

Facility Name & ID Number Symphony Of South Shore

0053751 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	248	Skilled (SNF)	248	90,520	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	248	TOTALS	248	90,520	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				
		3 Medicaid Recipient	4 Private Pay	5 Other	6 Total	
8	SNF			19,219	19,219	8
9	SNF/PED					9
10	ICF	58,181	3,779	2,118	64,078	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	58,181	3,779	21,337	83,297	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 92.02%

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 10/23/1998

J. Was the facility purchased or leased after January 1, 1978?
YES Date 10/23/1998 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 248 and days of care provided 15,107

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

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

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

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

Facility Name & ID Number

Symphony Of South Shore

0053751

Report Period Beginning:

01/01/15

Ending:

12/31/15

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	426,363	52,729	27,655	506,747		506,747		506,747		1
2	Food Purchase		480,262		480,262	(26,572)	453,690	(9,677)	444,013		2
3	Housekeeping	260,298	60,044		320,342		320,342		320,342		3
4	Laundry	181,520	13,574	22,342	217,436		217,436		217,436		4
5	Heat and Other Utilities			292,616	292,616		292,616	(14,129)	278,487		5
6	Maintenance	96,675		366,420	463,095		463,095	48,794	511,889		6
7	Other (specify):*							4,314	4,314		7
8	TOTAL General Services	964,856	606,609	709,033	2,280,498	(26,572)	2,253,926	29,302	2,283,228		8
	B. Health Care and Programs										
9	Medical Director			18,370	18,370		18,370		18,370		9
10	Nursing and Medical Records	5,889,702	402,547	32,316	6,324,565		6,324,565	285,032	6,609,597		10
10a	Therapy	86,040		35,767	121,807		121,807	(3,058)	118,749		10a
11	Activities	95,035	9,095	2,640	106,770		106,770		106,770		11
12	Social Services	204,448			204,448		204,448		204,448		12
13	CNA Training										13
14	Program Transportation			134,254	134,254		134,254	(8,518)	125,736		14
15	Other (specify):*							56,907	56,907		15
16	TOTAL Health Care and Programs	6,275,225	411,642	223,347	6,910,214		6,910,214	330,363	7,240,577		16
	C. General Administration										
17	Administrative	240,290		1,178,064	1,418,354		1,418,354	(1,028,606)	389,748		17
18	Directors Fees										18
19	Professional Services			231,423	231,423	(3,250)	228,173	48,093	276,266		19
20	Dues, Fees, Subscriptions & Promotions			84,496	84,496		84,496	(20,646)	63,850		20
21	Clerical & General Office Expenses	212,981	11,423	646,679	871,083		871,083	(217,812)	653,271		21
22	Employee Benefits & Payroll Taxes			1,620,472	1,620,472	26,572	1,647,044		1,647,044		22
23	Inservice Training & Education										23
24	Travel and Seminar			33,947	33,947		33,947	3,237	37,184		24
25	Other Admin. Staff Transportation			3,004	3,004		3,004	14,424	17,428		25
26	Insurance-Prop.Liab.Malpractice			807,695	807,695		807,695	17	807,712		26
27	Other (specify):*							71,363	71,363		27
28	TOTAL General Administration	453,271	11,423	4,605,780	5,070,474	23,322	5,093,796	(1,129,930)	3,963,866		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	7,693,352	1,029,674	5,538,160	14,261,186	(3,250)	14,257,936	(770,265)	13,487,671		29

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

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

Facility Name & ID Number

Symphony Of South Shore

#0053751

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	
	D. Ownership											
30	Depreciation			239,857	239,857		239,857	34,332	274,189			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			138,215	138,215		138,215	3,456	141,671			32
33	Real Estate Taxes			71,445	71,445	3,250	74,695	4,482	79,177			33
34	Rent-Facility & Grounds			1,388,421	1,388,421		1,388,421	2,791	1,391,212			34
35	Rent-Equipment & Vehicles			55,793	55,793		55,793	12,119	67,912			35
36	Other (specify):*			342,949	342,949		342,949	(342,949)	(0)			36
37	TOTAL Ownership			2,236,680	2,236,680	3,250	2,239,930	(285,770)	1,954,160			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		712,379	2,553,748	3,266,127		3,266,127	(22,600)	3,243,527			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			653,531	653,531		653,531	(104,933)	548,598			42
43	Other (specify):*	100,763		33,259	134,022		134,022	(134,022)	0			43
44	TOTAL Special Cost Centers	100,763	712,379	3,240,538	4,053,680		4,053,680	(261,554)	3,792,126			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	7,794,115	1,742,053	11,015,378	20,551,546		20,551,546	(1,317,589)	19,233,957			45

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

Symphony Of South Shore

ID# 0053751

Report Period Beginning: 01/01/15

Ending: 12/31/15

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Sequestration	\$ (173,295)	21	1
2	Other Income	(20)	21	2
3	Closing Expenses	(201,210)	36	3
4	Community Relations	(20,950)	43	4
5	Marketing Salary	(8,176)	43	5
6	Guest Relations	(71,636)	43	6
7	Bank Charges	(30,872)	21	7
8	Marketing Expenses	(33,259)	43	8
9	Theft and Damage Loss	(344)	21	9
10	Prepayment Penalty	(141,511)	36	10
11	Amortization	(228)	36	11
12	Collections	(671)	21	12
13	Additional R&M	19,376	06	13
14	Capitalized R&M	(3,684)	06	14
15	Non-Allowable Legal	(53,677)	19	15
16	PAC Dues	(10,321)	20	16
17	Annual Report	(200)	20	17
18	Prior Period Provider Tax	(104,933)	42	18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(835,611)		49

Symphony Of South Shore

ID# 0053751
 Report Period Beginning: 01/01/15
 Ending: 12/31/15

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

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Symphony Of South Shore# 0053751

Report Period Beginning:

01/01/15

Ending:

