

Facility Name & ID Number Symphony of Decatur

0051771 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	195	Skilled (SNF)	195	71,370	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	195	TOTALS	195	71,370	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				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	36,308	5,970	15,706	57,984	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	36,308	5,970	15,706	57,984	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 81.24%

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 195 and days of care provided 6,789

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 Symphony of Decatur # 0051771 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	320,464	42,869	17,235	380,568		380,568		380,568		1
2	Food Purchase		328,061		328,061		328,061		328,061		2
3	Housekeeping	258,953	69,903		328,856		328,856		328,856		3
4	Laundry	119,012	35,948	5,515	160,475		160,475		160,475		4
5	Heat and Other Utilities			190,672	190,672		190,672	2,018	192,690		5
6	Maintenance	19,999	3,180	183,157	206,336		206,336	26,686	233,022		6
7	Other (specify):* Mgmt alloc of benef							3,307	3,307		7
8	TOTAL General Services	718,428	479,961	396,579	1,594,968		1,594,968	32,011	1,626,979		8
	B. Health Care and Programs										
9	Medical Director			59,400	59,400		59,400		59,400		9
10	Nursing and Medical Records	3,637,155	254,432	144,533	4,036,120		4,036,120	127,239	4,163,359		10
10a	Therapy	102,956			102,956		102,956		102,956		10a
11	Activities	193,731		11,141	204,872		204,872		204,872		11
12	Social Services	39,880		575	40,455		40,455		40,455		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Mgmt alloc of benef							19,753	19,753		15
16	TOTAL Health Care and Programs	3,973,722	254,432	215,649	4,443,803		4,443,803	146,992	4,590,795		16
	C. General Administration										
17	Administrative	222,197		613,737	835,934		835,934	(577,490)	258,444		17
18	Directors Fees										18
19	Professional Services			330,820	330,820		330,820	(43,298)	287,522		19
20	Dues, Fees, Subscriptions & Promotions			11,644	11,644		11,644	11,524	23,168		20
21	Clerical & General Office Expenses	278,668	41,807	76,605	397,080		397,080	303,986	701,066		21
22	Employee Benefits & Payroll Taxes			962,953	962,953		962,953		962,953		22
23	Inservice Training & Education										23
24	Travel and Seminar			16,995	16,995		16,995	1,257	18,252		24
25	Other Admin. Staff Transportation			13,650	13,650		13,650	2,932	16,582		25
26	Insurance-Prop.Liab.Malpractice			329,632	329,632		329,632	3,429	333,061		26
27	Other (specify):* Mgmt alloc of benef							45,655	45,655		27
28	TOTAL General Administration	500,865	41,807	2,356,036	2,898,708		2,898,708	(252,005)	2,646,703		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,193,015	776,200	2,968,264	8,937,479		8,937,479	(73,002)	8,864,477		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 Decatur

#0051771

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

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			137,246	137,246		137,246	5,966	143,212			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			182,115	182,115		182,115	3,980	186,095			32
33	Real Estate Taxes			158,569	158,569		158,569	72,388	230,957			33
34	Rent-Facility & Grounds			1,851,211	1,851,211		1,851,211	6,127	1,857,338			34
35	Rent-Equipment & Vehicles			152,795	152,795		152,795	5,710	158,505			35
36	Other (specify):*											36
37	TOTAL Ownership			2,481,936	2,481,936		2,481,936	94,171	2,576,107			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation			9,833	9,833		9,833		9,833			38
39	Ancillary Service Centers		215,927	1,212,784	1,428,711		1,428,711		1,428,711			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			417,809	417,809		417,809		417,809			42
43	Other (specify):* Non-Allowable Cos	66,989		1,827,105	1,894,094		1,894,094	(1,894,094)				43
44	TOTAL Special Cost Centers	66,989	215,927	3,467,531	3,750,447		3,750,447	(1,894,094)	1,856,353			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,260,004	992,127	8,917,731	15,169,862		15,169,862	(1,872,925)	13,296,937			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 Symphony of Decatur

0051771

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	(16,474)	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	922	30		9
10	Interest and Other Investment Income	(154)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,924)	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	(30,131)	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	(1,599,485)	43		24
25	Fund Raising, Advertising and Promotional	(3,955)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Page 5A	(238,143)	Var.		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (1,903,419)		\$	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)	30,494		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 30,494		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (1,872,925)		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	

