

Facility Name & ID Number Symphony Northwoods, LLC D/B/A Northwoods Care Centre

0051813 Report Period Beginning: 1/1/18 Ending: 12/31/18

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>113</u>	Skilled (SNF)	<u>113</u>	<u>41,245</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>113</u>	TOTALS	<u>113</u>	<u>41,245</u>	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				5
		3 Medicaid Recipient	4 Private Pay	Other	Total	
8	SNF	<u>15,630</u>	<u>4,711</u>	<u>14,312</u>	<u>34,653</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>15,630</u>	<u>4,711</u>	<u>14,312</u>	<u>34,653</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 84.02%

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 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 113 and days of care provided 3,690

Medicare Intermediary Wisconsin Physician Services (WPS)

IV. ACCOUNTING BASIS

ACCURAL MODIFIED CASH* CASH*

Is your fiscal year identical to your tax year? YES NO

Tax Year: 12/31/2018 Fiscal Year: 12/31/2018

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

Facility Name & ID Number Symphony Northwoods, LLC D/B/A Northwo # 0051813 Report Period Beginning: 1/1/18 Ending: 12/31/18

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	257,094	18,367	9,562	285,023		285,023	-	285,023		1
2	Food Purchase		165,372		165,372		165,372	-	165,372		2
3	Housekeeping	145,974	69,787	-	215,761		215,761	-	215,761		3
4	Laundry	49,909	10,601	892	61,402		61,402	-	61,402		4
5	Heat and Other Utilities			83,333	83,333		83,333	1,195	84,528		5
6	Maintenance	50,961	-	95,642	146,603		146,603	3,421	150,024		6
7	Other (specify):*	-	-	-				-			7
8	TOTAL General Services	503,938	264,127	189,429	957,494		957,494	4,616	962,110		8
	B. Health Care and Programs										
9	Medical Director	-	-	22,800	22,800		22,800	-	22,800		9
10	Nursing and Medical Records	2,180,424	88,564	30,000	2,298,988		2,298,988	79,936	2,378,924		10
10a	Therapy	-	-	-				-			10a
11	Activities	107,902	-	2,365	110,267		110,267	-	110,267		11
12	Social Services	55,609	-	-	55,609		55,609	-	55,609		12
13	CNA Training	-	-	-				-			13
14	Program Transportation	-	-	-				-			14
15	Other (specify):* Mgmt. Co. Benefits	-	-	-				24,841	24,841		15
16	TOTAL Health Care and Programs	2,343,935	88,564	55,165	2,487,664		2,487,664	104,777	2,592,441		16
	C. General Administration										
17	Administrative	78,582	-	398,309	476,891		476,891	(398,309)	78,582		17
18	Directors Fees			-				-			18
19	Professional Services			303,341	303,341		303,341	46,113	349,454		19
20	Dues, Fees, Subscriptions & Promotions			27,861	27,861		27,861	(5,706)	22,155		20
21	Clerical & General Office Expenses	54,133	21,271	47,523	122,927		122,927	74,939	197,866		21
22	Employee Benefits & Payroll Taxes			563,678	563,678		563,678	-	563,678		22
23	Inservice Training & Education			-				-			23
24	Travel and Seminar			2,976	2,976		2,976	583	3,559		24
25	Other Admin. Staff Transportation		-	3,162	3,162		3,162	4,437	7,599		25
26	Insurance-Prop.Liab.Malpractice			262,441	262,441		262,441	2,223	264,664		26
27	Other (specify):* Mgmt. Co. Benefits	-	-	-				12,393	12,393		27
28	TOTAL General Administration	132,715	21,271	1,609,291	1,763,277		1,763,277	(263,327)	1,499,950		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,980,588	373,962	1,853,885	5,208,435		5,208,435	(153,934)	5,054,501		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 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			128,681	128,681		128,681	5,135	133,816			30
31	Amortization of Pre-Op. & Org.			-				-				31
32	Interest			44,284	44,284		44,284	(9,408)	34,876			32
33	Real Estate Taxes			92,088	92,088		92,088	2,249	94,337			33
34	Rent-Facility & Grounds			999,191	999,191		999,191	1,634	1,000,825			34
35	Rent-Equipment & Vehicles			70,409	70,409		70,409	5,153	75,562			35
36	Other (specify):*			-				-				36
37	TOTAL Ownership			1,334,653	1,334,653		1,334,653	4,763	1,339,416			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation	-	-	631	631		631	-	631			38
39	Ancillary Service Centers	-	100,354	1,073,404	1,173,758		1,173,758	-	1,173,758			39
40	Barber and Beauty Shops	-	-	-				-				40
41	Coffee and Gift Shops	-	-	-				-				41
42	Provider Participation Fee			249,170	249,170		249,170	-	249,170			42
43	Other (specify):* Non-Allowable Cos	91,496	-	305,212	396,708		396,708	(396,708)				43
44	TOTAL Special Cost Centers	91,496	100,354	1,628,417	1,820,267		1,820,267	(396,708)	1,423,559			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,072,084	474,316	4,816,955	8,363,355		8,363,355	(545,879)	7,817,476			45

