

Facility Name & ID Number Symphony of South Shore

0053751 Report Period Beginning: 01/01/16 Ending: 12/31/16

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	248	Skilled (SNF)	248	90,768	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	248	TOTALS	248	90,768	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			13,904	13,904	8
9	SNF/PED					9
10	ICF	37,594	3,994	25,851	67,439	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	37,594	3,994	39,755	81,343	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 89.62%

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

None (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.

(E.g., day care, "meals on wheels", outpatient therapy)

None

F. Does the facility maintain a daily midnight census?

Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?

YES NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES NO

I. On what date did you start providing long term care at this location?

Date started 10/23/1998

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

YES Date 10/23/1998 NO

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

YES NO If YES, enter number of beds certified 248 and days of care provided 13,904

Medicare Intermediary National Government 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 South Shore # 0053751 Report Period Beginning: 01/01/16 Ending: 12/31/16

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	465,986	53,286	20,371	539,643		539,643		539,643		1
2	Food Purchase		506,732		506,732	(28,548)	478,184	(248)	477,936		2
3	Housekeeping	240,500	58,795		299,295		299,295		299,295		3
4	Laundry	172,724	13,227	25,989	211,940		211,940		211,940		4
5	Heat and Other Utilities			311,842	311,842		311,842	(7,318)	304,524		5
6	Maintenance	111,584		299,427	411,011		411,011	24,854	435,865		6
7	Other (specify):*							4,206	4,206		7
8	TOTAL General Services	990,794	632,040	657,629	2,280,463	(28,548)	2,251,915	21,494	2,273,409		8
	B. Health Care and Programs										
9	Medical Director			135,190	135,190		135,190		135,190		9
10	Nursing and Medical Records	5,968,592	397,978	44,603	6,411,173		6,411,173	159,869	6,571,042		10
10a	Therapy	21,855		38,859	60,714		60,714		60,714		10a
11	Activities	159,532	9,293	1,980	170,805		170,805		170,805		11
12	Social Services	286,571			286,571		286,571		286,571		12
13	CNA Training										13
14	Program Transportation			27,265	27,265		27,265	(4,266)	22,999		14
15	Other (specify):*							25,122	25,122		15
16	TOTAL Health Care and Programs	6,436,550	407,271	247,897	7,091,718		7,091,718	180,726	7,272,444		16
	C. General Administration										
17	Administrative	183,071		1,103,806	1,286,877		1,286,877	(1,057,708)	229,169		17
18	Directors Fees										18
19	Professional Services			417,987	417,987		417,987	21,735	439,722		19
20	Dues, Fees, Subscriptions & Promotions			73,055	73,055		73,055	(4,762)	68,293		20
21	Clerical & General Office Expenses	285,343	49,636	928,684	1,263,663		1,263,663	(481,308)	782,355		21
22	Employee Benefits & Payroll Taxes			1,461,028	1,461,028	28,548	1,489,576		1,489,576		22
23	Inservice Training & Education										23
24	Travel and Seminar			4,631	4,631		4,631	1,505	6,136		24
25	Other Admin. Staff Transportation			3,689	3,689		3,689	3,729	7,418		25
26	Insurance-Prop.Liab.Malpractice			917,675	917,675		917,675	4,361	922,036		26
27	Other (specify):*							58,063	58,063		27
28	TOTAL General Administration	468,414	49,636	4,910,555	5,428,605	28,548	5,457,153	(1,454,386)	4,002,767		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	7,895,758	1,088,947	5,816,081	14,800,786		14,800,786	(1,252,166)	13,548,620		29

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

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

Facility Name & ID Number

Symphony of South Shore

#0053751

Report Period Beginning:

01/01/16

Ending:

12/31/16

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			11,951	11,951		11,951	252,435	264,386			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			157,260	157,260		157,260	(5,522)	151,738			32
33	Real Estate Taxes			566,421	566,421		566,421	5,730	572,151			33
34	Rent-Facility & Grounds			2,609,927	2,609,927		2,609,927	(2,602,449)	7,478			34
35	Rent-Equipment & Vehicles			67,394	67,394		67,394	7,259	74,653			35
36	Other (specify):*											36
37	TOTAL Ownership			3,412,953	3,412,953		3,412,953	(2,342,547)	1,070,406			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		617,373	2,468,845	3,086,218		3,086,218	(22,219)	3,063,999			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			544,075	544,075		544,075		544,075			42
43	Other (specify):*	61,567		174,501	236,068		236,068	(236,068)	0			43
44	TOTAL Special Cost Centers	61,567	617,373	3,187,421	3,866,361		3,866,361	(258,287)	3,608,074			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	7,957,325	1,706,320	12,416,455	22,080,100		22,080,100	(3,852,999)	18,227,101			45

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

Symphony of South Shore

ID# 0053751

Report Period Beginning: 01/01/16

Ending: 12/31/16

Sch. V Line

NON-ALLOWABLE EXPENSES

Amount

Reference

1	Community Relations	\$ 1,240	43	1
2	Guest Relations	(62,807)	43	2
3	Marketing Consultant	(95,168)	43	3
4	Marketing Services	(79,333)	43	4
5	Bank Charges	(988)	21	5
6	Patient Need	(1,953)	10	6
7	Theft & Damage Loss	(195)	21	7
8	Medicare Sequestration	(281,882)	21	8
9	PAC Dues	(6,671)	20	9
10	Additional R&M	6,007	06	10
11	Main Street Sale/Leaseback Arrangement	(2,609,927)	34	11
12	Non Allowable Legal Fees	(25,016)	19	12
13	Capitalized R&M	(9,972)	06	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	(3,166,664)		49

