		FOR BHF USE					

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2017
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2017)

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.

I. IDPH License ID Number: 0051763

Facility Name: SYMPHONY OF ORCHARD VALLEY

Address: 2330 W. Galena (Number) Aurora (City) 60506 (Zip Code)

County: Kane

Telephone Number: (630) 896-4686 **Fax #** (630) 896-7868

HFS ID Number:

Date of Initial License for Current Owners: 01/01/2012

Type of Ownership:

	VOLUNTARY,NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
			"Sub-S" Corp.		
		X	Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Amanda Springborn **Telephone Number:** (314) 925-3838
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/17 to 12/31/17 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.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider
(Signed) (Date)
(Type or Print Name) Dorothy Kuhl
(Title) Chief Financial Officer

Paid Preparer
(Signed) (Date)
(Print Name and Title)
(Firm Name & Address) RSM US LLP, 20 N. Martingale Road, Ste. 500, Schaumburg, IL 60173
(Telephone) (847) 517-7070 Fax # (847) 517-7067

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 **Phone # (217) 782-1630**

Facility Name & ID Number SYMPHONY OF ORCHARD VALLEY # 0051763 Report Period Beginning: 1/1/17 Ending: 12/31/17

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 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	203	Skilled (SNF)	203	74,095	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	203	TOTALS	203	74,095	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	38,525	5,053	18,596	62,174	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	38,525	5,053	18,596	62,174	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 83.68%

D. How many bed reserve days during this year were paid by the Department?
N/A (Do not include bed reserve 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 [X] 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 [X]

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 [X] Date 12/31/2011 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO If YES, enter number of beds certified 127 and days of care provided 4,953

Medicare Intermediary Wisconsin Physicians Services

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 12/31/2017 Fiscal Year: 12/31/2017

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

Facility Name & ID Number SYMPHONY OF ORCHARD VALLEY # 0051763 Report Period Beginning: 1/1/17 Ending: 12/31/17

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger Salary/Wage 1	Supplies 2	Other 3	Total 4	Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY 9	10	
	A. General Services											
1	Dietary	372,344	28,303	21,475	422,122		422,122	-	422,122			1
2	Food Purchase		358,871		358,871		358,871	-	358,871			2
3	Housekeeping	166,636	64,835	-	231,471		231,471	-	231,471			3
4	Laundry	131,014	41,836	9,054	181,904	-	181,904	-	181,904			4
5	Heat and Other Utilities			254,615	254,615		254,615	2,027	256,642			5
6	Maintenance	96,897	-	191,426	288,323		288,323	22,468	310,791			6
7	Other (specify):* **Mgmt alloc of benef**	-	-	-	-		-	3,259	3,259			7
8	**TOTAL General Services**	766,891	493,845	476,570	1,737,306	-	1,737,306	27,754	1,765,060			8
	B. Health Care and Programs											
9	Medical Director	-	-	20,000	20,000		20,000	-	20,000			9
10	Nursing and Medical Records	4,387,842	252,172	201,380	4,841,394		4,841,394	135,767	4,977,161			10
10a	Therapy	-	-	-	-		-	-	-			10a
11	Activities	97,518	-	2,256	99,774		99,774	-	99,774			11
12	Social Services	76,053	-	-	76,053		76,053	-	76,053			12
13	CNA Training	-	-	-	-		-	-	-			13
14	Program Transportation	-	-	-	-		-	-	-			14
15	Other (specify):* **Mgmt alloc of benef**	-	-	-	-		-	21,304	21,304			15
16	**TOTAL Health Care and Programs**	4,561,413	252,172	223,636	5,037,221	-	5,037,221	157,071	5,194,292			16
	C. General Administration											
17	Administrative	136,788	-	746,288	883,076		883,076	(681,010)	202,066			17
18	Directors Fees			-	-		-	-	-			18
19	Professional Services			459,984	459,984		459,984	(8,982)	451,002			19
20	Dues, Fees, Subscriptions & Promotions			36,985	36,985		36,985	(1,237)	35,748			20
21	Clerical & General Office Expenses	202,621	37,201	77,219	317,041		317,041	283,800	600,841			21
22	Employee Benefits & Payroll Taxes			829,065	829,065		829,065	-	829,065			22
23	Inservice Training & Education			-	-		-	-	-			23
24	Travel and Seminar			2,483	2,483		2,483	1,312	3,795			24
25	Other Admin. Staff Transportation		-	7,372	7,372		7,372	7,798	15,170			25
26	Insurance-Prop.Liab.Malpractice			493,771	493,771		493,771	2,955	496,726			26
27	Other (specify):* **Mgmt alloc of benef**	-	-	-	-		-	48,754	48,754			27
28	**TOTAL General Administration**	339,409	37,201	2,653,167	3,029,777	-	3,029,777	(346,610)	2,683,167			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	5,667,713	783,218	3,353,373	9,804,304	-	9,804,304	(161,785)	9,642,519			29

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**
NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number SYMPHONY OF ORCHARD VALLEY #0051763 **Report Period Beginning:** 1/1/17 **Ending:** 12/31/17