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

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer-ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(23,582)	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	(5,615)	30		9
10	Interest and Other Investment Income	(10,891)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	3,990	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	(26,959)	43		18
19	Entertainment				19
20	Contributions	(4,320)	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	(196,163)	43		24
25	Fund Raising, Advertising and Promotional	(5,283)	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 PG5A	(154,505)	Var.		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (423,328)		\$	30

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(122,551)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (122,551)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (545,879)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1	2	3	4	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.		X	\$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44						44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

BHF USE ONLY							
48		49		50		51	
							52

Symphony Northwoods, LLC D/B/A Northwoods Care Centre

ID# 0051813

Report Period Beginning: 1/1/18

Ending: 12/31/18

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Nonallowable marketing events	\$ (61,422)	43	1
2	Laboratory Costs	(8,861)	43	2
3	X-Ray Costs	(10,754)	43	3
4	Lobbying Expense Offset	(8,599)	20	4
5	Theft Damage and Loss	(81)	43	5
6	Admissions Coordinator	(2,434)	43	6
7	Director of Customer Experience	(15,291)	43	7
8	Trust Overcharges	451	43	8
9	Radiology Costs	(50)	43	9
10	Nonallowable legals	(1,515)	19	10
11	Community Relations	(45,909)	43	11
12	Other Income	(40)	21	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	(154,505)		49

VII. RELATED PARTIES

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

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

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

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

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

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

Facility Name & ID Number Symphony Northwoods, LLC D/B/A Northwoods Care Centre # 0051813 Report Period Beginning: 1/1/18 Ending: 12/31/18

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 Fees	\$	Symphony Financial Services, LLC	100	\$ 60	\$ 60	15	
16	V	21	Clerical & Gen office exp		Symphony Financial Services, LLC	100	10,801	10,801	16	
17	V	30	Depreciation		Symphony Financial Services, LLC	100	2,189	2,189	17	
18	V	32	Interest		Symphony Financial Services, LLC	100	1,448	1,448	18	
19	V	35	Equipment Rental		Symphony Financial Services, LLC	100	1,221	1,221	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			\$			\$ 15,719	\$ *	15,719	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	5 Utilities	\$	Maestro Consulting Services	100	\$ 1,195	\$ 1,195	15
16	V	6 Maintenance Salaries		Maestro Consulting Services	100	0		16
17	V	6 Maintenance Expenses		Maestro Consulting Services	100	3,421	3,421	17
18	V	7 Employee Benefits - Maintenance		Maestro Consulting Services	100	0		18
19	V	10 Clinical Salaries		Maestro Consulting Services	100	77,246	77,246	19
20	V	10 Contract Nursing		Maestro Consulting Services	100	3,835	3,835	20
21	V	15 Employee Benefits - Clinical		Maestro Consulting Services	100	24,841	24,841	21
22	V	17 Administrative - Other	398,309	Maestro Consulting Services	100	0	(398,309)	22
23	V	19 Professional Fees		Maestro Consulting Services	100	49,661	49,661	23
24	V	20 Dues, Fees, Subscriptions		Maestro Consulting Services	100	2,893	2,893	24
25	V	21 Clerical & General Salaries		Maestro Consulting Services	100	38,536	38,536	25
26	V	21 Clerical & General Expenses		Maestro Consulting Services	100	23,549	23,549	26
27	V	24 Seminars and Education		Maestro Consulting Services	100	583	583	27
28	V	25 Transportation		Maestro Consulting Services	100	4,437	4,437	28
29	V	26 Insurance		Maestro Consulting Services	100	2,223	2,223	29
30	V	27 Employee Benefits - Administrative		Maestro Consulting Services	100	12,393	12,393	30
31	V	30 Depreciation		Maestro Consulting Services	100	8,561	8,561	31
32	V	32 Interest Expense		Maestro Consulting Services	100	36	36	32
33	V	33 Real Estate Tax		Maestro Consulting Services	100	2,249	2,249	33
34	V	34 Building Rental		Maestro Consulting Services	100	1,634	1,634	34
35	V	35 Equipment Rental		Maestro Consulting Services	100	4,045	4,045	35
36	V	35 Auto Lease		Maestro Consulting Services	100	3,598	3,598	36
37	V							37
38	V							38
39	Total		\$ 398,309			\$ 264,936	\$ * (133,373)	39