Symphony of Decatur

ID# 0051771

Report Period Beginning: 01/01/2016

Ending: 12/31/2016

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Nonallowable marketing events	\$ (143,344)	43	1
2	Laboratory Costs	(11,098)	43	2
3	X-Ray Costs	(6,713)	43	3
4	Chamber of commerce dues	(3,553)	20	4
5	Nonallowable Legal	(771)	19	5
6	To expense building improvement less than \$2500	4,027	6	6
7	Less non-allowable collections	(9,796)	19	7
8	Nonallowable guest & community relations	(66,895)	43	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				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	(238,143)		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			N/A				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		\$			\$	\$ * 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	5 Utilities	\$	Maestro Consulting Services	100.00%	\$ 2,018	\$ 2,018
16	V	6 Maintenance Salaries		Maestro Consulting Services	100.00%	18,473	18,473
17	V	6 Maintenance Expenses		Maestro Consulting Services	100.00%	4,186	4,186
18	V	7 Employee Benefits - Maintenance		Maestro Consulting Services	100.00%	3,307	3,307
19	V	10 Clinical Salaries		Maestro Consulting Services	100.00%	127,239	127,239
20	V	15 Employee Benefits - Clinical		Maestro Consulting Services	100.00%	19,753	19,753
21	V	17 Administrative Salaries	613,737	Maestro Consulting Services	100.00%	36,247	(577,490)
22	V	19 Professional Fees		Maestro Consulting Services	100.00%	36,760	36,760
23	V	20 Dues, Fees, Subscriptions, Etc.		Maestro Consulting Services	100.00%	15,077	15,077
24	V	21 Clerical & General Salaries		Maestro Consulting Services	100.00%	238,138	238,138
25	V	21 Clerical & General Expenses		Maestro Consulting Services	100.00%	29,653	29,653
26	V	24 Seminars and Education		Maestro Consulting Services	100.00%	1,183	1,183
27	V	25 Transportation		Maestro Consulting Services	100.00%	2,932	2,932
28	V	26 Insurance		Maestro Consulting Services	100.00%	3,429	3,429
29	V	27 Employee Benefits - Administrative		Maestro Consulting Services	100.00%	45,655	45,655
30	V	30 Depreciation		Maestro Consulting Services	100.00%	1,812	1,812
31	V						
32	V	33 Real Estate Tax		Maestro Consulting Services	100.00%	4,505	4,505
33	V	34 Building Rental		Maestro Consulting Services	100.00%	5,880	5,880
34	V	35 Equipment Rental		Maestro Consulting Services	100.00%	2,542	2,542
35	V	35 Auto Lease		Maestro Consulting Services	100.00%	3,166	3,166
36	V						
37	V						
38	V						
39	Total		\$ 613,737			\$ 601,955	\$ * (11,782)

* 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	\$ 1,608	Symphony Financial Services, LLC	100%	\$	\$ (1,608)
16	V	21 Clerical & General Office Expenses		Symphony Financial Services, LLC	100%	36,195	36,195
17	V	24 Travel & Seminar		Symphony Financial Services, LLC	100%	74	74
18	V	30 Depreciation		Symphony Financial Services, LLC	100%	3,232	3,232
19	V	32 Interest		Symphony Financial Services, LLC	100%	4,134	4,134
20	V	34 Rent-Facility & Grounds		Symphony Financial Services, LLC	100%	247	247
21	V	35 Rent-Equipment & Vehicles		Symphony Financial Services, LLC	100%	2	2
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		\$ 1,608			\$ 43,884	\$ * 42,276

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	10 Nursing Supplies & Equipment	\$ 5,132	Integra Healthcare Equipment		\$ 5,132	\$	15	
16	V	39 DME & Medical Supplies	56,882	Integra Healthcare Equipment		56,882		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		\$ 62,014			\$ 62,014	\$ *	0	39

