



Facility Name & ID Number Symphony of Orchard Valley

# 0051763 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	203	Skilled (SNF)	203	74,298	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	203	TOTALS	203	74,298	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	39,422	7,403	18,056	64,881	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	39,422	7,403	18,056	64,881	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 87.33%

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 127 and days of care provided 4,492

Medicare Intermediary Wisconsin Physicians 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 Orchard Valley # 0051763 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
	<b>A. General Services</b>										
1	Dietary	384,780	39,396	21,886	446,062		446,062		446,062		1
2	Food Purchase		376,840		376,840		376,840		376,840		2
3	Housekeeping	136,036	61,514		197,550		197,550		197,550		3
4	Laundry	122,852	43,409	9,160	175,421		175,421		175,421		4
5	Heat and Other Utilities			236,606	236,606		236,606	2,101	238,707		5
6	Maintenance	94,564	1,390	172,929	268,883		268,883	23,589	292,472		6
7	Other (specify):* <b>Mgmt alloc of benef</b>							3,443	3,443		7
8	<b>TOTAL General Services</b>	738,232	522,549	440,581	1,701,362		1,701,362	29,133	1,730,495		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			18,000	18,000		18,000		18,000		9
10	Nursing and Medical Records	3,807,832	271,225	117,267	4,196,324		4,196,324	132,460	4,328,784		10
10a	Therapy										10a
11	Activities	96,141		5,370	101,511		101,511		101,511		11
12	Social Services	70,605			70,605		70,605		70,605		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* <b>Mgmt alloc of benef</b>							20,564	20,564		15
16	<b>TOTAL Health Care and Programs</b>	3,974,578	271,225	140,637	4,386,440		4,386,440	153,024	4,539,464		16
	<b>C. General Administration</b>										
17	Administrative	86,506		734,373	820,879		820,879	(696,639)	124,240		17
18	Directors Fees										18
19	Professional Services			307,279	307,279		307,279	(41,287)	265,992		19
20	Dues, Fees, Subscriptions & Promotions			27,889	27,889		27,889	9,947	37,836		20
21	Clerical & General Office Expenses	220,554	29,148	90,804	340,506		340,506	319,279	659,785		21
22	Employee Benefits & Payroll Taxes			1,041,984	1,041,984		1,041,984		1,041,984		22
23	Inservice Training & Education										23
24	Travel and Seminar			1,200	1,200		1,200	1,314	2,514		24
25	Other Admin. Staff Transportation			965	965		965	3,052	4,017		25
26	Insurance-Prop.Liab.Malpractice			407,091	407,091		407,091	3,569	410,660		26
27	Other (specify):* <b>Mgmt alloc of benef</b>							47,528	47,528		27
28	<b>TOTAL General Administration</b>	307,060	29,148	2,611,585	2,947,793		2,947,793	(353,237)	2,594,556		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	5,019,870	822,922	3,192,803	9,035,595		9,035,595	(171,080)	8,864,515		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 Orchard Valley

#0051763

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	
	<b>D. Ownership</b>											
30	Depreciation			197,593	197,593		197,593	7,220	204,813			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			73,903	73,903		73,903	4,054	77,957			32
33	Real Estate Taxes			111,386	111,386		111,386	4,690	116,076			33
34	Rent-Facility & Grounds			1,798,754	1,798,754		1,798,754	6,398	1,805,152			34
35	Rent-Equipment & Vehicles			91,046	91,046		91,046	5,944	96,990			35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			2,272,682	2,272,682		2,272,682	28,306	2,300,988			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation			1,792	1,792		1,792		1,792			38
39	Ancillary Service Centers		186,894	1,797,305	1,984,199		1,984,199		1,984,199			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			477,907	477,907		477,907		477,907			42
43	Other (specify):* <b>Non-Allowable Cos</b>	91,481		2,220,823	2,312,304		2,312,304	(2,312,304)				43
44	<b>TOTAL Special Cost Centers</b>	91,481	186,894	4,497,827	4,776,202		4,776,202	(2,312,304)	2,463,898			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	5,111,351	1,009,816	9,963,312	16,084,479		16,084,479	(2,455,078)	13,629,401			45

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

**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	(23,617)	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	1,718	30		9
10	Interest and Other Investment Income	(572)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,783)	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	(3,721)	43		18
19	Entertainment				19
20	Contributions	(10,475)	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	(2,046,404)	43		24
25	Fund Raising, Advertising and Promotional	(6,890)	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	(301,918)	Var.		29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (2,394,662)		\$	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)	(60,416)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (60,416)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (2,455,078)		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	<b>TOTAL (C): (sum of lines 38-46)</b>			\$		47