12/31/15

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary													1
2	Food Purchase	(9,677)											(9,677)	2
3	Housekeeping													3
4	Laundry													4
5	Heat and Other Utilities	(18,562)		4,265	169								(14,129)	5
6	Maintenance	15,692		29,284	3,818								48,794	6
7	Other (specify):*			3,684	630								4,314	7
8	TOTAL General Services	(12,547)		37,233	4,617								29,302	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records			257,287	29,324		(1,579)						285,032	10
10a	Therapy						(2,685)	(373)					(3,058)	10a
11	Activities													11
12	Social Services													12
13	CNA Training													13
14	Program Transportation								(8,518)				(8,518)	14
15	Other (specify):*			50,199	6,708								56,907	15
16	TOTAL Health Care and Programs			307,486	36,032		(4,264)	(373)	(8,518)				330,363	16
	C. General Administration													
17	Administrative			(879,026)	(174,580)	25,000							(1,028,606)	17
18	Directors Fees													18
19	Professional Services	(53,677)		95,288	6,169	313							48,093	19
20	Fees, Subscriptions & Promotions	(33,732)		9,784	3,302								(20,646)	20
21	Clerical & General Office Expenses	(548,570)		256,533	69,121	5,104							(217,812)	21
22	Employee Benefits & Payroll Taxes													22
23	Inservice Training & Education													23
24	Travel and Seminar			1,375	1,862								3,237	24
25	Other Admin. Staff Transportation			13,726	698								14,424	25
26	Insurance-Prop.Liab.Malpractice			17									17	26
27	Other (specify):*			54,498	14,984	1,880							71,363	27
28	TOTAL General Administration	(635,979)		(447,804)	(78,444)	32,297							(1,129,930)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(648,526)		(103,086)	(37,795)	32,297	(4,264)	(373)	(8,518)				(770,265)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Symphony Of South Shore# 0053751

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	22,744		10,292	1,297								34,332	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(440)		3,725	171								3,456	32
33	Real Estate Taxes			3,731	750								4,482	33
34	Rent-Facility & Grounds			2,791									2,791	34
35	Rent-Equipment & Vehicles			9,716	2,403								12,119	35
36	Other (specify):*	(342,949)											(342,949)	36
37	TOTAL Ownership	(320,645)		30,255	4,620								(285,770)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers						(22,600)						(22,600)	39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee	(104,933)											(104,933)	42
43	Other (specify):*	(134,022)											(134,022)	43
44	TOTAL Special Cost Centers	(238,954)					(22,600)						(261,554)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(1,208,125)		(72,830)	(33,175)	32,297	(26,864)	(373)	(8,518)				(1,317,589)	45

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Use Page 6-Supplemental as necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Page 6-Supplemental		See Page 6-Supplemental		See Page 6-Supplemental		

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: 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		\$			\$	\$	1
2	V							2
3	V							3
4	V							4
5	V							5
6	V							6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$			\$	\$ *	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	5 UTILITIES	\$	NUCARE SERVICES CORP.	100.00%	\$ 4,265	\$ 4,265 15
16	V	6 MAINTENANCE SALARIES		NUCARE SERVICES CORP.	100.00%	18,881	18,881 16
17	V	6 MAINTENANCE EXPENSES		NUCARE SERVICES CORP.	100.00%	10,404	10,404 17
18	V	7 EMPLOYEE BENEFITS - MAINTENANCE		NUCARE SERVICES CORP.	100.00%	3,684	3,684 18
19	V	10 CLINICAL SALARIES		NUCARE SERVICES CORP.	100.00%	257,287	257,287 19
20	V	15 EMPLOYEE BENEFITS - CLINICAL		NUCARE SERVICES CORP.	100.00%	50,199	50,199 20
21	V	17 ADMINISTRATIVE SALARIES - NON-OWNER		NUCARE SERVICES CORP.	100.00%	58,128	58,128 21
22	V	19 PROFESSIONAL FEES		NUCARE SERVICES CORP.	100.00%	95,288	95,288 22
23	V	20 DUES, FEES, SUBSCRIPTIONS, ETC.		NUCARE SERVICES CORP.	100.00%	9,784	9,784 23
24	V	21 CLERICAL & GENERAL SALARIES		NUCARE SERVICES CORP.	100.00%	221,193	221,193 24
25	V	21 CLERICAL & GENERAL EXPENSES		NUCARE SERVICES CORP.	100.00%	35,340	35,340 25
26	V	24 SEMINARS AND EDUCATION		NUCARE SERVICES CORP.	100.00%	1,375	1,375 26
27	V	25 TRANSPORTATION		NUCARE SERVICES CORP.	100.00%	13,726	13,726 27
28	V	26 INSURANCE		NUCARE SERVICES CORP.	100.00%	17	17 28
29	V	27 EMPLOYEE BENEFITS - ADMINISTRATIVE		NUCARE SERVICES CORP.	100.00%	54,498	54,498 29
30	V	30 DEPRECIATION		NUCARE SERVICES CORP.	100.00%	10,292	10,292 30
31	V	32 INTEREST EXPENSE		NUCARE SERVICES CORP.	100.00%	3,725	3,725 31
32	V	33 REAL ESTATE TAX		NUCARE SERVICES CORP.	100.00%	3,731	3,731 32
33	V	34 PARKING LOT RENT		NUCARE SERVICES CORP.	100.00%	2,791	2,791 33
34	V	35 EQUIPMENT RENTAL		NUCARE SERVICES CORP.	100.00%	2,783	2,783 34
35	V	35 AUTO LEASE		NUCARE SERVICES CORP.	100.00%	6,933	6,933 35
36	V						36
37	V	17 BOOKKEEPING FEES	937,154	NUCARE SERVICES CORP.	100.00%		(937,154) 37
38	V						38
39	Total		\$ 937,154			\$ 864,324	\$ * (72,830) 39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	5 UTILITIES	\$	MAESTRO CONSULTING SERVICES LLC	100.00%	\$ 169	\$ 169 15
16	V	6 MAINTENANCE SALARIES		MAESTRO CONSULTING SERVICES LLC	100.00%	2,752	2,752 16
17	V	6 MAINTENANCE EXPENSES		MAESTRO CONSULTING SERVICES LLC	100.00%	1,066	1,066 17
18	V	7 EMPLOYEE BENEFITS - MAINTENANCE		MAESTRO CONSULTING SERVICES LLC	100.00%	630	630 18
19	V	10 CLINICAL SALARIES		MAESTRO CONSULTING SERVICES LLC	100.00%	29,324	29,324 19
20	V	15 EMPLOYEE BENEFITS - CLINICAL		MAESTRO CONSULTING SERVICES LLC	100.00%	6,708	6,708 20
21	V	17 ADMINISTRATIVE SALARIES		MAESTRO CONSULTING SERVICES LLC	100.00%	4,330	4,330 21
22	V	19 PROFESSIONAL FEES		MAESTRO CONSULTING SERVICES LLC	100.00%	6,169	6,169 22
23	V	20 DUES, FEES, SUBSCRIPTIONS, ETC.		MAESTRO CONSULTING SERVICES LLC	100.00%	3,302	3,302 23
24	V	21 CLERICAL & GENERAL SALARIES		MAESTRO CONSULTING SERVICES LLC	100.00%	65,391	65,391 24
25	V	21 CLERICAL & GENERAL EXPENSES		MAESTRO CONSULTING SERVICES LLC	100.00%	3,730	3,730 25
26	V	24 SEMINARS AND EDUCATION		MAESTRO CONSULTING SERVICES LLC	100.00%	1,862	1,862 26
27	V	25 TRANSPORTATION		MAESTRO CONSULTING SERVICES LLC	100.00%	698	698 27
28	V	27 EMPLOYEE BENEFITS - ADMINISTRATIVE		MAESTRO CONSULTING SERVICES LLC	100.00%	14,984	14,984 28
29	V	30 DEPRECIATION		MAESTRO CONSULTING SERVICES LLC	100.00%	1,297	1,297 29
30	V	32 INTEREST EXPENSE		MAESTRO CONSULTING SERVICES LLC	100.00%	171	171 30
31	V	33 REAL ESTATE TAX		MAESTRO CONSULTING SERVICES LLC	100.00%	750	750 31
32	V	35 EQUIPMENT RENTAL		MAESTRO CONSULTING SERVICES LLC	100.00%	1,719	1,719 32
33	V	35 AUTO LEASE		MAESTRO CONSULTING SERVICES LLC	100.00%	684	684 33
34	V						
35	V	17 BOOKKEEPING FEES	178,910	MAESTRO CONSULTING SERVICES LLC	100.00%		(178,910) 35
36	V						
37	V						
38	V						
39	Total		\$ 178,910			\$ 145,735	\$ * (33,175) 39

