility Name & ID Number Symphony Of Midway# 0053678

Report Period Beginning:

01/01/15

Ending:

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Related Party</b>		\$	\$		\$	\$	\$	1
2	<b>Buildings:</b>								2
3	<u>Allocated from 7257 N. Lincoln Avenue-Nucare</u>	2004	70,824	1,513	35	1,686	173	24,535	3
4	<u>Allocated from 7257 N. Lincoln Avenue-Maestro</u>	2004	11,867	304	35	339	35	4,111	4
5									5
6									6
7									7
8	<b>Leasehold Improvements:</b>								8
9	<u>Allocated from NuCare Services Corp</u>	2003	860	50	20	30	(20)	514	9
10	<u>Allocated from NuCare Services Corp</u>	2004	17,457	1,015	20	581	(434)	10,241	10
11	<u>Allocated from NuCare Services Corp</u>	2005	1,035	60	20	36	(24)	553	11
12	<u>Allocated from NuCare Services Corp</u>	2006	1,403	82	20	49	(33)	645	12
13	<u>Allocated from NuCare Services Corp</u>	2008	1,479	86	20	51	(35)	524	13
14	<u>Allocated from NuCare Services Corp</u>	2009	23,815	1,384	20	827	(557)	7,672	14
15	<u>Allocated from NuCare Services Corp</u>	2010	3,660	213	20	153	(60)	825	15
16	<u>Allocated from NuCare Services Corp</u>	2011	198	11	20	7	(4)	47	16
17	<u>Allocated from NuCare Services Corp</u>	2012	220	13	20	8	(5)	39	17
18	<u>Allocated from NuCare Services Corp</u>	2014	2,753	160	20	96	(64)	198	18
19	<u>Allocated from NuCare Services Corp</u>	2015	774		20	5	5	6	19
20									20
21	<u>Allocated from 7257 N. Lincoln Avenue-Nucare</u>	2015	1,116	47	20	21	(26)	25	21
22	<u>Allocated from 7257 N. Lincoln Avenue-Nucare</u>	2005	6,456	38	20	340	302	4,272	22
23	<u>Allocated from 7257 N. Lincoln Avenue-Nucare</u>	2004	1,407		20	59	59	809	23
24									24
25	<u>Allocated from Maestro Consulting Services</u>	2003	579	6	20	4	(2)	346	25
26	<u>Allocated from Maestro Consulting Services</u>	2004	11,756	114	20	78	(36)	6,897	26
27	<u>Allocated from Maestro Consulting Services</u>	2005	697	7	20	5	(2)	372	27
28	<u>Allocated from Maestro Consulting Services</u>	2006	945	9	20	7	(2)	435	28
29	<u>Allocated from Maestro Consulting Services</u>	2008	996	10	20	7	(3)	353	29
30	<u>Allocated from Maestro Consulting Services</u>	2009	16,038	155	20	111	(44)	5,167	30
31	<u>Allocated from Maestro Consulting Services</u>	2010	2,464	24	20	21	(3)	555	31
32	<u>Allocated from Maestro Consulting Services</u>	2011	133	1	20	1		32	32
33	<u>Allocated from Maestro Consulting Services</u>	2012	148	1	20	1		27	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 179,080	\$ 5,303		\$ 4,523	\$ (780)	\$ 69,200	34