BHF USE ONLY							
48		49		50		51	

Symphony of Orchard Valley

ID# 0051763

Report Period Beginning: 01/01/2016

Ending: 12/31/2016

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Nonallowable marketing events	\$ (106,854)	43	1
2	Laboratory Costs	(10,691)	43	2
3	X-Ray Costs	(8,488)	43	3
4	Lobbying Expense	(10,748)	20	4
5	Nonallowable Legal	(9,906)	19	5
6	Admissions Salaries	(47,153)	43	6
7	Theft and damage loss	(900)	43	7
8	Non-allowable collections	(62,850)	19	8
9	Non Allowable Guest Relations	(44,328)	43	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	<b>Total</b>	(301,918)		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	<b>Total</b>		\$			\$	\$ * 0	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	19 Professional Services	\$ 1,799	Symphony Financial Services, LLC	100%	\$ (1,799)	15	
16	V	21 Clerical & General Office Exp		Symphony Financial Services, LLC	100%	40,501	16	
17	V	24 Travel & Seminar		Symphony Financial Services, LLC	100%	82	17	
18	V	30 Depreciation		Symphony Financial Services, LLC	100%	3,616	18	
19	V	32 Interest		Symphony Financial Services, LLC	100%	4,626	19	
20	V	34 Rent-Facility & Grounds		Symphony Financial Services, LLC	100%	277	20	
21	V	35 Rent- Equipment		Symphony Financial Services, LLC	100%	2	21	
22	V						22	
23	V						23	
24	V						24	
25	V						25	
26	V						26	
27	V						27	
28	V						28	
29	V						29	
30	V						30	
31	V						31	
32	V						32	
33	V						33	
34	V						34	
35	V						35	
36	V						36	
37	V						37	
38	V						38	
39	Total		\$ 1,799			\$ 49,104	\$ * 47,305	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	5 Utilities	\$	Maestro Consulting Services	100.00%	\$ 2,101	\$ 2,101 15
16	V	6 Maintenance Salaries		Maestro Consulting Services	100.00%	19,231	19,231 16
17	V	6 Maintenance Expenses		Maestro Consulting Services	100.00%	4,358	4,358 17
18	V	7 Employee Benefits - Maintenance		Maestro Consulting Services	100.00%	3,443	3,443 18
19	V	10 Clinical Salaries		Maestro Consulting Services	100.00%	132,460	132,460 19
20	V	15 Employee Benefits - Clinical		Maestro Consulting Services	100.00%	20,564	20,564 20
21	V	17 Administrative Salaries	734,373	Maestro Consulting Services	100.00%	37,734	(696,639) 21
22	V	19 Professional Fees		Maestro Consulting Services	100.00%	38,268	38,268 22
23	V	20 Dues, Fees, Subscriptions, Etc.		Maestro Consulting Services	100.00%	15,695	15,695 23
24	V	21 Clerical & General Salaries		Maestro Consulting Services	100.00%	247,908	247,908 24
25	V	21 Clerical & General Expenses		Maestro Consulting Services	100.00%	30,870	30,870 25
26	V	24 Seminars and Education		Maestro Consulting Services	100.00%	1,232	1,232 26
27	V	25 Transportation		Maestro Consulting Services	100.00%	3,052	3,052 27
28	V	26 Insurance		Maestro Consulting Services	100.00%	3,569	3,569 28
29	V	27 Employee Benefits - Administrative		Maestro Consulting Services	100.00%	47,528	47,528 29
30	V	30 Depreciation		Maestro Consulting Services	100.00%	1,886	1,886 30
31	V	33 Real Estate Tax		Maestro Consulting Services	100.00%	4,690	4,690 31
32	V	34 Building Rental		Maestro Consulting Services	100.00%	6,121	6,121 32
33	V	35 Equipment Rental		Maestro Consulting Services	100.00%	2,646	2,646 33
34	V	35 Auto Lease		Maestro Consulting Services	100.00%	3,296	3,296 34
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 734,373			\$ 626,652	\$ * (107,721) 39

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

**VII. RELATED PARTIES (continued)**

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	10 Nursing Supplies & Equipment	\$ 2,638	Integra Healthcare Equipment		\$ 2,638	\$	15
16	V	35 Equipment Rental	34,502	Integra Healthcare Equipment		34,502		16
17	V	39 DME & Medical Supplies	2,750	Integra Healthcare Equipment		2,750		17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	<b>Total</b>		\$ 39,890			\$ 39,890	\$ * 0	39

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

Facility Name &amp; ID Number

Symphony of Orchard Valley

# 0051763

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

## VII. RELATED PARTIES

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

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

Facility Name & ID Number Symphony of Orchard Valley # 0051763 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference
						Hours	Percent	Description	Amount	
1	<b>No owners receive compensation from this facility.</b>			<b>0.00</b>					\$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13								<b>TOTAL</b>	\$	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 Orchard Valley

# 0051763

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)	64,881	\$(1,799)	1
2	21	Clerical & General Office Exp	Occupied Bed Days	502,430	12	313,631	64,881	40,501	2
3	24	Travel & Seminar	Occupied Bed Days	502,430	12	638	64,881	82	3
4	30	Depreciation	Occupied Bed Days	502,430	12	28,003	64,881	3,616	4
5	32	Interest	Occupied Bed Days	502,430	12	35,825	64,881	4,626	5
6	34	Rent-Facility & Grounds	Occupied Bed Days	502,430	12	2,143	64,881	277	6
7	35	Rent- Equipment	Occupied Bed Days	502,430	12	14	64,881	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	\$	\$ 47,305	25

