

Facility Name & ID Number McKinley Court

0051821 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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	150	Skilled (SNF)	150	54,900	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	150	TOTALS	150	54,900	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	15,385	7,271	23,994	46,650	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	15,385	7,271	23,994	46,650	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 84.97%

D. How many bed-hold days during this year were paid by the Department?

N/A (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

Note : Non-allowable costs have been eliminated in Schedule V, Column 7.

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 01/01/2012

J. Was the facility purchased or leased after January 1, 1978?

YES Date 12/31/2011 NO

K. Was the facility certified for Medicare during the reporting year?

YES NO If YES, enter number of beds certified 150 and days of care provided 9,694

Medicare Intermediary Wisconsin Physician Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/2016 Fiscal Year: 12/31/2016

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

Facility Name & ID Number McKinley Court # 0051821 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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	308,459	54,662	10,878	373,999		373,999		373,999		1
2	Food Purchase		315,016		315,016		315,016		315,016		2
3	Housekeeping	214,064	46,691		260,755		260,755		260,755		3
4	Laundry	107,177	29,691	502	137,370		137,370		137,370		4
5	Heat and Other Utilities			135,405	135,405		135,405	1,552	136,957		5
6	Maintenance	49,235	906	183,922	234,063		234,063	17,430	251,493		6
7	Other (specify):* Mgmt. Co. Benefits							2,544	2,544		7
8	TOTAL General Services	678,935	446,966	330,707	1,456,608		1,456,608	21,526	1,478,134		8
	B. Health Care and Programs										
9	Medical Director			57,000	57,000		57,000		57,000		9
10	Nursing and Medical Records	2,888,131	129,545	68,621	3,086,297		3,086,297	97,877	3,184,174		10
10a	Therapy	15,496			15,496		15,496		15,496		10a
11	Activities	66,093		5,228	71,321		71,321		71,321		11
12	Social Services	56,549		2,874	59,423		59,423		59,423		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Mgmt. Co. Benefits							15,195	15,195		15
16	TOTAL Health Care and Programs	3,026,269	129,545	133,723	3,289,537		3,289,537	113,072	3,402,609		16
	C. General Administration										
17	Administrative	121,691		573,560	695,251		695,251	(545,678)	149,573		17
18	Directors Fees										18
19	Professional Services			273,003	273,003		273,003	(44,200)	228,803		19
20	Dues, Fees, Subscriptions & Promotions			18,824	18,824		18,824	8,045	26,869		20
21	Clerical & General Office Expenses	304,678	41,978	103,092	449,748		449,748	235,113	684,861		21
22	Employee Benefits & Payroll Taxes			858,010	858,010		858,010		858,010		22
23	Inservice Training & Education										23
24	Travel and Seminar			635	635		635	969	1,604		24
25	Other Admin. Staff Transportation			9,653	9,653		9,653	2,255	11,908		25
26	Insurance-Prop.Liab.Malpractice			260,349	260,349		260,349	2,637	262,986		26
27	Other (specify):* Mgmt. Co. Benefits							35,119	35,119		27
28	TOTAL General Administration	426,369	41,978	2,097,126	2,565,473		2,565,473	(305,740)	2,259,733		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,131,573	618,489	2,561,556	7,311,618		7,311,618	(171,142)	7,140,476		29

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

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

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY	
		Salary/Wage	Supplies	Other	Total					9	10
	D. Ownership	1	2	3	4	5	6	7	8		
30	Depreciation			98,705	98,705		98,705	3,997	102,702		30
31	Amortization of Pre-Op. & Org.										31
32	Interest			82,209	82,209		82,209	2,592	84,801		32
33	Real Estate Taxes			128,970	128,970		128,970	54,589	183,559		33
34	Rent-Facility & Grounds			1,682,339	1,682,339		1,682,339	4,722	1,687,061		34
35	Rent-Equipment & Vehicles			102,889	102,889		102,889	4,391	107,280		35
36	Other (specify):*										36
37	TOTAL Ownership			2,095,112	2,095,112		2,095,112	70,291	2,165,403		37
	Ancillary Expense										
	E. Special Cost Centers										
38	Medically Necessary Transportation			11,517	11,517		11,517		11,517		38
39	Ancillary Service Centers		274,124	1,479,000	1,753,124		1,753,124		1,753,124		39
40	Barber and Beauty Shops										40
41	Coffee and Gift Shops										41
42	Provider Participation Fee			306,625	306,625		306,625		306,625		42
43	Other (specify):* Non-Allowable Cos	159,045		889,540	1,048,585		1,048,585	(1,048,585)			43
44	TOTAL Special Cost Centers	159,045	274,124	2,686,682	3,119,851		3,119,851	(1,048,585)	2,071,266		44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,290,618	892,613	7,343,350	12,526,581		12,526,581	(1,149,436)	11,377,145		45

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

Facility Name & ID Number **McKinley Court**

0051821

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(40,464)	43		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	3	30		9
10	Interest and Other Investment Income	(734)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(3,749)	43		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(11,535)	43		18
19	Entertainment				19
20	Contributions	(13,075)	43		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(606,565)	43		24
25	Fund Raising, Advertising and Promotional	(6,951)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(10,214)	43		28
29	Other-Attach Schedule See Page 5A	(379,646)	Var.		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (1,072,930)		\$	30

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(76,506)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (76,506)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (1,149,436)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1	2	3	4	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.		X	\$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44						44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

