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|--|--|-------------|--|--|--|--|--|
|  |  | FOR BHF USE |  |  |  |  |  |
|  |  |             |  |  |  |  |  |
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2016  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES  
FINANCIAL AND STATISTICAL REPORT (COST REPORT)  
FOR LONG-TERM CARE FACILITIES  
(FISCAL YEAR 2016)

IMPORTANT NOTICE  
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>I. IDPH License ID Number: 0051763</div> <div>Facility Name: Symphony of Orchard Valley</div> <div>Address: 2330 W Galena Blvd Aurora 60506</div> <div>County: Kane</div> <div>Telephone Number: (630) 896-4686 Fax #: (630) 896-7868</div> <div>HFS ID Number:</div> <div>Date of Initial License for Current Owners: 01/01/2012</div> <div>Type of Ownership:</div> <div><div><div><div></div><div>VOLUNTARY,NON-PROFIT</div><div></div><div>Charitable Corp.</div><div></div><div>Trust</div><div>IRS Exemption Code</div></div><div><div><div>X</div><div>PROPRIETARY</div><div></div><div>Individual</div><div></div><div>Partnership</div><div></div><div>Corporation</div><div></div><div>"Sub-S" Corp.</div><div><div>X</div><div>Limited Liability Co.</div><div></div><div>Trust</div><div></div><div>Other</div></div></div><div><div><div></div><div>GOVERNMENTAL</div><div></div><div>State</div><div></div><div>County</div><div></div><div>Other</div></div></div></div></div><div><div>In the event there are further questions about this report, please contact:</div><div>Name: Amanda Springborn Telephone Number: (314) 925-3838</div><div>Email Address:</div></div></div> | <div>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</div> <div>I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2016 to 12/31/2016 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</div> <div>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</div> <div><div>Officer or Administrator of Provider</div><div>(Signed)</div><div>(Type or Print Name)</div><div>(Title)</div></div> <div><div>Paid Preparer</div><div>(Signed)</div><div>(Print Name and Title)</div><div>(Firm Name &amp; Address)</div><div>(Telephone)</div></div> <div>MAIL TO: BUREAU OF HEALTH FINANCE<br/>ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES<br/>201 S. Grand Avenue East<br/>Springfield, IL 62763-0001<br/>Phone # (217) 782-1630</div> |
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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 | <u>203</u>                         | Skilled (SNF)               | <u>203</u>                   | <u>74,298</u>                          | 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 | <u>203</u>                         | TOTALS                      | <u>203</u>                   | <u>74,298</u>                          | 7 |

B. Census-For the entire report period.

|    | 1<br>Level of Care | 2 3 4 5<br>Patient Days by Level of Care and Primary Source of Payment |              |               |               |    |
|----|--------------------|------------------------------------------------------------------------|--------------|---------------|---------------|----|
|    |                    | Medicaid Recipient                                                     | Private Pay  | Other         | Total         |    |
| 8  | SNF                | <u>39,422</u>                                                          | <u>7,403</u> | <u>18,056</u> | <u>64,881</u> | 8  |
| 9  | SNF/PED            |                                                                        |              |               |               | 9  |
| 10 | ICF                |                                                                        |              |               |               | 10 |
| 11 | ICF/DD             |                                                                        |              |               |               | 11 |
| 12 | SC                 |                                                                        |              |               |               | 12 |
| 13 | DD 16 OR LESS      |                                                                        |              |               |               | 13 |
| 14 | TOTALS             | <u>39,422</u>                                                          | <u>7,403</u> | <u>18,056</u> | <u>64,881</u> | 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-<br>ification<br>5 | Reclassified<br>Total<br>6 | Adjust-<br>ments<br>7 | Adjusted<br>Total<br>8 | FOR BHF USE ONLY |    |     |
|-----|------------------------------------------------------------------|--------------------------|---------------|------------|------------|----------------------------|----------------------------|-----------------------|------------------------|------------------|----|-----|
|     |                                                                  | Salary/Wage<br>1         | Supplies<br>2 | Other<br>3 | Total<br>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<br/>(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.

V. COST CENTER EXPENSES (continued)

|    | Capital Expense                     | Cost Per General Ledger |           |           |            | Reclass-ification | Reclassified Total | Adjust-ments | Adjusted Total | FOR BHF USE ONLY |    |    |
|----|-------------------------------------|-------------------------|-----------|-----------|------------|-------------------|--------------------|--------------|----------------|------------------|----|----|
|    |                                     | Salary/Wage             | Supplies  | Other     | Total      |                   |                    |              |                | 9                | 10 |    |
|    | D. Ownership                        | 1                       | 2         | 3         | 4          | 5                 | 6                  | 7            | 8              |                  |    |    |
| 30 | Depreciation                        |                         |           | 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 | TOTAL Ownership                     |                         |           | 2,272,682 | 2,272,682  |                   | 2,272,682          | 28,306       | 2,300,988      |                  |    | 37 |
|    | Ancillary Expense                   |                         |           |           |            |                   |                    |              |                |                  |    |    |
|    | E. Special Cost Centers             |                         |           |           |            |                   |                    |              |                |                  |    |    |
| 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):* Non-Allowable Cos | 91,481                  |           | 2,220,823 | 2,312,304  |                   | 2,312,304          | (2,312,304)  |                |                  |    | 43 |
| 44 | TOTAL Special Cost Centers          | 91,481                  | 186,894   | 4,497,827 | 4,776,202  |                   | 4,776,202          | (2,312,304)  | 2,463,898      |                  |    | 44 |
|    | GRAND TOTAL COST                    |                         |           |           |            |                   |                    |              |                |                  |    |    |
| 45 | (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.)