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

Facility Name & ID Number

Symphony of Decatur

0051771

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

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 Symphony of Decatur

0051771

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	\$ 71,370	\$ 2,018	1	
2	6	Maintenance Salaries	Bed Days Available	1,836,222	28	475,288	475,288	71,370	18,473	2
3	6	Maintenance Expenses	Bed Days Available	1,836,222	28	107,711		71,370	4,186	3
4	7	Employee Benefits - Maintenance	Bed Days Available	1,836,222	28	85,090		71,370	3,307	4
5	10	Clinical Salaries	Bed Days Available	1,836,222	28	3,273,643	3,273,643	71,370	127,239	5
6	15	Employee Benefits - Clinical	Bed Days Available	1,836,222	28	508,220		71,370	19,753	6
7	17	Administrative Salaries	Bed Days Available	1,836,222	28	932,558	932,558	71,370	36,247	7
8	19	Professional Fees	Bed Days Available	1,836,222	28	945,768		71,370	36,760	8
9	20	Dues, Fees, Subscriptions, Etc.	Bed Days Available	1,836,222	28	387,900		71,370	15,077	9
10	21	Clerical & General Salaries	Bed Days Available	1,836,222	28	6,126,863	6,126,863	71,370	238,138	10
11	21	Clerical & General Expenses	Bed Days Available	1,836,222	28	762,920		71,370	29,653	11
12	24	Seminars and Education	Bed Days Available	1,836,222	28	30,439		71,370	1,183	12
13	25	Transportation	Bed Days Available	1,836,222	28	75,434		71,370	2,932	13
14	26	Insurance	Bed Days Available	1,836,222	28	88,214		71,370	3,429	14
15	27	Employee Benefits - Administrative	Bed Days Available	1,836,222	28	1,174,614		71,370	45,655	15
16	30	Depreciation	Bed Days Available	1,836,222	28	46,621		71,370	1,812	16
17										17
18	33	Real Estate Tax	Bed Days Available	1,836,222	28	115,912		71,370	4,505	18
19	35	Building Rental	Bed Days Available	1,836,222	28	151,288		71,370	5,880	19
20	35	Equipment Rental	Bed Days Available	1,836,222	28	65,399		71,370	2,542	20
21	35	Auto Lease	Bed Days Available	1,836,222	28	81,453		71,370	3,166	21
22										22
23										23
24										24
25	TOTALS					\$ 15,487,254	\$ 10,808,352	\$ 601,955		25

Facility Name & ID Number Symphony of Decatur

0051771 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	Occupied Bed Days	502,430	12	\$ (13,929)	\$ 57,984	\$ (1,608)	1
2	21	Clerical & General Office Expenses	Occupied Bed Days	502,430	12	313,631	57,984	36,195	2
3	24	Travel & Seminar	Occupied Bed Days	502,430	12	638	57,984	74	3
4	30	Depreciation	Occupied Bed Days	502,430	12	28,003	57,984	3,232	4
5	32	Interest	Occupied Bed Days	502,430	12	35,825	57,984	4,134	5
6	34	Rent-Facility & Grounds	Occupied Bed Days	502,430	12	2,143	57,984	247	6
7	35	Rent-Equipment & Vehicles	Occupied Bed Days	502,430	12	14	57,984	2	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	\$	\$ 42,276	25

Facility Name & ID Number Symphony of Decatur

0051771 Report Period Beginning: 01/01/2016

Ending: 2/31/2016

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		\$	\$		\$ 5,132	1
2	39	DME & Medical Supplies	Direct Allocation					56,882	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				\$	\$		\$ 62,014	25

Facility Name & ID Number

Symphony of Decatur

0051771

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	Capital Improvements	Interest Only	12/30/2011	2,000,000	16,127	12/30/2017	0.0525	468									
7	The Private Bank		X	Line of credit	Interest Only	12/30/2011	27,000,000	6,253,779	4/22/2017	0.0450	181,647									
8																				
9	TOTAL Facility Related						\$ 29,000,000	\$ 6,269,906			\$ 182,115									
B. Non-Facility Related*																				
10																				
11																				
12								Interest Income			(154)									
13								Alloc. From Symphony Financial			4,134									
14	TOTAL Non-Facility Related						\$	\$			\$ 3,980									
15	TOTALS (line 9+line14)						\$ 29,000,000	\$ 6,269,906			\$ 186,095									

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.			\$	77,300	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		\$	154,700	2																			
3. Under or (over) accrual (line 2 minus line 1).			\$	77,400	3																			
4. Real Estate Tax accrual used for 2016 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	81,169	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.)			\$	67,883	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.		4,505	6																			
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	230,957	7																			
Real Estate Tax History:																								
Real Estate Tax Bill for Calendar Year:	2011	<u>76,378</u>	8	<table border="1"> <tr> <td colspan="3">FOR BHF USE ONLY</td> </tr> <tr> <td>13</td> <td>FROM R. E. TAX STATEMENT FOR 2015</td> <td>\$</td> <td>13</td> </tr> <tr> <td>14</td> <td>PLUS APPEAL COST FROM LINE 5</td> <td>\$</td> <td>14</td> </tr> <tr> <td>15</td> <td>LESS REFUND FROM LINE 6</td> <td>\$</td> <td>15</td> </tr> <tr> <td>16</td> <td>AMOUNT TO USE FOR RATE CALCULATION</td> <td>\$</td> <td>16</td> </tr> </table>		FOR BHF USE ONLY			13	FROM R. E. TAX STATEMENT FOR 2015	\$	13	14	PLUS APPEAL COST FROM LINE 5	\$	14	15	LESS REFUND FROM LINE 6	\$	15	16	AMOUNT TO USE FOR RATE CALCULATION	\$	16
FOR BHF USE ONLY																								
13	FROM R. E. TAX STATEMENT FOR 2015	\$	13																					
14	PLUS APPEAL COST FROM LINE 5	\$	14																					
15	LESS REFUND FROM LINE 6	\$	15																					
16	AMOUNT TO USE FOR RATE CALCULATION	\$	16																					
	2012	<u>81,700</u>	9																					
	2013	<u>74,873</u>	10																					
	2014	<u>73,581</u>	11																					
	2015	<u>154,700</u>	12																					
2016 Tax Accrual = \$73,581 * 1.103 = \$81,160; use \$81,169																								