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

Facility Name & ID Number Symphony Of South Shore

0053751

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	17 J. RAJCHENBACH-COMP.	\$	JLR FINANCIAL SERVICES CORP.	100.00%	\$ 25,000	\$	25,000	15
16	V	19 PROFESSIONAL FEES		JLR FINANCIAL SERVICES CORP.	100.00%	313		313	16
17	V	21 OFFICE		JLR FINANCIAL SERVICES CORP.	100.00%	5,104		5,104	17
18	V	27 EMPLOYEE BENEFITS		JLR FINANCIAL SERVICES CORP.	100.00%	1,880		1,880	18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$			\$ 32,297	\$ *	32,297	39

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

Facility Name & ID Number Symphony Of South Shore

0053751

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	\$ 15,589	Integra Healthcare Equipment LLC		\$ 14,010	\$ (1,579)
16	V	10A Respiratory Services	26,509	Integra Healthcare Equipment LLC		23,824	(2,685)
17	V	39 DME & Medical Supplies	223,096	Integra Healthcare Equipment LLC		200,496	(22,600)
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 265,194			\$ 238,330	\$ * (26,864)

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

Facility Name & ID Number Symphony Of South Shore

0053751

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	10A Respiratory Services	\$ 3,090	Integra Respiratory Service LLC		\$ 2,717	\$ (373)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 3,090			\$ 2,717	\$ * (373)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	14 Transportation	\$ 111,351	Lifeline Ambulance LLC	100.00%	\$ 102,833	\$ (8,518)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 111,351			\$ 102,833	\$ * (8,518)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	22 Workers Compensation	\$ 30,487	Maple Leaf Insurance	100.00%	\$ 30,487	\$	15
16	V	26 Liability Insurance	12,555	Maple Leaf Insurance	100.00%	12,555		16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 43,042			\$ 43,042	\$ *	39

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

Facility Name & ID Number Symphony Of South Shore

0053751

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	Total		\$			\$	\$ *	39

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

Facility Name & ID Number Symphony Of South Shore

0053751

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	Total		\$			\$	\$ *	39

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

Facility Name & ID Number Symphony Of South Shore # 0053751 Report Period Beginning: 01/01/15 Ending: 12/31/15

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference		
						Hours	Percent	Description	Amount			
1	Jack Rajchenbach	Relative	Administrative	0.00%	See Attached	6.00	10.00%	Alloc. Salary	\$ 25,000	17-07	1	
2	Michael Munter	Owner	Administrative	19.00%	See Attached	2.46	4.92%	Alloc. Salary	4,330	17-07	2	
3											3	
4											4	
5											5	
6											6	
7											7	
8											8	
9											9	
10											10	
11	Where applicable, the amounts reported on this page have been adjusted from the actual costs to reflect only the amounts											11
12	anticipated to be considered allowable by the IL. Dept. of HFS.											12
13								TOTAL	\$ 29,330		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 South Shore

0053751

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 South Shore

0053751

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	\$ 75,392	\$ 4,265	1
2	6	MAINTENANCE SALARIES	AVAIL. CENSUS DAYS	1,031,168	17	258,238	258,238	18,881	2
3	6	MAINTENANCE EXPENSES	AVAIL. CENSUS DAYS	1,031,168	17	142,295	75,392	10,404	3
4	7	EMPLOYEE BENEFITS - MAIN	AVAIL. CENSUS DAYS	1,031,168	17	50,385	75,392	3,684	4
5	10	CLINICAL SALARIES	AVAIL. CENSUS DAYS	1,031,168	17	3,519,020	3,519,020	257,287	5
6	15	EMPLOYEE BENEFITS - CLINI	AVAIL. CENSUS DAYS	1,031,168	17	686,596	75,392	50,199	6
7	17	ADMINISTRATIVE SALARIES	AVAIL. CENSUS DAYS	1,031,168	17	795,048	795,048	58,128	7
8	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS	1,031,168	17	1,303,295	75,392	95,288	8
9	20	DUES, FEES, SUBSCRIPTIONS,	AVAIL. CENSUS DAYS	1,031,168	17	133,814	75,392	9,784	9
10	21	CLERICAL & GENERAL SALA	AVAIL. CENSUS DAYS	1,031,168	17	3,025,348	3,025,348	221,193	10
11	21	CLERICAL & GENERAL EXPE	AVAIL. CENSUS DAYS	1,031,168	17	483,355	75,392	35,340	11
12	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS	1,031,168	17	18,809	75,392	1,375	12
13	25	TRANSPORTATION	AVAIL. CENSUS DAYS	1,031,168	17	187,735	75,392	13,726	13
14	26	INSURANCE	AVAIL. CENSUS DAYS	1,031,168	17	238	75,392	17	14
15	27	EMPLOYEE BENEFITS - ADMI	AVAIL. CENSUS DAYS	1,031,168	17	745,397	75,392	54,498	15
16	30	DEPRECIATION	AVAIL. CENSUS DAYS	1,031,168	17	140,764	75,392	10,292	16
17	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS	1,031,168	17	50,953	75,392	3,725	17
18	33	REAL ESTATE TAX	AVAIL. CENSUS DAYS	1,031,168	17	51,037	75,392	3,731	18
19	34	PARKING LOT RENT	AVAIL. CENSUS DAYS	1,031,168	17	38,171	75,392	2,791	19
20	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS	1,031,168	17	38,069	75,392	2,783	20
21	35	AUTO LEASE	AVAIL. CENSUS DAYS	1,031,168	17	94,822	75,392	6,933	21
22									22
23									23
24									24
25	TOTALS					\$ 11,821,715	\$ 7,597,654	\$ 864,324	25