Facility Name & ID Number Symphony of Orchard Valley

# 0051763

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	\$ 74,298	\$ 2,101	1
2	6	Maintenance Salaries	Bed Days Available	1,836,222	28	475,288	475,288	19,231	2
3	6	Maintenance Expenses	Bed Days Available	1,836,222	28	107,711	74,298	4,358	3
4	7	Employee Benefits - Maintenance	Bed Days Available	1,836,222	28	85,090	74,298	3,443	4
5	10	Clinical Salaries	Bed Days Available	1,836,222	28	3,273,643	3,273,643	132,460	5
6	15	Employee Benefits - Clinical	Bed Days Available	1,836,222	28	508,220	74,298	20,564	6
7	17	Administrative Salaries	Bed Days Available	1,836,222	28	932,558	932,558	37,734	7
8	19	Professional Fees	Bed Days Available	1,836,222	28	945,768	74,298	38,268	8
9	20	Dues, Fees, Subscriptions, Etc.	Bed Days Available	1,836,222	28	387,900	74,298	15,695	9
10	21	Clerical & General Salaries	Bed Days Available	1,836,222	28	6,126,863	6,126,863	247,908	10
11	21	Clerical & General Expenses	Bed Days Available	1,836,222	28	762,920	74,298	30,870	11
12	24	Seminars and Education	Bed Days Available	1,836,222	28	30,439	74,298	1,232	12
13	25	Transportation	Bed Days Available	1,836,222	28	75,434	74,298	3,052	13
14	26	Insurance	Bed Days Available	1,836,222	28	88,214	74,298	3,569	14
15	27	Employee Benefits - Administrative	Bed Days Available	1,836,222	28	1,174,614	74,298	47,528	15
16	30	Depreciation	Bed Days Available	1,836,222	28	46,621	74,298	1,886	16
17	33	Real Estate Tax	Bed Days Available	1,836,222	28	115,912	74,298	4,690	17
18	34	Building Rental	Bed Days Available	1,836,222	28	151,288	74,298	6,121	18
19	35	Equipment Rental	Bed Days Available	1,836,222	28	65,399	74,298	2,646	19
20	35	Auto Lease	Bed Days Available	1,836,222	28	81,453	74,298	3,296	20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 15,487,254	\$ 10,808,352	\$ 626,652	25

Facility Name & ID Number Symphony of Orchard Valley

# 0051763

Report Period Beginning:

01/01/2016

Ending: 2/31/2016

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization Integra Healthcare Equipment, Inc.  
 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		\$	\$		\$ 2,638	1
2	35	Equipment Rental	Direct Allocation					34,502	2
3	39	DME & Medical Supplies	Direct Allocation					2,750	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				\$	\$		\$ 39,890	25

Facility Name & ID Number

Symphony of Orchard Valley

# 0051763

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			
<b>A. Directly Facility Related</b>																				
<b>Long-Term</b>																				
1																				
2																				
3																				
4																				
5																				
<b>Working Capital</b>																				
6	The Private Bank		X	Capital Improvements	Interest Only	12/30/2011	2,000,000	118,318	12/30/2017	0.0525	3,584									
7	The Private Bank		X	Line of credit	Interest Only	12/30/2011	27,000,000	2,321,112	4/22/2017	0.0450	70,319									
8																				
9	<b>TOTAL Facility Related</b>						\$ 29,000,000	\$ 2,439,430			\$ 73,903									
<b>B. Non-Facility Related*</b>																				
10																				
11																				
12																				
13																				
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$ 4,054									
15	<b>TOTALS (line 9+line14)</b>						\$ 29,000,000	\$ 2,439,430			\$ 77,957									

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.			\$	<u>62,000</u>	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		\$	<u>108,269</u>	2
3. Under or (over) accrual (line 2 minus line 1).			\$	<u>46,269</u>	3
4. Real Estate Tax accrual used for 2016 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	<u>65,117</u>	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. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>			\$		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. <b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		Alloc. Fr. Mgmt Co.	\$	<u>4,690</u>	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	<u>116,076</u>	7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2011	<u>203,590</u>	8	<b>FOR BHF USE ONLY</b>	
	2012	<u>230,275</u>	9	13	FROM R. E. TAX STATEMENT FOR 2015 \$
	2013	<u>156,396</u>	10	14	PLUS APPEAL COST FROM LINE 5 \$
	2014	<u>59,086</u>	11	15	LESS REFUND FROM LINE 6 \$
	2015	<u>108,269</u>	12	16	AMOUNT TO USE FOR RATE CALCULATION \$
<b>2016 Tax Accrual = \$59,086 X 1.102 = \$65,113. Use \$65,117</b>					

**NOTES:**

1. Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.  
**This denial must be no more than four years old at the time the cost report is filed.**

**2015 LONG TERM CARE REAL ESTATE TAX STATEMENT**

FACILITY NAME Symphony Countryside, LLC D/B/A Countryside Care Centre COUNTY Kane

FACILITY IDPH LICENSE NUMBER 0051763

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>15-19-176-009</u>	<u>Nursing Home</u>	\$ <u>108,268.64</u>	\$ <u>108,268.64</u>
2. <u>10-27-319-028-0000</u>	<u>Land &amp; Property Mgmt. Co.</u>	\$ <u>95,270.31</u>	\$ <u>4,690.00</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	<b>TOTALS</b>	\$ <u><u>203,538.95</u></u>	\$ <u><u>112,958.64</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 Orchard Valley