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 Aspen Ridge, LLC D/B/A Symphony of Decatur COUNTY Macon

FACILITY IDPH LICENSE NUMBER 0051771

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>04-12-03-251-014</u>	<u>Nursing Home</u>	\$ <u>154,699.62</u>	\$ <u>154,699.62</u>
2. <u>10-27-319-028-0000</u>	<u>Land & Property Mgmt. Co.</u>	\$ <u>95,270.31</u>	\$ <u>4,505.00</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	TOTALS	\$ <u><u>249,969.93</u></u>	\$ <u><u>159,204.62</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? YES X 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 Symphony of Decatur

0051771 Report Period Beginning:

01/01/2016 Ending:

12/31/2016

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 59,720 B. General Construction Type: Exterior BRICK Frame STEEL Number of Stories 5

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: 1 Use, 2 Square Feet, 3 Year Acquired, 4 Cost, 5. Row 1: Alloc Fr Maestro 7257, -, \$ 6,219, 1. Row 2: (blank), (blank), (blank), (blank), 2. Row 3: TOTALS, \$ 6,219, 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		55,971		39	1,435	1,435	20,989	
	Improvement Type**									
9	New Piston & Cylinder for Elevator		2012	64,900	3,245	20	3,245		13,767	
10	Drill new hole for elevator		2013	50,316	2,515	20	2,515		10,062	
11	Elevator - shut off valve/oil line		2013	20,420	1,021	20	1,021		3,403	
12	Cabling for EMR Kiosks		2013	7,721	387	20	387		1,417	
13	Line Voltage Outlets		2013	5,740	287	20	287		1,005	
14	Remodeling-Painting, wall coverings, millwork, ceiling		2013	487,979	24,401	20	24,401		75,234	
15	architect fees, office conversions, lighting, flooring, doors,									
16	fire sprinkler, plumbing, landscaping, paving, awnings -									
17	Monroe Entrance, Vertical Circulation & Exits, Lobby, Hallways									
18	Nurse' Station & Resident Rooms (2nd Floor), New Offices									
19	Dining Room, Medical Room and Therapy Room (1st Floor)									
20										
21	Remodeling-Painting, Wall Coverings & Water Heater		2013	120,068	12,008	10	12,008		37,023	
22	1st Floor - Lobby, offices/conference rooms, hallways,									
23	laundry & dietary areas									
24										
25	Facility Remodeling		2014	195,750	10,943	5-20	10,943		29,213	
26	-Electrical : lobby, therapy, dining rm, nurse station									
27	-Demo/carpentry/drywall: elevator area									
28	-Floor covering: lobby									
29	-Plumbing: 2nd floor shower & beauty salon									
30	-Engineering: new entry vestibule									
31	-Gazebo									
32	-Tile: lobby									
33	-Custom millwork: throughout facility									
34	-Architectural services									
35	-Signage for rooms: throughout facility									
36	-Painting staircases: east & west staircases									