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							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			170,708	170,708		170,708	40,066	210,774			30
31	Amortization of Pre-Op. & Org.			-	-		-	-	-			31
32	Interest			65,323	65,323		65,323	15,039	80,362			32
33	Real Estate Taxes			174,250	174,250		174,250	3,577	177,827			33
34	Rent-Facility & Grounds			1,584,721	1,584,721		1,584,721	5,676	1,590,397			34
35	Rent-Equipment & Vehicles			136,387	136,387		136,387	(14,522)	121,865			35
36	Other (specify):*			-	-		-	-	-			36
37	**TOTAL Ownership**			2,131,389	2,131,389	-	2,131,389	49,836	2,181,225			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation	-	-	8,867	8,867		8,867	-	8,867			38
39	Ancillary Service Centers	-	201,678	1,945,709	2,147,387		2,147,387	-	2,147,387			39
40	Barber and Beauty Shops	-	-	-	-		-	-	-			40
41	Coffee and Gift Shops	-	-	-	-		-	-	-			41
42	Provider Participation Fee			458,474	458,474		458,474	-	458,474			42
43	Other (specify):* **Non-Allowable Cos**	95,950	-	258,992	354,942		354,942	(354,942)	-			43
44	**TOTAL Special Cost Centers**	95,950	201,678	2,672,042	2,969,670	-	2,969,670	(354,942)	2,614,728			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	5,763,663	984,896	8,156,804	14,905,363	-	14,905,363	(466,891)	14,438,472			45

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

Facility Name & ID Number SYMPHONY OF ORCHARD VALLEY # 0051763 Report Period Beginning: 1/1/17 Ending: 12/31/17

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 Amount	2 Refer-ence	3 BHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(23,394)	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	31,120	30		9
10	Interest and Other Investment Income	(5,507)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,067)	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	(2,823)	43		18
19	Entertainment				19
20	Contributions	(3,000)	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	(61,049)	43		24
25	Fund Raising, Advertising and Promotional	(583)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Page 5A	(285,351)	Var.		29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (352,654)		$	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 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(114,237)		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (114,237)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (466,891)		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 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		X	$ N/A		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

SYMPHONY OF ORCHARD VALLEY

ID# 0051763

Report Period Beginning: 1/1/17

Ending: 12/31/17

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Nonallowable marketing events	$ (134,819)	43	1
2	Laboratory Costs	(13,587)	43	2
3	X-Ray Costs	(8,916)	43	3
4	Theft and Damage Loss	(8,754)	20	4
5	Lobbying Expense	(7,514)	20	5
6	Nonallowable Collection Fees	(13,353)	19	6
7	Nonallowable Legal Expense	(2,458)	4	7
8	Admissions Salaries	(47,966)	43	8
9	Customer Service Salaries	(47,984)	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**	(285,351)		49

Facility Name & ID Number SYMPHONY OF ORCHARD VALLEY # 0051763 Report Period Beginning: 1/1/17 Ending: 12/31/17

VII. RELATED PARTIES

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

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

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [ ] YES [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 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: 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			$			$	$ *	14

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

Facility Name & ID Number SYMPHONY OF ORCHARD VALLEY # 0051763 Report Period Beginning: 1/1/17 Ending: 12/31/17

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. [X] 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 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	21	Clerical & Gen office exp	$	Symphony Financial Services, LLC	100.00%	$ 37,816	$ 37,816	15
16	V	30	Depreciation		Symphony Financial Services, LLC	100.00%	3,361	3,361	16
17	V	32	Interest		Symphony Financial Services, LLC	100.00%	7,124	7,124	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			$			$ 48,301	$ * 48,301	39

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

Facility Name & ID Number SYMPHONY OF ORCHARD VALLEY # 0051763 Report Period Beginning: 1/1/17 Ending: 12/31/17

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. [X] 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 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	5	Utilities	$	Maestro Consulting Services	100.00%	$ 2,027	$ 2,027	15
16	V	6	Maintenance Salaries		Maestro Consulting Services	100.00%	17,974	17,974	16
17	V	6	Maintenance Expenses		Maestro Consulting Services	100.00%	4,494	4,494	17
18	V	7	Employee Benefits - Maintenance		Maestro Consulting Services	100.00%	3,259	3,259	18
19	V	10	Clinical Salaries		Maestro Consulting Services	100.00%	116,756	116,756	19
20	V	10	Contract Nursing		Maestro Consulting Services	100.00%	20,457	20,457	20
21	V	15	Employee Benefits - Clinical		Maestro Consulting Services	100.00%	21,304	21,304	21
22	V	17	Administrative Salaries	746,288	Maestro Consulting Services	100.00%	65,278	(681,010)	22
23	V	19	Professional Fees		Maestro Consulting Services	100.00%	6,829	6,829	23
24	V	20	Dues, Fees, Subscriptions, Etc.		Maestro Consulting Services	100.00%	6,277	6,277	24
25	V	21	Clerical & General Salaries		Maestro Consulting Services	100.00%	210,409	210,409	25
26	V	21	Clerical & General Expenses		Maestro Consulting Services	100.00%	35,575	35,575	26
27	V	24	Seminars and Education		Maestro Consulting Services	100.00%	1,312	1,312	27
28	V	25	Transportation		Maestro Consulting Services	100.00%	7,798	7,798	28
29	V	26	Insurance		Maestro Consulting Services	100.00%	2,955	2,955	29
30	V	27	Employee Benefits - Administrative		Maestro Consulting Services	100.00%	48,754	48,754	30
31	V	30	Depreciation		Maestro Consulting Services	100.00%	5,585	5,585	31
32	V	32	Interest Expense		Maestro Consulting Services	100.00%	13,422	13,422	32
33	V	33	Real Estate Tax		Maestro Consulting Services	100.00%	3,577	3,577	33
34	V	34	Building Rental		Maestro Consulting Services	100.00%	5,676	5,676	34
35	V	35	Equipment Rental		Maestro Consulting Services	100.00%	945	945	35
36	V	35	Auto Lease		Maestro Consulting Services	100.00%	3,124	3,124	36
37	V								37
38	V								38
39	Total			$ 746,288			$ 603,787	$ * (142,501)	39