Symphony of South Shore

ID# 0053751
 Report Period Beginning: 01/01/16
 Ending: 12/31/16

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

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Symphony of South Shore# 0053751

Report Period Beginning:

01/01/16

Ending:

12/31/16**SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I**

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary													1
2	Food Purchase	(248)											(248)	2
3	Housekeeping													3
4	Laundry													4
5	Heat and Other Utilities	(9,884)		2,566									(7,318)	5
6	Maintenance	(3,965)		28,819									24,854	6
7	Other (specify):*			4,206									4,206	7
8	TOTAL General Services	(14,097)		35,591									21,494	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records	(1,953)		161,822									159,869	10
10a	Therapy													10a
11	Activities													11
12	Social Services													12
13	CNA Training													13
14	Program Transportation					(4,266)							(4,266)	14
15	Other (specify):*			25,122									25,122	15
16	TOTAL Health Care and Programs	(1,953)		186,945		(4,266)							180,726	16
	C. General Administration													
17	Administrative			(1,057,708)									(1,057,708)	17
18	Directors Fees													18
19	Professional Services	(25,016)		46,751									21,735	19
20	Fees, Subscriptions & Promotions	(23,937)		19,175									(4,762)	20
21	Clerical & General Office Expenses	(821,884)		340,575									(481,308)	21
22	Employee Benefits & Payroll Taxes													22
23	Inservice Training & Education													23
24	Travel and Seminar			1,505									1,505	24
25	Other Admin. Staff Transportation			3,729									3,729	25
26	Insurance-Prop.Liab.Malpractice			4,361									4,361	26
27	Other (specify):*			58,063									58,063	27
28	TOTAL General Administration	(870,836)		(583,549)									(1,454,386)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(886,887)		(361,013)		(4,266)							(1,252,166)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Symphony of South Shore # 0053751 Report Period Beginning: 01/01/16 Ending: 12/31/16

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I		
30	Depreciation	250,130		2,305									252,435	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(5,522)											(5,522)	32
33	Real Estate Taxes			5,730									5,730	33
34	Rent-Facility & Grounds	(2,609,927)		7,478									(2,602,449)	34
35	Rent-Equipment & Vehicles			7,259									7,259	35
36	Other (specify):*													36
37	TOTAL Ownership	(2,365,319)		22,772									(2,342,547)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers				(22,219)								(22,219)	39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(236,068)											(236,068)	43
44	TOTAL Special Cost Centers	(236,068)			(22,219)								(258,287)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(3,488,273)		(338,241)	(22,219)	(4,266)							(3,852,999)	45

VII. RELATED PARTIES

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

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

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V		\$			\$	\$	1
2	V							2
3	V							3
4	V							4
5	V							5
6	V							6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$			\$	\$ *	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	5 UTILITIES	\$	MAESTRO CONSULTING SERVICES LLC	100.00%	\$ 2,566	\$	2,566	15
16	V	6 MAINTENANCE SALARIES		MAESTRO CONSULTING SERVICES LLC	100.00%	23,494		23,494	16
17	V	6 MAINTENANCE EXPENSES		MAESTRO CONSULTING SERVICES LLC	100.00%	5,324		5,324	17
18	V	7 EMPLOYEE BENEFITS - MAINTENANCE		MAESTRO CONSULTING SERVICES LLC	100.00%	4,206		4,206	18
19	V	10 CLINICAL SALARIES		MAESTRO CONSULTING SERVICES LLC	100.00%	161,822		161,822	19
20	V	15 EMPLOYEE BENEFITS - CLINICAL		MAESTRO CONSULTING SERVICES LLC	100.00%	25,122		25,122	20
21	V	17 ADMINISTRATIVE SALARIES		MAESTRO CONSULTING SERVICES LLC	100.00%	46,098		46,098	21
22	V	17 ADMINISTRATIVE EXPENSES		MAESTRO CONSULTING SERVICES LLC	100.00%				22
23	V	19 PROFESSIONAL FEES		MAESTRO CONSULTING SERVICES LLC	100.00%	46,751		46,751	23
24	V	20 DUES, FEES, SUBSCRIPTIONS, ETC.		MAESTRO CONSULTING SERVICES LLC	100.00%	19,175		19,175	24
25	V	21 CLERICAL & GENERAL SALARIES		MAESTRO CONSULTING SERVICES LLC	100.00%	302,863		302,863	25
26	V	21 CLERICAL & GENERAL EXPENSES		MAESTRO CONSULTING SERVICES LLC	100.00%	37,713		37,713	26
27	V	24 SEMINARS AND EDUCATION		MAESTRO CONSULTING SERVICES LLC	100.00%	1,505		1,505	27
28	V	25 TRANSPORTATION		MAESTRO CONSULTING SERVICES LLC	100.00%	3,729		3,729	28
29	V	26 INSURANCE		MAESTRO CONSULTING SERVICES LLC	100.00%	4,361		4,361	29
30	V	27 EMPLOYEE BENEFITS - ADMINISTRATIVE		MAESTRO CONSULTING SERVICES LLC	100.00%	58,063		58,063	30
31	V	30 DEPRECIATION		MAESTRO CONSULTING SERVICES LLC	100.00%	2,305		2,305	31
32	V	33 REAL ESTATE TAX		MAESTRO CONSULTING SERVICES LLC	100.00%	5,730		5,730	32
33	V	34 BUILDING RENTAL		MAESTRO CONSULTING SERVICES LLC	100.00%	7,478		7,478	33
34	V	35 EQUIPMENT RENTAL		MAESTRO CONSULTING SERVICES LLC	100.00%	3,233		3,233	34
35	V	35 AUTO LEASE		MAESTRO CONSULTING SERVICES LLC	100.00%	4,026		4,026	35
36	V								36
37	V	17 MANAGEMENT FEES	1,103,806	MAESTRO CONSULTING SERVICES LLC	100.00%			(1,103,806)	37
38	V								38
39	Total		\$ 1,103,806			\$ 765,565	\$ *	(338,241)	39