# 0051763

Report Period Beginning:

01/01/2016 Ending:

12/31/2016

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 59,536 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 2

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

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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.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Alloc Fr Maestro 7257</u>	<u>-</u>		<u>\$ 6,474</u>	<u>1</u>
2					<u>2</u>
3	<b>TOTALS</b>			<b>\$ 6,474</b>	<b>3</b>

**XI. OWNERSHIP COSTS (continued)**

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4				\$	\$		\$	\$	\$	4
5										5
6										6
7										7
8	Allocated from Maestro 7257		2004	58,266		39	1,494	1,494	21,850	8
	<b>Improvement Type**</b>									
9	Architectural fees, contractor fees, paint, remove wallpaper, install flooring, demo, carpentry, drywall, install wallpaper		2013	198,047	9,902	20	9,902		39,609	9
10	First Floor									10
11	Demo/carpentry/drywall, acoustical ceiling, interior electrical alarms, painting, wall covering, floor covering, add 3 heads contractor fees - First Floor and Dining Room		2013	116,913	5,846	20	5,846		23,383	12
13	Interior painting, replace storefront glass, wall and floor coverings - First Floor		2013	22,173	1,110	20	1,110		4,252	15
16	Repiped water line to 3 compartments		2013	2,630	132	20	132		494	17
18	Demo/carpentry/drywall, permit, contractor fees - First Floor		2013	54,915	2,746	20	2,746		10,526	18
19	Interior electrical alarms		2013	16,460	823	20	823		3,155	19
20	Exterior demo/carpentry, interior elec/alarms, plumbing open office, engineering - First Floor & Dining Room		2013	50,619	2,531	20	2,531		9,491	20
21	Carpet removal - Nurses station tie back in all vct		2013	10,856	543	20	543		2,036	22
22	Roofing		2013	10,000	500	20	500		1,875	23
23	Lounge 500 - New Carpet		2013	3,100	443	7	443		1,624	24
24	Demo/carpentry/drywall, electrical, glass, demo brick & rebuild around windows, engineering, besam swing door, painting, modified, bitumen, ridge vent, aluminum soffit		2013	303,589	15,179	20	15,179		53,913	25
26	architecture fees, stucco molding, contractors fees - First Floor, Spa Room, Rear Entry Vestibule, Exterior of Building									28
27	Fencing in patio		2013	2,922	195	15	195		666	30
28	Electirical work for office		2013	4,391	219	20	219		731	31
29	Demo/carpentry/drywall, window wall tape & mud, saw cut concrete, excavation, rough in & frame roof & rear vestibule, steel posts, besam swing door, contractors fees - Rear Vestibule & Second Floor		2013	49,040	2,452	20	2,452		7,969	32
30										33
31										34
32										35
33										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 &amp; ID Number Symphony of Orchard Valley

# 0051763

Report Period Beginning:

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

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Painting/Carpentry - Entry & Second Floor	2013	\$ 13,180	\$ 1,882	7	\$ 1,882	\$	\$ 6,118	37
38	Demo/Carpentry/Drywall, exterior demo, emergency	2013	53,564	2,679	20	2,679		8,259	38
39	power, electrical, gen cont fees-Entryway & Second Floor								39
40	Painting/Carpentry - Office & Back Entrance	2013	1,980	283	7	283		872	40
41	Roof Garden	2013	8,595	573	15	573		1,767	41
42									42
43	Facility Remodeling	2014	85,002	5,741	5-20	5,741		15,133	43
44	- Custom Hollow Metal Doors & Frames: Entrance								44
45	- Exterior Demo & Carpentry								45
46	- General Contracting								46
47	- Architecture Fees								47
48	- Install & Wire 2 Light Poles & Replace Ballards								48
49	- Interior Painting of Door Jambs & 3 Hallways								49
50	- Supplied & Installed Metal Flashing, Flat Roof, and								50
51	Cement Roof on 2nd Floor								51
52	- Sealcoating Parking Lot								52
53	- Bipart Slide Door								53
54	- Repair and Install Grease Interceptor: Kitchen								54
55	- Enclose Top of W/Drywall in Closet: Resident Rooms								55
56	- Remove Vent and Install Piece of Sheet Metal in closets								56
57	- Tape and Install FRP								57
58	- Provide Door Coordinators on 8 doors								58
59									59
60	Code-Compliant Door Restrictor on 2-Stop Hydraulic Elevator	2015	3,300	165	20	165		303	60
61	New Overhang Roof, Replaced 12 Pieces of Metal Decking	2015	21,248	1,062	20	1,062		1,592	61
62	-Applied Patch to Wall Flashing								62
63									63
64	Window Treatments, Design Fee for Dialysis Unit	2015	4,409	220	20	220		257	64
65	Demo, Flooring, Electrical, plumbing, permits	2015	53,972	2,698	20	2,698		3,148	65
66	Signs & Banners Aluminum, Rebranded Facility	2015	20,164	1,008	20	1,008		1,063	66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 1,169,334	\$ 58,930		\$ 60,424	\$ 1,494	\$ 220,084	70

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

Facility Name & ID Number Symphony of Orchard Valley# 0051763

Report Period Beginning:

01/01/2016 Ending: 12/31/2016**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 1,169,334	\$ 58,930		\$ 60,424	\$ 1,494	\$ 220,084	1
2	Relocate sink waste, vent H&C water supply	2016	15,315	766		766		766	2
3	in 1 dialysis station								3
4	Install new stand alone wall mounted cooling	2016	20,741	951		951		951	4
5	system in mechanical room.								5
6	Design and IFPH Certification for dialysis unit	2016	12,694	370		370		370	6
7	Strip and refinish floors 2nd floor dining room	2016	6,434	230		230		230	7
8	Lounge, corridors, 1st floor patient rooms(9)								8
9	Therapy Room (2)								9
10	Roof Repairs-33,750 Square feet	2016	3,015	151		151		151	10
11									11
12									12
13	Reconcile for Financial statements			(1,718)			1,718		13
14									14
15									15
16									16
17									17
18	Allocated from Maestro Consulting Services	2003	474		39			311	18
19	Allocated from Maestro Consulting Services	2004	9,622		39			6,123	19
20	Allocated from Maestro Consulting Services	2005	570		39			338	20
21	Allocated from Maestro Consulting Services	2006	774		39			401	21
22	Allocated from Maestro Consulting Services	2008	815		39			337	22
23	Allocated from Maestro Consulting Services	2009	13,127		20			4,995	23
24	Allocated from Maestro Consulting Services	2010	2,017		20			656	24
25	Allocated from Maestro Consulting Services	2011	109		20			32	25
26	Allocated from Maestro Consulting Services	2012	121		20			29	26
27	Allocated from Maestro Consulting Services	2014	1,517		20			198	27
28	Allocated from Maestro Consulting Services	2015	427		20			28	28
29	Allocated from Maestro Consulting Services	2016	1,871			72	72	72	29
30	Allocated from Maestro 7257	2004	1,158		20			724	30
31	Allocated from Maestro 7257	2005	5,312		10	38	38	3,704	31
32	Allocated from Maestro 7257	2015	918		10	87	87	82	32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 1,266,365	\$ 59,680		\$ 63,089	\$ 3,409	\$ 240,582	34

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

**XI. OWNERSHIP COSTS (continued)**

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 1,266,365	\$ 59,680		\$ 63,089	\$ 3,409	\$ 240,582	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)	\$ 1,266,365	\$ 59,680		\$ 63,089	\$ 3,409	\$ 240,582	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	\$ 735,669	\$ 127,181	\$ 127,181	\$ -		\$ 482,038	71
72	Current Year Purchases	66,834	9,074	9,074	-		9,074	72
73	Fully Depreciated Assets				-			73
74	See Sch 13A	93,772		3,811	3,811		82,818	74
75	TOTALS	\$ 896,275	\$ 136,255	\$ 140,066	\$ 3,811		\$ 573,930	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	Patient Transportation	2008 Ford Van	2013	\$ 16,587	\$ 1,658	\$ 1,658	\$ -	10	\$ 6,220	76
77					-	-	-			77
78	Alloc. from Maestro Consult.			358	-	-	-		358	78
79					-	-	-			79
80	TOTALS			\$ 16,945	\$ 1,658	\$ 1,658	\$ -		\$ 6,578	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)	\$ 2,186,059	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 197,593	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 204,813	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 7,220	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 821,090	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 Orchard Valley  
**IDPH License ID Number:** 0051763  
**Fiscal Year End:** 12/31/2016

**Schedule 13A**

	<b>1</b>	<b>Current Book</b>	<b>Straight Line</b>		<b>Component</b>	<b>Accumulated</b>
	<b>Cost</b>	<b>Depreciation 2</b>	<b>Depreciation 3</b>	<b>Adjustmen</b>	<b>Life 5</b>	<b>Depreciation 6</b>
Maestro	71,650		195		5-7	70,325
Symphony	22,122		3,616		5-7	12,493
	<u>93,772</u>		<u>3,811</u>			<u>82,818</u>

**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>1972</u>	<u>203</u>	<u>12/31/2011</u>	\$ <u>1,795,434</u>	<u>10</u>	<u>10</u>	3
4	Additions							4
5	Alloc. Mgmt. Co. Symphony				<u>277</u>			5
6	Alloc. Mgmt. Co. Maestro				<u>6,121</u>			6
7	TOTAL		<u>203</u>		\$ <u>1,801,832</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>12/31/2017</u>	\$ <u>1,167,329</u>
13.	<u>12/31/2018</u>	\$ <u>1,190,675</u>
14.	<u>12/31/2019</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.