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

Facility Name & ID Number SYMPHONY OF ORCHARD VALLEY # 0051763 Report Period Beginning: 1/1/17 Ending: 12/31/17

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. [X] 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 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	10	Nursing and Medical Records	$ 6,798	Integra Healthcare Equipment, LLC	19.00%	$ 5,352	(1,446)	15
16	V	35	Rent-Equipment & Vehicles	87,403	Integra Healthcare Equipment, LLC	19.00%	68,812	(18,591)	16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 94,201			$ 74,164	$ * (20,037)	39

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

Facility Name & ID Number SYMPHONY OF ORCHARD VALLEY # 0051763 Report Period Beginning: 1/1/17 Ending: 12/31/17

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	Debra Hartman	24.50	Symphony Aspen Ridge, LLC D/B/A Symphony	Decatur	Symphony Healthcare	Lincolnwood	Sub Lessor	1
2	Hartman Family Fdn	4.50	Symphony Countryside, LLC D/B/A Countrysid	Aurora	Symphony M.L., LLC	Lincolnwood	Main Lessor	2
3	Hartman Dynasty Trust	4.50	Symphony Crestwood, LLC D/B/A Symphony o	Crestwood	Symphony HMG, LLC	Lincolnwood	Sub Lessor	3
4	Mark Hartman	4.50	Symphony Deerbrook, LLC D/B/A Symphony o	Joliet	Symphony Financial S	Lincolnwood	Mgmt Co.	4
5	Julie Thomas	4.50	Symphony Maple Crest, LLC D/B/A Maple Cre	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	Mark Hartman-Bemoit Holdings	3.00	Symphony of Crown Point	Indiana	Nucare Services	Lincolnwood	Bookkeeping Mgmt	11
12	IBEX Mgmt Svces, LLC	14.00	Symphony of Chesterton	Indiana	7257 N. Lincoln Ave, L	Lincolnwood	Building Rental	12
13	Penina Hartman	2.00			Diamond Insurance	Northbrook	Work Comp Ins.	13
14	Drake Louis	4.00			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 h			25
26			Symphony of Hanover Park	Hanover Park	entity, therefore no pa			26
27			Symphony of Lincoln Park	Chicago	** No expense of this r			27
28			Symphony of Morgan Park	Chicago	allocated to homes			28
29		0	Symphony of South Shore	Chicago				29
30		0	Symphony Residences of Lincoln Park	Chicago				30

Facility Name & ID Number SYMPHONY OF ORCHARD VALLEY # 0051763 Report Period Beginning: 1/1/17 Ending: 12/31/17

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	
						Hours	Percent	Description	Amount		
1	No owners receive compensation from this facility.								$		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: 1/1/17 Ending: 12/31/17

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 [X] 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 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	21	Clerical & General Office Expense	Occupied Bed Days	499,232	12	$ 303,646	$	62,174	$ 37,816	1
2	30	Depreciation	Occupied Bed Days	499,232	12	26,988		62,174	3,361	2
3	32	Interest	Occupied Bed Days	499,232	12	57,206		62,174	7,124	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					$ 387,840	$		$ 48,301	25

Facility Name & ID Number SYMPHONY OF ORCHARD VALLEY # 0051763 Report Period Beginning: 1/1/17 Ending: 12/31/17

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 [X] 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 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	5	Utilities	Bed Days Available	1,835,856	28	$ 50,076	$	74,298	$ 2,027	1
2	6	Maintenance Salaries	Bed Days Available	1,835,856	28	444,128	444,128	74,298	17,974	2
3	6	Maintenance Expenses	Bed Days Available	1,835,856	28	111,048		74,298	4,494	3
4	7	Employee Benefits - Maintenance	Bed Days Available	1,835,856	28	80,529		74,298	3,259	4
5	10	Clinical Salaries	Bed Days Available	1,835,856	28	2,884,957	2,884,957	74,298	116,756	5
6	10	Contract Nursing	Bed Days Available	1,835,856	28	505,476		74,298	20,457	6
7	15	Employee Benefits - Clinical	Bed Days Available	1,835,856	28	526,402		74,298	21,304	7
8	17	Administrative Salaries	Bed Days Available	1,835,856	28	1,612,976	1,612,976	74,298	65,278	8
9	19	Professional Fees	Bed Days Available	1,835,856	28	168,752		74,298	6,829	9
10	20	Dues, Fees, Subscriptions, Etc.	Bed Days Available	1,835,856	28	155,112		74,298	6,277	10
11	21	Clerical & General Salaries	Bed Days Available	1,835,856	28	5,199,066	5,199,066	74,298	210,409	11
12	21	Clerical & General Expenses	Bed Days Available	1,835,856	28	879,035		74,298	35,575	12
13	24	Seminars & Education	Bed Days Available	1,835,856	28	32,418		74,298	1,312	13
14	25	Transportation	Bed Days Available	1,835,856	28	192,674		74,298	7,798	14
15	26	Insurance	Bed Days Available	1,835,856	28	73,017		74,298	2,955	15
16	27	Employee Benefits - Administrativ	Bed Days Available	1,835,856	28	1,204,673		74,298	48,754	16
17	30	Depreciation	Bed Days Available	1,835,856	28	138,011		74,298	5,585	17
18	32	Interest Expense	Bed Days Available	1,835,856	28	331,638		74,298	13,422	18
19	33	Real Estate Tax	Bed Days Available	1,835,856	28	88,385		74,298	3,577	19
20	34	Building Rental	Bed Days Available	1,835,856	28	140,244		74,298	5,676	20
21	35	Equipment Rental	Bed Days Available	1,835,856	28	23,351		74,298	945	21
22	35	Auto Lease	Bed Days Available	1,835,856	28	77,202		74,298	3,124	22
23										23
24										24
25	TOTALS					$ 14,919,170	$ 10,141,127		$ 603,787	25