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

Facility Name & ID Number Symphony of South Shore

0053751

Report Period Beginning: 01/01/16

Ending: 12/31/16

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	39 DME & Medical Supplies	\$ 219,338	Integra Healthcare Equipment, LLC		\$ 197,119	\$ (22,219)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 219,338			\$ 197,119	\$ * (22,219)

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

Facility Name & ID Number Symphony of South Shore

0053751

Report Period Beginning: 01/01/16

Ending: 12/31/16

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	14 Transportation	\$ 32,343	Lifeline Ambulance LLC	100.00%	\$ 28,077	\$ (4,266)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 32,343			\$ 28,077	\$ * (4,266)

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

Facility Name & ID Number Symphony of South Shore

0053751

Report Period Beginning: 01/01/16

Ending: 12/31/16

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	22 Workers Compensation	\$ 351,015	Maple Leaf Insurance	100.00%	\$ 351,015	\$	15
16	V	26 Liability Insurance	451,529	Maple Leaf Insurance	100.00%	451,529		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		\$ 802,544			\$ 802,544	\$ *	39

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

Facility Name & ID Number Symphony of South Shore

0053751

Report Period Beginning: 01/01/16

Ending: 12/31/16

VII. RELATED PARTIES (continued)

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

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

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

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

Facility Name & ID Number Symphony of South Shore

0053751

Report Period Beginning: 01/01/16

Ending: 12/31/16

VII. RELATED PARTIES (continued)

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

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

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

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

Facility Name & ID Number Symphony of South Shore

0053751

Report Period Beginning: 01/01/16

Ending: 12/31/16

VII. RELATED PARTIES (continued)

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

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

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

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

Facility Name & ID Number Symphony of South Shore

0053751

Report Period Beginning: 01/01/16

Ending: 12/31/16

VII. RELATED PARTIES (continued)

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

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

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

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

Facility Name & ID Number Symphony of South Shore

0053751

Report Period Beginning: 01/01/16

Ending: 12/31/16

VII. RELATED PARTIES (continued)

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

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

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

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

VII. RELATED PARTIES

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

Table with 8 columns: Line number, Owner Name, Ownership %, Related Nursing Home Name, City, Other Business Name, City, Type of Business, and a final line number column. Rows include Sycare Healthcare LLC (99.99%) and Sycare HMG LLC (0.01%), and a list of 28 Symphony of South Shore nursing homes.

Facility Name & ID Number Symphony of South Shore # 0053751 Report Period Beginning: 01/01/16 Ending: 12/31/16

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									\$		1	
2											2	
3											3	
4											4	
5											5	
6											6	
7											7	
8											8	
9											9	
10											10	
11	Where applicable, the amounts reported on this page have been adjusted from the actual costs to reflect only the amounts											11
12	anticipated to be considered allowable by the IL. Dept. of HFS.											12
13								TOTAL	\$		13	

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Symphony of South Shore

0053751

Report Period Beginning:

01/01/16

Ending: 12/31/16

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

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

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

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

Facility Name & ID Number Symphony of South Shore

0053751

Report Period Beginning:

01/01/16

Ending: 12/31/16

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	UTILITIES	AVAIL. CENSUS DAYS	1,836,222	28	\$ 51,919	\$ 90,768	\$ 2,566	1
2	6	MAINTENANCE SALARIES	AVAIL. CENSUS DAYS	1,836,222	28	475,288	475,288	23,494	2
3	6	MAINTENANCE EXPENSES	AVAIL. CENSUS DAYS	1,836,222	28	107,711	90,768	5,324	3
4	7	EMPLOYEE BENEFITS - MAIN	AVAIL. CENSUS DAYS	1,836,222	28	85,090	90,768	4,206	4
5	10	CLINICAL SALARIES	AVAIL. CENSUS DAYS	1,836,222	28	3,273,643	3,273,643	161,822	5
6	15	EMPLOYEE BENEFITS - CLINI	AVAIL. CENSUS DAYS	1,836,222	28	508,220	90,768	25,122	6
7	17	ADMINISTRATIVE SALARIES	AVAIL. CENSUS DAYS	1,836,222	28	932,558	932,558	46,098	7
8	17	ADMINISTRATIVE EXPENSES	AVAIL. CENSUS DAYS	1,836,222	28		90,768		8
9	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS	1,836,222	28	945,768	90,768	46,751	9
10	20	DUES, FEES, SUBSCRIPTIONS,	AVAIL. CENSUS DAYS	1,836,222	28	387,900	90,768	19,175	10
11	21	CLERICAL & GENERAL SALA	AVAIL. CENSUS DAYS	1,836,222	28	6,126,863	6,126,863	302,863	11
12	21	CLERICAL & GENERAL EXPE	AVAIL. CENSUS DAYS	1,836,222	28	762,920	90,768	37,713	12
13	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS	1,836,222	28	30,439	90,768	1,505	13
14	25	TRANSPORTATION	AVAIL. CENSUS DAYS	1,836,222	28	75,434	90,768	3,729	14
15	26	INSURANCE	AVAIL. CENSUS DAYS	1,836,222	28	88,214	90,768	4,361	15
16	27	EMPLOYEE BENEFITS - ADMI	AVAIL. CENSUS DAYS	1,836,222	28	1,174,614	90,768	58,063	16
17	30	DEPRECIATION	AVAIL. CENSUS DAYS	1,836,222	28	46,621	90,768	2,305	17
18	33	REAL ESTATE TAX	AVAIL. CENSUS DAYS	1,836,222	28	115,912	90,768	5,730	18
19	34	BUILDING RENTAL	AVAIL. CENSUS DAYS	1,836,222	28	151,288	90,768	7,478	19
20	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS	1,836,222	28	65,399	90,768	3,233	20
21	35	AUTO LEASE	AVAIL. CENSUS DAYS	1,836,222	28	81,453	90,768	4,026	21
22									22
23									23
24									24
25	TOTALS					\$ 15,487,256	\$ 10,808,353	\$ 765,564	25

Facility Name & ID Number Symphony of South Shore

0053751

Report Period Beginning:

01/01/16

Ending: 12/31/16

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	39	DME & Medical Supplies	Direct Allocation		\$	\$		\$ 197,119	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$ 197,119	25

Facility Name & ID Number Symphony of South Shore

0053751

Report Period Beginning:

01/01/16

Ending: 12/31/16

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization

Lifeline Ambulance LLC

Street Address

2424 S. Wabash Avenue

City / State / Zip Code

Chicago, IL 60616

Phone Number

(312) 949-9595

Fax Number

(312) 949-9262

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	14	Transportation	Direct Allocation		\$	\$		\$ 28,077	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$ 28,077	25

Facility Name & ID Number Symphony of South Shore

0053751

Report Period Beginning:

01/01/16

Ending: 12/31/16

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization

Maple Leaf Insurance

Street Address

PO Box 69, 720 West Bay Rd

City / State / Zip Code

Grand Cayman, KY1-1102

Phone Number

()

Fax Number

()

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	22	Workers Compensation	Direct Allocation		\$	\$		\$ 351,015	1
2	26	Liability Insurance	Direct Allocation					451,529	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				\$	\$		\$ 802,544	25

Facility Name & ID Number Symphony of South Shore

0053751

Report Period Beginning:

01/01/16

Ending: 12/31/16

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

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

Facility Name & ID Number Symphony of South Shore

0053751

Report Period Beginning:

01/01/16

Ending: 12/31/16

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

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

Facility Name & ID Number Symphony of South Shore

0053751

Report Period Beginning:

01/01/16

Ending: 12/31/16

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

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

Facility Name & ID Number Symphony of South Shore

0053751 Report Period Beginning: 01/01/16 Ending: 12/31/16

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization _____
 Street Address _____
 City / State / Zip Code _____
 Phone Number (____) _____
 Fax Number (____) _____

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

Facility Name & ID Number Symphony of South Shore

0053751

Report Period Beginning:

01/01/16

Ending: 12/31/16

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

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

Facility Name & ID Number

Symphony of South Shore

0053751

Report Period Beginning:

01/01/16

Ending:

12/31/16

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	RCA		X	Note Payable				138,173												
7	The Private Bank		X	Line of Credit						157,260										
8					-															
9	TOTAL Facility Related						\$	\$ 138,173		\$ 157,260										
B. Non-Facility Related*																				
10	Interest Income		X							(5,522)										
11																				
12																				
13					-															
14	TOTAL Non-Facility Related						\$	\$		\$ (5,522)										
15	TOTALS (line 9+line14)						\$	\$ 138,173		\$ 151,738										

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

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

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

Facility Name & ID Number

Symphony of South Shore

0053751

Report Period Beginning:

01/01/16

Ending:

12/31/16

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

(See instructions.)