*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	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	-Mid rails: throughout facility								38
39	-Asphalt: previous location of trailer								39
40	-Spandrel Glass: lobby								40
41	-Stucco: front of building								41
42	-Entry								42
43	-General contractors fees								43
44									44
45	Architectural Fee, Electrical, Sign Installation for New Façade	2015	18,405	920	20	920		1,687	45
46									46
47									47
48	Tie to book Depreciation			(922)			922		48
49									49
50	Phone system throughout the facility	2015	40,663	8,132	5	8,132		8,810	50
51									51
52	Install new generator, upgrade electrical panel, new outlets	2016	85,145	2,838	20	2,838		2,838	52
53	in resident rooms on third floor for the use of vents								53
54	Doors & Windows-First floor	2016	2,942	12	20	12		12	54
55	Phone system throughout the facility	2016	7,608	1,297	5	1,297		1,297	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	TOTAL (lines 4 thru 69)		\$ 1,163,628	\$ 67,084		\$ 69,441	\$ 2,357	\$ 206,757	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	\$ 1,163,628	\$ 67,084		\$ 69,441	\$ 2,357	\$ 206,757		1
2									2
3									3
4									4
5	Allocated from Maestro Consulting Services	2003	455		39			299	5
6	Allocated from Maestro Consulting Services	2004	9,243		39			5,882	6
7	Allocated from Maestro Consulting Services	2005	548		39			325	7
8	Allocated from Maestro Consulting Services	2006	743		39			385	8
9	Allocated from Maestro Consulting Services	2008	783		39			323	9
10	Allocated from Maestro Consulting Services	2009	12,610		20			4,798	10
11	Allocated from Maestro Consulting Services	2010	1,938		20			631	11
12	Allocated from Maestro Consulting Services	2011	105		20			31	12
13	Allocated from Maestro Consulting Services	2012	117		20			28	13
14	Allocated from Maestro Consulting Services	2014	1,457		20			190	14
15	Allocated from Maestro Consulting Services	2015	410		20			27	15
16	Allocated from Maestro Consulting Services	2016	1,796			70	70	70	16
17	Allocated from Maestro 7257	2004	1,112		20			695	17
18	Allocated from Maestro 7257	2005	5,102		10	36	36	3,559	18
19	Allocated from Maestro 7257	2015	882		10	84	84	78	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)		\$ 1,200,929	\$ 67,084		\$ 69,631	\$ 2,547	\$ 224,078	34

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 374,570	\$ 64,484	\$ 64,484	\$ -	5-7	\$ 215,624	71
72	Current Year Purchases	47,339	5,678	5,678	-		5,678	72
73	Fully Depreciated Assets				-			73
74	Allocated from Mgmt. Co.	88,596		3,419	3,419		78,719	74
75	TOTALS	\$ 510,505	\$ 70,162	\$ 73,581	\$ 3,419		\$ 300,021	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	Alloc. From Mgmt. Co.			\$ 344	\$ -	\$ -	\$ -		\$ 344	76
77					-	-	-			77
78					-	-	-			78
79					-	-	-			79
80	TOTALS			\$ 344	\$ -	\$ -	\$ -		\$ 344	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)	\$ 1,717,997	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 137,246	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 143,212	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 5,966	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 524,443	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: Symphony of Decatur
IDPH License ID Number: 0051771
Fiscal Year End: 12/31/2016

Schedule 13A

	1	Current Book	Straight Line		Component	Accumulated
	Cost	Depreciation 2	Depreciation 3	Adjustments	Life 5	Depreciation 6
Maestro	68,826		187		5-7	67,554
Symphony Financial Services	19,770		3,232		5-7	11,165
	88,596		3,419			78,719

Facility Name & ID Number Symphony of Decatur

0051771

Report Period Beginning: 01/01/2016

Ending: 12/31/2016

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>1973</u>	<u>195</u>	<u>12/31/2011</u>	\$ <u>1,847,724</u>	<u>10</u>	<u>10</u>	3
4	Additions							4
5	Alloc. From <u>Symphony Financial</u>				<u>247</u>			5
6	Alloc. From <u>Maestro</u>				<u>5,880</u>			6
7	TOTAL		<u>195</u>		\$ <u>1,853,851</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>1,167,329</u>
13.	<u>/2018</u>	\$ <u>1,190,675</u>
14.	<u>/2019</u>	\$ <u>1,214,489</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.

3,487
34,871

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: \$ 150,481 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>Chevy Tahoe</u>	\$ <u>900</u>	\$ <u>4,858</u>	17
18					18
19					19
20	<u>Alloc. from Maestro</u>			<u>3,166</u>	20
21	TOTAL		\$ <u>900.00</u>	\$ <u>8,024</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: Symphony of Decatur
IDPH License ID Number: 0051771
Fiscal Year End: 12/31/2016

Schedule 14A

XIV. Rental Costs

Line 16 Rental Amount for Moveable Equipment

Rental Description	Amount
Oxygen Concentrator	26,924
Plant Rental	6,600
Blood Pressure Machine	3,564
Cooler	471
Water	143
Domestic Container	1,565
Computer	959
Digital Music	1,495
Mail Machine	1,219
Kyocera Copier	45,267
Bed Bariatric, Air Compressor	39,865
Vac ATS Therapy Unit	8,618
Radiator	1,495
Wound Care	5,859
Wheelchair	3,733
Table & Chairs	160
Allocated from Symphony Financial Services	2
Allocated from Maestro	2,542
Total - Line 16	<u>150,481</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	\$	7,276	\$ 523,864	\$	7,276	\$ 523,864	1
2	Licensed Speech and Language Development Therapist	39(3)	hrs		810	58,316		810	58,316	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39(3)	hrs		8,224	592,142		8,224	592,142	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				203,067		203,067	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Oxygen</u>	39(2)					12,860		12,860	12
13	Other (specify): <u>See Schedule 16A</u>	39(3)				38,462			38,462	13
14	TOTAL			\$	16,310	\$ 1,212,784	\$ 215,927	16,310	\$ 1,428,711	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: Symphony of Decatur
IDPH License ID Number: 0051771
Fiscal Year End: 12/31/2016