|    | NON-ALLOWABLE EXPENSES                                         | 1<br>Amount    | 2<br>Refer-<br>ence | 3<br>BHF USE<br>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<br>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 | SUBTOTAL (A): (Sum of lines 1-29)                              | \$ (2,394,662) |                     | \$                   | 30 |

| BHF USE ONLY |  |    |  |    |  |    |  |    |
|--------------|--|----|--|----|--|----|--|----|
| 48           |  | 49 |  | 50 |  | 51 |  | 52 |

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<br>Amount    | 2<br>Reference |    |
|----|--------------------------------------------------------------|----------------|----------------|----|
| 31 | Non-Paid Workers-Attach Schedule*                            | \$             |                | 31 |
| 32 | Donated Goods-Attach Schedule*                               |                |                | 32 |
| 33 | Amortization of Organization &<br>Pre-Operating Expense      |                |                | 33 |
| 34 | Adjustments for Related Organization<br>Costs (Schedule VII) | (60,416)       |                | 34 |
| 35 | Other- Attach Schedule                                       |                |                | 35 |
| 36 | SUBTOTAL (B): (sum of lines 31-35)                           | \$ (60,416)    |                | 36 |
| 37 | (sum of SUBTOTALS<br>TOTAL ADJUSTMENTS (A) and (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<br>Yes | 2<br>No | 3<br>Amount | 4<br>Reference |    |
|----|---------------------------------|----------|---------|-------------|----------------|----|
| 38 | Medically Necessary Transport.  |          | X       | \$          |                | 38 |
| 39 |                                 |          |         |             |                | 39 |
| 40 | Gift and Coffee Shops           |          | X       |             |                | 40 |
| 41 | Barber and Beauty Shops         |          | X       |             |                | 41 |
| 42 | Laboratory and Radiology        |          | X       |             |                | 42 |
| 43 | Prescription Drugs              |          | X       |             |                | 43 |
| 44 |                                 |          |         |             |                | 44 |
| 45 | Other-Attach Schedule           |          | X       |             |                | 45 |
| 46 | Other-Attach Schedule           |          | X       |             |                | 46 |
| 47 | TOTAL (C): (sum of lines 38-46) |          |         | \$          |                | 47 |

| NON-ALLOWABLE EXPENSES |                               | Amount       | Sch. V Line<br>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                     | Total                         | (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<br>OWNERS             |             | 2<br>RELATED NURSING HOMES |      | 3<br>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

X 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) |    |
| 1          | V     |   |                           | \$     |                                |                      | \$                                     | \$                                                     | 1  |
| 2          | V     |   |                           |        | N/A                            |                      |                                        |                                                        | 2  |
| 3          | V     |   |                           |        |                                |                      |                                        |                                                        | 3  |
| 4          | V     |   |                           |        |                                |                      |                                        |                                                        | 4  |
| 5          | V     |   |                           |        |                                |                      |                                        |                                                        | 5  |
| 6          | V     |   |                           |        |                                |                      |                                        |                                                        | 6  |
| 7          | V     |   |                           |        |                                |                      |                                        |                                                        | 7  |
| 8          | V     |   |                           |        |                                |                      |                                        |                                                        | 8  |
| 9          | V     |   |                           |        |                                |                      |                                        |                                                        | 9  |
| 10         | V     |   |                           |        |                                |                      |                                        |                                                        | 10 |
| 11         | V     |   |                           |        |                                |                      |                                        |                                                        | 11 |
| 12         | V     |   |                           |        |                                |                      |                                        |                                                        | 12 |
| 13         | V     |   |                           |        |                                |                      |                                        |                                                        | 13 |
| 14         | Total |   |                           | \$     |                                |                      | \$                                     | \$ * 0                                                 | 14 |