BHF USE ONLY							
48		49		50		51	

McKinley Court

ID# 0051821

Report Period Beginning: 01/01/2016

Ending: 12/31/2016

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Nonallowable marketing events	\$ (111,013)	43	1
2	Laboratory Costs	(791)	43	2
3	X-Ray Costs	(85,077)	43	3
4	Marketing Salary	(3,828)	43	4
5	Theft and Damages Loss	(106)	43	5
6	Greater Decatur Chamber of Commerce	(3,553)	20	6
7	Legal Expenses	(48)	19	7
8	Admission	(28,646)	43	8
9	Non Allowable collection fees	(20,013)	19	9
10	Non Allowable Guest & Community Relations	(126,571)	43	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
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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	(379,646)		49

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	N/A						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		\$			\$	\$ * 0	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	19 Professional Services-Other	\$ 1,293	Symphony Financial Services, LLC	100%	\$ (1,293)	15	
16	V	21 Clerical & General Office Exp		Symphony Financial Services, LLC	100%	29,120	16	
17	V	24 Travel & Seminar		Symphony Financial Services, LLC	100%	59	17	
18	V	30 Depreciation		Symphony Financial Services, LLC	100%	2,600	18	
19	V	32 Interest		Symphony Financial Services, LLC	100%	3,326	19	
20	V	34 Rent-Facility & Grounds		Symphony Financial Services, LLC	100%	199	20	
21	V	35 Rent-Equipment & Vehicles		Symphony Financial Services, LLC	100%	1	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		\$ 1,293			\$ 35,305	\$ * 34,012	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	<u>5</u> Utilities	\$	Maestro Consulting Services	100%	\$ 1,552	\$ 1,552 15
16	V	<u>6</u> Maintenance Salaries		Maestro Consulting Services	100%	14,210	14,210 16
17	V	<u>6</u> Maintenance Expenses		Maestro Consulting Services	100%	3,220	3,220 17
18	V	<u>7</u> Employee Benefits - Maintenance		Maestro Consulting Services	100%	2,544	2,544 18
19	V	<u>10</u> Clinical Salaries		Maestro Consulting Services	100%	97,877	97,877 19
20	V	<u>15</u> Employee Benefits - Clinical		Maestro Consulting Services	100%	15,195	15,195 20
21	V	<u>17</u> Administrative Salaries	573,560	Maestro Consulting Services	100%	27,882	(545,678) 21
22	V	<u>19</u> Professional Fees		Maestro Consulting Services	100%	28,277	28,277 22
23	V	<u>20</u> Dues, Fees, Subscriptions, etc.		Maestro Consulting Services	100%	11,598	11,598 23
24	V	<u>21</u> Clerical & General Salaries		Maestro Consulting Services	100%	183,183	183,183 24
25	V	<u>21</u> Clerical & General Expenses		Maestro Consulting Services	100%	22,810	22,810 25
26	V	<u>24</u> Seminars And Education		Maestro Consulting Services	100%	910	910 26
27	V	<u>25</u> Transportation		Maestro Consulting Services	100%	2,255	2,255 27
28	V	<u>26</u> Insurance		Maestro Consulting Services	100%	2,637	2,637 28
29	V	<u>27</u> Employee Benefits - Administrative		Maestro Consulting Services	100%	35,119	35,119 29
30	V	<u>30</u> Depreciation		Maestro Consulting Services	100%	1,394	1,394 30
31	V	<u>33</u> Real Estate Tax		Maestro Consulting Services	100%	3,466	3,466 31
32	V	<u>34</u> Building Rental		Maestro Consulting Services	100%	4,523	4,523 32
33	V	<u>35</u> Equipment Rental		Maestro Consulting Services	100%	1,955	1,955 33
34	V	<u>35</u> Auto Lease		Maestro Consulting Services	100%	2,435	2,435 34
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 573,560			\$ 463,042	\$ * (110,518) 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	6 Maintenance	\$ 385	Integra Healthcare Equipment, LLC		\$ 385	\$	15	
16	V	10 Nursing and Medical Records	2,168	Integra Healthcare Equipment, LLC		2,168		16	
17	V	35 Rent-Equipment & Vehicles	29,612	Integra Healthcare Equipment, LLC		29,612		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		\$ 32,165			\$ 32,165	\$ *	0	39