Schedule 16A

XIV. Special Services (Direct Cost)

Line 12 Other (specify)

Description	Units	Amount
Inhalation Therapy Medicare		86
Inhalation Therapy Medicaid		50
Other Services Medicare		250
I.V. Therapy Medicare		35,366
I.V. Therapy Managed Care		2,710
Total - Line 12	-	38,462

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	\$ 2,000	1
2	Cash-Patient Deposits	2,449	2,449	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>2,128,240</u>)	6,049,779	6,049,779	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	68,192	68,192	6
7	Other Prepaid Expenses	53,387	53,387	7
8	Accounts Receivable (owners or related parties)	401,469	401,469	8
9	Other(specify): <u>See Schedule 17A</u>	407,361	407,361	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 6,984,637	\$ 6,984,637	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		6,219	13
14	Buildings, at Historical Cost		55,970	14
15	Leasehold Improvements, at Historical Cost	1,063,413	1,144,959	15
16	Equipment, at Historical Cost	470,180	510,849	16
17	Accumulated Depreciation (book methods)	(406,258)	(524,443)	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>)	17,436	17,436	22
23	Other(specify): <u>See Schedule 17A</u>	713,063	713,063	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,857,834	\$ 1,924,053	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 8,842,471	\$ 8,908,690	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 2,520,300	\$ 2,520,300	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	105,939	105,939	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	81,169	81,169	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>	4,716,043	4,716,043	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 7,423,451	\$ 7,423,451	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	6,269,906	6,269,906	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)	\$ 6,269,906	\$ 6,269,906	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 13,693,357	\$ 13,693,357	46
47	TOTAL EQUITY (page 18, line 24)	\$ (4,850,886)	\$ (4,784,667)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 8,842,471	\$ 8,908,690	48

*(See instructions.)

Facility Name: Symphony of Decatur
 IDPH License ID Number: 0051771
 Fiscal Year End: 12/31/2016

Schedule 17A

XV. Balance Sheet

Line 9 Current Assets Other (specify):

Description	After	
	Operating	Consolidation
Reserve for capex	112,743	112,743
Due from prior owner	12,331	12,331
Exchange	112,904	112,904
A/R- Maple Leaf Health Insurance Captive	14,149	14,149
Accumulated Amortization deferred rent	155,234	155,234
Total - Line 9	407,361	407,361

XV. Balance Sheet

Line 23 Long-Term Assets Other (specify):

Description	After	
	Operating	Consolidation
Security Deposit	146,744	146,744
Real Estate Escrow Deposit	231,047	231,047
Due To/From Affiliated Companies	335,272	335,272
Total - Line 23	713,063	713,063

XV. Balance Sheet

Line 36 Other Current Liabilities (specify):

Description	After	
	Operating	Consolidation
Exchange Formation Leaseholds	1,010,610	1,010,610
Security Deposit Payable	40,731	40,731
Operating Expenses	124,158	124,158
Management Fees-Symphony	459,474	459,474
Insurance Allowance-W/C & GLPL	210,892	210,892
State Unemployment Tax	8,539	8,539
Federal Unemployment Tax	1,044	1,044
Sales Tax	929	929
Payroll Taxes Other	8,666	8,666
Benefit Accruals	171,340	171,340
FICA & W/H FED	47,823	47,823
ILL W/H	5,863	5,863
Due to IDPA- Addtl Bed Tax	50,922	50,922
Due to Related Party	68,876	68,876
Due to Nucare	135,384	135,384
Due to McKinley Court	905,824	905,824
Wage Assign & Garnishments	4,016	4,016
Patient Personal Funds	25,870	25,870
T/F Maestro Expenses	181,932	181,932
T/F Affiliated Company Healthcare Ins.	127,843	127,843
T/F Affiliated Company Rent	755,381	755,381
Deferred Rent Liability	369,926	369,926
Total - Line 36	4,716,043	4,716,043