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES ☐ NO

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

| 1          |       | 2    | 3 Cost Per General Ledger     | 4        | 5 Cost to Related Organization   | 6                    | 7                                      | 8 Difference:                                          |    |
|------------|-------|------|-------------------------------|----------|----------------------------------|----------------------|----------------------------------------|--------------------------------------------------------|----|
| Schedule V |       | Line | Item                          | Amount   | Name of Related Organization     | Percent of Ownership | Operating Cost of Related Organization | Adjustments for Related Organization Costs (7 minus 4) |    |
| 15         | V     | 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                                 | 40,501                                                 | 16 |
| 17         | V     | 24   | Travel & Seminar              |          | Symphony Financial Services, LLC | 100%                 | 82                                     | 82                                                     | 17 |
| 18         | V     | 30   | Depreciation                  |          | Symphony Financial Services, LLC | 100%                 | 3,616                                  | 3,616                                                  | 18 |
| 19         | V     | 32   | Interest                      |          | Symphony Financial Services, LLC | 100%                 | 4,626                                  | 4,626                                                  | 19 |
| 20         | V     | 34   | Rent-Facility & Grounds       |          | Symphony Financial Services, LLC | 100%                 | 277                                    | 277                                                    | 20 |
| 21         | V     | 35   | Rent- Equipment               |          | Symphony Financial Services, LLC | 100%                 | 2                                      | 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    | <u>Utilities</u>                          | \$         | <u>Maestro Consulting Services</u> | 100.00%              | \$ 2,101                               | \$ 2,101                                               | 15 |
| 16         | V     | 6    | <u>Maintenance Salaries</u>               |            | <u>Maestro Consulting Services</u> | 100.00%              | 19,231                                 | 19,231                                                 | 16 |
| 17         | V     | 6    | <u>Maintenance Expenses</u>               |            | <u>Maestro Consulting Services</u> | 100.00%              | 4,358                                  | 4,358                                                  | 17 |
| 18         | V     | 7    | <u>Employee Benefits - Maintenance</u>    |            | <u>Maestro Consulting Services</u> | 100.00%              | 3,443                                  | 3,443                                                  | 18 |
| 19         | V     | 10   | <u>Clinical Salaries</u>                  |            | <u>Maestro Consulting Services</u> | 100.00%              | 132,460                                | 132,460                                                | 19 |
| 20         | V     | 15   | <u>Employee Benefits - Clinical</u>       |            | <u>Maestro Consulting Services</u> | 100.00%              | 20,564                                 | 20,564                                                 | 20 |
| 21         | V     | 17   | <u>Administrative Salaries</u>            | 734,373    | <u>Maestro Consulting Services</u> | 100.00%              | 37,734                                 | (696,639)                                              | 21 |
| 22         | V     | 19   | <u>Professional Fees</u>                  |            | <u>Maestro Consulting Services</u> | 100.00%              | 38,268                                 | 38,268                                                 | 22 |
| 23         | V     | 20   | <u>Dues, Fees, Subscriptions, Etc.</u>    |            | <u>Maestro Consulting Services</u> | 100.00%              | 15,695                                 | 15,695                                                 | 23 |
| 24         | V     | 21   | <u>Clerical &amp; General Salaries</u>    |            | <u>Maestro Consulting Services</u> | 100.00%              | 247,908                                | 247,908                                                | 24 |
| 25         | V     | 21   | <u>Clerical &amp; General Expenses</u>    |            | <u>Maestro Consulting Services</u> | 100.00%              | 30,870                                 | 30,870                                                 | 25 |
| 26         | V     | 24   | <u>Seminars and Education</u>             |            | <u>Maestro Consulting Services</u> | 100.00%              | 1,232                                  | 1,232                                                  | 26 |
| 27         | V     | 25   | <u>Transportation</u>                     |            | <u>Maestro Consulting Services</u> | 100.00%              | 3,052                                  | 3,052                                                  | 27 |
| 28         | V     | 26   | <u>Insurance</u>                          |            | <u>Maestro Consulting Services</u> | 100.00%              | 3,569                                  | 3,569                                                  | 28 |
| 29         | V     | 27   | <u>Employee Benefits - Administrative</u> |            | <u>Maestro Consulting Services</u> | 100.00%              | 47,528                                 | 47,528                                                 | 29 |
| 30         | V     | 30   | <u>Depreciation</u>                       |            | <u>Maestro Consulting Services</u> | 100.00%              | 1,886                                  | 1,886                                                  | 30 |
| 31         | V     | 33   | <u>Real Estate Tax</u>                    |            | <u>Maestro Consulting Services</u> | 100.00%              | 4,690                                  | 4,690                                                  | 31 |
| 32         | V     | 34   | <u>Building Rental</u>                    |            | <u>Maestro Consulting Services</u> | 100.00%              | 6,121                                  | 6,121                                                  | 32 |
| 33         | V     | 35   | <u>Equipment Rental</u>                   |            | <u>Maestro Consulting Services</u> | 100.00%              | 2,646                                  | 2,646                                                  | 33 |
| 34         | V     | 35   | <u>Auto Lease</u>                         |            | <u>Maestro Consulting Services</u> | 100.00%              | 3,296                                  | 3,296                                                  | 34 |
| 35         | V     |      |                                           |            |                                    |                      |                                        |                                                        | 35 |
| 36         | V     |      |                                           |            |                                    |                      |                                        |                                                        | 36 |
| 37         | V     |      |                                           |            |                                    |                      |                                        |                                                        | 37 |
| 38         | V     |      |                                           |            |                                    |                      |                                        |                                                        | 38 |
| 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         | Total |      |                              | \$ 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<br>OWNERS           |             | 2<br>RELATED NURSING HOMES                 |                    | 3<br>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                                                  | 2     | 3        | 4                  | 5                                               | 6                                                                             |  | 7                                                          |    | 8                                   |    |
|----|----------------------------------------------------|-------|----------|--------------------|-------------------------------------------------|-------------------------------------------------------------------------------|--|------------------------------------------------------------|----|-------------------------------------|----|
|    | Name                                               | Title | Function | Ownership Interest | Compensation Received From Other Nursing Homes* | Average Hours Per Work Week Devoted to this Facility and % of Total Work Week |  | Compensation Included in Costs for this Reporting Period** |    | Schedule V. Line & Column Reference |    |
| 1  | No owners receive compensation from this facility. |       |          | 0.00               |                                                 |                                                                               |  |                                                            | \$ |                                     | 1  |
| 2  |                                                    |       |          |                    |                                                 |                                                                               |  |                                                            |    |                                     | 2  |
| 3  |                                                    |       |          |                    |                                                 |                                                                               |  |                                                            |    |                                     | 3  |
| 4  |                                                    |       |          |                    |                                                 |                                                                               |  |                                                            |    |                                     | 4  |
| 5  |                                                    |       |          |                    |                                                 |                                                                               |  |                                                            |    |                                     | 5  |
| 6  |                                                    |       |          |                    |                                                 |                                                                               |  |                                                            |    |                                     | 6  |
| 7  |                                                    |       |          |                    |                                                 |                                                                               |  |                                                            |    |                                     | 7  |
| 8  |                                                    |       |          |                    |                                                 |                                                                               |  |                                                            |    |                                     | 8  |
| 9  |                                                    |       |          |                    |                                                 |                                                                               |  |                                                            |    |                                     | 9  |
| 10 |                                                    |       |          |                    |                                                 |                                                                               |  |                                                            |    |                                     | 10 |
| 11 |                                                    |       |          |                    |                                                 |                                                                               |  |                                                            |    |                                     | 11 |
| 12 |                                                    |       |          |                    |                                                 |                                                                               |  |                                                            |    |                                     | 12 |
| 13 |                                                    |       |          |                    |                                                 |                                                                               |  | TOTAL                                                      | \$ |                                     | 13 |