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

Facility Name & ID Number Symphony Northwoods, LLC D/B/A Northwoods Care Centre # 0051813 Report Period Beginning: 1/1/18 Ending: 12/31/18

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 and Medical Records	\$ 7,375	Integra Healthcare Equipment, LLC	100%	\$ 6,229	\$ (1,145)	15
16	V	35 Rent-Equipment & Vehicles	23,893	Integra Healthcare Equipment, LLC	100%	20,182	(3,711)	16
17	V	43 Penalties-Administrative	267	Integra Healthcare Equipment, LLC	100%	226	(42)	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		\$ 31,535			\$ 26,637	\$ * (4,897)	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	22	Worker's Compensation	\$ 96,078	Maple Leaf Insurance	100	\$ 96,078	\$	15
16	V	26	Liability Insurance	224,937	Maple Leaf Insurance	100	224,937		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			\$ 321,015			\$ 321,015	\$ *	39

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

Facility Name & ID Number

Symphony Northwoods, LLC D/B/A Northwoods Care Centre

0051813

Report Period Beginning:

1/1/18

Ending: 12/31/18

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	28.49			Symphony Healthcare	Lincolnwood	Sub Lessor	1
2	Hartman Family Fdn	5.23	Symphony Countryside, LLC D/B/A Countrysid	Aurora	Symphony M.L., LLC	Lincolnwood	Main Lessor	2
3	Hartman Dynasty Trust	5.23	Symphony Crestwood, LLC D/B/A Symphony of	Crestwood	Symphony HMG, LLC	Lincolnwood	Sub Lessor	3
4	Mark Hartman	5.23	Symphony Deerbrook, LLC D/B/A Symphony of	Joliet	Symphony Financial S	Lincolnwood	Mgmt Co.	4
5	Julie Thomas	5.23	Symphony Maple Crest, LLC D/B/A Maple Cres	Belvidere	Maestro Consulting Se	Lincolnwood	Mgmt. Co.	5
6	Rena Dickman	5.23						6
7	Robert Hartman	4.65						7
8	Jack Hartman	3.49	Symphony Northwoods, LLC D/B/A Northwood	Belvidere				8
9	Joseph Hartman	3.49	Symphony Evanston Healthcare	Evanston				9
10	David Hartman	23.26	Symphony of Dyer	Indiana				10
11	Mark Hartman-Bemoit Holdings	3.49	Symphony of Crown Point	Indiana	Nucare Services	Lincolnwood	Bookkeeping Mgmt	11
12	Penina Hartman	2.33	Symphony of Chesterton	Indiana	7257 N. Lincoln Ave, I	Lincolnwood	Building Rental	12
13	Drake Louis	4.65			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 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			Symphony of South Shore	Chicago				29
30			Symphony Residences of Lincoln Park	Chicago				30

Facility Name & ID Number Symphony Northwoods, LLC D/B/A Northw # 0051813 Report Period Beginning: 1/1/18 Ending: 12/31/18

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference
						Hours	Percent	Description	Amount	
1	No owners receive compensation from this facility.								\$	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 Northwoods, LLC D/B/A Northwoods Care Cen # 0051813 Report Period Beginning: 1/1/18 Ending: 12/31/18

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization Symphony Financial Services, LLC
 Street Address 7257 N. Lincoln Ave,
 City / State / Zip Code Lincolnwood, IL 60712
 Phone Number (847) 933-2600
 Fax Number ()

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	19	Professional Fees	Occupied Bed Days	480,705	9	\$ 694	\$ 31,390	\$ 45	1
2	21	Clerical & Gen office exp	Occupied Bed Days	480,705	9	125,888	31,390	8,220	2
3	30	Depreciation	Occupied Bed Days	480,705	9	25,515	31,390	1,666	3
4	32	Interest	Occupied Bed Days	480,705	9	16,882	31,390	1,102	4
5	35	Equipment Rental	Occupied Bed Days	480,705	9	14,234	31,390	929	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					\$ 183,213	\$	\$ 11,962	25