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

**XI. OWNERSHIP COSTS (continued)**

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	<b>Totals from Page 12H, Carried Forward</b>		\$ 179,080	\$ 5,303		\$ 4,523	\$ (780)	\$ 69,200	1
2									2
3	Allocated from Maestro Consulting Services	2014	1,854	18	20	13	(5)	133	3
4	Allocated from Maestro Consulting Services	2015	521		20	1	1	4	4
5									5
6	Allocated from 7257 N. Lincoln Avenue-Maestro	2015	187	9	20	4	(5)	4	6
7	Allocated from 7257 N. Lincoln Avenue-Maestro	2005	1,082	8	20	68	60	716	7
8	Allocated from 7257 N. Lincoln Avenue-Maestro	2004	236		20	12	12	136	8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 182,960	\$ 5,338		\$ 4,621	\$ (717)	\$ 70,193	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	\$ 934,377	\$ 5,496	\$ 76,099	\$ 70,603	10	\$ 620,530	71
72	Current Year Purchases	49,948	761	3,953	3,192	10	4,667	72
73	Fully Depreciated Assets	589,318		99	99	10	589,318	73
74								74
75	TOTALS	\$ 1,573,642	\$ 6,257	\$ 80,151	\$ 73,894		\$ 1,214,514	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 Nucare Services C	2015	\$ 650	\$ 38	\$ 63	\$ 25	5	\$ 650	76
77		Allocated from Maestro Consultir	2015	438	4	9	5	5	438	77
78										78
79										79
80	TOTALS			\$ 1,088	\$ 42	\$ 72	\$ 30		\$ 1,088	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)	\$ 12,809,522	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 182,786	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 461,109	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 278,323	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 6,342,801	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:			\$ 418,534			3
4	Additions						4
5				(418,534)			5
6	Allocated from Nucare			2,802			6
7	TOTAL			\$ 2,802			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: \$ 51,952 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 Honda Accord	\$ 469.00	\$ 5,628	17
18	Allocated from Nucare			6,961	18
19	Allocated from Maestro			686	19
20					20
21	TOTAL		\$ 469.00	\$ 13,275	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	<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	\$		\$ 658,963	\$		\$ 658,963	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			199,301			199,301	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			670,908			670,908	4
5	Physician Care	39 - 03	visits			3,750			3,750	5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39 - 02	# of prescripts				370,250		370,250	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>					437,507	140,439		577,946	13
14	TOTAL			\$		\$ 1,970,429	\$ 510,689		\$ 2,481,118	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 Midway# 0053678Report 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	\$ 2,080	\$ 3,179,955	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	2,882,996	2,882,996	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	2,737	2,737	6
7	Other Prepaid Expenses	19,309	19,309	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	140,555	2,133,755	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 3,047,677	\$ 8,218,752	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	8,789	8,789	16
17	Accumulated Depreciation (book methods)			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):		1,137,182	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 22,261	\$ 1,159,443	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 3,069,938	\$ 9,378,195	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 1,932,148	\$ 1,932,148	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	476,000	476,000	29
30	Accrued Salaries Payable	223,009	223,009	30
31	Accrued Taxes Payable (excluding real estate taxes)	69,320	69,320	31
32	Accrued Real Estate Taxes(Sch.IX-B)	96,500	96,500	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	136,406	136,406	36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 2,933,383	\$ 2,933,383	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>	\$ 2,933,383	\$ 2,933,383	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 136,555	\$ 6,444,812	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 3,069,938	\$ 9,378,195	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>(1,499,617)</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>(1,499,617)</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	<b>1,636,172</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>1,636,172</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>136,555</b>	<b>24</b> *

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

Facility Name & ID Number Symphony Of Midway# 0053678Report 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**

I. Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 18,120,267	1
2	Discounts and Allowances for all Levels	(277,444)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 17,842,823	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	885,245	6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 885,245	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		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	32	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	282	19
20	Radiology and X-Ray		20
21	Other Medical Services	15	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 329	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	18,130	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 18,130	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<b>See Supplemental Schedule</b>	8,562	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 8,562	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 18,755,089	30

II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,951,678	31
32	Health Care	5,856,001	32
33	General Administration	4,153,894	33
<b>B. Capital Expense</b>			
34	Ownership	1,888,459	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	2,573,302	35
36	Provider Participation Fee	695,583	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 17,118,917	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	1,636,172	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 1,636,172	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 9,104,140	44
45	Private Pay - Net Inpatient Revenue	2,264,002	45
46	Medicare - Net Inpatient Revenue	3,320,947	46
47	Other-(specify) <u>Managed Care</u>	2,055,032	47
48	Other-(specify) <u>Hospice</u>	1,098,702	48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 17,842,823	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 Midway