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

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

Facility Name & ID Number Symphony of 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 |                               | Unit of Allocation       |             | Number of       | Total Indirect | Amount of Salary | Facility | Allocation           |    |
|    | Line       | Item                          | (i.e.,Days, Direct Cost, | Total Units | Subunits Being  | Cost Being     | Cost Contained   | Units    | (col.8/col.4)x col.6 |    |
|    | Reference  |                               | Square Feet)             |             | Allocated Among | Allocated      | in Column 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:

01/01/2016Ending: 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 |        | Unit of Allocation                     |                    | Number of       | Total Indirect | Amount of Salary | Facility | Allocation           |    |
| Line       | Item   | (i.e., Days, Direct Cost, Square Feet) | Total Units        | Subunits Being  | Cost Being     | Cost Contained   | Units    | (col.8/col.4)x col.6 |    |
| Reference  |        |                                        |                    | Allocated Among | Allocated      | in Column 6      |          |                      |    |
| 1          | 5      | Utilities                              | Bed Days Available | 28              | \$ 51,919      | \$               | 74,298   | \$ 2,101             | 1  |
| 2          | 6      | Maintenance Salaries                   | Bed Days Available | 28              | 475,288        | 475,288          | 74,298   | 19,231               | 2  |
| 3          | 6      | Maintenance Expenses                   | Bed Days Available | 28              | 107,711        |                  | 74,298   | 4,358                | 3  |
| 4          | 7      | Employee Benefits - Maintenance        | Bed Days Available | 28              | 85,090         |                  | 74,298   | 3,443                | 4  |
| 5          | 10     | Clinical Salaries                      | Bed Days Available | 28              | 3,273,643      | 3,273,643        | 74,298   | 132,460              | 5  |
| 6          | 15     | Employee Benefits - Clinical           | Bed Days Available | 28              | 508,220        |                  | 74,298   | 20,564               | 6  |
| 7          | 17     | Administrative Salaries                | Bed Days Available | 28              | 932,558        | 932,558          | 74,298   | 37,734               | 7  |
| 8          | 19     | Professional Fees                      | Bed Days Available | 28              | 945,768        |                  | 74,298   | 38,268               | 8  |
| 9          | 20     | Dues, Fees, Subscriptions, Etc.        | Bed Days Available | 28              | 387,900        |                  | 74,298   | 15,695               | 9  |
| 10         | 21     | Clerical & General Salaries            | Bed Days Available | 28              | 6,126,863      | 6,126,863        | 74,298   | 247,908              | 10 |
| 11         | 21     | Clerical & General Expenses            | Bed Days Available | 28              | 762,920        |                  | 74,298   | 30,870               | 11 |
| 12         | 24     | Seminars and Education                 | Bed Days Available | 28              | 30,439         |                  | 74,298   | 1,232                | 12 |
| 13         | 25     | Transportation                         | Bed Days Available | 28              | 75,434         |                  | 74,298   | 3,052                | 13 |
| 14         | 26     | Insurance                              | Bed Days Available | 28              | 88,214         |                  | 74,298   | 3,569                | 14 |
| 15         | 27     | Employee Benefits - Administrative     | Bed Days Available | 28              | 1,174,614      |                  | 74,298   | 47,528               | 15 |
| 16         | 30     | Depreciation                           | Bed Days Available | 28              | 46,621         |                  | 74,298   | 1,886                | 16 |
| 17         | 33     | Real Estate Tax                        | Bed Days Available | 28              | 115,912        |                  | 74,298   | 4,690                | 17 |
| 18         | 34     | Building Rental                        | Bed Days Available | 28              | 151,288        |                  | 74,298   | 6,121                | 18 |
| 19         | 35     | Equipment Rental                       | Bed Days Available | 28              | 65,399         |                  | 74,298   | 2,646                | 19 |
| 20         | 35     | Auto Lease                             | Bed Days Available | 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

- A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐
- B. Show the allocation of costs below. If necessary, please attach worksheets.