Facility Name & ID Number SYMPHONY OF ORCHARD VALLEY # 0051763 Report Period Beginning: 1/1/17 Ending: 12/31/17

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 [X] NO [ ]

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

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

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	10	Nursing Supplies & Equipment	Direct Allocation			$	$		$ 5,352	1
2	35	Equipment Rental	Direct Allocation						68,812	2
3	39	DME & Medical Supplies	Direct Allocation							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					$	$		$ 74,164	25

Facility Name & ID Number SYMPHONY OF ORCHARD VALLEY # 0051763 Report Period Beginning: 1/1/17 Ending: 12/31/17

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	Omnicare		X	Pharmacy Services	$67,444.34	11/27/2017	$ 2,170,337	$ 41,673	10/20/2020	0.0750	$ 480	1
2	LifeMed	X		Pharmacy Services	$38,731.00	12/29/2017	6,197,033	154,579	1/1/2024	0.0750		2
3												3
4												4
5												5
	Working Capital											
6	CIBC Bank, USA		X	Line of Credit (Revolving)	Interest Only	12/30/2011	13,000,000		6/2/2018	0.0525	64,843	6
7												7
8												8
9	TOTAL Facility Related				$106,175.34		$ 21,367,370	$ 196,252			$ 65,323	9
	B. Non-Facility Related*											
10												10
11								Interest Income			(5,507)	11
12								Allocated from Maestro			13,422	12
13								Allocated from Symphony Financial			7,124	13
14	TOTAL Non-Facility Related						$	$			$ 15,039	14
15	TOTALS (line 9+line14)						$ 21,367,370	$ 196,252			$ 80,362	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 & ID Number SYMPHONY OF ORCHARD VALLEY # 0051763 **Report Period Beginning:** 1/1/17 **Ending:** 12/31/17

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2016 report. **Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**		$ 65,117	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	2016	$ 116,961	2
3. Under or (over) accrual (line 2 minus line 1).		$ 51,844	3
4. Real Estate Tax accrual used for 2017 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 122,406	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**		$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For Tax Year.** **(Attach a copy of the real estate tax appeal board's decision.)**	Alloc Fr. Mgmt Co. 3,577	$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		$ 177,827	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2012	230,275	8
	2013	156,396	9
	2014	59,086	10
	2015	108,269	11
	2016	116,961	12

2016 Tax Accrual = $116,961 X 1.046 = $122,406

FOR BHF USE ONLY

13	FROM R. E. TAX STATEMENT FOR 2016	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

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

2016 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME SYMPHONY OF ORCHARD VALLEY COUNTY Kane

FACILITY IDPH LICENSE NUMBER 0051763

CONTACT PERSON REGARDING THIS REPORT Dorothy Kuhl

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

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2016 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2016.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	15-19-176-009	Nursing Home	$ 116,961	$ 116,961
2.	10-27-319-028-0000	Land & Property Mgmt. Co.	$ 88,385	$ 3,577
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 205,346	$ 120,538

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES X NO

If YES, attach an explanation and a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the original 2016 tax bills which were listed in Section A to this statement. Be sure to use the 2016 tax bill which is normally paid during 2017.

PLEASE NOTE: ***Payment information from the Internet*** or otherwise is ***not considered acceptable tax bill documentation*** . Facilities located in Cook County are required to provide copies of their original **second installment** tax bill.

Facility Name & ID Number SYMPHONY OF ORCHARD VALLEY # 0051763 Report Period Beginning: 1/1/17 Ending: 12/31/17

X. BUILDING AND GENERAL INFORMATION:

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

C. Does the Operating Entity? [ ] (a) Own the Facility [ ] (b) Rent from a Related Organization. [X] (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? [X] (a) Own the Equipment [X] (b) Rent equipment from a Related Organization. [X] (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 [X] 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 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Alloc Fr Maestro 7257			$ 6,475	1
2					2
3	TOTALS			$ 6,475	3

Facility Name & ID Number SYMPHONY OF ORCHARD VALLEY # 0051763 Report Period Beginning: 1/1/17 Ending: 12/31/17

XI. OWNERSHIP COSTS (continued)

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					$	$		$	$	$	4
5											5
6											6
7											7
8	Allocated from Maestro 7257			2004	58,276		39	1,494	1,494	23,517	8
	Improvement Type**										
9	Architectural fees, contractor fees, paint, remove wallpaper,			2013	198,047	9,902	20	9,902		49,511	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		29,229	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		5,362	15
16	coverings - First Floor										16
17	Repiped water line to 3 compartments			2013	2,630	132	20	132		626	17
18	Demo/carpentry/drywall, permit, contractor fees - First Floor			2013	54,915	2,746	20	2,746		13,272	18
19	Interior electrical alarms			2013	16,460	823	20	823		3,978	19
20	Exterior demo/carpentry, interior elec/alarms, plumbing,			2013	50,619	2,531	20	2,531		12,022	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		2,579	22
23	Roofing			2013	10,000	500	20	500		2,375	23
24	Lounge 500 - New Carpet			2013	3,100	443	7	443		2,066	24
25	Demo/carpentry/drywall, electrical, glass, demo brick &			2013	303,589	15,179	20	15,179		69,092	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		860	30
31	Electircal work for office			2013	4,391	219	20	219		950	31
32	Demo/carpentry/drywall, window wall tape & mud, saw cut			2013	49,040	2,452	20	2,452		10,420	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 & ID Number SYMPHONY OF ORCHARD VALLEY # 0051763 Report Period Beginning: 1/1/17 Ending: 12/31/17