3,320  
33,198

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: \$ 93,694 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>N/A</u>		\$ _____	\$ _____	17
18					18
19					19
20	<u>Alloc. from Mgmt. Co.</u>			<u>3,296</u>	20
21	TOTAL		\$ _____	\$ <u>3,296</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 Orchard Valley  
IDPH License ID Number: 0051763  
Fiscal Year End: 12/31/2016

**Schedule 14A**

**XIV. Rental Costs**

**Line 16 Rental Amount for Moveable Equipment**

<b>Rental Description</b>	<b>Amount</b>
Low loss air mattress	15,350
Oxygen Concentrator	11,640
Bipap	2,594
Wound pump	1,111
Vac Freedom	3,618
Cpap	1,249
Bariatric Bed	4,799
Blood pressure Machine	1,980
Cooler	900
Ice making machine	4,440
Water Machine	252
Copier	34,964
Voice Media	636
Mailing machine	1,781
Aquarium	2,634
Wheelchair	3,098
Alloc. From Symphony Financial Services	2
Alloc. From Maestro	2,646
<b>Total - Line 16</b>	<b><u>93,694</u></b>

**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. <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	<b>TOTALS</b>	\$	\$	\$	\$
10	<b>SUM OF line 9, col. 1 and 2 (e)</b>	\$			

**C. CONTRACTUAL INCOME**

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

\$

**D. NUMBER OF CNAs TRAINED**

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

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

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39(3)	hrs	\$	9,786	\$ 704,615	\$	9,786	\$ 704,615	1
2	Licensed Speech and Language Development Therapist	39(3)	hrs		2,144	154,344		2,144	154,344	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39(3)	hrs		12,105	871,582		12,105	871,582	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				184,144		184,144	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Oxygen</u>	39(2)					2,750		2,750	12
13	Other (specify): <u>See Schedule 16A</u>	39(3)			976	66,764		976	66,764	13
14	TOTAL			\$	25,011	\$ 1,797,305	\$ 186,894	25,011	\$ 1,984,199	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 Orchard Valley  
IDPH License ID Number: 0051763  
Fiscal Year End: 12/31/2016

**Schedule 16A**

**XIV. Special Services (Direct Cost)**

**Line 12 Other (specify)**

<b>Description</b>	<b>Units</b>	<b>Amount</b>
Inhalation Therapy Private		1,491
Inhalation Therapy Medicare		8,344
Inhalation Therapy Medicaid		7,747
Inhalation Therapy Managed Care		6,085
I.V. Therapy Medicare		29,424
I.V. Therapy Medicaid		1,125
I.V. Therapy Managed Care		5,660
Respiratory		6,888
<b>Total - Line 12</b>	<b>-</b>	<b>66,764</b>

Facility Name & ID Number Symphony of Orchard Valley# 0051763Report Period Beginning: 01/01/2016Ending: 12/31/2016

## XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2016

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 97,824	\$ 97,824	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>2,821,833</u> )	7,572,734	7,572,734	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	39,972	39,972	6
7	Other Prepaid Expenses	57,791	57,791	7
8	Accounts Receivable (owners or related parties)	289,012	289,012	8
9	Other(specify): <u>See Schedule 17A</u>	219,084	219,084	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 8,276,417	\$ 8,276,417	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		6,474	13
14	Buildings, at Historical Cost		58,266	14
15	Leasehold Improvements, at Historical Cost	1,169,267	1,208,099	15
16	Equipment, at Historical Cost	819,090	913,220	16
17	Accumulated Depreciation (book methods)	(697,353)	(821,090)	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 Lease Cost)	16,599	16,599	22
23	Other(specify): <u>See Schedule 17A</u>	947,752	947,752	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 2,255,355	\$ 2,329,320	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 10,531,772	\$ 10,605,737	25

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 2,579,353	\$ 2,579,353	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	191,534	191,534	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	65,117	65,117	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	<u>See Schedule 17A</u>	3,159,686	3,159,686	36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 5,995,690	\$ 5,995,690	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable	2,439,430	2,439,430	39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43				43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 2,439,430	\$ 2,439,430	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 8,435,120	\$ 8,435,120	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 2,096,652	\$ 2,170,617	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 10,531,772	\$ 10,605,737	48

\*(See instructions.)

Facility Name: Symphony of Orchard Valley  
 IDPH License ID Number: 0051763  
 Fiscal Year End: 12/31/2016

**Schedule 17A**

**XV. Balance Sheet**

**Line 9 Current Assets Other (specify):**

Description	After	
	Operating	Consolidation
Reserve for Capex	107,333	107,333
Due from Kensington	53,996	53,996
A/R Maple Leaf Health Insurance	57,755	57,755
<b>Total - Line 9</b>	<b>219,084</b>	<b>219,084</b>

**XV. Balance Sheet**

**Line 23 Long-Term Assets Other (specify):**

Description	After	
	Operating	Consolidation
Security Deposit	204,573	204,573
Real Estate Escrow Deposit	381,869	381,869
Accumulated Amortization Def	97,500	97,500
Due T/F Affiliated Companies	263,810	263,810
<b>Total - Line 23</b>	<b>947,752</b>	<b>947,752</b>

**XV. Balance Sheet**

**Line 36 Other Current Liabilities (specify):**

Description	After	
	Operating	Consolidation
Exchange formation	593,791	593,791
Operating Expenses	103,393	103,393
Management Fees-Symphony	491,929	491,929
Insurance Allowance-WC/GLP	236,180	236,180
State Unemployment Tax	7,315	7,315
Federal Unemployment Tax	1,008	1,008
Sales Tax	137	137
Payroll Taxes Other	19,743	19,743
Accrued Employee Benefits	266,378	266,378
FICA & W/H Fed	659	659
ILL W/H	91	91
Due to IDPA-Addtl Bed Tax	59,031	59,031
Exchange	83,484	83,484
Due to Nucare	20,238	20,238
Wage Assign & Garnishments	701	701
Patient Personal Funds	52,120	52,120
Due to Maestro-Expenses	81,001	81,001
Due T/F Affiliated Company	474,863	474,863
Due T/F Affiliated Company	312,210	312,210
Deferred Rent	355,414	355,414
<b>Total - Line 36</b>	<b>3,159,686</b>	<b>3,159,686</b>