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

|    | 1                               | 2                            | 3                                                              | 4           | 5                                              | 6                                         | 7                                                 | 8                 | 9                                  |    |
|----|---------------------------------|------------------------------|----------------------------------------------------------------|-------------|------------------------------------------------|-------------------------------------------|---------------------------------------------------|-------------------|------------------------------------|----|
|    | Schedule V<br>Line<br>Reference | Item                         | Unit of Allocation<br>(i.e.,Days, Direct Cost,<br>Square Feet) | Total Units | Number of<br>Subunits Being<br>Allocated Among | Total Indirect<br>Cost Being<br>Allocated | Amount of Salary<br>Cost Contained<br>in Column 6 | Facility<br>Units | Allocation<br>(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 |

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  |                                        |           |    |                      |                          |              | \$             |                                         |               |                          | \$                                | 1  |
| 2  |                                        |           |    |                      |                          |              |                |                                         |               |                          |                                   | 2  |
| 3  |                                        |           |    |                      |                          |              |                |                                         |               |                          |                                   | 3  |
| 4  |                                        |           |    |                      |                          |              |                |                                         |               |                          |                                   | 4  |
| 5  |                                        |           |    |                      |                          |              |                |                                         |               |                          |                                   | 5  |
|    | Working Capital                        |           |    |                      |                          |              |                |                                         |               |                          |                                   |    |
| 6  | The Private Bank                       |           | X  | Capital Improvements | Interest Only            | 12/30/2011   | 2,000,000      | 118,318                                 | 12/30/2017    | 0.0525                   | 3,584                             | 6  |
| 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                            | 7  |
| 8  |                                        |           |    |                      |                          |              |                |                                         |               |                          |                                   | 8  |
| 9  | TOTAL Facility Related                 |           |    |                      |                          |              | \$ 29,000,000  | \$ 2,439,430                            |               |                          | \$ 73,903                         | 9  |
|    | B. Non-Facility Related*               |           |    |                      |                          |              |                |                                         |               |                          |                                   |    |
| 10 |                                        |           |    |                      |                          |              |                |                                         |               |                          |                                   | 10 |
| 11 |                                        |           |    |                      |                          |              |                |                                         |               |                          |                                   | 11 |
| 12 |                                        |           |    |                      |                          |              |                | Interest Income                         |               |                          | (572)                             | 12 |
| 13 |                                        |           |    |                      |                          |              |                | Alloc. From Symphony Financial Services |               |                          | 4,626                             | 13 |
| 14 | TOTAL Non-Facility Related             |           |    |                      |                          |              | \$             | \$                                      |               |                          | \$ 4,054                          | 14 |
| 15 | TOTALS (line 9+line14)                 |           |    |                      |                          |              | \$ 29,000,000  | \$ 2,439,430                            |               |                          | \$ 77,957                         | 15 |

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.)





|               |                                                                |        |             |
|---------------|----------------------------------------------------------------|--------|-------------|
| FACILITY NAME | <u>Symphony Countryside, LLC D/B/A Countryside Care Centre</u> | COUNTY | <u>Kane</u> |
|---------------|----------------------------------------------------------------|--------|-------------|

CONTACT PERSON REGARDING THIS REPORT David Davis

### A. Summary of Real Estate Tax Cost

| (A)                 | (B)                         | (C)              | (D)<br><u>Tax</u><br><u>Applicable to</u><br><u>Nursing Home</u> |
|---------------------|-----------------------------|------------------|------------------------------------------------------------------|
| <u>Index Number</u> | <u>Property Description</u> | <u>Total Tax</u> |                                                                  |
|                     |                             |                  |                                                                  |

### B. Real Estate Tax Cost Allocations

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.)

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.

Page 10A

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

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        | Alloc Fr Maestro 7257 | -           |               | \$ 6,474 | 1 |
| 2        |                       |             |               |          | 2 |
| 3        | TOTALS                |             |               | \$ 6,474 | 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<br>Acquired | Year<br>Constructed | Cost    | Current Book<br>Depreciation | Life<br>in Years | Straight Line<br>Depreciation | Adjustments | Accumulated<br>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  |
|    | Improvement Type**                                                |                  |                  |                     |         |                              |                  |                               |             |                             |    |
| 9  | Architectural fees, contractor fees, paint, remove wallpaper,     |                  |                  | 2013                | 198,047 | 9,902                        | 20               | 9,902                         |             | 39,609                      | 9  |
| 10 | install flooring, demo, carpentry, drywall, install wallpaper     |                  |                  |                     |         |                              |                  |                               |             |                             | 10 |
| 11 | First Floor                                                       |                  |                  |                     |         |                              |                  |                               |             |                             | 11 |
| 12 | Demo/carpentry/drywall, acoustical ceiling, interior electrical   |                  |                  | 2013                | 116,913 | 5,846                        | 20               | 5,846                         |             | 23,383                      | 12 |
| 13 | alarms, painting, wall covering, floor covering, add 3 heads      |                  |                  |                     |         |                              |                  |                               |             |                             | 13 |
| 14 | contractor fees - First Floor and Dining Room                     |                  |                  |                     |         |                              |                  |                               |             |                             | 14 |
| 15 | Interior painting, replace storefront glass, wall and floor       |                  |                  | 2013                | 22,173  | 1,110                        | 20               | 1,110                         |             | 4,252                       | 15 |
| 16 | coverings - First Floor                                           |                  |                  |                     |         |                              |                  |                               |             |                             | 16 |
| 17 | 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           |                  |                  | 2013                | 50,619  | 2,531                        | 20               | 2,531                         |             | 9,491                       | 20 |
| 21 | open office, engineering - First Floor & Dining Room              |                  |                  |                     |         |                              |                  |                               |             |                             | 21 |
| 22 | Carpet removal - Nurses station tie back in all vct               |                  |                  | 2013                | 10,856  | 543                          | 20               | 543                           |             | 2,036                       | 22 |
| 23 | Roofing                                                           |                  |                  | 2013                | 10,000  | 500                          | 20               | 500                           |             | 1,875                       | 23 |
| 24 | Lounge 500 - New Carpet                                           |                  |                  | 2013                | 3,100   | 443                          | 7                | 443                           |             | 1,624                       | 24 |
| 25 | Demo/carpentry/drywall, electrical, glass, demo brick &           |                  |                  | 2013                | 303,589 | 15,179                       | 20               | 15,179                        |             | 53,913                      | 25 |
| 26 | rebuild around windows, engineering, besam swing door,            |                  |                  |                     |         |                              |                  |                               |             |                             | 26 |
| 27 | painting, modified, bitumen, ridge vent, aluminum soffit          |                  |                  |                     |         |                              |                  |                               |             |                             | 27 |
| 28 | architecture fees, stucco molding, contractors fees -             |                  |                  |                     |         |                              |                  |                               |             |                             | 28 |
| 29 | First Floor, Spa Room, Rear Entry Vestibule, Exterior of Building |                  |                  |                     |         |                              |                  |                               |             |                             | 29 |
| 30 | Fencing in patio                                                  |                  |                  | 2013                | 2,922   | 195                          | 15               | 195                           |             | 666                         | 30 |
| 31 | Electircal work for office                                        |                  |                  | 2013                | 4,391   | 219                          | 20               | 219                           |             | 731                         | 31 |
| 32 | Demo/carpentry/drywall, window wall tape & mud, saw cut           |                  |                  | 2013                | 49,040  | 2,452                        | 20               | 2,452                         |             | 7,969                       | 32 |
| 33 | concrete, excavation, rough in & frame roof & rear vestibule,     |                  |                  |                     |         |                              |                  |                               |             |                             | 33 |
| 34 | steel posts, besam swing door, contractors fees - Rear Vestibule  |                  |                  |                     |         |                              |                  |                               |             |                             | 34 |
| 35 | & Second Floor                                                    |                  |                  |                     |         |                              |                  |                               |             |                             | 35 |
| 36 |                                                                   |                  |                  |                     |         |                              |                  |                               |             |                             | 36 |