Facility Name & ID Number Symphony Of South Shore

0053751

Report Period Beginning:

01/01/15

Ending: 12/31/15

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	5	UTILITIES	AVAIL. CENSUS DAYS	307,257	28	\$ 3,424	\$ 15,128	\$ 169	1	
2	6	MAINTENANCE SALARIES	AVAIL. CENSUS DAYS	307,257	28	55,893	55,893	15,128	2,752	2
3	6	MAINTENANCE EXPENSES	AVAIL. CENSUS DAYS	307,257	28	21,648		15,128	1,066	3
4	7	EMPLOYEE BENEFITS - MAIN	AVAIL. CENSUS DAYS	307,257	28	12,799		15,128	630	4
5	10	CLINICAL SALARIES	AVAIL. CENSUS DAYS	307,257	28	595,582	595,582	15,128	29,324	5
6	15	EMPLOYEE BENEFITS - CLINI	AVAIL. CENSUS DAYS	307,257	28	136,244		15,128	6,708	6
7	17	ADMINISTRATIVE SALARIES	AVAIL. CENSUS DAYS	307,257	28	87,954	2,420	15,128	4,330	7
8	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS	307,257	28	125,288		15,128	6,169	8
9	20	DUES, FEES, SUBSCRIPTIONS,	AVAIL. CENSUS DAYS	307,257	28	67,058		15,128	3,302	9
10	21	CLERICAL & GENERAL SALA	AVAIL. CENSUS DAYS	307,257	28	1,328,131	1,328,131	15,128	65,391	10
11	21	CLERICAL & GENERAL EXPE	AVAIL. CENSUS DAYS	307,257	28	75,756		15,128	3,730	11
12	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS	307,257	28	37,815		15,128	1,862	12
13	25	TRANSPORTATION	AVAIL. CENSUS DAYS	307,257	28	14,185		15,128	698	13
14	27	EMPLOYEE BENEFITS - ADMI	AVAIL. CENSUS DAYS	307,257	28	304,341		15,128	14,984	14
15	30	DEPRECIATION	AVAIL. CENSUS DAYS	307,257	28	26,334		15,128	1,297	15
16	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS	307,257	28	3,464		15,128	171	16
17	33	REAL ESTATE TAX	AVAIL. CENSUS DAYS	307,257	28	15,239		15,128	750	17
18	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS	307,257	28	34,911		15,128	1,719	18
19	35	AUTO LEASE	AVAIL. CENSUS DAYS	307,257	28	13,885		15,128	684	19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 2,959,951	\$ 1,982,025	\$ 145,735		25

Facility Name & ID Number Symphony Of South Shore

0053751

Report Period Beginning:

01/01/15

Ending: 12/31/15

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	17	J. RAJCHENBACH-COMP.	AVG. HOURS WORKED 48	9	\$ 200,000	\$ 200,000	6	\$ 25,000	1
2	19	PROFESSIONAL FEES	AVG. HOURS WORKED 48	9	2,500		6	313	2
3	21	OFFICE	AVG. HOURS WORKED 48	9	40,828	40,828	6	5,104	3
4	27	EMPLOYEE BENEFITS	AVG. HOURS WORKED 48	9	15,037		6	1,880	4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 258,365	\$ 240,828		\$ 32,297	25

Facility Name & ID Number Symphony Of South Shore

0053751

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		\$	\$		\$ 14,010	1
2	10A	Respiratory Services	Direct Allocation					23,824	2
3	39	DME & Medical Supplies	Direct Allocation					200,496	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				\$	\$		\$ 238,330	25

Facility Name & ID Number Symphony Of South Shore

0053751

Report Period Beginning:

01/01/15

Ending: 12/31/15

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization Integra Respiratory Service LLC
 Street Address 747 Church Road
 City / State / Zip Code Elmhurst, IL 60126
 Phone Number (630) 834-3700
 Fax Number (630) 834-1500

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	10A	Respiratory Services	Direct Allocation		\$	\$		\$ 2,717	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				\$	\$		\$ 2,717	25

Facility Name & ID Number Symphony Of South Shore

0053751

Report Period Beginning:

01/01/15

Ending: 12/31/15

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization

Lifeline Ambulance LLC

Street Address

2424 S. Wabash Avenue

City / State / Zip Code

Chicago, IL 60616

Phone Number

(312) 949-9595

Fax Number

(312) 949-9262

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	14	Transportation	Direct Allocation		\$	\$		\$ 102,833	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				\$	\$		\$ 102,833	25

Facility Name & ID Number Symphony Of South Shore

0053751

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		\$	\$		\$ 30,487	1
2	26	Liability Insurance	Direct Allocation					12,555	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				\$	\$		\$ 43,042	25

Facility Name & ID Number Symphony Of South Shore

0053751 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 South Shore

0053751

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 South Shore

0053751

Report Period Beginning:

01/01/15

Ending:

12/31/15

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
A. Directly Facility Related																				
Long-Term																				
1	The Private Bank		X					\$	\$ 560,000		\$ 138,215	1								
2												2								
3												3								
4												4								
5												5								
Working Capital																				
6	Allocated from NuCare Serv.	X									3,725	6								
7	Allocated from Maestro Consult	X									171	7								
8												8								
9	TOTAL Facility Related					\$	\$ 560,000				\$ 142,111	9								
B. Non-Facility Related*																				
10	Interest Income		X								(440)	10								
11												11								
12												12								
13												13								
14	TOTAL Non-Facility Related					\$	\$				\$ (440)	14								
15	TOTALS (line 9+line14)					\$	\$ 560,000				\$ 141,671	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 South Shore