**XVI. STATEMENT OF CHANGES IN EQUITY**

		1 Total	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>3,918,633</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>	<b>Prior Period Adjustment</b>	<b>(345,880)</b>	<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>3,572,753</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	<b>(1,476,101)</b>	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	( )	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>(1,476,101)</b>	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>2,096,652</b>	<b>24</b> *

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

Facility Name & ID Number Symphony of Orchard Valley# 0051763Report 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	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 13,425,231	1
2	Discounts and Allowances for all Levels	(2,311,573)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 11,113,658	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	3,125,729	6
7	Oxygen	4,725	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 3,130,454	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	255,172	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	40,298	19
20	Radiology and X-Ray	5,521	20
21	Other Medical Services	60,338	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 361,329	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	572	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 572	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>See Schedule 19A</u>	2,365	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 2,365	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 14,608,378	30

II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,701,362	31
32	Health Care	4,386,440	32
33	General Administration	2,947,793	33
<b>B. Capital Expense</b>			
34	Ownership	2,272,682	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	4,298,295	35
36	Provider Participation Fee	477,907	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 16,084,479	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(1,476,101)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (1,476,101)	43

III. Net Inpatient Revenue detailed by Payer Source		Amount	
44	Medicaid - Net Inpatient Revenue	\$ 6,636,685	44
45	Private Pay - Net Inpatient Revenue	1,561,396	45
46	Medicare - Net Inpatient Revenue	1,714,918	46
47	Other-(specify) <u>Hospice</u>	804,691	47
48	Other-(specify) <u>Managed Care</u>	395,968	48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 11,113,658	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 Orchard Valley  
**IDPH License ID Number:** 0051763  
**Fiscal Year End:** 12/31/2016

**Schedule 19A**

**XVII. Income Statement**

**Line 28 Other Revenue (specify):**

<b>Description</b>	<b>Amount</b>
Rentals-Medicare	426
Rentals Managed Care	1,981
Barber & Beautician	(42)
<b>Total - Line 28</b>	<b><u>2,365</u></b>

Facility Name & ID Number Symphony of Orchard Valley

# 0051763

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	2,125	2,338	\$ 111,927	\$ 47.87	1
2	Assistant Director of Nursing	3,291	3,501	112,208	32.05	2
3	Registered Nurses	37,525	39,593	1,224,379	30.92	3
4	Licensed Practical Nurses	26,115	27,913	797,348	28.57	4
5	CNAs & Orderlies	95,571	102,821	1,536,918	14.95	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,920	2,081	35,603	17.11	9
10	Activity Assistants	4,559	5,150	60,538	11.75	10
11	Social Service Workers	3,240	3,560	70,605	19.83	11
12	Dietician					12
13	Food Service Supervisor	2,016	2,112	50,727	24.02	13
14	Head Cook	5,204	5,535	79,500	14.36	14
15	Cook Helpers/Assistants	25,305	26,812	254,553	9.49	15
16	Dishwashers					16
17	Maintenance Workers	3,111	3,450	94,564	27.41	17
18	Housekeepers	11,491	12,234	136,036	11.12	18
19	Laundry	9,774	10,881	122,852	11.29	19
20	Administrator	1,468	1,525	86,129	56.48	20
21	Assistant Administrator	12	12	377	31.42	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	13,559	14,507	264,882	18.26	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	1,319	1,472	25,052	17.02	31
32	Other Health Care(specify)					32
33	Other(specify) <u>Marketing</u>	2,250	2,608	47,153	18.08	33
34	TOTAL (lines 1 - 33)	249,855	268,105	\$ 5,111,351 *	\$ 19.06	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	\$ 21,886	1(3)	35
36	Medical Director	Monthly	18,000	9(3)	36
37	Medical Records Consultant				37
38	Nurse Consultant	Monthly	3,537	10(3)	38
39	Pharmacist Consultant	Monthly	32,707	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	660	11(3)	44
45	Social Service Consultant				45
46	Other(specify) <u>Dialysis</u>	Monthly	53,590	10(3)	46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 130,380		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	1,092	27,307	10(3)	52
53	TOTAL (lines 50 - 52)	1,092	\$ 27,307		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		
Julie Adduci	Administrator	0	\$ 86,506	Workers' Compensation Insurance	\$ 213,077	IDPH License Fee	\$ 1,990		
				Unemployment Compensation Insurance	70,420	Advertising: Employee Recruitment	527		
				FICA Taxes	370,313	Health Care Worker Background Check (Indicate # of checks performed <u>221</u> )	2,653		
				Employee Health Insurance	365,716	Patient Background Checks	2,400		
				Employee Meals		Miscellaneous Licenses & Fees	1,479		
				Illinois Municipal Retirement Fund (IMRF)*		Illinois Council on Long Term Care	22,417		
				Employee Retirement	4,043	Miscellaneous Dues & Subscriptions	1,423		
				Employee Benefits - Other	13,946	Lobbying Expense	(10,748)		
				Employees' Physical Exams	4,469	Allocated from Mgmt. Co.	15,695		
						Less: Public Relations Expense	( )		
						Non-allowable advertising	( )		
						Yellow page advertising	( )		
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 86,506	TOTAL (agree to Schedule V, line 22, col.8)		\$ 1,041,984	TOTAL (agree to Sch. V, line 20, col. 8)		\$ 37,836
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)			\$ 734,373	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)			\$ 734,373				Seminar Expense	1,200	
							Alloc. From Mgmt. Co. Maestro	1,232	
							Alloc. From Mgmt. Co. Symphony	82	
							Entertainment Expense	( )	
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 307,279	TOTAL		\$	TOTAL (agree to Sch. V, line 24, col. 8)		\$ 2,514