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

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

See Page 12A, Line 70 for total

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 &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  | Improvement Type**                              | 3<br>Year<br>Constructed | 4<br>Cost    | 5<br>Current Book<br>Depreciation | 6<br>Life<br>in Years | 7<br>Straight Line<br>Depreciation | 8<br>Adjustments | 9<br>Accumulated<br>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<br>Improvement Type** |                                       | 3<br>Year<br>Constructed | 4<br>Cost    | 5<br>Current Book<br>Depreciation | 6<br>Life<br>in Years | 7<br>Straight Line<br>Depreciation | 8<br>Adjustments | 9<br>Accumulated<br>Depreciation |    |
|-------------------------|---------------------------------------|--------------------------|--------------|-----------------------------------|-----------------------|------------------------------------|------------------|----------------------------------|----|
| 1                       | Totals from Page 12B, Carried Forward |                          | \$ 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<br>Cost | Current Book<br>Depreciation 2 | Straight Line<br>Depreciation 3 | 4<br>Adjustments | Component<br>Life 5 | Accumulated<br>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<br>Use                     | Model, Make<br>and Year 2 | Year<br>Acquired 3 | 4<br>Cost | Current Book<br>Depreciation 5 | Straight Line<br>Depreciation 6 | 7<br>Adjustments | Life in<br>Years 8 | Accumulated<br>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                                                                                                                              | 2           |    |
|----|--------------------------------------------------------------------------------------------------------------------------------|-------------|----|
|    | Reference                                                                                                                      | 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<br>Description & Year Acquired | 2<br>Cost | Current Book<br>Depreciation 3 | Accumulated<br>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

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

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<br>Year<br>Constructed | 2<br>Number<br>of Beds | 3<br>Original<br>Lease Date | 4<br>Rental<br>Amount | 5<br>Total Years<br>of Lease | 6<br>Total Years<br>Renewal Option* |   |
|---|---------------------------|--------------------------|------------------------|-----------------------------|-----------------------|------------------------------|-------------------------------------|---|
| 3 | Original Building:        | 1972                     | 203                    | 12/31/2011                  | \$ 1,795,434          | 10                           | 10                                  | 3 |
| 4 | Additions                 |                          |                        |                             |                       |                              |                                     | 4 |
| 5 | Alloc. Mgmt. Co. Symphony |                          |                        |                             | 277                   |                              |                                     | 5 |
| 6 | Alloc. Mgmt. Co. Maestro  |                          |                        |                             | 6,121                 |                              |                                     | 6 |
| 7 | TOTAL                     |                          | 203                    |                             | \$ 1,801,832          |                              |                                     | 7 |

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<br>Use              | 2<br>Model Year<br>and Make | 3<br>Monthly Lease<br>Payment | 4<br>Rental Expense<br>for this Period |    |
|----|-----------------------|-----------------------------|-------------------------------|----------------------------------------|----|
| 17 | N/A                   |                             | \$                            | \$                                     | 17 |
| 18 |                       |                             |                               |                                        | 18 |
| 19 |                       |                             |                               |                                        | 19 |
| 20 | Alloc. from Mgmt. Co. |                             |                               | 3,296                                  | 20 |
| 21 | TOTAL                 |                             | \$                            | \$ 3,296                               | 21 |

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. | 12/31/2017         | \$ 1,167,329 |
| 13. | 12/31/2018         | \$ 1,190,675 |
| 14. | 12/31/2019         | \$ 1,214,489 |

\* 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

| Rental Description                      | Amount |
|-----------------------------------------|--------|
| 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  |
| Total - Line 16                         | 93,694 |

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.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?