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

Facility Name & ID Number

McKinley Court

0051821

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	Debra Hartman	24.50	Symphony Aspen Ridge, LLC D/B/A Symphony	Decatur	Symphony Healthcare	Lincolnwood	Sub Lessor	1
2	Hartman Family Fdn	4.50	Symphony Countryside, LLC D/B/A Countrysid	Aurora	Symphony M.L., LLC	Lincolnwood	Main Lessor	2
3	Hartman Dynasty Trust	4.50	Symphony Crestwood, LLC D/B/A Symphony of	Crestwood	Symphony HMG, LLC	Lincolnwood	Sub Lessor	3
4	Mark Hartman	4.50	Symphony Deerbrook, LLC D/B/A Symphony of	Joliet	Symphony Financial S	Lincolnwood	Mgmt Co.	4
5	Julie Thomas	4.50	Symphony Maple Crest, LLC D/B/A Maple Cres	Belvidere	Maestro Consulting Se	Lincolnwood	Mgmt. Co.	5
6	Rena Dickman	4.50	Symphony Maple Ridge, LLC D/B/A Symphony	Lincoln				6
7	Robert Hartman	4.00	Symphony McKinley, LLC D/B/A McKinley Co	Decatur				7
8	Jack Hartman	3.00	Symphony Northwoods, LLC D/B/A Northwood	Belvidere				8
9	Joseph Hartman	3.00	Symphony Evanston Healthcare	Evanston				9
10	David J. Hartman	20.00	Symphony of Dyer	Indiana				10
11	Jay Flatt	3.00	Symphony of Crown Point	Indiana	Nucare Services	Lincolnwood	Bookkeeping Mgmt	11
12	Gerry Jenich	10.00	Symphony of Chesterton	Indiana	7257 N. Lincoln Ave, I	Lincolnwood	Building Rental	12
13	IBEX Mgmt Svces, LLC	10.00			Diamond Insurance	Northbrook	Work Comp Ins.	13
14					Mapleleaf Insurance	Grand Cayman	Liability/Work Com	14
15			California Gardens Corp.	Chicago	Seasons Hospice	Park Ridge	Hospice *	15
16			Monroe Pavillion	Chicago	JLR Financial Svcs. C	Lincolnwood	Management Co.	16
17			Sycamore Village	Swansea	KFT Services, LLC	Lincolnwood	Management Co. **	17
18			Symphony of Aria	Hillside	Drake Louis Enterpris	Lincolnwood	Management Co. **	18
19			Symphony at 87th Street	Chicago	Integra Healthcare Eq	Elmhurst	DME & Med. Suppl	19
20			Symphony at Midway	Chicago	Lifeline Ambulance, L	Chicago	Ambulance	20
21			Symphony at Tillers	Oswego	Integra Respiratory Se	Elmhurst	Respiratory Service	21
22			Symphony at Bronzeville	Chicago	Lifemed Pharmacy	Bensenville	Pharmacy	22
23			Symphony of Buffalo Grove	Buffalo Grove	ConcertoHealth	Chicago	Clinical Services	23
24			Symphony of Chicago West	Chicago				24
25			Symphony of Glendale	Glendale, Wiscosin	* No expense paid by home to the related			25
26			Symphony of Hanover Park	Hanover Park	entity, therefore no page 6 or 8.			26
27			Symphony of Lincoln Park	Chicago	** No expense of this related business			27
28			Symphony of Morgan Park	Chicago	allocated to homes			28
29			Symphony of South Shore	Chicago				29
30			Symphony Residences of Lincoln Park	Chicago				30

Facility Name & ID Number McKinley Court # 0051821 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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	No owners receive compensation from this facility.			0.00					\$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13								TOTAL	\$	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 McKinley Court

0051821 Report Period Beginning: 01/01/2016

Ending: 2/31/2016

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 Symphony Financial Services, LLC
 Street Address 7257 N. Lincoln Ave
 City / State / Zip Code Lincolnwood, IL 60712
 Phone Number (847) 933-2600
 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	19	Professional Services-Other	Occupied Bed Days	502,430	12	\$ (13,929)	\$ 46,650	\$ (1,293)	1
2	21	Clerical & General Office Exp	Occupied Bed Days	502,430	12	313,631	46,650	29,120	2
3	24	Travel & Seminar	Occupied Bed Days	502,430	12	638	46,650	59	3
4	30	Depreciation	Occupied Bed Days	502,430	12	28,003	46,650	2,600	4
5	32	Interest	Occupied Bed Days	502,430	12	35,825	46,650	3,326	5
6	34	Rent-Facility & Grounds	Occupied Bed Days	502,430	12	2,143	46,650	199	6
7	35	Rent-Equipment & Vehicles	Occupied Bed Days	502,430	12	14	46,650	1	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					\$ 366,325	\$	\$ 34,012	25

Facility Name & ID Number McKinley Court

0051821

Report Period Beginning:

01/01/2016

Ending: 2/31/2016

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
 Street Address 7257 N. Lincoln Ave
 City / State / Zip Code Lincolnwood, IL 60712
 Phone Number (847) 933-2600
 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	5	Utilities	Bed Days Available	1,836,222	28	\$ 51,919	\$ 54,900	\$ 1,552	1	
2	6	Maintenance Salaries	Bed Days Available	1,836,222	28	475,288	475,288	54,900	14,210	2
3	6	Maintenance Expenses	Bed Days Available	1,836,222	28	107,711		54,900	3,220	3
4	7	Employee Benefits - Maintenance	Bed Days Available	1,836,222	28	85,090		54,900	2,544	4
5	10	Clinical Salaries	Bed Days Available	1,836,222	28	3,273,643	3,273,643	54,900	97,877	5
6	15	Employee Benefits - Clinical	Bed Days Available	1,836,222	28	508,220		54,900	15,195	6
7	17	Administrative Salaries	Bed Days Available	1,836,222	28	932,558	932,558	54,900	27,882	7
8	19	Professional Fees	Bed Days Available	1,836,222	28	945,768		54,900	28,277	8
9	20	Dues, Fees, Subscriptions, etc.	Bed Days Available	1,836,222	28	387,900		54,900	11,598	9
10	21	Clerical & General Salaries	Bed Days Available	1,836,222	28	6,126,863	6,126,863	54,900	183,183	10
11	21	Clerical & General Expenses	Bed Days Available	1,836,222	28	762,920		54,900	22,810	11
12	24	Seminars And Education	Bed Days Available	1,836,222	28	30,439		54,900	910	12
13	25	Transportation	Bed Days Available	1,836,222	28	75,434		54,900	2,255	13
14	26	Insurance	Bed Days Available	1,836,222	28	88,214		54,900	2,637	14
15	27	Employee Benefits - Administrativ	Bed Days Available	1,836,222	28	1,174,614		54,900	35,119	15
16	30	Depreciation	Bed Days Available	1,836,222	28	46,621		54,900	1,394	16
17	33	Real Estate Tax	Bed Days Available	1,836,222	28	115,912		54,900	3,466	17
18	34	Building Rental	Bed Days Available	1,836,222	28	151,288		54,900	4,523	18
19	35	Equipment Rental	Bed Days Available	1,836,222	28	65,399		54,900	1,955	19
20	35	Auto Lease	Bed Days Available	1,836,222	28	81,453		54,900	2,435	20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 15,487,254	\$ 10,808,352	\$ 463,042		25