Facility Name & ID Number Symphony of South Shore

0053751

Report Period Beginning:

01/01/16

Ending:

12/31/16

X. BUILDING AND GENERAL INFORMATION:

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

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

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

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

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

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

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

None

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

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

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

XI. OWNERSHIP COSTS:

A. Land.

Table with 5 columns: Use, Square Feet, Year Acquired, Cost, and a final column with values 1, 2, 3. Row 1: Allocated from Maestro Consulting/7257 Lincoln, \$ 7,909, 1. Row 2: (blank), 2. Row 3: TOTALS, \$ 7,909, 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									
Improvement Type**									
9	Various		1998	78,106		20	3,905	3,905	70,907
10	Various		1999	88,720		20	4,436	4,436	78,203
11	Various		2000	72,602		20	3,630	3,630	60,501
12	Various		2001	45,629		20	2,281	2,281	35,674
13	Various		2002	11,757		20			11,757
14	Various		2003	16,299		20			16,299
15	Various		2004	62,649		20			62,649
16	Various		2005	10,333		20	315	315	9,235
17	Various		2006	72,736		20	1,871	1,871	64,798
18	Various		2007	176,978		20	17,306	17,306	169,636
19	Various		2008	131,853		20	11,460	11,460	95,117
20	Various		2009	477,567		20	38,058	38,058	328,734
21	Various		2010	138,348		20	8,462	8,462	100,438
22	Various		2011	211,126		20	19,935	19,935	112,353
23	Various		2012	39,292		20	3,326	3,326	15,229
24									
25									
26									
27									
28									
29									
30									
31									
32									
33									
34									
35									
36									

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Symphony of South Shore# 0053751

Report Period Beginning:

01/01/16

Ending:

12/31/16**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		\$ 1,752,615	\$ 14,017		\$ 119,294	\$ 105,277	\$ 1,280,248	1
2	Security System-Replace Dvr,Cameras,Cctv On Parking Lot & Str	2013	4,878		20	976	976	3,577	2
3	Awning	2013	6,380		20	638	638	2,286	3
4	Entrance & Ramp Of Parking Garage	2013	32,575		20	2,172	2,172	7,782	4
5	Wiring For Wi-Fi	2013	7,388		20	1,478	1,478	5,541	5
6	8 Cctvs	2013	4,220		20	844	844	2,954	6
7	Divider Wall, Cabinet-Room 339, Window Sills-All Resident Room	2013	16,680		20	3,336	3,336	10,842	7
8	Install 2 Cctv Outside Facing Parking Lot	2013	3,310		20	331	331	1,076	8
9	Sprinkler System	2013	9,422		20	942	942	3,062	9
10	Hvac Motors & Blowers	2013	4,813		20	963	963	3,770	10
11	1St - 4Th Floors - Flooring, Light Fixtures, Paint, Cabinetry, Wall	2013	616,651		20	30,833	30,833	110,483	11
12	Elevator Repairs & 16 Led Recessed Cans	2013	5,480		20	274	274	845	12
13	Replace Lighting Balast Parking Lot Top & Mounted On Bldg, Re	2013	6,660		20	333	333	1,332	13
14	Boiler Repairs - 4 Ignitors And 2 Boards	2013	6,957		20	348	348	1,362	14
15	Window Replacement For Foom 208 And Window For Attic Stock	2013	2,716		20	136	136	521	15
16	Replaced Roof Outside Oxygen Room	2013	3,920		20	196	196	702	16
17	Labor & Material To Service And Replace Siemens Elevator Lines	2013	2,718		20	136	136	419	17
18	A/C Repair	2013	3,243		20	162	162	595	18
19	Tiling - Therapy Room	2013	3,302		20	165	165	509	19
20	Corner Guards For Entire 1St, 2Nd, 4Th & Part Of 3Rd Floors	2013	3,564		20	178	178	564	20
21	Brackets, Window Sills In Bistro & Dining Room	2014	5,610		20	281	281	842	21
22	Cabinets, Studs, Drywall For Therapy Room	2014	2,970		20	148	148	433	22
23	Electrical Work - Therapy Room	2014	9,800		20	490	490	1,429	23
24	Signs & Banners For Entire 1St Floor	2014	2,554		20	255	255	660	24
25	Treatment In Resident Rooms, Surface Top In Dinnig Room	2014	139,380		20	6,969	6,969	18,003	25
26	5 Wanderguard Complete System	2014	14,754		20	738	738	1,967	26
27	1 Fire Alarm System Device, 1 Replaced Tamper Panel Trouble B	2014	7,755		20	388	388	872	27
28	Electrical Work In Parking Lot, Install New Cameras In The Park	2014	6,020		20	301	301	627	28
29	Install 10 New Security Cameras.	2014	5,170		20	1,034	1,034	2,413	29
30	Pump Repair & Replace Motor For Water Heater	2014	2,818		20	141	141	399	30
31	Repair Pipe In Dietary Area	2014	2,850		20	143	143	297	31
32	Remove & Install New Vinyl Plank & Base	2014	7,750		20	388	388	775	32
33	Commercial Water Heater	2015	7,841		20	392	392	784	33
34	TOTAL (lines 1 thru 33)		\$ 2,712,763	\$ 14,017		\$ 175,400	\$ 161,383	\$ 1,467,972	34

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

Facility Name & ID Number Symphony of South Shore

0053751

Report Period Beginning:

01/01/16

Ending:

12/31/16

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 2,712,763	\$ 14,017		\$ 175,400	\$ 161,383	\$ 1,467,972	1
2	Installed New Pump For Boiler	2015	4,490		20	224	224	449	2
3	Install New Recirculating Pump For Boiler	2015	4,068		20	203	203	407	3
4	Repaired Pump Valves	2015	2,794		20	140	140	279	4
5	Parking Lot Work	2015	365,310		20	18,266	18,266	36,531	5
6	Wall Mount Charging Station	2015	3,684		20	184	184	368	6
7	Camera / Indoor Keypads / Electrical In Kitchen	2016	2,560		20	128	128	128	7
8	Kitchen Improvements - New Walls, Flooring	2016	4,670		20	234	234	234	8
9	Plumbing Service / Piping	2016	8,150		20	408	408	408	9
10	Kitchen Improvements - Drywall & Trim	2016	6,500		20	325	325	325	10
11	Install 2 New Hand Washing	2016	12,800		20	640	640	640	11
12	Fan Motors	2016	5,848		20	292	292	292	12
13	Booster System - New Motor, Seals, Gauges	2016	3,266		20	163	163	163	13
14	Restore South Side Of Garage Roof By Patch/New Frame/Pour Co	2016	2,700		20	135	135	135	14
15	Repair Boilers - Vacuum,Piping,Electricals,Controls,Air Intakes/V	2016	4,498		20	225	225	225	15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,144,101	\$ 14,017		\$ 196,967	\$ 182,950	\$ 1,508,556	34

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

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 3,144,101	\$ 14,017		\$ 196,967	\$ 182,950	\$ 1,508,556	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34		\$ 3,144,101	\$ 14,017		\$ 196,967	\$ 182,950	\$ 1,508,556	34

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

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 3,144,101	\$ 14,017		\$ 196,967	\$ 182,950	\$ 1,508,556	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 3,144,101	\$ 14,017		\$ 196,967	\$ 182,950	\$ 1,508,556	34

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

Facility Name & ID Number Symphony of South Shore

0053751

Report Period Beginning:

01/01/16

Ending:

12/31/16

XI. OWNERSHIP COSTS (continued)

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

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

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

XI. OWNERSHIP COSTS (continued)

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

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

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Related Party		\$	\$		\$	\$		1
2	Buildings:								2
3	<u>Allocated from Maestro Consulting/7257 Lincoln</u>	2004	71,182	1,825	35	2,034	209	26,693	3
4									4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	<u>Allocated from Maestro Consulting Services</u>	2003	579		20	29	29	380	9
10	<u>Allocated from Maestro Consulting Services</u>	2004	11,755		20	638	638	7,480	10
11	<u>Allocated from Maestro Consulting Services</u>	2005	697		20	35	35	413	11
12	<u>Allocated from Maestro Consulting Services</u>	2006	945		20	47	47	490	12
13	<u>Allocated from Maestro Consulting Services</u>	2008	996		20	50	50	411	13
14	<u>Allocated from Maestro Consulting Services</u>	2009	16,037		20	752	752	6,102	14
15	<u>Allocated from Maestro Consulting Services</u>	2010	2,464		20	123	123	802	15
16	<u>Allocated from Maestro Consulting Services</u>	2011	133		20	7	7	39	16
17	<u>Allocated from Maestro Consulting Services</u>	2012	148		20	7	7	35	17
18	<u>Allocated from Maestro Consulting Services</u>	2014	1,854		20	93	93	242	18
19	<u>Allocated from Maestro Consulting Services</u>	2015	521		20	26	26	35	19
20	<u>Allocated from Maestro Consulting Services</u>	2016	2,284	88	20	88		88	20
21									21
22	<u>Allocated from Maestro Consulting/7257 Lincoln</u>	2015	1,122	107	20	75	(32)	100	22
23	<u>Allocated from Maestro Consulting/7257 Lincoln</u>	2005	6,489	46	20	233	187	4,526	23
24	<u>Allocated from Maestro Consulting/7257 Lincoln</u>	2004	1,415		20	71	71	884	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)		\$ 118,621	\$ 2,066		\$ 4,308	\$ 2,242	\$ 48,720	34

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

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 118,621	\$ 2,066		\$ 4,308	\$ 2,242	\$ 48,720	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 118,621	\$ 2,066		\$ 4,308	\$ 2,242	\$ 48,720	34

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

Facility Name & ID Number Symphony of South Shore

0053751

Report Period Beginning:

01/01/16

Ending:

12/31/16

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	\$ 617,396	\$	\$ 59,121	\$ 59,121	10	\$ 484,552	71
72	Current Year Purchases	82,786	239	8,130	7,891	10	8,169	72
73	Fully Depreciated Assets	779,477		168	168	10	806,320	73
74								74
75	TOTALS	\$ 1,479,658	\$ 239	\$ 67,419	\$ 67,180		\$ 1,299,041	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76		Allocated from Maestro Consulti	2016	\$ 438	\$	\$	\$	5	\$ 438	76
77										77
78										78
79										79
80	TOTALS			\$ 438	\$	\$	\$		\$ 438	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 4,632,107	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 14,256	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 264,386	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 250,130	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 2,808,035	85

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

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

G. Construction-in-Progress

	Description	Cost	
92	CIP	\$ 8,195	92
93			93
94			94
95		\$ 8,195	95

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

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

Facility Name & ID Number Symphony of South Shore

0053751

Report Period Beginning: 01/01/16

Ending: 12/31/16

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

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

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

If NO, see instructions.