☐ YES

☒ NO

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.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER CNA

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER CNA

B. EXPENSES

ALLOCATION OF COSTS (d)

|    |                                 | 1         | 2         | 3        | 4     |
|----|---------------------------------|-----------|-----------|----------|-------|
|    |                                 | Facility  |           |          |       |
|    |                                 | 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) | \$        |           |          |       |

- (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.

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                |  |

| XIV. SPECIAL SERVICES (Direct Cost) (See instructions.) |                                                                                |                                          |                     |      |                                                 |              |                                      |                               |                                |           |
|---------------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------|---------------------|------|-------------------------------------------------|--------------|--------------------------------------|-------------------------------|--------------------------------|-----------|
|                                                         | Service                                                                        | Schedule V<br>Line & Column<br>Reference | 2                   | 3    | 4                                               |              | 6                                    | 7                             | 8                              |           |
|                                                         |                                                                                |                                          | Staff               |      | Outside Practitioner<br>(other than consultant) |              | Supplies<br>(Actual or<br>Allocated) | Total Units<br>(Column 2 + 4) | Total Cost<br>(Col. 3 + 5 + 6) |           |
|                                                         |                                                                                |                                          | Units of<br>Service | Cost | Units                                           | Cost         |                                      |                               |                                |           |
| 1                                                       | Licensed Occupational Therapist                                                | 39(3)                                    | hrs                 | \$   | 9,786                                           | \$ 704,615   | \$                                   | 9,786                         | \$                             | 704,615   |
| 2                                                       | Licensed Speech and Language<br>Development Therapist                          | 39(3)                                    | hrs                 |      | 2,144                                           | 154,344      |                                      | 2,144                         |                                | 154,344   |
| 3                                                       | Licensed Recreational Therapist                                                |                                          | hrs                 |      |                                                 |              |                                      |                               |                                |           |
| 4                                                       | Licensed Physical Therapist                                                    | 39(3)                                    | hrs                 |      | 12,105                                          | 871,582      |                                      | 12,105                        |                                | 871,582   |
| 5                                                       | Physician Care                                                                 |                                          | visits              |      |                                                 |              |                                      |                               |                                |           |
| 6                                                       | Dental Care                                                                    |                                          | visits              |      |                                                 |              |                                      |                               |                                |           |
| 7                                                       | Work Related Program                                                           |                                          | hrs                 |      |                                                 |              |                                      |                               |                                |           |
| 8                                                       | Habilitation                                                                   |                                          | hrs                 |      |                                                 |              |                                      |                               |                                |           |
| 9                                                       | Pharmacy                                                                       | 39(2)                                    | # of<br>prescrpts   |      |                                                 |              | 184,144                              |                               |                                | 184,144   |
| 10                                                      | Psychological Services<br>(Evaluation and Diagnosis/<br>Behavior Modification) |                                          | hrs                 |      |                                                 |              |                                      |                               |                                |           |
| 11                                                      | Academic Education                                                             |                                          | hrs                 |      |                                                 |              |                                      |                               |                                |           |
| 12                                                      | Other (specify): <u>Oxygen</u>                                                 | 39(2)                                    |                     |      |                                                 |              | 2,750                                |                               |                                | 2,750     |
| 13                                                      | Other (specify): <u>See Schedule 16A</u>                                       | 39(3)                                    |                     |      | 976                                             | 66,764       |                                      | 976                           |                                | 66,764    |
| 14                                                      | TOTAL                                                                          |                                          |                     | \$   | 25,011                                          | \$ 1,797,305 | \$ 186,894                           | 25,011                        | \$                             | 1,984,199 |

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)

| Description                     | Units | Amount |
|---------------------------------|-------|--------|
| 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  |
| Total - Line 12                 | -     | 66,764 |

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 2,821,833 ) | 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): See Schedule 17A                                            | 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 (spec Lease Cost                                     | 16,599        | 16,599               | 22 |
| 23 | Other(specify): See Schedule 17A                                            | 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 | See Schedule 17A                                             | 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                     | Operating | After 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              |
| Total - Line 9                  | 219,084   | 219,084             |

XV. Balance Sheet  
Line 23 Long-Term Assets Other (specify):

| Description                  | Operating | After 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             |
| Total - Line 23              | 947,752   | 947,752             |

XV. Balance Sheet  
Line 36 Other Current Liabilities (specify):

| Description                | Operating | After 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             |
| Total - Line 36            | 3,159,686 | 3,159,686           |



XVI. STATEMENT OF CHANGES IN EQUITY

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

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

Facility Name &amp; ID Number Symphony of Orchard Valley

# 0051763

Report Period Beginning: 01/01/2016

Ending: 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**

1

|     | 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  |

2

|    | 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                   |               |    |
|----|-----------------------------------------------------------------------|---------------|----|
| 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):

| Description          | Amount |
|----------------------|--------|
| Rentals-Medicare     | 426    |
| Rentals Managed Care | 1,981  |
| Barber & Beautician  | (42)   |
| Total - Line 28      | 2,365  |

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.<br>Actually<br>Worked | # of Hrs.<br>Paid and<br>Accrued | Reporting Period<br>Total Salaries,<br>Wages | Average<br>Hourly<br>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 |

B. CONSULTANT SERVICES

|    |                                 | 1                                      | 2                                                   | 3                                           |    |
|----|---------------------------------|----------------------------------------|-----------------------------------------------------|---------------------------------------------|----|
|    |                                 | Number<br>of Hrs.<br>Paid &<br>Accrued | Total Consultant<br>Cost for<br>Reporting<br>Period | Schedule V<br>Line &<br>Column<br>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<br>of Hrs.<br>Paid &<br>Accrued | Total<br>Contract<br>Wages | Schedule V<br>Line &<br>Column<br>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 |

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

\*\* See instructions.

