



Facility Name & ID Number Symphony Of Park South

# 0053744 Report Period Beginning: 01/01/15 Ending: 12/31/15

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds N/A

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>294</u>	Skilled (SNF)	<u>294</u>	<u>107,310</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>294</u>	TOTALS	<u>294</u>	<u>107,310</u>	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF			<u>13,238</u>	<u>13,238</u>	8
9	SNF/PED					9
10	ICF	<u>66,592</u>	<u>2,310</u>	<u>6,875</u>	<u>75,777</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>66,592</u>	<u>2,310</u>	<u>20,113</u>	<u>89,015</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 82.95%

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 05/01/1976

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

K. Was the facility certified for Medicare during the reporting year?  
YES  NO  If YES, enter number of beds certified 294 and days of care provided 7,775

Medicare Intermediary Wisconsin Physician Services

IV. ACCOUNTING BASIS

ACCRUAL  MODIFIED CASH\*  CASH\*

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

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

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

Facility Name &amp; ID Number

Symphony Of Park South

# 0053744

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	415,413	76,332	20,946	512,691		512,691		512,691		1
2	Food Purchase		553,948		553,948	(45,078)	508,871	(484)	508,387		2
3	Housekeeping	267,061	57,724		324,785		324,785		324,785		3
4	Laundry	155,430	12,634	25,916	193,980		193,980		193,980		4
5	Heat and Other Utilities			260,692	260,692		260,692	(23,487)	237,205		5
6	Maintenance	88,342		278,271	366,613		366,613	53,138	419,751		6
7	Other (specify):*							5,114	5,114		7
8	<b>TOTAL General Services</b>	<b>926,246</b>	<b>700,638</b>	<b>585,825</b>	<b>2,212,709</b>	<b>(45,078)</b>	<b>2,167,632</b>	<b>34,282</b>	<b>2,201,913</b>		<b>8</b>
	<b>B. Health Care and Programs</b>										
9	Medical Director			25,360	25,360		25,360		25,360		9
10	Nursing and Medical Records	5,458,953	466,085	53,120	5,978,158		5,978,158	298,917	6,277,075		10
10a	Therapy	36,323		14,991	51,314		51,314	(1,223)	50,091		10a
11	Activities	48,572	11,008	1,540	61,120		61,120		61,120		11
12	Social Services	227,347			227,347		227,347		227,347		12
13	CNA Training										13
14	Program Transportation			53,541	53,541		53,541		53,541		14
15	Other (specify):*							67,463	67,463		15
16	<b>TOTAL Health Care and Programs</b>	<b>5,771,195</b>	<b>477,093</b>	<b>148,552</b>	<b>6,396,840</b>		<b>6,396,840</b>	<b>365,156</b>	<b>6,761,996</b>		<b>16</b>
	<b>C. General Administration</b>										
17	Administrative	212,809		948,251	1,161,060		1,161,060	(874,207)	286,853		17
18	Directors Fees										18
19	Professional Services			205,170	205,170		205,170	114,403	319,573		19
20	Dues, Fees, Subscriptions & Promotions			111,723	111,723		111,723	(14,735)	96,988		20
21	Clerical & General Office Expenses	205,906	2,260	1,055,336	1,263,502		1,263,502	(590,760)	672,742		21
22	Employee Benefits & Payroll Taxes			1,584,672	1,584,672	45,078	1,629,750		1,629,750		22
23	Inservice Training & Education										23
24	Travel and Seminar			4,263	4,263		4,263	3,813	8,076		24
25	Other Admin. Staff Transportation			1,347	1,347		1,347	17,100	18,447		25
26	Insurance-Prop.Liab.Malpractice			771,002	771,002		771,002	21	771,023		26
27	Other (specify):*							82,371	82,371		27
28	<b>TOTAL General Administration</b>	<b>418,715</b>	<b>2,260</b>	<b>4,681,764</b>	<b>5,102,739</b>	<b>45,078</b>	<b>5,147,817</b>	<b>(1,261,993)</b>	<b>3,885,823</b>		<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	<b>7,116,156</b>	<b>1,179,991</b>	<b>5,416,141</b>	<b>13,712,288</b>		<b>13,712,288</b>	<b>(862,555)</b>	<b>12,849,733</b>		<b>29</b>

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

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

Facility Name & ID Number Symphony Of Park South

#0053744

Report Period Beginning:

01/01/15

Ending:

12/31/15

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>D. Ownership</b>											
30	Depreciation			144,553	144,553		144,553	186,417	330,970			30
31	Amortization of Pre-Op. & Org.			228	228		228	(228)				31
32	Interest							669,963	669,963			32
33	Real Estate Taxes			488,450	488,450		488,450	124,196	612,646			33
34	Rent-Facility & Grounds			1,455,566	1,455,566		1,455,566	(1,452,258)	3,308			34
35	Rent-Equipment & Vehicles			55,676	55,676		55,676	14,366	70,042			35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			2,144,473	2,144,473		2,144,473	(457,544)	1,686,929			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		370,459	1,776,066	2,146,525		2,146,525	(14,720)	2,131,805			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			776,370	776,370		776,370		776,370			42
43	Other (specify):*	114,421		30,724	145,145		145,145	(145,145)	(0)			43
44	<b>TOTAL Special Cost Centers</b>	114,421	370,459	2,583,160	3,068,040		3,068,040	(159,865)	2,908,175			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	7,230,577	1,550,450	10,143,774	18,924,801		18,924,801	(1,479,964)	17,444,837			45

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



Symphony Of Park South

ID# 0053744

Report Period Beginning: 01/01/15

Ending: 12/31/15

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Veterans Expenses	\$ (38,573)	10	1
2	Medicare Sequestration	(96,038)	21	2
3	Bank Charges	(19,670)	21	3
4	Theft & Damage Loss	(3,034)	21	4
5	Community Relations Staff	(64,118)	43	5
6	Marketing Salary	(2,172)	43	6
7	Guest Relation Salary	(48,131)	43	7
8	Marketing Services	(30,725)	43	8
9	Other Unclassified Income	(150)	21	9
10	Bldg Co - Bank Charges	(142)	21	10
11	Bldg Co - Licenses & Permits	(280)	20	11
12	Bldg Co - Legal	(250)	19	12
13	Bldg Co - Office Expense	(440)	21	13
14	Bldg Co - Closing Costs	(377,846)	21	14
15	Additional R&M	13,896	06	15
16	Amortization	(228)	31	16
17	Non Allowable Fee	(549)	21	17
18	PAC Dues	(12,091)	20	18
19	Non Allowable Legal Fees	(3,007)	19	19
20	Non Facility Related RE Taxes	(2,517)	33	20
21	Rent for Sale/Leaseback Arrangement	(298,566)	34	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>	(984,630)		49