Facility Name & ID Number McKinley Court

0051821 Report Period Beginning: 01/01/2016

Ending: 2/31/2016

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	6	Maintenance	Direct Allocation		\$	\$		\$ 385	1
2	10	Nursing and Medical Records	Direct Allocation					2,168	2
3	35	Rent-Equipment & Vehicles	Direct Allocation					29,612	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				\$	\$		\$ 32,165	25

Facility Name & ID Number McKinley Court

0051821

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

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																				
2																				
3																				
4																				
5																				
Working Capital																				
6	The Private Bank		X	Line of Credit	Interest Only	12/30/2011	17,520,000	2,893,432	4/22/2017	0.0450	82,209									
7																				
8																				
9	TOTAL Facility Related						\$ 17,520,000	\$ 2,893,432			\$ 82,209									
B. Non-Facility Related*																				
10																				
11																				
12																				
13																				
14	TOTAL Non-Facility Related										\$ 2,592									
15	TOTALS (line 9+line14)						\$ 17,520,000	\$ 2,893,432			\$ 84,801									

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ N/A 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.)

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 2015 report.			\$	89,000	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.)	2015		\$	123,470	2
3. Under or (over) accrual (line 2 minus line 1).			\$	34,470	3
4. Real Estate Tax accrual used for 2016 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	94,500	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.)			\$	51,123	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.)		Alloc. Fr. Mgmt Co.		3,466	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	183,559	7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2011	87,935	8	FOR BHF USE ONLY	
	2012	88,070	9	13	FROM R. E. TAX STATEMENT FOR 2015 \$
	2013	86,201	10	14	PLUS APPEAL COST FROM LINE 5 \$
	2014	84,714	11	15	LESS REFUND FROM LINE 6 \$
	2015	123,470	12	16	AMOUNT TO USE FOR RATE CALCULATION \$
2016 Tax Accrual = \$84,714 x 1.115 = 94,456; Use \$94,500					

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.

2015 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Symphony McKinley, LLC D/B/A McKinley Court COUNTY Macon

FACILITY IDPH LICENSE NUMBER 0051821

CONTACT PERSON REGARDING THIS REPORT David Davis

TELEPHONE (847) 745-6205 FAX #: (847) 673-2284

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2015 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 2015.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>04-12-03-251-015</u>	<u>Nursing Home</u>	\$ <u>123,470.44</u>	\$ <u>123,470.44</u>
2. <u>10-27-319-028-0000</u>	<u>Land & Property Mgmt. Co.</u>	\$ <u>95,270.31</u>	\$ <u>3,466.00</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	TOTALS	\$ <u><u>218,740.75</u></u>	\$ <u><u>126,936.44</u></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 2015 tax bills which were listed in Section A to this statement. Be sure to use the 2015 tax bill which is normally paid during 2016.

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 McKinley Court

0051821

Report Period Beginning:

01/01/2016 Ending:

12/31/2016

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 60,100 B. General Construction Type: Exterior Brick Frame Wood Number of Stories 1

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)

List entity name, type of business, square footage, and number of beds/units available (where applicable).

N/A

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES NO

If so, please complete the following:

1. Total Amount Incurred: N/A 2. Number of Years Over Which it is Being Amortized: N/A

3. Current Period Amortization: N/A 4. Dates Incurred: N/A

Nature of Costs:

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

XI. OWNERSHIP COSTS:

A. Land.

Table with 5 columns: Use, Square Feet, Year Acquired, Cost, and a final column with values 1, 2, 3. Row 1: Alloc Fr Maestro 7257, -, 2004, \$ 4,784, 1. Row 2: (blank), (blank), (blank), (blank), 2. Row 3: TOTALS, (blank), (blank), \$ 4,784, 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				\$	\$		\$	\$	\$	
5										
6										
7										
8	Allocated from Maestro 7257	2004		43,054		39	1,104	1,104	16,145	
	Improvement Type**									
9	Wiring Data Cables		2013	6,612	330	20	330		1,212	
10	Remodeling - Custom Built Cabinetry & Millwork		2013	61,400	3,070	20	3,070		9,466	
11	-Lobby, reception area and activity room									
12										
13	Remodeling - Drywall/Demo/Carpentry - Lobby/Activity Room		2013	3,000	150	20	150		463	
14										
15	Remodeling - Painting/Wallcovering		2013	34,545	3,455	10	3,455		10,652	
16	-Lobby, reception area and activity room									
17										
18	Remodeling - Electrical and plumbing		2013	4,271	213	20	213		658	
19	-Lobby, reception area and activity room									
20										
21	Remodeling - Flooring		2013	30,397	1,520	20	1,520		4,686	
22	-Lobby, Vestibule, reception area and activity room									
23										
24	Remodeling - General Contract & Architecture		2013	20,960	1,048	20	1,048		3,231	
25	-Lobby, Vestibule, Courtyard, reception area and activity room									
26										
27										
28	Facility Remodeling		2014	384,168	22,752	5-20	22,752		58,763	
29	-General contractors fees (Throughout Facility)									
30	-Custom millwork: Reception Area, Activity Room,									
31	Coffee Station & Nurses' Station									
32	-Electrical: Install New Gable Light on Front of Entrance									
33	-Floor covering: Activity Room									
34	-Ceramic tile: Activity Room									
35										
36										