YES NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5	<u>Allocated from Maestro Consulting</u>				<u>7,478</u>			5
6								6
7	TOTAL				\$ 7,478			7

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

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

Fiscal Year Ending Annual Rent

12. _____ /2017 \$ _____

13. _____ /2018 \$ _____

14. _____ /2019 \$ _____

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

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

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

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

15. Is Movable equipment rental included in building rental?

YES NO

16. Rental Amount for movable equipment: \$ 55,177

Description: See Attached Schedule

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>Facility</u>	<u>2016 Ford T350HD</u>	\$ <u>919</u>	\$ <u>15,449</u>	17
18	<u>Allocated from Maestro Consulting</u>			<u>4,026</u>	18
19					19
20					20
21	TOTAL		\$ 919	\$ 19,475	21

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

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

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility			
		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 - 03	hrs	\$		\$ 991,769	\$		\$ 991,769	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			261,801			261,801	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			990,539			990,539	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39 - 02	# of prescrpts				414,862		414,862	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): _____									12
13	Other (specify): <u>See Supplemental</u>					224,736	202,511		427,247	13
14	TOTAL			\$		\$ 2,468,845	\$ 617,373		\$ 3,086,218	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.

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/16

(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	\$ 1,285	\$	1
2	Cash-Patient Deposits	41,806		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	7,505,488		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	2,500		6
7	Other Prepaid Expenses	2,180		7
8	Accounts Receivable (owners or related parties)	900,457		8
9	Other(specify): <u>See Attached Schedule</u>	247,964		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 8,701,680	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	34,680		15
16	Equipment, at Historical Cost	107,148		16
17	Accumulated Depreciation (book methods)	(12,045)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>See Attached Schedule</u>	548,519		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 678,302	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 9,379,982	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 6,918,732	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	41,806		28
29	Short-Term Notes Payable	138,173		29
30	Accrued Salaries Payable	154,498		30
31	Accrued Taxes Payable (excluding real estate taxes)	100,512		31
32	Accrued Real Estate Taxes(Sch.IX-B)	542,745		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>See Attached Schedule</u>	789,116		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 8,685,582	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>See Attached Schedule</u>	136,789		43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 136,789	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 8,822,371	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 557,611	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 9,379,982	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 245,855	1
2	Restatements (describe):		2
3	Equity Restatement	(19,375)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 226,480	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	331,131	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)	\$ 331,131	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)	\$ 557,611	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Symphony of South Shore# 0053751Report Period Beginning: 01/01/16Ending: 12/31/16**XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.****Note: This schedule should show gross revenue and expenses. Do not net revenue against expense**

1

I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 21,675,252	1
2	Discounts and Allowances for all Levels	(304,857)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 21,370,395	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,022,526	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,022,526	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	9,525	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	3,050	19
20	Radiology and X-Ray		20
21	Other Medical Services	213	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 12,788	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	5,522	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 5,522	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 22,411,231	30

2

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,280,463	31
32	Health Care	7,091,718	32
33	General Administration	5,428,605	33
B. Capital Expense			
34	Ownership	3,412,953	34
C. Ancillary Expense			
35	Special Cost Centers	3,322,286	35
36	Provider Participation Fee	544,075	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 22,080,100	40
41	Income before Income Taxes (line 30 minus line 40)**	331,131	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 331,131	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 9,559,576	44
45	Private Pay - Net Inpatient Revenue	794,224	45
46	Medicare - Net Inpatient Revenue	7,849,493	46
47	Other-(specify) <u>Managed Care</u>	2,436,128	47
48	Other-(specify) <u>Hospice</u>	730,974	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 21,370,395	49

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? Not Complete If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

Facility Name & ID Number Symphony of South Shore

0053751

Report Period Beginning:

01/01/16

Ending:

12/31/16

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,758	2,105	\$ 115,980	\$ 55.10	1
2	Assistant Director of Nursing	2,827	3,562	140,684	39.50	2
3	Registered Nurses	42,421	45,738	1,534,972	33.56	3
4	Licensed Practical Nurses	78,612	82,714	2,322,596	28.08	4
5	CNAs & Orderlies	143,182	154,253	1,804,758	11.70	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,598	1,773	21,855	12.33	8
9	Activity Director	2,088	2,214	52,918	23.90	9
10	Activity Assistants	8,246	8,997	106,614	11.85	10
11	Social Service Workers	8,988	10,046	266,415	26.52	11
12	Dietician					12
13	Food Service Supervisor	6,098	6,656	149,755	22.50	13
14	Head Cook	3,432	3,633	64,775	17.83	14
15	Cook Helpers/Assistants	22,455	24,272	251,456	10.36	15
16	Dishwashers					16
17	Maintenance Workers	4,636	4,830	111,584	23.10	17
18	Housekeepers	18,226	19,778	240,500	12.16	18
19	Laundry	13,793	15,033	172,724	11.49	19
20	Administrator	2,088	2,125	182,607	85.93	20
21	Assistant Administrator	10	13	464	35.69	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	13,827	14,823	285,343	19.25	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	625	667	16,859	25.28	31
32	Other Health Care(specify)					32
33	Other(specify)	4,732	5,238	114,466	21.85	33
34	TOTAL (lines 1 - 33)	379,642	408,470	\$ 7,957,325 *	\$ 19.48	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	433	\$ 20,371	01-03	35
36	Medical Director	Monthly	135,190	09-03	36
37	Medical Records Consultant				37
38	Nurse Consultant	62	3,390	10-03	38
39	Pharmacist Consultant	Monthly	41,213	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	777	38,859	10a-03	42
43	Speech Therapy Consultant				43
44	Activity Consultant	36	1,980	11-03	44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	1,308	\$ 241,003		49