## STATE OF ILLINOIS

Summary A

Facility Name & ID Number Symphony Of Park South# 0053744

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	(484)											(484)	2
3	Housekeeping													3
4	Laundry													4
5	Heat and Other Utilities	(28,742)		5,056	200								(23,487)	5
6	Maintenance	13,896		34,716	4,526								53,138	6
7	Other (specify):*			4,367	747								5,114	7
8	<b>TOTAL General Services</b>	<b>(15,330)</b>		<b>44,139</b>	<b>5,473</b>								<b>34,282</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director													9
10	Nursing and Medical Records	(38,573)		305,009	34,763	(2,282)							298,917	10
10a	Therapy					(1,223)							(1,223)	10a
11	Activities													11
12	Social Services													12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*			59,510	7,952								67,463	15
16	<b>TOTAL Health Care and Programs</b>	<b>(38,573)</b>		<b>364,520</b>	<b>42,715</b>	<b>(3,505)</b>							<b>365,156</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative			(691,730)	(182,477)								(874,207)	17
18	Directors Fees													18
19	Professional Services	(3,257)	(2,615)	112,962	7,313								114,403	19
20	Fees, Subscriptions & Promotions	(30,527)	280	11,598	3,914								(14,735)	20
21	Clerical & General Office Expenses	(1,355,246)	378,428	304,115	81,942								(590,760)	21
22	Employee Benefits & Payroll Taxes													22
23	Inservice Training & Education													23
24	Travel and Seminar			1,630	2,207	(24)							3,813	24
25	Other Admin. Staff Transportation			16,272	828								17,100	25
26	Insurance-Prop.Liab.Malpractice			21									21	26
27	Other (specify):*			64,607	17,764								82,371	27
28	<b>TOTAL General Administration</b>	<b>(1,389,030)</b>	<b>376,093</b>	<b>(180,524)</b>	<b>(68,509)</b>	<b>(24)</b>							<b>(1,261,993)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> <b>(sum of lines 8,16 &amp; 28)</b>	<b>(1,442,933)</b>	<b>376,093</b>	<b>228,134</b>	<b>(20,321)</b>	<b>(3,529)</b>							<b>(862,555)</b>	<b>29</b>

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Symphony Of Park South

# 0053744

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	172,679		12,201	1,537								186,417	30
31	Amortization of Pre-Op. & Org.	(228)											(228)	31
32	Interest	(14,096)	679,440	4,416	202								669,963	32
33	Real Estate Taxes	(2,517)	121,400	4,424	889								124,196	33
34	Rent-Facility & Grounds	(298,566)	(1,157,000)	3,308									(1,452,258)	34
35	Rent-Equipment & Vehicles			11,518	2,848								14,366	35
36	Other (specify):*													36
37	<b>TOTAL Ownership</b>	<b>(142,728)</b>	<b>(356,160)</b>	<b>35,867</b>	<b>5,477</b>								<b>(457,544)</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers					(14,720)							(14,720)	39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(145,145)											(145,145)	43
44	<b>TOTAL Special Cost Centers</b>	<b>(145,145)</b>				<b>(14,720)</b>							<b>(159,865)</b>	<b>44</b>
	<b>GRAND TOTAL COST</b>													
45	(sum of lines 29, 37 & 44)	(1,730,806)	19,933	264,002	(14,844)	(18,249)							(1,479,964)	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 6-Supplemental		See 6-Supplemental		See 6-Supplemental		

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	34 Rental Income	\$ 1,157,000	Halsted Associates	100.00%	\$	(1,157,000)	1
2	V	32 Interest	11,202	Halsted Associates	100.00%	690,642	679,440	2
3	V	21 Bank Charges		Halsted Associates	100.00%	142	142	3
4	V	20 Licenses & Permits		Halsted Associates	100.00%	280	280	4
5	V	19 Legal		Halsted Associates	100.00%	250	250	5
6	V	19 Accounting	2,865	Halsted Associates	100.00%		(2,865)	6
7	V	21 Office Expense		Halsted Associates	100.00%	440	440	7
8	V	21 Closing Costs		Halsted Associates	100.00%	377,846	377,846	8
9	V	33 Real Estate Tax	378,000	Halsted Associates	100.00%	499,400	121,400	9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 1,549,067			\$ 1,569,000	\$ * 19,933	14

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

Facility Name & ID Number Symphony Of Park South

# 0053744

Report Period Beginning: 01/01/15

Ending: 12/31/15

**VII. RELATED PARTIES (continued)**

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	5 UTILITIES	\$	NUCARE SERVICES CORP.	100.00%	\$ 5,056	\$	5,056	15
16	V	6 MAINTENANCE SALARIES		NUCARE SERVICES CORP.	100.00%	22,383		22,383	16
17	V	6 MAINTENANCE EXPENSES		NUCARE SERVICES CORP.	100.00%	12,333		12,333	17
18	V	7 EMPLOYEE BENEFITS - MAINTENANCE		NUCARE SERVICES CORP.	100.00%	4,367		4,367	18
19	V	10 CLINICAL SALARIES		NUCARE SERVICES CORP.	100.00%	305,009		305,009	19
20	V	15 EMPLOYEE BENEFITS - CLINICAL		NUCARE SERVICES CORP.	100.00%	59,510		59,510	20
21	V	17 ADMINISTRATIVE SALARIES - NON-OWNER		NUCARE SERVICES CORP.	100.00%	68,910		68,910	21
22	V	19 PROFESSIONAL FEES		NUCARE SERVICES CORP.	100.00%	112,962		112,962	22
23	V	20 DUES, FEES, SUBSCRIPTIONS, ETC.		NUCARE SERVICES CORP.	100.00%	11,598		11,598	23
24	V	21 CLERICAL & GENERAL SALARIES		NUCARE SERVICES CORP.	100.00%	262,221		262,221	24
25	V	21 CLERICAL & GENERAL EXPENSES		NUCARE SERVICES CORP.	100.00%	41,895		41,895	25
26	V	24 SEMINARS AND EDUCATION		NUCARE SERVICES CORP.	100.00%	1,630		1,630	26
27	V	25 TRANSPORTATION		NUCARE SERVICES CORP.	100.00%	16,272		16,272	27
28	V	26 INSURANCE		NUCARE SERVICES CORP.	100.00%	21		21	28
29	V	27 EMPLOYEE BENEFITS - ADMINISTRATIVE		NUCARE SERVICES CORP.	100.00%	64,607		64,607	29
30	V	30 DEPRECIATION		NUCARE SERVICES CORP.	100.00%	12,201		12,201	30
31	V	32 INTEREST EXPENSE		NUCARE SERVICES CORP.	100.00%	4,416		4,416	31
32	V	33 REAL ESTATE TAX		NUCARE SERVICES CORP.	100.00%	4,424		4,424	32
33	V	34 PARKING LOT RENT		NUCARE SERVICES CORP.	100.00%	3,308		3,308	33
34	V	35 EQUIPMENT RENTAL		NUCARE SERVICES CORP.	100.00%	3,300		3,300	34
35	V	35 AUTO LEASE		NUCARE SERVICES CORP.	100.00%	8,219		8,219	35
36	V								36
37	V	17 BOOKKEEPING FEES	760,640	NUCARE SERVICES CORP.	100.00%			(760,640)	37
38	V								38
39	Total		\$ 760,640			\$ 1,024,642	\$ *	264,002	39