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Painting/Carpentry - Entry & Second Floor	2013	$ 13,180	$ 1,882	7	$ 1,882	$	$ 8,000	37
38	Demo/Carpentry/Drywall, exterior demo, emergency	2013	53,564	2,679	20	2,679		10,938	38
39	power, electrical, gen cont fees-Entryway & Second Floor								39
40	Painting/Carpentry - Office & Back Entrance	2013	1,980	283	7	283		1,155	40
41	Roof Garden	2013	8,595	573	15	573		2,339	41
42									42
43	Facility Remodeling	2014	85,002	5,741	5-20	5,741		20,874	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		468	60
61	New Overhang Roof, Replaced 12 Pieces of Metal Decking	2015	21,248	1,062	20	1,062		2,654	61
62	-Applied Patch to Wall Flashing								62
63									63
64	Window Treatments, Design Fee for Dialysis Unit	2015	4,409	220	20	220		477	64
65	Demo, Flooring, Electrical, plumbing, permits	2015	53,972	2,698	20	2,698		5,846	65
66	Signs & Banners Aluminum, Rebranded Facility	2015	20,164	1,008	20	1,008		2,071	66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 1,169,344	$ 58,930		$ 60,424	$ 1,494	$ 280,681	70

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

Facility Name & ID Number SYMPHONY OF ORCHARD VALLEY # 0051763 Report Period Beginning: 1/1/17 Ending: 12/31/17

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 1,169,344	$ 58,930		$ 60,424	$ 1,494	$ 280,681	1
2	Relocate sink waste, vent H&C water supply	2016	15315	766	20	766		1,532	2
3	in 1 dialysis station								3
4	Install new stand alone wall mounted cooling	2016	20741	1,037	20	1,037		1,988	4
5	system in mechanical room.								5
6	Design and IFPH Certification for dialysis unit	2016	12694	635	20	635		1,005	6
7	Strip and refinish floors 2nd floor dining room	2016	6434	919	7	919		1,149	7
8	Lounge, corridors, 1st floor patient rooms(9)								8
9	Therapy Room (2)								9
10	Roof Repairs-33,750 Square feet	2016	3015	603	5	603		754	10
11									11
12	Galvanized Steel Insulate Mechanical Room	2017	2531	166	14	166		166	12
13	Remodify Ductwork - Rooftop	2017	8100	579	14	579		579	13
14	Remodify Ductwork - Rooftop	2017	8100	531	14	531		531	14
15	A/C Heat Pump	2017	6099	306	5	306		306	15
16									16
17									17
18	Reconcile for Financial statements			(31,120)					18
19									19
20									20
21									21
22	Allocated from Maestro Consulting Services	2003	474		39			335	22
23	Allocated from Maestro Consulting Services	2004	9624		39			6,604	23
24	Allocated from Maestro Consulting Services	2005	571		39			367	24
25	Allocated from Maestro Consulting Services	2006	774		39			440	25
26	Allocated from Maestro Consulting Services	2008	815		39			377	26
27	Allocated from Maestro Consulting Services	2009	13130		20			5,652	27
28	Allocated from Maestro Consulting Services	2010	2018		20			757	28
29	Allocated from Maestro Consulting Services	2011	109		20			38	29
30	Allocated from Maestro Consulting Services	2012	121		20			35	30
31	Allocated from Maestro Consulting Services	2014	1518		20			274	31
32	Allocated from Maestro Consulting Services	2015	427		20			50	32
33									33
34	TOTAL (lines 1 thru 33)		$ 1,281,954	$ 33,352		$ 65,966	$ 1,494	$ 303,620	34

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

Facility Name & ID Number SYMPHONY OF ORCHARD VALLEY # 0051763 Report Period Beginning: 1/1/17 Ending: 12/31/17

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		$ 1,281,954	$ 33,352		$ 65,966	$ 32,614	$ 303,620	1
2									2
3	Allocated from Maestro Consulting Services	2016	1870		20	239	239	259	3
4	Allocated from Maestro Consulting Services	2017	250		20			13	4
5	Allocated from Maestro 7257	2004	1158		20			782	5
6	Allocated from Maestro 7257	2005	5313		10	37	37	3,896	6
7	Allocated from Maestro 7257	2015	919		10	79	79	143	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)		$ 1,291,464	$ 33,352		$ 66,321	$ 32,969	$ 308,713	34

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

Facility Name & ID Number SYMPHONY OF ORCHARD VALLEY # 0051763 Report Period Beginning: 1/1/17 Ending: 12/31/17