## XIX. SUPPORT SCHEDULES

| A. Administrative Salaries                                                                                |               |   |            | D. Employee Benefits and Payroll Taxes                              |            |                                       | F. Dues, Fees, Subscriptions and Promotions |          |  |
|-----------------------------------------------------------------------------------------------------------|---------------|---|------------|---------------------------------------------------------------------|------------|---------------------------------------|---------------------------------------------|----------|--|
| Name                                                                                                      | Function      | % | 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   |                                             |          |  |
|                                                                                                           |               |   |            | Employee Health Insurance                                           | 365,716    | (Indicate # of checks performed 221 ) | 2,653                                       |          |  |
|                                                                                                           |               |   |            | Employee Meals                                                      |            | Patient Background Checks 200         | 2,400                                       |          |  |
|                                                                                                           |               |   |            | Illinois Municipal Retirement Fund (IMRF)*                          |            | Miscellaneous Licenses & Fees         | 1,479                                       |          |  |
|                                                                                                           |               |   |            | Employee Retirement                                                 | 4,043      | Illinois Council on Long Term Care    | 22,417                                      |          |  |
|                                                                                                           |               |   |            | Employee Benefits - Other                                           | 13,946     | Miscellaneous Dues & Subscriptions    | 1,423                                       |          |  |
|                                                                                                           |               |   |            | Employees' Physical Exams                                           | 4,469      | Lobbying Expense                      | (10,748)                                    |          |  |
| TOTAL (agree to Schedule V, line 17, col. 1)<br>(List each licensed administrator separately.)            |               |   |            |                                                                     |            | Allocated from Mgmt. Co.              | 15,695                                      |          |  |
|                                                                                                           |               |   |            |                                                                     |            | Less: Public Relations Expense        | ( )                                         |          |  |
|                                                                                                           |               |   |            |                                                                     |            | Non-allowable advertising             | ( )                                         |          |  |
|                                                                                                           |               |   |            |                                                                     |            | Yellow page advertising               | ( )                                         |          |  |
| B. Administrative - Other                                                                                 |               |   |            | TOTAL (agree to Schedule V,<br>line 22, col.8)                      |            |                                       | TOTAL (agree to Sch. V,<br>line 20, col. 8) |          |  |
|                                                                                                           |               |   |            |                                                                     |            |                                       |                                             |          |  |
|                                                                                                           |               |   |            |                                                                     |            |                                       |                                             |          |  |
|                                                                                                           |               |   |            |                                                                     |            |                                       |                                             |          |  |
|                                                                                                           |               |   |            |                                                                     |            |                                       |                                             |          |  |
| TOTAL (agree to Schedule V, line 17, col. 3)<br>(Attach a copy of any management service agreement)       |               |   |            | E. Schedule of Non-Cash Compensation Paid<br>to Owners or Employees |            |                                       | G. Schedule of Travel and Seminar**         |          |  |
|                                                                                                           |               |   |            |                                                                     |            |                                       |                                             |          |  |
| C. Professional Services                                                                                  |               |   |            | Description                                                         | Line #     | Amount                                | Description                                 | Amount   |  |
| Vendor/Payee                                                                                              | Type          |   | Amount     | N/A                                                                 |            |                                       | Out-of-State Travel                         | \$       |  |
| See Schedule 21A                                                                                          |               |   | \$ 307,279 |                                                                     |            |                                       |                                             |          |  |
|                                                                                                           |               |   |            |                                                                     |            |                                       |                                             |          |  |
|                                                                                                           |               |   |            |                                                                     |            |                                       |                                             |          |  |
|                                                                                                           |               |   |            |                                                                     |            |                                       | In-State Travel                             |          |  |
|                                                                                                           |               |   |            |                                                                     |            |                                       |                                             |          |  |
|                                                                                                           |               |   |            |                                                                     |            |                                       |                                             |          |  |
|                                                                                                           |               |   |            |                                                                     |            |                                       |                                             |          |  |
|                                                                                                           |               |   |            |                                                                     |            |                                       |                                             |          |  |
|                                                                                                           |               |   |            |                                                                     |            |                                       | 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)<br>(For legal fee disclosure, see page 39 of instructions) |               |   |            | TOTAL                                                               |            |                                       | (agree to Sch. V,<br>line 24, col. 8)       |          |  |
|                                                                                                           |               |   |            |                                                                     |            |                                       | TOTAL                                       | \$ 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    |
| IT/Sourcetek                                                                        | 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/Bookeeping/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    |
| PTYC\$                                                                              | 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   |
| Total (agree to Schedule V, line 19, column 3)                                      |                                            | 307,279  |
| 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)  |
| Total (agree to Schedule V, line 19, column 8)                                      |                                            | 265,992  |

**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 benefit 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