0053751

Report Period Beginning:

01/01/15

Ending:

12/31/15

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

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

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

* 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

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.			
1. Real Estate Tax accrual used on 2014 report.		\$	506,988		1
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.)		\$	496,765		2
3. Under or (over) accrual (line 2 minus line 1).		\$	(10,223)		3
4. Real Estate Tax accrual used for 2015 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	86,150		4
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. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$	3,250		5
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. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$			6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	79,177		7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2010	<u>507,745</u>		8	
	2011	<u>490,252</u>		9	
	2012	<u>534,626</u>		10	
	2013	<u>482,846</u>		11	
	2014	<u>492,283</u>		12	
The accrual on line 4 represents 2 month. $492,283 * 1.05 = 516,897 * 2/12 = 86,150$					
Allocated from NuCare Services Corp: \$3,731					
Allocated from Maestro Consulting Services: \$750					
				FOR BHF USE ONLY	
	13	FROM R. E. TAX STATEMENT FOR 2014	\$		13
	14	PLUS APPEAL COST FROM LINE 5	\$		14
	15	LESS REFUND FROM LINE 6	\$		15
	16	AMOUNT TO USE FOR RATE CALCULATION	\$		16

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 South Shore COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0053751

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>21-30-101-003-0000</u>	<u>Long Term Care Property</u>	\$ <u>38,290.42</u>	\$ <u>38,290.42</u>
2. <u>21-30-101-004-0000</u>	<u>Long Term Care Property</u>	\$ <u>71,937.72</u>	\$ <u>71,937.72</u>
3. <u>21-30-101-014-0000</u>	<u>Long Term Care Property</u>	\$ <u>195,794.16</u>	\$ <u>195,794.16</u>
4. <u>21-30-101-022-0000</u>	<u>Long Term Care Property</u>	\$ <u>53,919.48</u>	\$ <u>53,919.48</u>
5. <u>21-30-101-023-0000</u>	<u>Long Term Care Property</u>	\$ <u>132,341.30</u>	\$ <u>132,341.30</u>
6. <u>10-27-319-028-0000</u>	<u>Home Office Allocation</u>	\$ <u>91,415.94</u>	\$ <u>3,731.52</u>
7. <u>10-27-319-028-0000</u>	<u>Home Office Allocation</u>	\$ <u>91,415.94</u>	\$ <u>1,895.33</u>
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u>675,114.96</u>	\$ <u>497,909.93</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 South Shore

0053751

Report Period Beginning:

01/01/15

Ending:

12/31/15

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 80,865 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 4

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

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

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

None

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

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

Nature of Costs:

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Allocated from NuCare 7257 N. Lincoln Ave</u>			<u>\$ 7,838</u>	<u>1</u>
2	<u>Allocated from Maestro 7257 N. Lincoln Ave</u>			<u>1,313</u>	<u>2</u>
3	TOTALS			\$ 9,151	3

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4				\$	\$		\$	\$	\$	4
5										5
6										6
7										7
8										8
	Improvement Type**									
9	Various		1998	78,106		20	3,905	3,905	67,001	9
10	Various		1999	88,720		20	4,436	4,436	73,767	10
11	Various		2000	72,602		20	3,630	3,630	56,870	11
12	Various		2001	45,629		20	2,281	2,281	33,392	12
13	Various		2002	11,757		20			11,757	13
14	Various		2003	16,299		20			16,299	14
15	Various		2004	62,649		20			62,649	15
16	Various		2005	10,333		20	550	550	8,920	16
17	Various		2006	72,736		20	3,549	3,549	62,927	17
18	Various		2007	176,978		20	17,306	17,306	152,329	18
19	Various		2008	131,853		20	11,460	11,460	83,657	19
20	Various		2009	477,567		20	38,120	38,120	290,676	20
21	Various		2010	138,348		20	9,051	9,051	91,976	21
22	Various		2011	211,126		20	19,935	19,935	92,419	22
23										23
24										24
25										25
26										26
27										27
28										28
29										29
30										30
31										31
32										32
33										33
34										34
35										35
36										36

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

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

See Page 12A, Line 70 for total

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37		\$	\$		\$	\$	\$	37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67								67
68								68
69								69
70								70
<u>Related Building Company (Pages 12F & 12G)</u>								
<u>Related Party Allocations (Pages 12H & 12I)</u>		182,227	5,316		4,603	(713)	69,913	
<u>Financial Statement Depreciation</u>			239,857			(239,857)		
TOTAL (lines 4 thru 69)		\$ 1,776,929	\$ 245,173		\$ 118,828	\$ (126,345)	\$ 1,174,552	