C. CONTRACT NURSES

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

Facility Name & ID Number Symphony of South Shore

0053751

Report Period Beginning: 01/01/16

Ending: 12/31/16

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount		
<u>Ebony Scott</u>	<u>Administrator</u>	<u>0.00</u>	\$ <u>182,607</u>	<u>Workers' Compensation Insurance</u>	\$ <u>351,015</u>	<u>IDPH License Fee</u>	\$ _____		
<u>Laura A. Aranda</u>	<u>Asst. Admin</u>	<u>0.00</u>	<u>464</u>	<u>Unemployment Compensation Insurance</u>	<u>132,842</u>	<u>Advertising: Employee Recruitment</u>	_____		
				<u>FICA Taxes</u>	<u>582,524</u>	<u>Health Care Worker Background Check</u>	<u>11,382</u>		
				<u>Employee Health Insurance</u>	<u>333,388</u>	(Indicate # of checks performed <u>1138</u>)			
				<u>Employee Meals</u>	<u>28,548</u>	<u>Patient Background Checks</u>	<u>605</u>		
				<u>Illinois Municipal Retirement Fund (IMRF)*</u>		<u>Dues and Subscription</u>	<u>20,704</u>		
				<u>Pension Plan</u>	<u>43,270</u>	<u>License and Permits</u>	<u>10,982</u>		
				<u>Employee Physical Exams</u>	<u>5,538</u>	<u>Allocated from Maestro Consulting</u>	<u>19,175</u>		
				<u>Other Employee Benefits</u>	<u>12,451</u>				
TOTAL (agree to Schedule V, line 17, col. 1)			\$ <u>183,071</u>	TOTAL (agree to Schedule V, line 22, col.8)			\$ <u>1,489,576</u>		
(List each licensed administrator separately.)									
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**		
Description			Amount	Description	Line #	Amount	Description	Amount	
<u>Management Fees - Maestro Consulting</u>			\$ <u>1,103,806</u>				<u>Out-of-State Travel</u>	\$ _____	
							<u>In-State Travel</u>	_____	
							<u>Seminar Expense</u>	<u>4,631</u>	
							<u>Allocated from Maestro Consulting</u>	<u>1,505</u>	
TOTAL (agree to Schedule V, line 17, col. 3)			\$ <u>1,103,806</u>	TOTAL			\$ _____	Entertainment Expense	(_____)
(Attach a copy of any management service agreement)							(agree to Sch. V, line 24, col. 8)		
C. Professional Services							TOTAL		
Vendor/Payee	Type		Amount						
<u>See Attached</u>	<u>Legal Fees</u>		\$ <u>48,508</u>						
<u>Marcum LLP</u>	<u>Accounting Fees</u>		<u>48,014</u>						
<u>Achieve Accreditation</u>	<u>Other Professional</u>		<u>8,649</u>						
<u>Corporation Service</u>	<u>Due Diligence</u>		<u>1,255</u>						
<u>Engineering Resources</u>	<u>Topographical Plan</u>		<u>4,328</u>						
<u>Health Dimensions Group</u>	<u>Management Consulting</u>		<u>899</u>						
<u>Klein & Hoffman</u>	<u>Water Management</u>		<u>3,513</u>						
<u>Language Line Service</u>	<u>Translation</u>		<u>3,056</u>						
<u>Maestro Consulting</u>	<u>Consulting Services</u>		<u>106,195</u>						
<u>Medical Business Office</u>	<u>Medical Coding</u>		<u>56,555</u>						
<u>Personnel Planners</u>	<u>Unemployment Consulting</u>		<u>7,630</u>						
<u>See Supplemental Schedule</u>			<u>129,385</u>						
TOTAL (agree to Schedule V, line 19, column 3)			\$ <u>417,988</u>						
(For legal fee disclosure, see page 39 of instructions)									

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Symphony of South Shore# 0053751Report Period Beginning: 01/01/16Ending: 12/31/16**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. ICLTC: \$20,214
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ None Line N/A
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? Yes
If YES, give effective date of lease. 11/1/2015
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES X NO If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.
Renaissance at South Shore IDPH # 0042085
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 544,075
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. \$ 28,548 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
c. What percent of all travel expense relates to transportation of nurses and patients? 100% Ln 1
d. Have vehicle usage logs been maintained? N/A
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? No
g. **Does the facility transport residents to and from day training? N/A**
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes
Attach invoices and a summary of services for all architect and appraisal fees