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 749,677	$ 134,789	$ 134,789	$	5-7	$ 573,075	71
72	Current Year Purchases	10,967	908	908		5-7	908	72
73	Fully Depreciated Assets	52,826					52,826	73
74	See Sch 13A	109,583		7,097	7,097	5-10	68,749	74
75	TOTALS	$ 923,053	$ 135,697	$ 142,794	$ 7,097		$ 695,558	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Patient Transportation	2008 Ford Van	2,013	$ 16,587	$ 1,659	$ 1,659	$	10	$ 7,879	76
77										77
78	Alloc. from Maestro Consult.			359					359	78
79										79
80	TOTALS			$ 16,946	$ 1,659	$ 1,659	$		$ 8,238	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 2,237,938	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 170,708	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 210,774	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 40,066	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 1,012,509	85	

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

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

G. Construction-in-Progress

	Description	Cost	
92	N/A	$	92
93			93
94			94
95		$	95

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

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

Facility Name: **SYMPHONY OF ORCHARD VALLEY**
IDPH License ID Number: **0051763**
Fiscal Year End: **12/31/17**

Schedule 13A

XI. Ownership Costs
Line 74 - Equipment Costs - Excluding Transportation

Category of Equipment	Cost	Current Book Depreciation	Straight Line Depreciation	Adjustments	Component Life	Accumulated Depreciation
Allocated from Symphony Financial Services, LLC	20,981		3,361		5-7	15,209
Allocated from Maestro Consulting Services	88,602		3,736		5-10	53,540
TOTAL	109,583		7,097	0		68,749

Facility Name & ID Number SYMPHONY OF ORCHARD VALLEY # 0051763 Report Period Beginning: 1/1/17 Ending: 12/31/17

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. [X] YES [ ] NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:	1972	203	12/31/2011	$ 1,583,338	10	10	3
4	Additions							4
5								5
6	Alloc. Mgmt. Co. Maestro				5,676			6
7	TOTAL		203		$ 1,589,014 **			7

8. List separately any amortization of lease expense included on page 4, line 34. 1,383
   This amount was calculated by dividing the total amount to be amortized 13,833
   by the length of the lease 10 .

9. Option to Buy: [ ] YES [X] NO Terms: _____ *

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.	/2018	$ 1,190,675
13.	/2019	$ 1,214,489
14.	/2020	$ 1,238,779

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

15. Is Movable equipment rental included in building rental? [ ] YES [X] NO
16. Rental Amount for movable equipment: $ 118,741 Description: See Schedule 14A
    (Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			$	$	17
18					18
19					19
20	Alloc. from Mgmt. Co.			3,124	20
21	TOTAL		$	$ 3,124	21

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

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

Facility Name: **SYMPHONY OF ORCHARD VALLEY**
IDPH License ID Number: **0051763**
Fiscal Year End: **12/31/17**

Schedule 14A

XIV. Rental Costs
Line 16 Rental Amount for Moveable Equipment

Rental Description	Amount
OFFICE EQUIPMENT RENTAL	36,086
POSTAGE METER RENTAL	1,644
WATER COOLER RENTAL	4,536
NURSING EQUIPMENT RENTAL	91,284
AQUARIUM RENTAL	2,837
Allocated from Integra	(18,591)
Allocated from Maestro	945
Total - Line 16	**118,741**

Facility Name & ID Number SYMPHONY OF ORCHARD VALLEY # 0051763 Report Period Beginning: 1/1/17 Ending: 12/31/17

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

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

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? [ ] YES [X] 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)	$			

C. CONTRACTUAL INCOME

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

$

D. NUMBER OF CNAs TRAINED

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

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.
(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

Facility Name & ID Number SYMPHONY OF ORCHARD VALLEY # 0051763 Report Period Beginning: 1/1/17 Ending: 12/31/17

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

	1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39(3)	hrs	$	10,083	$ 725,986	$	10,083	$ 725,986	1
2	Licensed Speech and Language Development Therapist	39(3)	hrs		2,039	146,788		2,039	146,788	2
3	Licensed Recreational Therapist		hrs		13,972	1,005,989		13,972	1,005,989	3
4	Licensed Physical Therapist	39(3)	hrs							4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39(2)	# of prescrpts				198,651		198,651	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): Oxygen	39(2)					3,027		3,027	12
13	Other (specify): See Schedule 16A	39(3)			930	60,051		930	60,051	13
14	TOTAL			$	27,024	$ 1,938,814	$ 201,678	27,024	$ 2,140,492	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

Facility Name: **SYMPHONY OF ORCHARD VALLEY**
IDPH License ID Number: **0051763**
Fiscal Year End: **12/31/17**

Schedule 16A

XIV. Special Services (Direct Cost)
Line 12 Other (specify)

Description	Amount
I.V. Therapy Costs	24,435
Inhalation Therapy Costs	35,616
Total - Line 12	**60,051**

STATE OF ILLINOIS

Facility Name & ID Number SYMPHONY OF ORCHARD VALLEY # 0051763 **Report Period Beginning:** 1/1/17 **Ending:** 12/31/17

XV. BALANCE SHEET - Unrestricted Operating Fund. **As of** 12/31/17 **(last day of reporting year)**

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 3,500	$ 3,500	1
2	Cash-Patient Deposits	42,757	42,757	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 2,923,627)	7,238,119	7,238,119	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	5,532	5,532	6
7	Other Prepaid Expenses	59,920	59,920	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Schedule 17A	621,089	621,089	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 7,970,917	$ 7,970,917	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		6,475	13
14	Buildings, at Historical Cost		58,278	14
15	Leasehold Improvements, at Historical Cost	1,187,998	1,233,186	15
16	Equipment, at Historical Cost	838,014	939,999	16
17	Accumulated Depreciation (book methods)	(899,112)	(1,012,509)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify): Lease Cost	13,833	13,833	22
23	Other(specify): See Schedule 17A	1,148,293	1,148,293	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 2,289,026	$ 2,387,555	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 10,259,943	$ 10,358,472	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 3,469,553	$ 3,469,553	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	110,082	110,082	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	486,909	486,909	30
31	Accrued Taxes Payable (excluding real estate taxes)	22,735	22,735	31
32	Accrued Real Estate Taxes(Sch.IX-B)	122,406	122,406	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See Schedule 17A	3,723,850	3,723,850	36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 7,935,535	$ 7,935,535	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	196,252	196,252	39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 196,252	$ 196,252	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 8,131,787	$ 8,131,787	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 2,128,156	$ 2,226,685	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 10,259,943	$ 10,358,472	48