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number McKinley Court

0051821

Report Period Beginning:

01/01/2016 Ending: 12/31/2016

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	
37	Continued from Page 12		\$	\$		\$	\$	\$	37
38	-Demo/carpentry/drywall (Throughout Facility)								38
39	-Interior painting/wall paper: Hallway								39
40	-Relocated Electrical for New Nurses' Stations (North & South)								40
41	-Plumbing: Shower Room								41
42	-Floor coverings (Plank/Base): Cooridors & All Resident Rooms								42
43	-Wall coverings: Hallways								43
44	-Gazebo (Exterior)								44
45	-Interior painting (5 Offices, Dining Room & 5 Resident Rooms)								45
46	-Electrical: Lighting Upgrade for Court Yard; Removed Sconces								46
47	-Floor coverings (Plank/Base): Cooridors & All Resident Rooms								47
48	-Landscaping								48
49	-Asphalt Patching: Parking Lot								49
50	-Interior painting: Barber Shop, Dining Room & 3 Resident Room								50
51	-Electrical: Sconces in Main Hall; Lights in Shower Rooms								51
52	-Window treatments: Dining Room, Therapy Room, Bistro								52
53	Doctor's Office, Admin. Office, Resident Rooms: 312, 313								53
54	314, 316, 318, 305, 306, 307, 308, 315, 301, 302, 303, 304, 309								54
55	310, 311 & 320								55
56	-Doors: Saddle Threshold & Clear Temp. Glass - Exterior								56
57	-Telephone system/Data Module (Throughout Facility)								57
58	-Plumbing: Hot Water on North & South; Valve in Kitchen								58
59									59
60	Phone system throughout the facility	2015	39,813	7,962	5	7,962		8,626	60
61									61
62	Cisco direct system throughout the facility	2016	11,493	2,107	5	2,107		2,107	62
63									63
64	Star2Star Communications System throughout the facility	2016	5,213	869	5	869		869	64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 644,926	\$ 43,476		\$ 44,580	\$ 1,104	\$ 116,878	70

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 644,926	\$ 43,476		\$ 44,580	\$ 1,104	\$ 116,878	1
2	Allocated from Maestro Consulting Services	2003	350		20			230	2
3	Allocated from Maestro Consulting Services	2004	7,110		20			4,524	3
4	Allocated from Maestro Consulting Services	2005	422		20			250	4
5	Allocated from Maestro Consulting Services	2006	572		20			296	5
6	Allocated from Maestro Consulting Services	2008	602		20			249	6
7	Allocated from Maestro Consulting Services	2009	9,698		20			3,690	7
8	Allocated from Maestro Consulting Services	2010	1,491		20			485	8
9	Allocated from Maestro Consulting Services	2011	81		20			24	9
10	Allocated from Maestro Consulting Services	2012	90		20			21	10
11	Allocated from Maestro Consulting Services	2014	1,121		20			146	11
12	Allocated from Maestro Consulting Services	2015	315		20			21	12
13	Allocated from Maestro Consulting Services	2016	1,382		20	54	54	54	13
14									14
15	Allocated from Maestro 7257	2004	856		10			535	15
16	Allocated from Maestro 7257	2005	3,924		10	28	28	2,738	16
17	Allocated from Maestro 7257	2015	679		15	64	64	60	17
18									18
19									19
20	Tie to book depreciation			(3)			3		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)		\$ 673,619	\$ 43,473		\$ 44,726	\$ 1,253	\$ 130,201	34

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

Facility Name & ID Number McKinley Court

0051821

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

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	\$ 289,751	\$ 50,715	\$ 50,715	\$ -	5-7	\$ 152,355	71
72	Current Year Purchases	18,251	3,102	3,102	-	5	3,102	72
73	Fully Depreciated Assets				-			73
74	See Sch 13A	68,849	-	2,744	2,744		60,947	74
75	TOTALS	\$ 376,851	\$ 53,817	\$ 56,561	\$ 2,744		\$ 216,404	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	Facility use	2009 Ford	2014	\$ 9,904	\$ 1,415	\$ 1,415	\$ -	7	\$ 3,419	76
77	Allocated from Maestro Consulting Services			265	-		-		265	77
78					-	-	-			78
79					-	-	-			79
80	TOTALS			\$ 10,169	\$ 1,415	\$ 1,415	\$ -		\$ 3,684	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)	\$ 1,065,423	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 98,705	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 102,702	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 3,997	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 350,289	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	N/A	\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92	N/A	\$	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: McKinley Court
IDPH License ID Number: 0051821
Fiscal Year End: 12/31/2016

Schedule 13A

XI. Ownership Costs

Line 74 - Equipment Costs - Excluding Transportation

Category of Equipment	Cost		Current Book Depreciation	Straight Line Depreciation	Adjustments	Component Life	Accumulated Depreciation
Allocated from Symphony Financial Services, LLC	15,906			2,600	2,600	5-7	8,982
Allocated from Maestro Consulting Services	52,943			144	144	5-10	51,965
					-		
TOTAL	68,849		-	2,744	2,744		60,947

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Diana Master Landlord, LLC

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

If NO, see instructions. YES NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:	<u>1986</u>	<u>150</u>	<u>12/31/2011</u>	\$ <u>1,679,234</u>	<u>10</u>	<u>10</u>	3
4	Additions							4
5								5
6	Allocated from Mgmt. Co.				<u>4722</u>			6
7	TOTAL		<u>150</u>		\$ <u>1,683,956</u>			7

10. Effective dates of current rental agreement:

Beginning 12/31/2011

Ending 12/31/2021

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

Fiscal Year Ending Annual Rent

12.	<u>/2017</u>	\$ <u>1,061,208</u>
13.	<u>/2018</u>	\$ <u>1,082,432</u>
14.	<u>/2019</u>	\$ <u>1,104,081</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 10.