Facility Name & ID Number Symphony Northwoods, LLC D/B/A Northwoods Care Cen # 0051813 Report Period Beginning: 1/1/18 Ending: 12/31/18

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization Maestro Consulting Services
 Street Address 7257 N. Lincoln Ave,
 City / State / Zip Code Lincolnwood, IL 60712
 Phone Number (847) 933-2600
 Fax Number ()

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	5	Utilities	Bed Days Available	1,668,541	25	\$ 48,352	\$ 41,245	\$ 1,195	1	
2	6	Maintenance Salaries	Bed Days Available	1,668,541	25		41,245		2	
3	6	Maintenance Expenses	Bed Days Available	1,668,541	25	138,375	41,245	3,421	3	
4	7	Employee Benefits - Maintenance	Bed Days Available	1,668,541	25		41,245		4	
5	10	Clinical Salaries	Bed Days Available	1,668,541	25	3,124,933	3,124,933	41,245	77,246	5
6	10	Contract Nursing	Bed Days Available	1,668,541	25	155,149	41,245	3,835	6	
7	15	Employee Benefits - Clinical	Bed Days Available	1,668,541	25	1,004,938	41,245	24,841	7	
8	17	Administrative Salaries	Bed Days Available	1,668,541	25		41,245		8	
9	19	Professional Fees	Bed Days Available	1,668,541	25	2,008,992	41,245	49,661	9	
10	20	Dues, Fees, Subscriptions, Etc.	Bed Days Available	1,668,541	25	117,020	41,245	2,893	10	
11	21	Clerical & General Salaries	Bed Days Available	1,668,541	25	1,558,938	1,558,938	41,245	38,536	11
12	21	Clerical & General Expenses	Bed Days Available	1,668,541	25	952,676	41,245	23,549	12	
13	24	Seminars & Education	Bed Days Available	1,668,541	25	23,599	41,245	583	13	
14	25	Transportation	Bed Days Available	1,668,541	25	179,481	41,245	4,437	14	
15	26	Insurance	Bed Days Available	1,668,541	25	89,939	41,245	2,223	15	
16	27	Employee Benefits - Administrative	Bed Days Available	1,668,541	25	501,334	41,245	12,393	16	
17	30	Depreciation	Bed Days Available	1,668,541	25	346,345	41,245	8,561	17	
18	32	Interest Expense	Bed Days Available	1,668,541	25	1,470	41,245	36	18	
19	33	Real Estate Tax	Bed Days Available	1,668,541	25	90,970	41,245	2,249	19	
20	34	Building Rental	Bed Days Available	1,668,541	25	66,085	41,245	1,634	20	
21	35	Equipment Rental	Bed Days Available	1,668,541	25	163,656	41,245	4,045	21	
22	35	Auto Lease	Bed Days Available	1,668,541	25	145,555	41,245	3,598	22	
23									23	
24									24	
25	TOTALS					\$ 10,717,807	\$ 4,683,871	\$ 264,936	25	

Facility Name & ID Number Symphony Northwoods, LLC D/B/A Northwoods Care Cen # 0051813 Report Period Beginning: 1/1/18 Ending: 12/31/18

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	10	Rent-Equipment & Vehicles	Direct Allocation		\$	\$		\$ 6,229	1
2	35	Rent-Equipment & Vehicles	Direct Allocation					20,182	2
3	43	Penalties	Direct Allocation					226	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				\$	\$		\$ 26,637	25

Facility Name & ID Number Symphony Northwoods, LLC D/B/A Northwoods Care Cen # 0051813 Report Period Beginning: 1/1/18 Ending: 12/31/18

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 Maple Leaf Insurance
 Street Address PO Box 69, 720 West Bay Rd
 City / State / Zip Code Grand Cayman, KY1-1102
 Phone Number ()
 Fax Number ()

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	22	Worker's Compensation	Direct Allocation		\$	\$		\$ 96,078	1
2	26	Liability Insurance	Direct Allocation					224,937	2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$ 321,015	25

Facility Name & ID Number Symphony Northwoods, LLC D/B/A Northwo # 0051813 Report Period Beginning: 1/1/18 Ending: 12/31/18