***(See instructions.)**

Facility Name: **SYMPHONY OF ORCHARD VALLEY**
IDPH License ID Number: **0051763**
Fiscal Year End: **12/31/17**

Schedule 17A

XV. Balance Sheet
Line 9 Current Assets Other (specify):

Description	Operating	After Consolidation
Accounts Receivable - Employee Loa	(270)	(270)
Prepaids - RE Tax Escrow	455,610	455,610
Prepaids - CapEx	165,749	165,749
Total - Line 9	**621,089**	**621,089**

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

Description	Operating	After Consolidation
Other Assets - Security Deposits	271,874	271,874
Due To/From - Symphony Healthcare	876,419	876,419
Total - Line 23	**1,148,293**	**1,148,293**

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

Description	Operating	After Consolidation
Cash	110,000	110,000
CSA I/C Related/Party Due To/From	194,192	194,192
Due To/From - Symphony Healthcare	409,625	409,625
Accrued Payables	76,865	76,865
Accrued Payables - Health Insuranc	25,350	25,350
Accrued Payables - Garnishments	502	502
Accrued Payables - WC/GL Insurance	194,658	194,658
Accrued Payables - Bed Taxes Add'l	55,498	55,498
Accrued Payables - Management Fees	643,686	643,686
Accrued Payables - Interest	480	480
Accrued Payables - Rent	645,361	645,361
Accrued Payables - Sales Tax	408	408
Deferred Rent	711,623	711,623
Lease Holds Payable	655,602	655,602
Total - Line 36	**3,723,850**	**3,723,850**

Facility Name & ID Number SYMPHONY OF ORCHARD VALLEY # 0051763 **Report Period Beginning:** 1/1/17 **Ending:** 12/31/17

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 2,096,652	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 2,096,652	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	31,504	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)**	$ 31,504	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)**	$ 2,128,156	24 *

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

Facility Name & ID Number SYMPHONY OF ORCHARD VALLEY # 0051763 Report Period Beginning: 1/1/17 Ending: 12/31/17

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

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

	I. Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 13,508,661	1
2	Discounts and Allowances for all Levels	(2,401,327)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 11,107,334	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	3,479,147	6
7	Oxygen	707	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 3,479,854	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	(84)	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	225,336	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	31,594	19
20	Radiology and X-Ray	7,356	20
21	Other Medical Services	79,890	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 344,092	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	5,507	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 5,507	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Other Income	80	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 80	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 14,936,867	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,737,306	31
32	Health Care	5,037,221	32
33	General Administration	3,029,777	33
	B. Capital Expense		
34	Ownership	2,131,389	34
	C. Ancillary Expense		
35	Special Cost Centers	2,511,196	35
36	Provider Participation Fee	458,474	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 14,905,363	40
41	**Income before Income Taxes (line 30 minus line 40)****	31,504	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 31,504	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 7,508,310	44
45	Private Pay - Net Inpatient Revenue	1,117,508	45
46	Medicare - Net Inpatient Revenue	805,033	46
47	Other-(specify) Hospice	1,286,859	47
48	Other-(specify) Managed Care	389,624	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 11,107,334	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 a cash basis

Facility Name & ID Number SYMPHONY OF ORCHARD VALLEY # 0051763 Report Period Beginning: 1/1/17 Ending: 12/31/17

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

(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	2,014	2,109	$ 112,809	$ 53.49	1
2	Assistant Director of Nursing	1,732	1,897	82,272	43.37	2
3	Registered Nurses	41,548	45,059	1,427,304	31.68	3
4	Licensed Practical Nurses	25,487	27,367	786,487	28.74	4
5	CNAs & Orderlies	99,528	106,455	1,764,781	16.58	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	6,289	7,198	97,518	13.55	10
11	Social Service Workers	3,079	3,179	76,053	23.92	11
12	Dietician					12
13	Food Service Supervisor	1,922	2,077	54,833	26.40	13
14	Head Cook	6,314	7,501	93,817	12.51	14
15	Cook Helpers/Assistants	21,082	22,441	223,694	9.97	15
16	Dishwashers					16
17	Maintenance Workers	3,900	4,327	96,897	22.39	17
18	Housekeepers	14,171	15,684	166,636	10.62	18
19	Laundry	10,472	11,303	131,014	11.59	19
20	Administrator	2,233	2,285	136,788	59.86	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	10,915	11,696	202,621	17.32	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	4,072	4,536	76,861	16.94	31
32	Other Health C: MDS	3,842	4,030	137,328	34.08	32
33	Other(specify) Admissions	4,454	4,784	95,950	20.06	33
34	TOTAL (lines 1 - 33)	263,054	283,928	$ 5,763,663 *	$ 20.30	34