3,105
31,062

9. Option to Buy: YES NO Terms: N/A*

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: \$ 102,064 Description: See Schedule 14A

(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	<u>Administrative</u>	<u>2013 Honda Accord</u>	\$ <u>469</u>	\$ <u>469</u>	17
18	<u>Administrative</u>	<u>2016 Toyota Camry</u>	<u>462.4</u>	<u>2,312</u>	18
19					19
20	Allocated from Mgmt. Co.			<u>2,435</u>	20
21	TOTAL		\$ <u>931.40</u>	\$ <u>5,216</u>	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.

Facility Name: McKinley Court
IDPH License ID Number: 0051821
Fiscal Year End: 12/31/2016

Schedule 14A

XIV. Rental Costs

Line 16 Rental Amount for Moveable Equipment

Rental Description	Amount
Authomatic Rental Equipment	113
Computer Lease	959
Cooler Infiniti	373
Copier	8,501
Domestic Container	1,980
General GME	5,639
Helium	443
Muzak Services	910
Oxygen	565
Plant Rental & Service	4,980
Concentrator	5,637
Mattress/Bed	21,306
Vac Freedom	14,829
Blood Pressure Machine	5,940
Commode Drop Arm Bariatric	1,666
Printer	22,329
5 Gal Bottle Deposit	78
Water Softner	450
Mail Protect	2,917
Carpet Extractor	80
Patient Lift	315
CPAP	30
Liquid O2, Pounds	68
Home Office Allocation	1,956
Total - Line 16	<u>102,064</u>

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>It is the policy of this facility to only hire certified nurses aides. 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. CLASSROOM PORTION:</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. CLINICAL PORTION:</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			
		1	2	3	4
		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(3)	hrs	\$	7,952	\$ 572,577	\$	7,952	\$ 572,577	1
2	Licensed Speech and Language Development Therapist	39(3)	hrs		1,753	126,241		1,753	126,241	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39(3)	hrs		10,344	744,784		10,344	744,784	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39(2)	# of prescripts				266,288		266,288	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>See Schedule 16A</u>	39(3)				35,398			35,398	12
13	Other (specify): <u>Oxygen</u>						7,836		7,836	13
14	TOTAL			\$	20,049	\$ 1,479,000	\$ 274,124	20,049	\$ 1,753,124	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: McKinley Court
IDPH License ID Number: 0051821
Fiscal Year End: 12/31/2016

Schedule 16A

XIV. Special Services (Direct Cost)

Line 12 Other (specify)

<u>Description</u>	<u>Units</u>	<u>Amount</u>
INHALATION THERAPY-MEDICARE		72
INHALATION THERAPY-MEDICAID		45
EKG - PRIVATE		484
EKG - MEDICARE		4,491
EKG - MANAGED CARE		328
OTHER SERVICES - MEDICARE		1,030
OTHER SERVICES - MANAGED CARE		442
I.V. THERAPY MEDICARE		22,884
I.V. THERAPY MANAGED CARE		1,748
EKG - MEDICAID		3,874
Total - Line 12	-	35,398

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of **12/31/2016**

(last day of reporting year)

This report must be completed even if financial statements are attached.

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 2,000	\$ 2,000	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>1,150,538</u>)	5,004,492	5,004,492	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	2,819	2,819	6
7	Other Prepaid Expenses	3,824	3,824	7
8	Accounts Receivable (owners or related parties)	255,455	255,455	8
9	Other(specify): <u>See Schedule 17A</u>	1,008,238	1,008,238	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 6,276,828	\$ 6,276,828	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		4,784	13
14	Buildings, at Historical Cost		43,054	14
15	Leasehold Improvements, at Historical Cost	545,352	630,565	15
16	Equipment, at Historical Cost	374,425	387,020	16
17	Accumulated Depreciation (book methods)	(259,608)	(350,289)	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 (spe <u>Lease Cost</u>)	15,532	15,532	22
23	Other(specify): <u>See Schedule 17A</u>	549,048	549,048	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,224,749	\$ 1,279,714	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 7,501,577	\$ 7,556,542	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 2,231,736	\$ 2,231,736	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	85,389	85,389	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	94,500	94,500	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>See Schedule 17A</u>	2,158,077	2,158,077	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 4,569,702	\$ 4,569,702	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	2,893,432	2,893,432	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)	\$ 2,893,432	\$ 2,893,432	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 7,463,134	\$ 7,463,134	46
47	TOTAL EQUITY(page 18, line 24)	\$ 38,443	\$ 93,408	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 7,501,577	\$ 7,556,542	48

*(See instructions.)