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

Facility Name & ID Number Symphony Of South Shore# 0053751

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	Totals from Page 12A, Carried Forward		\$ 1,776,929	\$ 245,173		\$ 118,828	\$ (126,345)	\$ 1,174,552	1
2	Bathroom Flooring - Ceramic	2012	6,700		20	447	447	1,787	2
3	Polar Rails In Rooms	2012	2,697		20	135	135	517	3
4	First Floor Bathroom - Ceramic Flooring	2012	7,750		20	517	517	1,981	4
5	Second Floor Bathroom - Ceramic Flooring	2012	5,500		20	367	367	1,344	5
6	Replace Boiler Pump, Switch, Gauge	2012	3,320		20	277	277	1,060	6
7	Bathroom Drywall	2012	2,600		20	260	260	910	7
8	Guard System - Security	2012	2,517		20	503	503	1,636	8
9	Belts, Heater Hose, Governor Controller, And Actuator	2012	5,409		20	541	541	1,758	9
10	Elevator Repairs	2012	2,800		20	280	280	910	10
11	Security System-Replace Dvr,Cameras,Cctv On Parking Lot & St	2013	4,878		20	976	976	2,602	11
12	Awning	2013	6,380		20	638	638	1,648	12
13	Entrance & Ramp Of Parking Garage	2013	32,575		20	2,172	2,172	5,610	13
14	Wiring For Wi-Fi	2013	7,388		20	1,478	1,478	4,063	14
15	8 Cctvs	2013	4,220		20	844	844	2,110	15
16	Divider Wall, Cabinet-Room 339, Window Sills-All Resident Room	2013	16,680		20	3,336	3,336	7,506	16
17	Install 2 Cctv Outside Facing Parking Lot	2013	3,310		20	331	331	745	17
18	Sprinkler System	2013	9,422		20	942	942	2,120	18
19	Hvac Motors & Blowers	2013	4,813		20	963	963	2,808	19
20	1St - 4Th Floors - Flooring, Light Fixtures, Paint, Cabinetry, Wall	2013	616,651		20	30,833	30,833	79,651	20
21	Elevator Repairs & 16 Led Recessed Cans	2013	5,480		20	274	274	571	21
22	Replace Lighting Balast Parking Lot Top & Mounted On Bldg. Re	2013	6,660		20	333	333	999	22
23	Boiler Repairs - 4 Ignitors And 2 Boards	2013	6,957		20	348	348	1,015	23
24	Window Replacement For Foom 208 And Window For Attic Stock	2013	2,716		20	136	136	385	24
25	Replaced Roof Outside Oxygen Room	2013	3,920		20	196	196	506	25
26	Labor & Material To Service And Replace Siemens Elevator Lines	2013	2,718		20	136	136	283	26
27	A/C Repair	2013	3,243		20	162	162	432	27
28	Tiling - Therapy Room	2013	3,302		20	165	165	344	28
29	Corner Guards For Entire 1St, 2Nd, 4Th & Part Of 3Rd Floors	2013	3,564		20	178	178	386	29
30	Lower Level Therapy Gym Countertop & Workstation	2014			20				30
31	Brackets, Window Sills In Bistro & Dining Room	2014	5,610		20	281	281	561	31
32	Cabinets, Studs, Drywall For Therapy Room	2014	2,970		20	148	148	285	32
33	Electrical Work - Therapy Room	2014	9,800		20	490	490	939	33
34	TOTAL (lines 1 thru 33)		\$ 2,579,477	\$ 245,173		\$ 167,512	\$ (77,661)	\$ 1,302,023	34

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

Facility Name & ID Number Symphony Of South Shore

0053751

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	Totals from Page 12B, Carried Forward		\$ 2,579,477	\$ 245,173		\$ 167,512	\$ (77,661)	\$ 1,302,023	1
2	Signs & Banners For Entire 1St Floor	2014	2,554		20	255	255	404	2
3	1St Fl Improv-Entire Floor Covering, Door Reface & Window	2014			20				3
4	Treatment In Resident Rooms, Surface Top In Dinnig Room	2014	139,380		20	6,969	6,969	11,034	4
5	5 Wanderguard Complete System	2014	14,754		20	738	738	1,230	5
6	1 Fire Alarm System Device, 1 Replaced Tamper Panel Trouble B	2014	7,755		20	388	388	485	6
7	Electrical Work In Parking Lot, Install New Cameras In The Park	2014	6,020		20	301	301	326	7
8	Install 10 New Security Cameras.	2014	5,170		20	1,034	1,034	1,379	8
9	Pump Repair & Replace Motor For Water Heater	2014	2,818		20	141	141	258	9
10	Repair Pipe In Dietary Area	2014	2,850		20	143	143	154	10
11	Remove & Install New Vinyl Plank & Base	2014	7,750		20	388	388	388	11
12	Commercial Water Heater	2015	7,841		20	392	392	392	12
13	Installed New Pump For Boiler	2015	4,490		20	224	224	224	13
14	Install New Recirculating Pump For Boiler	2015	4,068		20	203	203	203	14
15	Repaired Pump Valves	2015	2,794		20	140	140	140	15
16	Parking Lot Work	2015	365,310		20	18,266	18,266	18,266	16
17	Wall Mount Charging Station	2015	3,684		20	184	184	184	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)		\$ 3,156,715	\$ 245,173		\$ 197,277	\$ (47,896)	\$ 1,337,090	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		\$ 3,156,715	\$ 245,173		\$ 197,277	\$ (47,896)	\$ 1,337,090	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)	\$ 3,156,715	\$ 245,173		\$ 197,277	\$ (47,896)	\$ 1,337,090	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		\$ 3,156,715	\$ 245,173		\$ 197,277	\$ (47,896)	\$ 1,337,090	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)	\$ 3,156,715	\$ 245,173		\$ 197,277	\$ (47,896)	\$ 1,337,090	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	Building Company		\$	\$		\$	\$	\$	1
2	Buildings:								2
3									3
4									4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$	\$		\$	\$	\$	34

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

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$	\$		\$	\$	\$	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$	\$		\$	\$	\$	34

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

Facility Name & ID Number Symphony Of South Shore# 0053751

Report Period Beginning:

01/01/15

Ending:

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Related Party		\$	\$		\$	\$	\$	1
2	Buildings:								2
3	Allocated from NuCare 7257 N. Lincoln Ave	2004	70,540	1,507	35	1,679	172	24,437	3
4	Allocated from Maestro 7257 N. Lincoln Ave	2004	11,819	303	35	338	35	4,094	4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	Allocated from NuCare Services	2003	856	50	20	30	(20)	512	9
10	Allocated from NuCare Services	2004	17,387	1,010	20	579	(431)	10,200	10
11	Allocated from NuCare Services	2005	1,031	60	20	36	(24)	551	11
12	Allocated from NuCare Services	2006	1,398	81	20	49	(32)	643	12
13	Allocated from NuCare Services	2008	1,473	86	20	51	(35)	522	13
14	Allocated from NuCare Services	2009	23,720	1,379	20	824	(555)	7,641	14
15	Allocated from NuCare Services	2010	3,645	212	20	152	(60)	822	15
16	Allocated from NuCare Services	2011	197	11	20	7	(4)	47	16
17	Allocated from NuCare Services	2012	219	13	20	8	(5)	39	17
18	Allocated from NuCare Services	2014	2,742	159	20	95	(64)	197	18
19	Allocated from NuCare Services	2015	771		20	5	5	6	19
20									20
21	Allocated from NuCare 7257 N. Lincoln Ave	2015	1,112	46	20	21	(25)	25	21
22	Allocated from NuCare 7257 N. Lincoln Ave	2005	6,430	38	20	339	301	4,255	22
23	Allocated from NuCare 7257 N. Lincoln Ave	2004	1,402		20	58	58	806	23
24									24
25									25
26	Allocated from Maestro 7257 N. Lincoln Ave	2015	186	9	20	4	(5)	4	26
27	Allocated from Maestro 7257 N. Lincoln Ave	2005	1,077	8	20	68	60	713	27
28	Allocated from Maestro 7257 N. Lincoln Ave	2004	235		20	12	12	135	28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 146,240	\$ 4,972		\$ 4,355	\$ (617)	\$ 55,649	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12H, Carried Forward	\$ 146,240	\$ 4,972		\$ 4,355	\$ (617)	\$ 55,649		1
2									2
3	Leasehold Improvements:								3
4	Allocated from Maestro Consulting Services	2003 577	6	20	4	(2)	345		4
5	Allocated from Maestro Consulting Services	2004 11,709	113	20	78	(35)	6,869		5
6	Allocated from Maestro Consulting Services	2005 694	7	20	5	(2)	371		6
7	Allocated from Maestro Consulting Services	2006 941	9	20	7	(2)	433		7
8	Allocated from Maestro Consulting Services	2008 992	10	20	7	(3)	352		8
9	Allocated from Maestro Consulting Services	2009 15,973	155	20	111	(44)	5,146		9
10	Allocated from Maestro Consulting Services	2010 2,455	24	20	20	(4)	553		10
11	Allocated from Maestro Consulting Services	2011 133	1	20	1		32		11
12	Allocated from Maestro Consulting Services	2012 148	1	20	1		26		12
13	Allocated from Maestro Consulting Services	2014 1,846	18	20	13	(5)	133		13
14	Allocated from Maestro Consulting Services	2015 519		20	1	1	4		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)	\$ 182,227	\$ 5,316		\$ 4,603	\$ (713)	\$ 69,913		34

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

Facility Name & ID Number Symphony Of South Shore

0053751

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	\$ 739,979	\$ 5,473	\$ 71,644	\$ 66,171	10	\$ 548,482	71
72	Current Year Purchases	61,355	757	5,098	4,341	10	5,809	72
73	Fully Depreciated Assets	721,495		99	99	10	721,495	73
74								74
75	TOTALS	\$ 1,522,828	\$ 6,230	\$ 76,841	\$ 70,611		\$ 1,275,786	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76		Allocated from NuCare Services (2015	\$ 648	\$ 38	\$ 63	\$ 25	5	\$ 648	76
77		Allocated from Maestro Consultir	2015	436	4	8	4	5	436	77
78										78
79										79
80	TOTALS			\$ 1,084	\$ 42	\$ 71	\$ 29		\$ 1,084	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)	\$ 4,689,779	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 251,445	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 274,189	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 22,744	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 2,613,960	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

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

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

Facility Name & ID Number

Symphony Of South Shore

0053751

Report Period Beginning:

01/01/15

Ending:

12/31/15

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

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

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

If NO, see instructions.

YES NO

	1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building: 1998	248		\$ 1,388,421			3
4	Additions						4
5	Allocated from NuCare			2,791			5
6							6
7	TOTAL	248		\$ 1,391,212			7

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

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

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

12.	<u>/2016</u>	\$ _____
13.	<u>/2017</u>	\$ _____
14.	<u>/2018</u>	\$ _____

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

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

9. Option to Buy: YES NO Terms: _____ *

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

15. Is Movable equipment rental included in building rental?

YES NO

16. Rental Amount for movable equipment: \$ 57,091

Description: See Attached Schedule

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Facility	Ford Transit Van	\$ 919.00	\$ 3,203	17
18	Allocated from NuCare Services			6,933	18
19	Allocated from Maestro Consulting Services			684	19
20					20
21	TOTAL		\$ 919.00	\$ 10,820	21

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

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

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39 - 03	hrs	\$		\$ 1,020,498	\$		\$ 1,020,498	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			218,645			218,645	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			1,045,422			1,045,422	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				499,962		499,962	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>					269,183	212,417		481,600	13
14	TOTAL			\$		\$ 2,553,748	\$ 712,379		\$ 3,266,127	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 South Shore# 0053751Report 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*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 2,000	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	3,241,807		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	3,468		6
7	Other Prepaid Expenses	94,419		7
8	Accounts Receivable (owners or related parties)	5,214		8
9	Other(specify):	84,336		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,431,244	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	14,160		16
17	Accumulated Depreciation (book methods)	(94)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):	13,472		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 27,538	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 3,458,782	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,959,044	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	560,000		29
30	Accrued Salaries Payable	414,608		30
31	Accrued Taxes Payable (excluding real estate taxes)	91,803		31
32	Accrued Real Estate Taxes(Sch.IX-B)	86,150		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See Attached Schedule	101,322		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,212,927	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 3,212,927	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 245,855	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 3,458,782	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$	1
2	Restatements (describe):		2
3	Adjustment for change in ownership	(5,539,174)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (5,539,174)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	5,785,029	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 5,785,029	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 245,855	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Symphony Of South Shore# 0053751Report Period Beginning: 01/01/15

Ending:

12/31/15**XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.****Note: This schedule should show gross revenue and expenses. Do not net revenue against expense**

1

I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 21,775,780	1
2	Discounts and Allowances for all Levels	(350,731)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 21,425,049	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,077,356	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,077,356	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	9,287	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	9	19
20	Radiology and X-Ray	220	20
21	Other Medical Services	3,283	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 12,799	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	440	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 440	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Supplemental Schedule	3,820,931	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 3,820,931	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 26,336,575	30

2

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,280,498	31
32	Health Care	6,910,214	32
33	General Administration	5,070,474	33
B. Capital Expense			
34	Ownership	2,236,680	34
C. Ancillary Expense			
35	Special Cost Centers	3,400,149	35
36	Provider Participation Fee	653,531	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 20,551,546	40
41	Income before Income Taxes (line 30 minus line 40)**	5,785,029	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 5,785,029	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 10,104,687	44
45	Private Pay - Net Inpatient Revenue	746,237	45
46	Medicare - Net Inpatient Revenue	8,490,828	46
47	Other-(specify) <u>Managed Care</u>	1,692,849	47
48	Other-(specify) <u>Hospice</u>	390,448	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 21,425,049	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 South Shore