\* Attach copy of IMRF notifications

\*\*See instructions.

Facility Name: Symphony of Orchard Valley  
 IDPH License ID Number: 0051763  
 Fiscal Year End: 12/31/2016

**Schedule 21C**

**XIX. SUPPORT SCHEDULES**  
**C. Professional Services**

Vendor	Type	Amount
Documentation Solutions	Legal	1,789
Much Shelist	Legal	300
Hipp Law office	Collections	9,906
Stone, McGuire & Siegel	Compliance	14,400
E-Health Data Solutions	CareWatch & RiskWatch	4,686
Comcast Cable	Business Class Internet	6,069
Creative Technology	Monthly IT Support	15,649
Health Data Systems	AP/PR Maintenance	5,808
IIT/Sourcotech	Operator Monthly Support Fee	1,380
Point B Communication	Web Maintenance	490
Telemedicine Solutions	Wound/Rounds Care Mgmt. System	16,149
Wescom Solutions Inc.	Clinical/Bookkeeping/Data Processing	39,100
Ability Network Inc.	Secure Exchange Managed Serv.	1,905
Allscripts	Qrly Referral Mgmt. Mobil Subscription	3,362
Comcast Cable	Internet	26,682
Barracida Networks	Cudasign Premium Cloud	370
Cardmemeber Service	MRC-Inbox	610
CDW	Airwatch Cloud	806
Citibusiness	Internet	1,144
Dart Chart Map	Quickmap	233
Efax Corp.	Usage Inbound Local	672
EMMI	Subscription Engage Provider	133
Formation	Monthly Subscription Fee	642
FYI Systems	Designer Desktop	433
Health Data Systems	401K Application	580
Intermedia Marketing Solutions	Sale/Survey/Partial Surveys	537
Market Metrix	Customer and Employee Metrix Subscriptions	6,733
Health Dimensions Group	Consulting	182
Microsoft Corporation	Computer Software	4,447
MOEO	Span IOS	258
MOOBILE-CS	New Dev Iteration	208
Prime Care Technologies	PJB Reporting	60
Qualfon	Sale/Survey/Partial Surveys	306
Ventic Technology Inc.	Risk/Console Annual Fee	2,351
ZirMed Inc.	Claims Management	312
Achieve Accreditation	Accreditation Maintenance	5,567
CSC/Corporation Service Co.	Statutory Representation	916
HK Payroll Services	WOTC Program	720
HCCI	Illinois Council	5,000
Maestro Consulting Services	Symphony Post Acute Network	69,384
Maestro Consulting Services	McCabe, Ballester & Kirshner	20,126
Medical Business Office	Collection Activity	62,850
Personnel Planners	UI Claims Management	975
Life Safety Resources	Life Safety Compliance	2,313
PTYCS	World Changer/Marti Hannon	307
The Joint Commission	Accreditation/Certification	6,115
World Changer Consulting	Consulting	3,950
Symphony Financial Services	Reversed prior year accrual	(70,000)
Language Line Service	Over Phone Interpretation	91
Health Dimensions Group	Value-based payment Strategic Advertising	736
Pension Financial Services Inc.	Pension	207
Empower Retirement	PPA Re-statement	77
RSM	Accounting	29,253
<b>Total (agree to Schedule V, line 19, column 3)</b>		<b>307,279</b>
Allocated from Management Compnay Symphony Financial Services Professional Services		(1,799)
Allocated from Management Company Maestro Professional Services		38,268
Reclass to Dues		(5,000)
Less: Non-allowable Collections		(62,850)
Less: Non-Allowable Legal Fees		(9,906)
<b>Total (agree to Schedule V, line 19, column 8)</b>		<b>265,992</b>

Facility Name & ID Number Symphony of Orchard Valley# 0051763Report 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? Yes  
If YES, give association name and amount. IL Council LTC - \$22,417
- (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? 5 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 251 Line 10(2)
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? No 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. \$ 477,907  
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. \$ N/A  
c. What percent of all travel expense relates to transportation of nurses and patients? 5  
d. Have vehicle usage logs been maintained? Adequate records have been maintained  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes  
g. Does the facility transport residents to and from day training? No  
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? Yes  
Firm Name: RSM US LLP
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes  
Attach invoices and a summary of services for all architect and appraisal fees