Facility Name: McKinley Court
 IDPH License ID Number: 0051821
 Fiscal Year End: 12/31/2016

Schedule 17A

XV. Balance Sheet

Line 9 Current Assets Other (specify):

Description	After	
	Operating	Consolidation
Reserve for Capex	101,385	101,385
Due from Aspen Ridge	905,824	905,824
A/R Maple Leaf Health Insurance	1,029	1,029
Total - Line 9	1,008,238	1,008,238

XV. Balance Sheet

Line 23 Long-Term Assets Other (specify):

Description	After	
	Operating	Consolidation
Security Deposit	131,242	131,242
Real Estate Escrow Deposit	230,511	230,511
Due To/From Affiliated Companies	187,295	187,295
Total - Line 23	549,048	549,048

XV. Balance Sheet

Line 36 Other Current Liabilities (specify):

Description	After	
	Operating	Consolidation
EXCHANGE FORMATION LEASHOLDS	318,756	318,756
SECURITY DEPOSIT PAYABLE	-	-
OPERATING EXPENSES	129,526	129,526
MANAGEMENT FEES - SYMPHONY	440,768	440,768
INS WRKRS COMP.DEDUCT./SETTLEMENT	238,290	238,290
STATE UNEMPLOYMENT TAX	7,926	7,926
FEDERAL UNEMPLOYMENT TAX	721	721
SALES TAX	840	840
PAYROLL TAXES OTHER	6,729	6,729
ACCRUED EMPLOYEE BENEFITS	165,582	165,582
FICA & W/H FED	38,093	38,093
ILL W/H	4,495	4,495
DUE TO IDPA - BED TAX	35,618	35,618
DUE TO RELATED PARTY	72,521	72,521
DUE TO NUCARE	18,964	18,964
WAGE ASSIGN & GARNISHMENTS	7,535	7,535
PATIENT PERSONAL FUNDS	10,960	10,960
DUE TO/FROM MAESTRO - EXPENSES	53,925	53,925
DUE TO/FROM AFFILIATED COMPANY - HEALTHCARE INSURA	239,431	239,431
DUE TO/FROM AFFILIATED COMPANY - RENT	80,807	80,807
DEFERRED RENT	330,287	330,287
ACCUMULATED AMORTIZATION DEFERRED RENT	(43,697)	(43,697)
Total - Line 36	2,158,077	2,158,077

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,528,024	1
2	Restatements (describe):		2
3	Prior period adjustment	(356,954)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,171,070	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,132,627)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (1,132,627)	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)	\$ 38,443	24 *

* This must agree with page 17, line 47.

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	\$ 10,776,494	1
2	Discounts and Allowances for all Levels	(2,802,681)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 7,973,813	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,969,136	6
7	Oxygen	439	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 2,969,575	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	356,244	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	61,443	19
20	Radiology and X-Ray		20
21	Other Medical Services	18,798	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 436,485	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	734	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 734	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Medicare and Managed Care Rentals	13,347	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 13,347	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 11,393,954	30

2			
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,456,608	31
32	Health Care	3,289,537	32
33	General Administration	2,565,473	33
B. Capital Expense			
34	Ownership	2,095,112	34
C. Ancillary Expense			
35	Special Cost Centers	2,813,226	35
36	Provider Participation Fee	306,625	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 12,526,581	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,132,627)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,132,627)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 4,343,622	44
45	Private Pay - Net Inpatient Revenue	1,432,865	45
46	Medicare - Net Inpatient Revenue	1,859,794	46
47	Other-(specify) Hospice	105,492	47
48	Other-(specify) Managed Care	232,040	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 7,973,813	49

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? No^ 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.

^ - Tax return prepared on cash basis

Facility Name & ID Number McKinley Court

0051821

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	2,301	2,471	\$ 89,973	\$ 36.41	1
2	Assistant Director of Nursing	2,365	2,540	75,785	29.84	2
3	Registered Nurses	15,494	16,638	498,010	29.93	3
4	Licensed Practical Nurses	33,958	36,464	915,543	25.11	4
5	CNAs & Orderlies	92,632	99,466	1,277,469	12.84	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	481	516	15,496	30.03	8
9	Activity Director	1,921	2,063	33,565	16.27	9
10	Activity Assistants	2,899	3,113	32,528	10.45	10
11	Social Service Workers	3,590	3,854	56,549	14.67	11
12	Dietician					12
13	Food Service Supervisor	4,704	5,051	82,438	16.32	13
14	Head Cook	5,392	5,790	60,022	10.37	14
15	Cook Helpers/Assistants	16,009	17,190	165,999	9.66	15
16	Dishwashers					16
17	Maintenance Workers	2,096	2,251	49,235	21.87	17
18	Housekeepers	17,475	18,764	214,064	11.41	18
19	Laundry	10,762	11,556	107,177	9.27	19
20	Administrator	2,222	2,386	121,691	51.00	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	19,768	21,226	459,895	21.67	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	1,300	1,395	21,128	15.15	31
32	Other Health C: <u>Ward Clerk</u>	609	654	10,223	15.63	32
33	Other(specify) <u>Marketing</u>	197	212	3,828	18.06	33
34	TOTAL (lines 1 - 33)	236,175	253,600	\$ 4,290,618 *	\$ 16.92	34

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

** See instructions.

B. CONSULTANT SERVICES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	Monthly	\$ 10,878	1(3)	35
36	Medical Director	Monthly	57,000	9(3)	36
37	Medical Records Consultant	Monthly	920	10(3)	37
38	Nurse Consultant	Monthly	5,715	10(3)	38
39	Pharmacist Consultant	Monthly	25,081	10(3)	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	Monthly	2,995	11(3)	44
45	Social Service Consultant	Monthly	2,874	12(3)	45
46	Other(specify) <u>Wound Care</u>	Monthly	12,000	10(3)	46
47					47
48	<u>Orthopedic Consultant</u>	Monthly	24,000	10(3)	48
49	TOTAL (lines 35 - 48)		\$ 141,463		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		N/A		51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)		\$		53