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	LifeMed	X		Pharmacy Services	\$ 38,731	1/1/18	\$ 6,197,033	\$ 23,432	1/1/24	0.075	\$ 1,096	1								
2	Omnicare		X	Pharmacy Services	\$ 67,444	11/27/17	2,170,337	14,505	10/20/20	0.075	1,549	2								
3												3								
4												4								
5												5								
Working Capital																				
6	Midcap Financial Trust*		X	Line of Credit (Revolving)	Interest Only	9/18/2018	35,000,000		9/17/21	LIBOR + 4.25'	41,639	6								
7	* Original loan with Symcare			Capital Improvements (CAPEX)	\$ 33,333							7								
8												8								
9	TOTAL Facility Related				\$139,508.34		\$ 43,367,370	\$ 37,937			\$ 44,284	9								
B. Non-Facility Related*																				
10												10								
11											(10,892)	11								
12											36	12								
13											1,448	13								
14	TOTAL Non-Facility Related						\$	\$			\$ (9,408)	14								
15	TOTALS (line 9+line14)						\$ 43,367,370	\$ 37,937			\$ 34,876	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.)

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

B. Real Estate Taxes

Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.

1. Real Estate Tax accrual used on 2017 report.			\$	<u>87,191</u>	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	2017		\$	<u>87,477</u>	2
3. Under or (over) accrual (line 2 minus line 1).			\$	<u>286</u>	3
4. Real Estate Tax accrual used for 2018 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	<u>91,802</u>	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (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.		<u>2,249</u>	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	<u>94,337</u>	7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2013	<u>81,086</u>	8	FOR BHF USE ONLY	
	2014	<u>83,975</u>	9	13	FROM R. E. TAX STATEMENT FOR 2017 \$
	2015	<u>84,758</u>	10	14	PLUS APPEAL COST FROM LINE 5 \$
	2016	<u>85,480</u>	11	15	LESS REFUND FROM LINE 6 \$
	2017	<u>87,477</u>	12	16	AMOUNT TO USE FOR RATE CALCULATION \$
2017 Tax Accrual = \$87,477 x 1.05 = \$91,851; Use \$91,802					

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.

2017 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Symphony Northwoods, LLC D/B/A Northwoods Care Centr COUNTY Boone

FACILITY IDPH LICENSE NUMBER 0051813

CONTACT PERSON REGARDING THIS REPORT Ari Krupp

TELEPHONE (410) 258-7363 FAX #: N/A

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2017 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 2017.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>07-01-151-003</u>	<u>Facility</u>	\$ <u>87,476.72</u>	\$ <u>87,476.72</u>
2. <u>10-27-319-028-0000</u>	<u>Land & Property Mgmt. Co.</u>	\$ <u>87,874.67</u>	\$ <u>2,249.00</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u>175,351.39</u>	\$ <u>89,725.72</u>

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? X YES 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 2017 tax bills which were listed in Section A to this statement. Be sure to use the 2017 tax bill which is normally paid during 2018.

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.**

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 12500 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 2/Basement

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	<u>Alloc Fr Maestro 7257</u>	<u>-</u>	<u>2004</u>	<u>\$ 3,955</u>	<u>1</u>
2					<u>2</u>
3	TOTALS			\$ 3,955	3

XI. OWNERSHIP COSTS (continued)

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

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4					\$ -	\$ -		\$ -	\$ -	\$ -	4
5											5
6											6
7											7
8		Allocated from Maestro 7257	2004		35,596			1,017	1,017	15,382	8
		Improvement Type**									
9		Concrete Sidewalk Repair		2012	3,115	156	20	156		1,001	9
10		Valley - Egeineering/Design throughout facility		2013	155,300	7,765	20	7,765		40,766	10
11		Wi-Fi Cables for Nurses Station		2013	5,108	255	20	255		1,425	11
12						-		-			12
13		Facility Remodeling		2014	696,403	42,787	5 - 20	42,787		209,505	13
14		-Demolition/carpentry/soffits throughout facility				-		-			14
15		-Wall coverings, painting - 1st floor dining room, front offices,				-		-			15
16		resident rooms and lower level				-		-			16
17		-Plumbing - cafeteria				-		-			17
18		-Interior soffit enclosure - throughout facility				-		-			18
19		-Counter tops, laminate - coffee, reception areas and nurses station				-		-			19
20		-Electrical work - throughout facility				-		-			20
21		-Floor covering - Basement, 1st Floor Corridors/Offices/				-		-			21
22		Nurses Station/Resident Rooms/Dining Room/Vestibule				-		-			22
23		-Interior painting - 1st floor dining room, front offices, resident rooms				-		-			23
24		and lower level				-		-			24
25		-Interior electrical / alarm - throughout facility				-		-			25
26		-Gazebo - outside				-		-			26
27		-Tile Flooring - South & East Lobby around Elevator				-		-			27
28		-Landscaping - along the building & by fire hydrant				-		-			28
29		-Room signage - hallways & restrooms				-		-			29
30		-Dining room window treatments				-		-			30
31		-Concrete Steps - outside building				-		-			31
32		-General Contractors Fee				-		-			32
33		-Permits				-		-			33
34						-		-			34
35		Masonry repairs on North Elevation		2015	10,880	544	20	544		1,768	35
36		- North side of building				-		-			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 Northwoods, LLC D/B/A Northwoods Care Centre# 0051813