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (1,623,609)	1
2	Restatements (describe):		2
3	Prior Period Adjustment	(117,005)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (1,740,614)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(3,110,272)	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)	\$ (3,110,272)	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)	\$ (4,850,886)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Symphony of Decatur# 0051771Report Period Beginning: 01/01/2016Ending: 12/31/2016**XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required**

classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense

I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 11,729,260	1
2	Discounts and Allowances for all Levels	(2,348,532)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 9,380,728	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,351,136	6
7	Oxygen	35	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 2,351,171	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	268,131	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	14,506	19
20	Radiology and X-Ray	415	20
21	Other Medical Services	36,708	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 319,760	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	154	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 154	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Sch 19A</u>	7,777	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 7,777	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 12,059,590	30

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,594,968	31
32	Health Care	4,443,803	32
33	General Administration	2,898,708	33
B. Capital Expense			
34	Ownership	2,481,936	34
C. Ancillary Expense			
35	Special Cost Centers	3,332,638	35
36	Provider Participation Fee	417,809	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 15,169,862	40
41	Income before Income Taxes (line 30 minus line 40)**	(3,110,272)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (3,110,272)	43

III. Net Inpatient Revenue detailed by Payer Source		Amount	
44	Medicaid - Net Inpatient Revenue	\$ 6,727,617	44
45	Private Pay - Net Inpatient Revenue	1,166,874	45
46	Medicare - Net Inpatient Revenue	1,145,496	46
47	Other-(specify) <u>Hospice</u>	200,658	47
48	Other-(specify) <u>Managed Care</u>	140,083	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 9,380,728	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: Symphony of Decatur
IDPH License ID Number: 0051771
Fiscal Year End: 12/31/2016

Schedule 19A

XVII. Income Statement

Line 28 Other Revenue (specify):

Description	Amount
Rentals Medicare	7,736
Rentals Managed Care	127
Barber & Beautician	(89)
Discounts Earned	3
Total - Line 28	<u>7,777</u>

Facility Name & ID Number Symphony of Decatur

0051771

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	2,084	2,266	\$ 108,745	\$ 47.99	1
2	Assistant Director of Nursing	1,736	1,930	63,998	33.16	2
3	Registered Nurses	19,210	20,658	637,835	30.88	3
4	Licensed Practical Nurses	41,353	44,701	1,187,267	26.56	4
5	CNAs & Orderlies	64,445	69,099	1,616,861	23.40	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	6,868	7,526	102,956	13.68	8
9	Activity Director	1,929	2,145	43,219	20.15	9
10	Activity Assistants	10,330	11,257	150,512	13.37	10
11	Social Service Workers	2,491	2,855	39,880	13.97	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	27,438	29,775	320,464	10.76	15
16	Dishwashers					16
17	Maintenance Workers	1,338	1,422	19,999	14.06	17
18	Housekeepers	20,598	22,228	258,953	11.65	18
19	Laundry	10,253	11,076	119,012	10.75	19
20	Administrator	1,932	2,286	220,259	96.35	20
21	Assistant Administrator	40	45	1,938	43.07	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	16,915	18,820	345,563	18.36	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,100	1,312	22,449	17.11	31
32	Other Health Care(specify)					32
33	Other(specify) <u>Marketing</u>	2	2	94	47.00	33
34	TOTAL (lines 1 - 33)	230,062	249,403	\$ 5,260,004 *	\$ 21.09	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	\$ 17,235	1(3)	35
36	Medical Director	Monthly	59,400	9(3)	36
37	Medical Records Consultant	Monthly	1,800	10(3)	37
38	Nurse Consultant	Monthly	86,213	10(3)	38
39	Pharmacist Consultant	Monthly	29,001	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	2,420	11(3)	44
45	Social Service Consultant	Monthly	575	12(3)	45
46	Other(specify) <u>Wound Care</u>	Monthly	24,000	10(3)	46
47	<u>Oncologist</u>	Monthly	1,000	10(3)	47
48					48
49	TOTAL (lines 35 - 48)		\$ 221,644		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		
Lisa Trdea	Administrator	0	\$ 222,197	Workers' Compensation Insurance	\$ 183,578	IDPH License Fee	\$ 0		
				Unemployment Compensation Insurance	75,812	Advertising: Employee Recruitment	861		
				FICA Taxes	373,769	Health Care Worker Background Check (Indicate # of checks performed 157)	1,888		
				Employee Health Insurance	310,051	Patient Background Checks	2,080		
				Employee Meals		Miscellaneous Licenses & Fees	983		
				Illinois Municipal Retirement Fund (IMRF)*		Miscellaneous Dues & Subscriptions	5,832		
				Employee Retirement	6,423	Allocated from Mgmt. Co.	15,077		
				Employee Benefits - Other	11,633	Less Chamber of commerce dues	(3,553)		
				Employees' Physical Exams	1,687	Less: Public Relations Expense	()		
						Non-allowable advertising	()		
						Yellow page advertising	()		
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 222,197	TOTAL (agree to Schedule V, line 22, col.8)		\$ 962,953	TOTAL (agree to Sch. V, line 20, col. 8)		\$ 23,168
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	
Management Fees (Eliminated in Col. 7)			\$ 613,737	N/A			Out-of-State Travel	\$	
							In-State Travel		
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 613,737				Seminar Expense	16,995	
							Allocated from Mgmt. Co. Maestro	1,183	
C. Professional Services							Allocated from Symphony Financial	74	
Vendor/Payee	Type	Amount						Entertainment Expense	()
See Schedule 21C	See Schedule 21C	\$ 330,820						(agree to Sch. V, line 24, col. 8)	
								TOTAL	
								\$ 18,252	
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 330,820	TOTAL		\$			