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

Facility Name &amp; ID Number

Symphony Of Park South

# 0053744

Report Period Beginning:

01/01/15

Ending:

12/31/15

## VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	5 UTILITIES	\$	MAESTRO CONSULTING SERVICES LLC	100.00%	\$ 200	\$ 200
16	V	6 MAINTENANCE SALARIES		MAESTRO CONSULTING SERVICES LLC	100.00%	3,262	3,262
17	V	6 MAINTENANCE EXPENSES		MAESTRO CONSULTING SERVICES LLC	100.00%	1,264	1,264
18	V	7 EMPLOYEE BENEFITS - MAINTENANCE		MAESTRO CONSULTING SERVICES LLC	100.00%	747	747
19	V	10 CLINICAL SALARIES		MAESTRO CONSULTING SERVICES LLC	100.00%	34,763	34,763
20	V	15 EMPLOYEE BENEFITS - CLINICAL		MAESTRO CONSULTING SERVICES LLC	100.00%	7,952	7,952
21	V	17 ADMINISTRATIVE SALARIES		MAESTRO CONSULTING SERVICES LLC	100.00%	5,134	5,134
22	V	19 PROFESSIONAL FEES		MAESTRO CONSULTING SERVICES LLC	100.00%	7,313	7,313
23	V	20 DUES, FEES, SUBSCRIPTIONS, ETC.		MAESTRO CONSULTING SERVICES LLC	100.00%	3,914	3,914
24	V	21 CLERICAL & GENERAL SALARIES		MAESTRO CONSULTING SERVICES LLC	100.00%	77,520	77,520
25	V	21 CLERICAL & GENERAL EXPENSES		MAESTRO CONSULTING SERVICES LLC	100.00%	4,422	4,422
26	V	24 SEMINARS AND EDUCATION		MAESTRO CONSULTING SERVICES LLC	100.00%	2,207	2,207
27	V	25 TRANSPORTATION		MAESTRO CONSULTING SERVICES LLC	100.00%	828	828
28	V	27 EMPLOYEE BENEFITS - ADMINISTRATIVE		MAESTRO CONSULTING SERVICES LLC	100.00%	17,764	17,764
29	V	30 DEPRECIATION		MAESTRO CONSULTING SERVICES LLC	100.00%	1,537	1,537
30	V	32 INTEREST EXPENSE		MAESTRO CONSULTING SERVICES LLC	100.00%	202	202
31	V	33 REAL ESTATE TAX		MAESTRO CONSULTING SERVICES LLC	100.00%	889	889
32	V	35 EQUIPMENT RENTAL		MAESTRO CONSULTING SERVICES LLC	100.00%	2,038	2,038
33	V	35 AUTO LEASE		MAESTRO CONSULTING SERVICES LLC	100.00%	810	810
34	V						
35	V	17 BOOKKEEPING FEES	187,611	MAESTRO CONSULTING SERVICES LLC			(187,611)
36	V						
37	V						
38	V						
39	Total		\$ 187,611			\$ 172,767	\$ * (14,844)

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

Facility Name & ID Number Symphony Of Park South

# 0053744

Report Period Beginning: 01/01/15

Ending: 12/31/15

**VII. RELATED PARTIES (continued)**

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	10 Nursing Supplies & Equipment	\$ 22,528	Integra Healthcare Equipment LLC		\$ 20,246	\$ (2,282)
16	V	10A Respiratory Services	12,071	Integra Healthcare Equipment LLC		10,848	(1,223)
17	V	24 Seminar Expense	240	Integra Healthcare Equipment LLC		216	(24)
18	V	39 DME & Medical Supplies	145,305	Integra Healthcare Equipment LLC		130,585	(14,720)
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	<b>Total</b>		\$ 180,144			\$ 161,895	\$ * (18,249)

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

Facility Name & ID Number Symphony Of Park South

# 0053744

Report Period Beginning: 01/01/15

Ending: 12/31/15

**VII. RELATED PARTIES (continued)**

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	22 Workers Compensation	\$ 13,029	MAPLE LEAF		\$ 13,029	\$
16	V	26 Liability Insurance	13,416	MAPLE LEAF		13,416	
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	<b>Total</b>		\$ 26,445			\$ 26,445	\$ *

\* 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 & ID Number Symphony Of Park South

# 0053744

Report Period Beginning: 01/01/15

Ending: 12/31/15

**VII. RELATED PARTIES (continued)**

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

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

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

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

Facility Name & ID Number Symphony Of Park South

# 0053744

Report Period Beginning: 01/01/15

Ending: 12/31/15

**VII. RELATED PARTIES (continued)**

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

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

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

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

Facility Name & ID Number Symphony Of Park South

# 0053744

Report Period Beginning: 01/01/15

Ending: 12/31/15

**VII. RELATED PARTIES (continued)**

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

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

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

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

Facility Name & ID Number Symphony Of Park South

# 0053744

Report Period Beginning: 01/01/15

Ending: 12/31/15

**VII. RELATED PARTIES (continued)**

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

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

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

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





Facility Name & ID Number Symphony Of Park South # 0053744 Report Period Beginning: 01/01/15 Ending: 12/31/15

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Michael Munter	Owner	Administrative	19.00%	See Attached	2.92	5.84%	Alloc. Salary	\$ 5,134	17-7	1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 5,134		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 Park South