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Kimberly Jordan	Administrator	0	\$ 85,986	Workers' Compensation Insurance	\$ 171,825	IDPH License Fee	\$ 3,980	
Tiffany Justice	Administrator	0	35,705	Unemployment Compensation Insurance	68,479	Advertising: Employee Recruitment		
				FICA Taxes	303,806	Health Care Worker Background Check		
				Employee Health Insurance	291,693	(Indicate # of checks performed 253)	3,031	
				Employee Meals		Patient Background Checks	316 3,795	
				Illinois Municipal Retirement Fund (IMRF)*		Miscellaneous Licenses & Fees	1,350	
				Employee Retirement	5,255	Miscellaneous Dues & Subscriptions	3,115	
				Employee Benefits - Other	9,923	Greater Decatur Chamber of Commerce	3,553	
				Employees' Physical Exams	7,029	Chamber of Commerce Offset	(3,553)	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 121,691			Allocated from Mgmt. Co.	11,598	
B. Administrative - Other						Less: Public Relations Expense	()	
Description			Amount			Non-allowable advertising	()	
Management Fees (Eliminated in Col. 7)			\$ 573,560			Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 573,560	TOTAL (agree to Schedule V, line 22, col.8)	\$ 858,010	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 26,869	
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
See Schedule 21C			\$ 273,003	N/A			Out-of-State Travel	\$
							In-State Travel	
							Seminar Expense	635
							Allocated from Mgmt. Co.	969
							Entertainment Expense	()
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 273,003	TOTAL			TOTAL (agree to Sch. V, line 24, col. 8)	\$ 1,604

* Attach copy of IMRF notifications

**See instructions.

Facility Name: McKinley Court
 IDPH License ID Number: 0051821
 Fiscal Year End: 12/31/2016

Schedule 21C

XIX. SUPPORT SCHEDULES

C. Professional Services

Vendor	Type	Amount
ABILITY NETWORK	DATA PROCESSING	6,110
ACHIEVE ACCREDITATION	HAZARDOUS MATERIALS PLAN	11,803
Allen A Lefkowitz & Associates	Real Estate Assessment	51,123
Allscripts LLC	Referral Management Core Integration	533
Barracuda Networks, Inc	CudaSign Premium Cloud	273
Callone Simplify	Long Distance Carrier	2,205
Carbonite	Cloud Backup	1,728
Cardmember Service	Back up Service	451
CDW Government	Airwatch Renewal	596
COMCAST	INTERNET	31,523
Corporation Service	Consulting	563
Creative Technology	Email Protection	11,351
Dart Chart Map and Track Systems LLC	HMO Contract Specifications	172
Documentation Solutions, Inc	Therapy Compliance Audit	1,688
eFax Corporate	Usage Inbound & Outbound Local	497
ETTESCHS Technology Solutions	Site Survey	1,880
EMMI Solutions	Subscription	98
Empower Retirement	PPA Re-Statement	57
Formation Healthcare Group, LLC	Subscription	471
FYI Systems, Inc	Desktop Design	320
Health Data Systems	Monthly System Updates	5,850
Health Dimensions Group	Value-Based Payment Strategy	544
Hipp Law office	Legal Fees	48
HK Payroll Services	Work Tax Credit	980
IIT/SOURCETECH	OPERATOR SUPPORT	1,380
Infinite Technology	Installed Data Cables	1,950
Intermedia Marketing Solutions	Sales, Surveys, Partial Surveys	397
MAESTRO	FORMATION HEALTHCARE	2,688
Maestro Consulting Services	Consulting	66,139
Market Matrix	Customer & Employee Matrix	4,861
McKinley Court	Petty Cash	252
Medical Business Office Serv.	Collection	20,013
Microsoft Corporation	Computer Software	3,420
Mooe	Span iOS	191
Moobile	New Dev Iteration	154
Pension Financial Services, Inc	Special Service Fees	434
PERSONNEL PLANNERS	HR DIRECTOR SEACH	1,800
Point B Communication	Yrly Web Hosting	240
PointClick Care Technology	A/R & A/P SYSTEM	4,952
Prime Care Technologies	PBJ Reporting Module	50
Qualfon	Sales, Surveys, Partial Surveys	226
RSM US LLP	Accounting Fees	12,944
Sincerely Yours, Inc	Management Fees	342
Stone McGuire & Siegel	Legal Fees	14,400
SYMPHONY FINANCIAL.SRVCS	FORMATION HEALTHCARE	(40,000)
Symphony Health Care	Illinois State Tax Refund	(821)
Telemedicine Solutions	Wound Rounds Care	12,507
The Joint Commission	Subacute Care	6,915
Ventiv Technology, Inc	RickConsole	1,737
WESCOM SOLUTIONS	DATA PROCESSING/BILLING	24,738
ZIR-MED	ELIGIBILITY SYSTEM MANAGEM	230
	Total (agree to Schedule V, line 19, column 3)	273,003

Allocated from Management Company Professional Services	26,984
Less: Non-Allowable Legal Fees	(48)
Less: Legal Fees Reclassed to Real Estate Taxes	(51,123)
Less: Professional Collections Fees	(20,013)
Total (agree to Schedule V, line 19, column 8)	228,803

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? No
If YES, give association name and amount. N/A
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? N/A
- (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? 5 Yr
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 6,173 Line 10(2)
- (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? No
If YES, give effective date of lease. N/A
- (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 NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 306,625
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. \$ n/a 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? 5
 - d. Have vehicle usage logs been maintained? Adequate records have been maintained
 - e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No
 - f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
 - g. **Does the facility transport residents to and from day training? No**
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: RSM US LLP
- (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