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

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly	$ 21,475	1(3)	35
36	Medical Director	Monthly	20,000	9(3)	36
37	Medical Records Consultant				37
38	Nurse Consultant	Monthly	22,019	10(3)	38
39	Pharmacist Consultant	Monthly	18,462	10(3)	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	Monthly	6,895	39 (3)	42
43	Speech Therapy Consultant				43
44	Activity Consultant	Monthly	2,256	11(3)	44
45	Social Service Consultant				45
46	Other(specify) Dialysis	Monthly	76,505	10(3)	46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 167,612		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses		$		50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides	2,774	94,353	10(3)	52
53	TOTAL (lines 50 - 52)	2,774	$ 94,353		53

Facility Name & ID Number SYMPHONY OF ORCHARD VALLEY # 0051763 Report Period Beginning: 1/1/17 Ending: 12/31/17

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Brittany Herwig	Administrator	0	$ 136,788
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 136,788

B. Administrative - Other

Description	Amount
Management Fees (Eliminated in Col. 7)	$ 746,288
TOTAL (agree to Schedule V, line 17, col. 3)	$ 746,288
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
See Schedule 21C	See Schedule 21C	$ 459,984
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 459,984

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 189,846
Unemployment Compensation Insurance	59,720
FICA Taxes	419,079
Employee Health Insurance	146,669
Employee Meals	0
Illinois Municipal Retirement Fund (IMRF)*	0
Employee Retirement	5,202
Employee Benefits - Other	7,369
Employees' Physical Exams	1,180
TOTAL (agree to Schedule V, line 22, col.8)	$ 829,065

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
N/A		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 1,970
Advertising: Employee Recruitment	2,977
Health Care Worker Background Check	
(Indicate # of checks performed 293)	3,511
Patient Background Checks 277	3,325
Miscellaneous Licenses & Fees	1,247
Illinois Council on Long Term Care	22,771
Miscellaneous Dues & Subscriptions	1,184
Lobbying Expense	(7,514)
Allocated from Mgmt. Co.	6,277
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 35,748

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	2,483
Allocated from Mgmt. Co.	1,312
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 3,795

* Attach copy of IMRF notifications

**See instructions.

Facility Name: **SYMPHONY OF ORCHARD VALLEY**
IDPH License ID Number: **0051763**
Fiscal Year End: **12/31/17**

Schedule 21C

XIX. SUPPORT SCHEDULES
C. Professional Services

Vendor	Type	Amount
Ability Network Inc.	Secure Exchange Managed Serv.	5,317
Achieve Accreditation	Accreditation Maintenance	21,417
Chuhak & Tecson	Legal	4,209
Comcast Cable	Business Class Internet	4,555
Corporation Service Company	Annual Filing	1,001
Cost Care Charge	Programming	4,369
Creative Technology	Monthly IT Support	16,462
Dart Chart Map	Quickmap	705
Health Data Systems	401K Application	6,066
Hipp Law Office	Collections	2,458
IIT/Sourcetech	Operator Monthly Support Fee	1,380
Language line service	Over phone interpertation	24
Life Safety Resources	Life Safety Compliance	2,636
LTC Consulting	Collection Agency	5,497
Maestro Consulting Services	Symphony Post acute Network	199,613
Maestro Consulting Services	Legal	5,173
Marcum LLP	Cost Report	1,174
Medical Business Office	Collection Activity	7,857
MTS Consulting, LLC	Consulting	585
National Datacare Corporation	Trust fund and Medicaid billing services	3,050
Nexuscomm, LLC	Cable	3,362
Other Pro Fees	Other	7,409
Personnel Planners	UI Claims Management	540
PointClickCare Technologies Inc.	Clinical/Bookeeping/Data Processing	41,455
Real Time Medical Systems LLC	Medical Systems	6,853
Resolute Healthcare Solutions	Healthcare consulting	65,857
RSM	Accounting	17,680
Stone, Porgund, & Korey LLC	Legal	547
Stone,McGure & Siegel	Legal	2,078
Telemedicine Solutions	WoundRounds Care management System	17,115
The Joint Commission	Accreditation/Certification	2,630
World Changer Consulting	Consulting	910
	Total (agree to Schedule V, line 19, column 3)	459,984
	Allocated from Management Company Professional Services	6,829
	Less: Non-Allowable Legal Fees	(2,458)
	Less: Professional Collection Fees	(13,353)
	Total (agree to Schedule V, line 19, column 8)	451,002

Facility Name & ID Number SYMPHONY OF ORCHARD VALLEY # 0051763 Report Period Beginning: 1/1/17 Ending: 12/31/17

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 - $22,771**

(3) Did the nursing home make political contributions or payments to a politica
action organization? **No** If YES, have these costs
been properly adjusted out of the cost report? **N/A**

(4) Does the bed capacity of the building differ from the number of beds licensed at the
end of the fiscal year? **No** If YES, what is the capacity? **N/A**

(5) Have you properly capitalized all major repairs and equipment purchases?
What was the average life used for new equipment added during this period? **Yes**

(6) Indicate the total amount of both disposable and non-disposable diaper expense
and the location of this expense on Sch. V. $ **0** Line **10(2)**

(7) Have all costs reported on this form been determined using accounting procedures
consistent with prior reports? **No** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement?
If YES, give effective date of lease. **No** **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. $ **458,474**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V
for an individual employee? **No** If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to
the Department, in addition to the daily rate, been properly classified
in the Ancillary Section of Schedule V? **Yes**

(14) Is a portion of the building used for any function other than long term care services for
the patient census listed on page 2, Section B? **No** For example,
is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach
a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits
on Schedule V. $ **0** 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
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.