# 0053744

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 \_\_\_\_\_

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

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

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

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

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

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

# 0053744

Report Period Beginning:

01/01/15

Ending: 12/31/15

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	5	UTILITIES	AVAIL. CENSUS DAYS	1,031,168	17	\$ 58,329	\$ 89,376	\$ 5,056	1	
2	6	MAINTENANCE SALARIES	AVAIL. CENSUS DAYS	1,031,168	17	258,238	258,238	89,376	22,383	2
3	6	MAINTENANCE EXPENSES	AVAIL. CENSUS DAYS	1,031,168	17	142,295		89,376	12,333	3
4	7	EMPLOYEE BENEFITS - MAIN	AVAIL. CENSUS DAYS	1,031,168	17	50,385		89,376	4,367	4
5	10	CLINICAL SALARIES	AVAIL. CENSUS DAYS	1,031,168	17	3,519,020	3,519,020	89,376	305,009	5
6	15	EMPLOYEE BENEFITS - CLINI	AVAIL. CENSUS DAYS	1,031,168	17	686,596		89,376	59,510	6
7	17	ADMINISTRATIVE SALARIES	AVAIL. CENSUS DAYS	1,031,168	17	795,048	795,048	89,376	68,910	7
8	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS	1,031,168	17	1,303,295		89,376	112,962	8
9	20	DUES, FEES, SUBSCRIPTIONS,	AVAIL. CENSUS DAYS	1,031,168	17	133,814		89,376	11,598	9
10	21	CLERICAL & GENERAL SALA	AVAIL. CENSUS DAYS	1,031,168	17	3,025,348	3,025,348	89,376	262,221	10
11	21	CLERICAL & GENERAL EXPE	AVAIL. CENSUS DAYS	1,031,168	17	483,355		89,376	41,895	11
12	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS	1,031,168	17	18,809		89,376	1,630	12
13	25	TRANSPORTATION	AVAIL. CENSUS DAYS	1,031,168	17	187,735		89,376	16,272	13
14	26	INSURANCE	AVAIL. CENSUS DAYS	1,031,168	17	238		89,376	21	14
15	27	EMPLOYEE BENEFITS - ADMI	AVAIL. CENSUS DAYS	1,031,168	17	745,397		89,376	64,607	15
16	30	DEPRECIATION	AVAIL. CENSUS DAYS	1,031,168	17	140,764		89,376	12,201	16
17	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS	1,031,168	17	50,953		89,376	4,416	17
18	33	REAL ESTATE TAX	AVAIL. CENSUS DAYS	1,031,168	17	51,037		89,376	4,424	18
19	34	PARKING LOT RENT	AVAIL. CENSUS DAYS	1,031,168	17	38,171		89,376	3,308	19
20	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS	1,031,168	17	38,069		89,376	3,300	20
21	35	AUTO LEASE	AVAIL. CENSUS DAYS	1,031,168	17	94,822		89,376	8,219	21
22										22
23										23
24										24
25	TOTALS					\$ 11,821,715	\$ 7,597,654	\$ 1,024,642		25

Facility Name & ID Number Symphony Of Park South

# 0053744

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	\$ 17,934	\$ 200	1	
2	6	MAINTENANCE SALARIES	AVAIL. CENSUS DAYS	307,257	28	55,893	55,893	17,934	3,262	2
3	6	MAINTENANCE EXPENSES	AVAIL. CENSUS DAYS	307,257	28	21,648		17,934	1,264	3
4	7	EMPLOYEE BENEFITS - MAIN	AVAIL. CENSUS DAYS	307,257	28	12,799		17,934	747	4
5	10	CLINICAL SALARIES	AVAIL. CENSUS DAYS	307,257	28	595,582	595,582	17,934	34,763	5
6	15	EMPLOYEE BENEFITS - CLINI	AVAIL. CENSUS DAYS	307,257	28	136,244		17,934	7,952	6
7	17	ADMINISTRATIVE SALARIES	AVAIL. CENSUS DAYS	307,257	28	87,954	2,420	17,934	5,134	7
8	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS	307,257	28	125,288		17,934	7,313	8
9	20	DUES, FEES, SUBSCRIPTIONS,	AVAIL. CENSUS DAYS	307,257	28	67,058		17,934	3,914	9
10	21	CLERICAL & GENERAL SALA	AVAIL. CENSUS DAYS	307,257	28	1,328,131	1,328,131	17,934	77,520	10
11	21	CLERICAL & GENERAL EXPE	AVAIL. CENSUS DAYS	307,257	28	75,756		17,934	4,422	11
12	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS	307,257	28	37,815		17,934	2,207	12
13	25	TRANSPORTATION	AVAIL. CENSUS DAYS	307,257	28	14,185		17,934	828	13
14	27	EMPLOYEE BENEFITS - ADMI	AVAIL. CENSUS DAYS	307,257	28	304,341		17,934	17,764	14
15	30	DEPRECIATION	AVAIL. CENSUS DAYS	307,257	28	26,334		17,934	1,537	15
16	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS	307,257	28	3,464		17,934	202	16
17	33	REAL ESTATE TAX	AVAIL. CENSUS DAYS	307,257	28	15,239		17,934	889	17
18	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS	307,257	28	34,911		17,934	2,038	18
19	35	AUTO LEASE	AVAIL. CENSUS DAYS	307,257	28	13,885		17,934	810	19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 2,959,951	\$ 1,982,025	\$	172,767	25

Facility Name & ID Number Symphony Of Park South

# 0053744

Report Period Beginning:

01/01/15

Ending: 12/31/15

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization

Integra Healthcare Equipment, LLC

Street Address

747 Church Road

City / State / Zip Code

Elmhurst, IL 60126

Phone Number

( 630) 834-3700

Fax Number

( 630) 834-1500

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	10	Nursing Supplies & Equipment	Direct Allocation		\$	\$		20,246	1
2	10A	Respiratory Services	Direct Allocation					10,848	2
3	24	Seminar Expense	Direct Allocation					216	3
4	39	DME & Medical Supplies	Direct Allocation					130,585	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				\$	\$		161,895	25

Facility Name & ID Number Symphony Of Park South

# 0053744

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		\$	\$		\$ 13,029	1
2	26	Libility Insurance	Direct Allocation					13,416	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				\$	\$		\$ 26,445	25

Facility Name & ID Number Symphony Of Park South

# 0053744

Report Period Beginning:

01/01/15

Ending: 12/31/15

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

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

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

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

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

Facility Name & ID Number Symphony Of Park South

# 0053744

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 Park South

# 0053744

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 Park South

# 0053744 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 Park South

# 0053744

Report Period Beginning:

01/01/15

Ending: 12/31/15

**VIII. ALLOCATION OF INDIRECT COSTS**

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

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

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

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

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

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

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

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

Facility Name & ID Number

Symphony Of Park South

# 0053744

Report Period Beginning:

01/01/15

Ending:

12/31/15

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

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

1	2	3	4	5	6	7	8	9	10										
										Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
										YES	NO				Original	Balance			
<b>A. Directly Facility Related</b>																			
<b>Long-Term</b>																			
1	Private Bank		X	Mortgage						\$ 688,992	1								
2											2								
3											3								
4											4								
5											5								
<b>Working Capital</b>																			
6	Symphony		X	Note Payable				636,500			6								
7	CapEx		X							1,650	7								
8											8								
9	<b>TOTAL Facility Related</b>							\$ 636,500		\$ 690,642	9								
<b>B. Non-Facility Related*</b>																			
10	Interest Income		X							(14,096)	10								
11	Interest Income - Bldg Co.		X							(11,202)	11								
12	Allocated from Nucare	X								4,416	12								
13	See Supplemental Schedule									202	13								
14	<b>TOTAL Non-Facility Related</b>									\$ (20,680)	14								
15	<b>TOTALS (line 9+line14)</b>							\$ 636,500		\$ 669,962	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V.      \$ None                      Line # N/A

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

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

Facility Name & ID Number Symphony Of Park South

# 0053744

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	<b>Allocated from Maestro</b>	<b>X</b>								<b>202</b>										
16										16										
17										17										
18										18										
19										19										
20	<b>TOTAL Non-Facility Related</b>									<b>202</b>										

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

(See instructions.)

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

**B. Real Estate Taxes**

		<b>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</b>			
1. Real Estate Tax accrual used on 2014 report.		\$	<b>655,485</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>633,833</b>		<b>2</b>
3. Under or (over) accrual (line 2 minus line 1).		\$	<b>(21,652)</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>110,450</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>88,798</b>		<b>7</b>
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2010	<u>432,320</u>	8	<b>FOR BHF USE ONLY</b>	
	2011	<u>512,255</u>	9	13	FROM R. E. TAX STATEMENT FOR 2014 \$ 13
	2012	<u>600,585</u>	10	14	PLUS APPEAL COST FROM LINE 5 \$ 14
	2013	<u>621,781</u>	11	15	LESS REFUND FROM LINE 6 \$ 15
	2014	<u>628,520</u>	12	16	AMOUNT TO USE FOR RATE CALCULATION \$ 16
<b>The 2015 accrual is based on 2 months of real estate tax expense, which is the reason for the variance between line 7 and page 4, line 33.</b>					
<b>Allocated from NuCare = \$4,424</b>					
<b>Allocated from Maestro = \$889</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.**

# 2014 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Symphony Of Park South COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0053744

CONTACT PERSON REGARDING THIS REPORT Steve Lavenda

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

**A. Summary of Real Estate Tax Cost**

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

	(A)	(B)	(C)	(D)
	<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1.	<u>25-16-316-001-0000</u>	<u>Long Term Care Property</u>	\$ <u>62,286.44</u>	\$ <u>62,286.44</u>
2.	<u>25-16-316-002-0000</u>	<u>Long Term Care Property</u>	\$ <u>59,799.88</u>	\$ <u>59,799.88</u>
3.	<u>25-16-332-012-0000</u>	<u>Long Term Care Property</u>	\$ <u>205,039.29</u>	\$ <u>205,039.29</u>
4.	<u>25-16-332-013-0000</u>	<u>Long Term Care Property</u>	\$ <u>301,394.67</u>	\$ <u>301,394.67</u>
5.	<u>25-16-321-001-0000</u>	<u>Empty Lot</u>	\$ <u>991.04</u>	\$
6.	<u>25-16-321-002-0000</u>	<u>Empty Lot</u>	\$ <u>508.76</u>	\$
7.	<u>25-16-321-003-0000</u>	<u>Empty Lot</u>	\$ <u>508.76</u>	\$
8.	<u>25-16-321-004-0000</u>	<u>Empty Lot</u>	\$ <u>508.76</u>	\$
9.	<u>See Attached</u>	<u>Allocated from NuCare</u>	\$ <u>91,415.94</u>	\$ <u>4,423.65</u>
10.	<u>See Attached</u>	<u>Allocated from Maestro</u>	\$ <u>91,415.94</u>	\$ <u>2,246.88</u>
<b>TOTALS</b>			\$ <u>813,869.48</u>	\$ <u>635,190.81</u>

**B. Real Estate Tax Cost Allocations**

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

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

**C. Tax Bills**

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

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



Facility Name & ID Number Symphony Of Park South

# 0053744

Report Period Beginning:

01/01/15

Ending:

12/31/15

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 60,068 B. General Construction Type: Exterior Brick Frame \_\_\_\_\_ Number of Stories 3

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

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

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

None

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

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

Nature of Costs:

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

**XI. OWNERSHIP COSTS:**

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Facility</u>			\$ <u>855,000</u>	<u>1</u>
2	<u>Allocated From 7257 N. Lincoln - Maestro/Nucare</u>			<u>10,849</u>	<u>2</u>
3	<b>TOTALS</b>			\$ <b>865,849</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	294		1976	\$ 7,334,294	\$	39	\$	\$	\$ 7,334,294	4
5			1994	554,636		39	27,732	27,732	413,250	5
6			1994	3,020		39	151	151	2,241	6
7			1994	106,949		39	5,347	5,347	80,823	7
8										8
<b>Improvement Type**</b>										
9	Various		1978	750		20			750	9
10	Various		1979	12,807		20			12,749	10
11	Various		1980	35,915		20			35,915	11
12	Various		1981	13,910		20			13,910	12
13	Various		1982	8,814		20			8,814	13
14	Various		1983	12,936		20			12,936	14
15	Various		1984	20,560		20			20,560	15
16	Various		1985	18,883		20			18,874	16
17	Various		1986	2,456		20			2,456	17
18	Various		1987	4,000		20	127	127	3,607	18
19	Various		1988	82,596		20	2,622	2,622	71,362	19
20	Various		1989	1,225		20	39	39	1,027	20
21	Various		1990	91,597		20	1,128	1,128	74,711	21
22	Various		1993	53,620		20			53,610	22
23	Various		1995	137,949		20	4,233	4,233	137,940	23
24	Various		1996	519,100		20	18,652	18,652	522,798	24
25	Various		1997	76,548		20	3,747	3,747	71,261	25
26	Various		1998	77,488		20	3,873	3,873	67,856	26
27	Various		1999	278,572		20	13,863	13,863	234,076	27
28	Various		2000	48,393		20	2,246	2,246	35,241	28
29	Various		2001	97,460		20	4,812	4,812	70,085	29
30	Various		2002	25,280		20			25,280	30
31	Various		2003	461,684		20	9,012	9,012	418,200	31
32	Various		2004	62,146		20			62,146	32
33	Various		2005	94,134		20	1,248	1,248	102,268	33
34	Various		2006	114,124		20	4,229	4,229	111,662	34
35	Various		2007	377,501		20	24,081	24,081	237,471	35
36	Various		2008	823,017		20	41,536	41,536	324,345	36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Symphony Of Park South# 0053744