0053751

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	1,038	1,243	\$ 73,255	\$ 58.93	1
2	Assistant Director of Nursing	2,806	3,535	150,346	42.53	2
3	Registered Nurses	44,966	48,482	1,619,771	33.41	3
4	Licensed Practical Nurses	75,145	79,066	2,151,383	27.21	4
5	CNAs & Orderlies	152,264	164,037	1,843,775	11.24	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	6,292	6,978	86,040	12.33	8
9	Activity Director	2,206	2,339	51,934	22.20	9
10	Activity Assistants	3,348	3,653	43,101	11.80	10
11	Social Service Workers	7,326	8,188	204,448	24.97	11
12	Dietician					12
13	Food Service Supervisor	3,900	4,257	96,044	22.56	13
14	Head Cook	6,278	6,645	85,924	12.93	14
15	Cook Helpers/Assistants	21,909	23,682	244,395	10.32	15
16	Dishwashers					16
17	Maintenance Workers	3,854	4,016	96,675	24.07	17
18	Housekeepers	21,360	23,179	260,298	11.23	18
19	Laundry	14,871	16,207	181,520	11.20	19
20	Administrator	1,917	1,951	184,886	94.76	20
21	Assistant Administrator	1,391	1,493	55,404	37.11	21
22	Other Administrative					22
23	Office Manager	1,850	1,910	44,077	23.08	23
24	Clerical	9,236	9,901	168,904	17.06	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	1,078	1,150	32,487	28.25	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>	3,965	4,457	119,449	26.80	33
34	TOTAL (lines 1 - 33)	387,000	416,369	\$ 7,794,116 *	\$ 18.72	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	588	\$ 27,655	01-03	35
36	Medical Director	Monthly	18,370	09-03	36
37	Medical Records Consultant				37
38	Nurse Consultant		7,798	10-03	38
39	Pharmacist Consultant	Monthly	24,518	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant		35,767	10a-03	42
43	Speech Therapy Consultant				43
44	Activity Consultant	48	2,640	11-03	44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	636	\$ 116,748		49

C. CONTRACT NURSES

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses			50
51	Licensed Practical Nurses			51
52	Certified Nurse Assistants/Aides			52
53	TOTAL (lines 50 - 52)		\$	53

Facility Name & ID Number Symphony Of South Shore

0053751

Report Period Beginning: 01/01/15

Ending: 12/31/15

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	
<u>Ebony Scott</u>	<u>Administrator</u>	<u>0.00%</u>	<u>\$ 184,886</u>	<u>Workers' Compensation Insurance</u>	<u>\$ 311,280</u>	<u>IDPH License Fee</u>	<u>\$</u>	
<u>Laura A. Aranda</u>	<u>Assistant Admin</u>	<u>0.00%</u>	<u>55,404</u>	<u>Unemployment Compensation Insurance</u>	<u>269,334</u>	<u>Advertising: Employee Recruitment</u>	<u>523</u>	
				<u>FICA Taxes</u>	<u>585,803</u>	<u>Health Care Worker Background Check</u>	<u>9,296</u>	
				<u>Employee Health Insurance</u>	<u>386,504</u>	<u>(Indicate # of checks performed <u>930</u>)</u>		
				<u>Employee Meals</u>	<u>26,572</u>	<u>Patient Background Checks</u>	<u>650</u>	
				<u>Illinois Municipal Retirement Fund (IMRF)*</u>		<u>Dues and Subscription</u>	<u>21,592</u>	
				<u>Pension Plan</u>	<u>30,026</u>	<u>License and Permits</u>	<u>12,854</u>	
				<u>Employee Physical Exams</u>	<u>12,870</u>	<u>Allocated from NuCare Services</u>	<u>9,784</u>	
				<u>Other Employee Benefits</u>	<u>24,658</u>	<u>Allocated from Maestro Consulting</u>	<u>3,302</u>	
TOTAL (agree to Schedule V, line 17, col. 1)								
(List each licensed administrator separately.)								
			\$ 240,290					
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
<u>NuCare Services Corp - Bookkeeping Fees</u>	<u>\$ 937,154</u>						<u>Out-of-State Travel</u>	<u>\$</u>
<u>Maestro Consulting Services - Bookkeeping Fees</u>	<u>178,910</u>							
							<u>In-State Travel</u>	
TOTAL (agree to Schedule V, line 17, col. 3)				TOTAL (agree to Schedule V, line 22, col.8)			TOTAL (agree to Sch. V, line 20, col. 8)	
(Attach a copy of any management service agreement)				\$ 1,647,045			\$ 63,851	
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
<u>FR&R/Marcum LLP</u>	<u>Accounting</u>	<u>\$ 940</u>					<u>Out-of-State Travel</u>	<u>\$</u>
<u>Achieve Accreditation</u>	<u>Quality Improvmt/Credent.</u>	<u>13,623</u>						
<u>Engineering Resources</u>	<u>Topographical Plan</u>	<u>10,079</u>						
<u>First Real Estate Services</u>	<u>Real Estate Appraisal</u>	<u>3,250</u>					<u>In-State Travel</u>	
<u>Personnel Planners</u>	<u>Unemployment Tax Consult</u>	<u>22,317</u>						
<u>Responsive Translation</u>	<u>Translation</u>	<u>52</u>						
<u>Gremley & Biedermann</u>	<u>Survey</u>	<u>1,010</u>						
<u>Stone, McGuire & Siegel</u>	<u>Compliance Audit</u>	<u>405</u>					<u>Seminar Expense</u>	<u>33,947</u>
<u>RFMS</u>	<u>Cost Management</u>	<u>5,605</u>					<u>Allocated from NuCare Services Corp</u>	<u>1,375</u>
<u>See Attached</u>	<u>Legal</u>	<u>83,769</u>					<u>Allocated from Maestro Consulting Serv</u>	<u>1,862</u>
<u>Wescom Solutions</u>	<u>Data Processing</u>	<u>20,256</u>						
<u>See Supplemental Schedule</u>		<u>70,118</u>					<u>Entertainment Expense</u>	<u>(</u>
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL			(agree to Sch. V, line 24, col. 8)	
(For legal fee disclosure, see page 39 of instructions)				\$			\$ 37,184	
			\$ 231,423					

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Symphony Of South Shore# 0053751

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. IL Council on LTC \$31,272
- (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 at South Shore IDPH # 0042085
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 548,598
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. \$ 26,572 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
c. What percent of all travel expense relates to transportation of nurses and patients? 100% Ln 14
d. Have vehicle usage logs been maintained? N/A
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? No
g. Does the facility transport residents to and from day training? N/A
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.