# 0053678

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	2,074	2,169	\$ 125,937	\$ 58.07	1
2	Assistant Director of Nursing	1,646	1,763	77,760	44.11	2
3	Registered Nurses	40,111	44,079	1,547,598	35.11	3
4	Licensed Practical Nurses	50,803	55,332	1,526,622	27.59	4
5	CNAs & Orderlies	112,665	120,789	1,376,994	11.40	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,627	1,627	52,569	32.31	8
9	Activity Director	1,459	1,543	36,860	23.89	9
10	Activity Assistants	6,235	6,985	76,413	10.94	10
11	Social Service Workers	7,885	8,638	205,682	23.81	11
12	Dietician					12
13	Food Service Supervisor	1,733	1,914	56,782	29.66	13
14	Head Cook	5,246	5,782	73,484	12.71	14
15	Cook Helpers/Assistants	20,445	22,335	228,267	10.22	15
16	Dishwashers					16
17	Maintenance Workers	3,013	3,125	53,630	17.16	17
18	Housekeepers	22,308	25,383	278,449	10.97	18
19	Laundry	8,752	10,248	112,220	10.95	19
20	Administrator	2,231	2,484	130,284	52.45	20
21	Assistant Administrator	654	657	16,729	25.46	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	11,738	12,909	265,408	20.56	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,928	2,114	27,478	13.00	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>	11,082	11,305	173,510	15.35	33
34	TOTAL (lines 1 - 33)	313,635	341,181	\$ 6,442,676 *	\$ 18.88	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	1,230	\$ 49,214	01-03	35
36	Medical Director	Monthly	24,520	09-03	36
37	Medical Records Consultant				37
38	Nurse Consultant	123	6,769	10-03	38
39	Pharmacist Consultant	Monthly	33,932	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	868	43,395	10a-03	42
43	Speech Therapy Consultant				43
44	Activity Consultant	36	1,980	11-03	44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	2,257	\$ 159,810		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		
Alison Elsner	Administrator	0	\$ 130,284	Workers' Compensation Insurance	\$ 293,882	IDPH License Fee	\$ 1,990		
Kinyarda James	Asst Admin	0	16,729	Unemployment Compensation Insurance	233,902	Advertising: Employee Recruitment	870		
				FICA Taxes	479,438	Health Care Worker Background Check			
				Employee Health Insurance	412,111	(Indicate # of checks performed <u>690</u> )	6,907		
				Employee Meals	32,850	Patient Background Checks	355		
				Illinois Municipal Retirement Fund (IMRF)*		Dues & Subscriptions	22,851		
				Pension Plan Contributions	40,487	Licenses & Permits	5,273		
				Employee Physical Exams	8,230	Allocated from Nucare	9,823		
				Other Employee Benefits	13,079	Allocated from Maestro	3,315		
TOTAL (agree to Schedule V, line 17, col. 1)									
(List each licensed administrator separately.)			\$ 147,013						
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**		
Description			Amount	Description	Line #	Amount	Description	Amount	
Nucare - Bookkeeping Fees			\$ 769,885				Out-of-State Travel	\$	
Maestro - Bookkeeping Fees			228,578						
							In-State Travel		
TOTAL (agree to Schedule V, line 17, col. 3)			\$ 998,463	TOTAL (agree to Schedule V, line 22, col.8)			\$ 1,513,979	TOTAL (agree to Sch. V, line 20, col. 8)	
(Attach a copy of any management service agreement)									
C. Professional Services									
Vendor/Payee	Type	Amount							
On Shift, Inc.	Data Processing	\$ 22,666							
Creative Technology Solutions	Data Processing	18,281							
BCI Networks	Data Processing	4,085							
Curaspan Health Group	Data Processing	2,950							
E-Health Data Solutions	Data Processing	5,538							
Health Data Systems	Data Processing	6,460							
Matrixcare	Data Processing	15,779							
Point B Communication	Data Processing	240							
HDSI	Data Processing	21							
Telemedicine Solutions	Data Processing	18,330							
Wescom Solutions	Data Processing	20,835							
See Supplemental Schedule		100,020							
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL					
(For legal fee disclosure, see page 39 of instructions)			\$ 215,204						

\* Attach copy of IMRF notifications

\*\*See instructions.



Facility Name & ID Number Symphony Of Midway# 0053678

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 \$31,360
- (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. \$ 331 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 Midway #0041749 11/01/2015
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 695,583  
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. \$ 32,850 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation  
a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.  
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A  
c. What percent of all travel expense relates to transportation of nurses and patients? 100% Ln 14  
d. Have vehicle usage logs been maintained? N/A  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A  
**g. Does the facility transport residents to and from day training? No**  
**Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A**
- (17) Has an audit been performed by an independent certified public accounting firm? No  
Firm Name: N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes  
Attach invoices and a summary of services for all architect and appraisal fees.