Report Period Beginning:

01/01/15

Ending:

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

1		3	4	5	6	7	8	9	
Improvement Type**		Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Various	2009	\$ 267,116	\$	20	\$ 20,502	\$ 20,502	\$ 132,787	37
38	Various	2010	211,043		20	13,397	13,397	75,020	38
39	Various	2011	129,999		20	8,471	8,471	38,881	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	Related Building Company (Pages 12F & 12G)		50,886			326	326	46,707	67
68	Related Party Allocations (Pages 12H & 12I)		216,026	6,301		5,454	(847)	82,882	68
69	Financial Statement Depreciation			144,553			(144,553)		69
70	TOTAL (lines 4 thru 69)		\$ 12,427,435	\$ 150,854		\$ 216,827	\$ 65,973	\$ 10,958,794	70

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

Facility Name & ID Number Symphony Of Park South# 0053744

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>		\$ 12,427,435	\$ 150,854		\$ 216,827	\$ 65,973	\$ 10,958,794	1
2	Replace Hot Water Boiler	2012	8,495		20	425	425	1,664	2
3	Sprinkler System Modifications	2012	16,748		20	2,393	2,393	7,776	3
4	Remove & Replace 25Hp Hydraulic Motor	2012	4,800		20	240	240	780	4
5	Fire Alarm System Device Installation	2013	3,215		20	161	161	482	5
6	Elevator Doors	2013	10,061		20	503	503	1,467	6
7	Wifi Cable Wiring	2013	5,500		20	1,100	1,100	3,117	7
8	Receptacles For Kiosks	2013	3,045		20	609	609	1,624	8
9	Light Fixtures	2013	4,160		20	832	832	1,872	9
10	Door Operator Package For Car #3	2013	10,062		20	503	503	1,090	10
11	Back Flow Repairs	2013	2,725		20	136	136	307	11
12	Supply, Terminate & Perform Functional Testing Of Remote E-St	2013	3,455		20	173	173	432	12
13	2 Make-Up Air Units	2014	30,200		20	1,510	1,510	2,643	13
14	Hand Rails	2014	5,200		20	260	260	412	14
15	Fire Alarm System	2014	6,832		20	342	342	541	15
16	Elevator - Hydraulic Valve	2014	5,132		20	257	257	385	16
17	Sink & Piping	2014	9,950		20	498	498	746	17
18	Pvc Piping	2014	2,980		20	149	149	224	18
19	Dialysis Room Wall	2014	4,900		20	245	245	347	19
20	Dialysis Room Electrical Work	2014	6,090		20	305	305	431	20
21	Compressor For A/C	2014	2,888		20	578	578	963	21
22	1 Rooftop Ac Unit	2014	3,508		20	175	175	219	22
23	Fire Alarm Work	2014	14,681		20	734	734	856	23
24	Fire Alarm Work	2014	2,729		20	136	136	148	24
25	Phone Port Repair	2014	3,836		20	192	192	192	25
26	Install Electrical Panel In Generator Room	2015	5,280		20	264	264	264	26
27	Topographical Plan - Parking Lot	2015	4,160		20	208	208	208	27
28	Topographical Plan - Parking Lot	2015	3,259		20	163	163	163	28
29	Hot Water Heater	2015	10,388		20	519	519	519	29
30	Replace Injection Pump & Thermostat Seal	2015	8,303		20	415	415	415	30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 12,630,015	\$ 150,854		\$ 230,851	\$ 79,997	\$ 10,989,080	34

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

Facility Name & ID Number Symphony Of Park South

# 0053744

Report Period Beginning:

01/01/15

Ending:

12/31/15

**XI. OWNERSHIP COSTS (continued)**

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 12,630,015	\$ 150,854		\$ 230,851	\$ 79,997	\$ 10,989,080	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)	\$ 12,630,015	\$ 150,854		\$ 230,851	\$ 79,997	\$ 10,989,080	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		\$ 12,630,015	\$ 150,854		\$ 230,851	\$ 79,997	\$ 10,989,080	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)	\$ 12,630,015	\$ 150,854		\$ 230,851	\$ 79,997	\$ 10,989,080	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		\$ 12,630,015	\$ 150,854		\$ 230,851	\$ 79,997	\$ 10,989,080	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)	\$ 12,630,015	\$ 150,854		\$ 230,851	\$ 79,997	\$ 10,989,080	34

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

**XI. OWNERSHIP COSTS (continued)**

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	<b>Building Company</b>		\$	\$		\$	\$	\$	1
2	<b>Buildings:</b>								2
3									3
4									4
5									5
6									6
7									7
8	<b>Leasehold Improvements:</b>								8
9	<b>Landscaping</b>	1994	25,996		20			25,996	9
10	<b>Sprinkler System</b>	1994	8,900		20			8,900	10
11	<b>Sign- Awning</b>	1994	9,474		20			9,474	11
12	<b>Repair Hot Water System Causing Flood</b>	2008	3,256		20	163	163	1,182	12
13	<b>Installation of 240 Volt Line for Hall Heater; Removed &amp; Replace</b>	2008	3,260		20	163	163	1,155	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>		\$ 50,886	\$		\$ 326	\$ 326	\$ 46,707	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		\$ 50,886	\$		\$ 326	\$ 326	\$ 46,707	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)	\$ 50,886	\$		\$ 326	\$ 326	\$ 46,707	34