* Attach copy of IMRF notifications

**See instructions.

Facility Name: Symphony of Decatur
 IDPH License ID Number: 0051771
 Fiscal Year End: 12/31/2016

Schedule 21C

XIX. SUPPORT SCHEDULES
C. Professional Services

Vendor	Type	Amount
Allen A. Letkovitz & Associates	Legal	67,883
Documentation Solutions, Inc.	Compliance Audit	1,013
HIPP Law Office	Collections	771
Stone, McGuire and Siegel	Legal	15,649
RSM US LLP	Accounting	24,240
Ability Network	Care/RiskWatch	5,255
Allscripts LLC	Mgmt Mobile Subscription	693
American Express	Internet Communication	24,453
Barracuda Networks, Inc.	Cudasign Cloud	355
Carbonite Inc.	Cloud backup service	1,440
Cardmember Service	Local Usage Inbound	586
CDW Government	Airwatch Mgmt. Subscription	775
Comcast Cable	High Speed Internet	3,242
Creative Technology	Monthly IT Support	13,976
Dart Chart Map Track System, LLC	Mapping and Maintenance of HMO Contract	224
Efax Corporate	Inbound Local MRC	646
E-Health Data Solutions	Care/RiskWatch	2,130
Eitechs Technology Solutions	Reconfigured Data Closet	1,880
EMMI Solutions	Engage Provider Subscription	128
Evault Inc.	Cloud backup service	288
Formation Healthcare Group	Subscription	626
FYI Systems Inc.	Alteryx Design Desktop	416
HDSI	Ammortization	750
Health Data Systems	AP & Payroll Monthly Maintenance	5,569
IIT/Sourcetek	Operator Monthly Support Fee	1,380
Infinite Technology	Data jack replacement	400
Intermedia Marketing Solutions	Sale/Surveys	516
Market Metrix	Subscription	5,690
Microsoft Corporation	Computer Software	4,271
MOEO	Span IOS	248
MOOBILE	New Dev. Iteration	200
Nexuscomm, LLC	Convert Faxes	916
Point B Communication	Yearly Hosting	240
PointClick Care Tech.	Data Processing	8,589
Prime Care Technologies	PJB Reporting	50
Qualfon	Sale/Surveys	294
Telemedicine Solutions	Woundrounds Care Management	15,382
Ventiv Technology	Risk Console Annual Fee	2,258
Wescom Solutions Inc.	Clinical/Bookkeeping	28,941
Zirmed Inc.	Claims Management	3,123
Amortization	Accrual	(29,439)
Corporation Service	Professional Fees	480
Empower Retirement	Professional Fees	74
Health Dimensions Group	Professional Fees	707
HK Payroll Services	Professional Fees	968
Maestro Consulting	Professional Fees	85,982
Medical Business Office	Medicaid Managed Care Acitivity	28,481
Pension Financial Services	Professional Fees	501
Personnel Planners	Claims Management	1,083
Stout Risius Ross, Inc.	Refund	(3,500)
Total (agree to Schedule V, line 19, column 3)		330,820
Allocated from Management Company Symphony Financial Services Professional Services		(1,608)
Allocated from Management Company Maestro Professional Services		36,760
Less: Non-Allowable Legal Fees		(771)
Less: Non-Allowable Collection in Other Professional		(9,796)
Less: Reclassed to Real Estate		(67,883)
Total (agree to Schedule V, line 19, column 8)		287,522

Facility Name & ID Number Symphony of Decatur# 0051771Report Period Beginning: 01/01/2016Ending: 12/31/2016**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?
If YES, give association name and amount. No
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? No
- (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? _____
- (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 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense
and the location of this expense on Sch. V. \$ 0 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. \$ 417,809
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. \$ - 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. \$ _____
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
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