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

Facility Name & ID Number Symphony Of Park South# 0053744

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	83,624	1,787	35	1,991	204	28,970	3
4	<u>Allocated from 7257 N. Lincoln Avenue-Maestro</u>	2004	14,011	359	35	400	41	4,854	4
5									5
6									6
7									7
8	<b>Leasehold Improvements:</b>								8
9	<u>Allocated from NuCare Services Corp</u>	2003	1,015	59	20	35	(24)	607	9
10	<u>Allocated from NuCare Services Corp</u>	2004	20,612	1,198	20	687	(511)	12,092	10
11	<u>Allocated from NuCare Services Corp</u>	2005	1,222	71	20	42	(29)	653	11
12	<u>Allocated from NuCare Services Corp</u>	2006	1,657	96	20	58	(38)	762	12
13	<u>Allocated from NuCare Services Corp</u>	2008	1,746	101	20	61	(40)	619	13
14	<u>Allocated from NuCare Services Corp</u>	2009	28,119	1,634	20	976	(658)	9,059	14
15	<u>Allocated from NuCare Services Corp</u>	2010	4,321	251	20	180	(71)	974	15
16	<u>Allocated from NuCare Services Corp</u>	2011	234	14	20	8	(6)	55	16
17	<u>Allocated from NuCare Services Corp</u>	2012	260	15	20	9	(6)	47	17
18	<u>Allocated from NuCare Services Corp</u>	2014	3,250	189	20	113	(76)	234	18
19	<u>Allocated from NuCare Services Corp</u>	2015	914		20	6	6	8	19
20									20
21	<u>Allocated from 7257 N. Lincoln Avenue-Nucare</u>	2015	1,318	55	20	24	(31)	29	21
22	<u>Allocated from 7257 N. Lincoln Avenue-Nucare</u>	2005	7,623	45	20	402	357	5,044	22
23	<u>Allocated from 7257 N. Lincoln Avenue-Nucare</u>	2004	1,662		20	69	69	956	23
24									24
25	<u>Allocated from Maestro Consulting Services</u>	2003	684	7	20	5	(2)	409	25
26	<u>Allocated from Maestro Consulting Services</u>	2004	13,880	134	20	92	(42)	8,143	26
27	<u>Allocated from Maestro Consulting Services</u>	2005	823	8	20	6	(2)	440	27
28	<u>Allocated from Maestro Consulting Services</u>	2006	1,116	11	20	8	(3)	513	28
29	<u>Allocated from Maestro Consulting Services</u>	2008	1,176	11	20	8	(3)	417	29
30	<u>Allocated from Maestro Consulting Services</u>	2009	18,936	183	20	132	(51)	6,100	30
31	<u>Allocated from Maestro Consulting Services</u>	2010	2,910	28	20	24	(4)	656	31
32	<u>Allocated from Maestro Consulting Services</u>	2011	157	2	20	1	(1)	37	32
33	<u>Allocated from Maestro Consulting Services</u>	2012	175	2	20	1	(1)	31	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 211,445	\$ 6,260		\$ 5,338	\$ (922)	\$ 81,709	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>		\$ 211,445	\$ 6,260		\$ 5,338	\$ (922)	\$ 81,709	1
2									2
3	Allocated from Maestro Consulting Services	2014	2,189	21	20	15	(6)	158	3
4	Allocated from Maestro Consulting Services	2015	616		20	1	1	5	4
5									5
6	Allocated from 7257 N. Lincoln Avenue-Maestro	2015	221	11	20	5	(6)	5	6
7	Allocated from 7257 N. Lincoln Avenue-Maestro	2005	1,277	9	20	81	72	845	7
8	Allocated from 7257 N. Lincoln Avenue-Maestro	2004	278		20	14	14	160	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>		\$ 216,026	\$ 6,301		\$ 5,454	\$ (847)	\$ 82,882	34

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

Facility Name & ID Number Symphony Of Park South

# 0053744

Report Period Beginning:

01/01/15

Ending:

12/31/15

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,158,082	\$ 6,489	\$ 96,101	\$ 89,612	10	\$ 889,570	71
72	Current Year Purchases	50,462	898	3,816	2,918	10	4,659	72
73	Fully Depreciated Assets	2,788,803		117	117	10	2,788,803	73
74								74
75	TOTALS	\$ 3,997,347	\$ 7,387	\$ 100,034	\$ 92,647		\$ 3,683,033	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 Nuicare Services C	2015	\$ 768	\$ 45	\$ 75	\$ 30	5	\$ 768	76
77		Allocated from Maestro Consultir	2015	517	5	10	5	5	517	77
78										78
79										79
80	TOTALS			\$ 1,285	\$ 50	\$ 85	\$ 35		\$ 1,285	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)	\$ 17,494,497	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 158,291	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 330,970	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 172,679	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 14,673,397	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	Land - 2012	\$ 44,811	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$ 44,811	\$	\$	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:			\$ 298,366			3
4	Additions						4
5				(298,366)			5
6	Allocated from NuCare			3,308			6
7	TOTAL			\$ 3,308			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: \$ 61,015 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	Allocated from NuCare		\$	\$ 8,219	17
18	Allocated from Maestro			810	18
19					19
20					20
21	TOTAL		\$	\$ 9,029	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	\$		\$ 658,786	\$		\$ 658,786	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			231,762			231,762	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			620,264			620,264	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39 - 02	# of prescripts				280,360		280,360	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>					265,254	90,099		355,353	13
14	TOTAL			\$		\$ 1,776,066	\$ 370,459		\$ 2,146,525	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 Park South# 0053744Report 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	\$ 50,807	\$ 2,117,193	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	2,833,984	2,833,984	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	1,984	1,984	6
7	Other Prepaid Expenses	39,823	39,823	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	82,290	652,290	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 3,008,888	\$ 5,645,274	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	2,500	2,500	16
17	Accumulated Depreciation (book methods)	(42)	(42)	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):		10,262,082	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 15,930	\$ 10,278,012	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 3,024,818	\$ 15,923,286	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 1,501,520	\$ 1,502,329	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	636,500	636,500	29
30	Accrued Salaries Payable	365,816	365,816	30
31	Accrued Taxes Payable (excluding real estate taxes)	77,390	77,390	31
32	Accrued Real Estate Taxes(Sch.IX-B)	110,450	110,450	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	197,072	197,072	36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 2,888,748	\$ 2,889,557	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>	\$ 2,888,748	\$ 2,889,557	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 136,070	\$ 13,033,729	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 3,024,818	\$ 15,923,286	48

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		<b>1 Total</b>	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>	<b>Adjustment for change in ownership</b>	<b>600,897</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>600,897</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	<b>(464,827)</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>(464,827)</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>136,070</b>	<b>24</b> *

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

Facility Name & ID Number Symphony Of Park South# 0053744Report Period Beginning: 01/01/15Ending: 12/31/15**XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.****Note: This schedule should show gross revenue and expenses. Do not net revenue against expense**

1

I. Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 17,867,623	1
2	Discounts and Allowances for all Levels	(273,747)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 17,593,876	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	846,442	6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 846,442	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	4,224	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	606	19
20	Radiology and X-Ray		20
21	Other Medical Services	240	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 5,070	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	14,096	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 14,096	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<b>See Supplemental Schedule</b>	490	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 490	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 18,459,974	30

2

II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	2,212,709	31
32	Health Care	6,396,840	32
33	General Administration	5,102,739	33
<b>B. Capital Expense</b>			
34	Ownership	2,144,473	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	2,291,670	35
36	Provider Participation Fee	776,370	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 18,924,801	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(464,827)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (464,827)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 10,110,954	44
45	Private Pay - Net Inpatient Revenue	431,526	45
46	Medicare - Net Inpatient Revenue	4,114,556	46
47	Other-(specify) <b>Managed Care</b>	1,798,339	47
48	Other-(specify) <b>Veteran, Hospice</b>	1,138,501	48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 17,593,876	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 Park South

# 0053744

Report Period Beginning:

01/01/15

Ending:

12/31/15

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,878	2,098	\$ 102,299	\$ 48.77	1
2	Assistant Director of Nursing	2,621	2,738	106,014	38.72	2
3	Registered Nurses	41,119	44,655	1,418,253	31.76	3
4	Licensed Practical Nurses	65,146	69,967	1,881,404	26.89	4
5	CNAs & Orderlies	167,479	179,823	1,880,951	10.46	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,958	3,287	36,323	11.05	8
9	Activity Director	1,359	1,502	36,300	24.16	9
10	Activity Assistants	1,105	1,179	12,272	10.41	10
11	Social Service Workers	7,025	7,660	171,513	22.39	11
12	Dietician					12
13	Food Service Supervisor	2,921	3,327	66,641	20.03	13
14	Head Cook	5,662	6,088	71,231	11.70	14
15	Cook Helpers/Assistants	24,890	27,371	277,541	10.14	15
16	Dishwashers					16
17	Maintenance Workers	4,110	4,442	88,342	19.89	17
18	Housekeepers	22,661	25,218	267,061	10.59	18
19	Laundry	13,944	15,435	155,430	10.07	19
20	Administrator	1,902	2,499	151,851	60.76	20
21	Assistant Administrator	1,563	1,693	60,958	36.00	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	10,630	11,345	205,906	18.15	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	1,947	2,146	37,604	17.52	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>	7,126	8,098	202,683	25.03	33
34	TOTAL (lines 1 - 33)	388,045	420,572	\$ 7,230,577 *	\$ 17.19	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	446	\$ 20,946	01-03	35
36	Medical Director	Monthly	25,360	09-03	36
37	Medical Records Consultant				37
38	Nurse Consultant	Monthly	2,747	10-03	38
39	Pharmacist Consultant	Monthly	33,093	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	300	14,991	10a-03	42
43	Speech Therapy Consultant				43
44	Activity Consultant	28	1,540	11-03	44
45	Social Service Consultant				45
46	Other(specify)				46
47	<u>Psychiatric Consultant</u>	<u>\$140/Per Eval</u>	<u>17,280</u>	<u>10-03</u>	<u>47</u>
48					48
49	TOTAL (lines 35 - 48)	773	\$ 115,957		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		
Bonzetta Williams	Administrator	0	\$ 151,851	Workers' Compensation Insurance	\$ 331,425	IDPH License Fee	\$ 3,980		
Yolanda Brown	Assist. Admin.	0	60,958	Unemployment Compensation Insurance	198,751	Advertising: Employee Recruitment	13,250		
				FICA Taxes	537,256	Health Care Worker Background Check			
				Employee Health Insurance	482,328	(Indicate # of checks performed <u>598</u> )	5,984		
				Employee Meals	45,078	Patient Background Checks	16,993		
				Illinois Municipal Retirement Fund (IMRF)*		Dues & Subscriptions	33,880		
				Pension Plan Contributions	14,332	Licenses & Permits	7,389		
				Employee Physical Exams	11,690	Allocated from NuCare	11,598		
				Other Employee Benefits	8,890	Allocated from Maestro	3,914		
TOTAL (agree to Schedule V, line 17, col. 1)									
(List each licensed administrator separately.)			\$ 212,809						
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	\$ 760,640						Out-of-State Travel	\$	
Maestro - Bookkeeping	187,611								
							In-State Travel		
TOTAL (agree to Schedule V, line 17, col. 3)			\$ 948,251	TOTAL (agree to Schedule V, line 22, col.8)			\$ 1,629,750	TOTAL (agree to Sch. V, line 20, col. 8)	
(Attach a copy of any management service agreement)									
C. Professional Services				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**		
Vendor/Payee	Type	Amount		Description	Line #	Amount	Description	Amount	
FR&R/Marcum LLP	Accounting	\$ 20,450							
Creative Technology Solutions	Data Processing	24,629							
Curaspan Health Group	Data Processing	1,933							
E-Health Data Solutions	Data Processing	3,834							
Emdeon	Data Processing	425							
Health Data Systems Inc	Data Processing	7,149							
Market Metrix	Data Processing	1,814							
Matrixcare	Data Processing	10,306							
OnShift Inc	Data Processing	11,503							
Point B Communication	Data Processing	240							
Telemedicine	Data Processing	24,827							
See Supplemental Schedule		98,060							
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL			\$	Seminar Expense	
(For legal fee disclosure, see page 39 of instructions)			\$ 205,170					4,263	
								Allocated from NuCare	
								1,630	
								Allocated from Maestro	
								2,207	
								Allocated from Integra	
								(24)	
								Entertainment Expense	
								(	
								(agree to Sch. V,	
								line 24, col. 8)	
								\$ 8,076	

\* Attach copy of IMRF notifications

\*\*See instructions.



Facility Name & ID Number Symphony Of Park South# 0053744

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 \$36,640
- (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. \$ None Line N/A
- (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 Park South #0049098
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 776,370  
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. \$ 45,078 Has any meal income been offset against related costs? None 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.