Report Period Beginning:

1/1/18

Ending:

12/31/18**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	Installed drain tile/sump pump in storage room	2016	\$ 8,900	\$ 408	20	\$ 408	\$	\$ 1,224	37
38	Installed fresh air duct for laundry	2016	3,794	126	20	126		378	38
39	Installed trench and back filling for fire alarm system - 1st floor	2016	1,545	45	20	45		135	39
40	Installed PIV Installation for fire alarm system - 1st floor	2016	3,562	104	20	104		312	40
41	Updated Roofing, plumbing, landscaping for the entire building	2016	79,414	662	20	662		1,986	41
42				-		-			42
43	Replaced Air Handler Shaft and equipment for HVAC System	2017	6,382	1,369	5	1,369		2,007	43
44	Installed new wall mount data	2017	4,889	1,134	5	1,134		1,623	44
45	Installed brand new hot water boiler	2017	19,543	4,560	5	4,560		6,514	45
46	Installed drain down heating system	2017	7,814	528	5	528		1,310	46
47	Painted and decorated-Lower Level area due to flooding	2017	3,900	260	15	260		650	47
48	Installed new flooring-Lower Level area due to flooding	2017	5,950	396	15	396		991	48
49	Plumbing-Lower Level area due to flooding	2017	29,799	1,922	15	1,922		4,902	49
50	Repaired bricks on exterior of building by caulking	2017	20,700	1,411	15	1,411		3,481	50
51	Install hot water boiler	2018	19,542	3,615	5	3,615		3,615	51
52	Chiller Replacement	2018	104,600	10,353	7	10,353		10,353	52
53	Water heater replacement	2018	36,930	2,943	7	2,943		2,943	53
54	New copper conductors on chiller	2018	13,465	1,195	7	1,195		1,195	54
55	Install new phone system - Entire Building	2018	25,695	20	7	20		20	55
56	Sidewalk replacement	2018	4,500	201	14	201		201	56
57	Piping for 1st Floor Short Hall Patient Rooms	2018	6,836	219	14	219		219	57
58	Stairwell Door Replacement - 1st Floor	2018	6,100	60	14	60		60	58
59				-		-			59
60				-		-			60
61				-		-			61
62				-		-			62
63				-		-			63
64				-		-			64
65				-		-			65
66				-		-			66
67				-		-			67
68	To tie to book depreciation			5,615			(5,615)		68
69				-		-			69
70	TOTAL (lines 4 thru 69)		\$ 1,320,262	\$ 88,653		\$ 84,055	\$ (4,598)	\$ 313,966	70

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

Facility Name & ID Number Symphony Northwoods, LLC D/B/A Northwoods Care Centre# 0051813

Report Period Beginning:

1/1/18

Ending:

12/31/18**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 1,320,262	\$ 88,653		\$ 84,055	\$ (4,598)	\$ 313,966	1
2				-		-			2
3	Allocated from Maestro Consulting Services	2003	290	-	20	15	15	219	3
4	Allocated from Maestro Consulting Services	2004	5,878	-	20	293	293	4,327	4
5	Allocated from Maestro Consulting Services	2005	349	-	20	17	17	241	5
6	Allocated from Maestro Consulting Services	2006	473	-	20	24	24	292	6
7	Allocated from Maestro Consulting Services	2008	498	-	20	25	25	255	7
8	Allocated from Maestro Consulting Services	2009	8,019	-	20	401	401	3,853	8
9	Allocated from Maestro Consulting Services	2010	1,232	-	20	62	62	524	9
10	Allocated from Maestro Consulting Services	2011	67	-	20	3	3	26	10
11	Allocated from Maestro Consulting Services	2012	74	-	20	4	4	25	11
12	Allocated from Maestro Consulting Services	2014	927	-	20	46	46	213	12
13	Allocated from Maestro Consulting Services	2015	261	-	20	13	13	43	13
14	Allocated from Maestro Consulting Services	2016	1,142	-	20	114	114	273	14
15	Allocated from Maestro Consulting Services	2017	153	-	20	8	8	15	15
16				-		-			16
17	Allocated from Maestro 7257	2004	707	-	10	35	35	513	17
18	Allocated from Maestro 7257	2005	3,245	-	10	116	116	2,496	18
19	Allocated from Maestro 7257	2015	561	-	15	37	37	125	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)		\$ 1,344,138	\$ 88,653		\$ 85,268	\$ (3,385)	\$ 327,406	34

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 214,675	\$ 37,008	\$ 37,008	\$ -		\$ 162,933	71
72	Current Year Purchases	32,387	3,020	3,020	-		3,020	72
73	Fully Depreciated Assets	10,763			-		10,763	73
74	See Sch 13A	116,210		8,520	8,520		51,335	74
75	TOTALS	\$ 374,035	\$ 40,028	\$ 48,548	\$ 8,520		\$ 228,051	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Allocated from Maestro			\$ 219	\$ -	\$ -	\$ -		\$ 219	76
77							-			77
78							-			78
79							-			79
80	TOTALS			\$ 219	\$ -	\$ -	\$ -		\$ 219	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 1,722,347	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 128,681	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 133,816	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 5,135	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 555,676	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 Northwoods, LLC D/B/A Northwoods Care Centre
IDPH License ID Number: 0051813
Fiscal Year End: 12/31/18

Schedule 13A

XI. Ownership Costs

Line 74 - Equipmet Cost - Excluding Transportation

Category of Equipment	Cost	Current Book Depreciation	Straight Line Depreciation	Adjustments	Component Life	Accumulated Depreciation
Allocated from Symphony Financial Services, LLC	13,950		2,189	2,189	5-7	12,302
Allocated from Maestro Consulting Services	102,260		6,331	6,331	5-10	39,033
				-		
TOTAL	116,210	-	8,520	8,520		51,335

Facility Name & ID Number Symphony Northwoods, LLC D/B/A Northwoods Care Cent# 0051813 Report Period Beginning: 1/1/18 Ending: 12/31/18

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Eclipse Kensington Master Landlord, LLC

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

If NO, see instructions. YES NO

	1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	<u>1972</u>	<u>113</u>	<u>12/31/2011</u>	\$ <u>997,070</u>	<u>10</u>	<u>10</u>	3
4							4
5							5
6	<u>Allocated from Mgmt. Co.</u>			<u>1,634</u>			6
7	TOTAL	113		\$ 998,704			7

10. Effective dates of current rental agreement:

Beginning 12/31/2011

Ending 12/31/2021

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

Fiscal Year Ending Annual Rent

12.	<u>12/31/2019</u>	\$ <u>687,436</u>
13.	<u>12/31/2020</u>	\$ <u>701,185</u>
14.	<u>12/31/2021</u>	\$ <u>715,209</u>

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

This amount was calculated by dividing the total amount to be amortized by the length of the lease 10. 2,121
21,207

9. Option to Buy: YES NO Terms: N/A *

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

15. Is Movable equipment rental included in building rental?

YES NO

16. Rental Amount for movable equipment: \$ 66,184 Description: See Schedule 14A

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>Facility</u>	<u>2016 Ford Transit</u>	\$ <u>481.69</u>	\$ <u>5,780</u>	17
18					18
19					19
20	<u>Allocated from Maestro</u>			<u>3,598</u>	20
21	TOTAL		\$ 481.69	\$ 9,378	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 Northwoods, LLC D/B/A Northwoods Care Centre
IDPH License ID Number: 0051813
Fiscal Year End: 12/31/18

Schedule 14A

XIV. Rental Costs

Line 16 Rental Amount for Moveable Equipment

<u>Rental Description</u>	<u>Amount</u>
Bariatric Beds/Pressurized mattresses	23,774
Medical Equipment	2,254
Vital Monitors	1,958
Vest Retnal	357
Office Equipment Rental	(2,254)
Copier	34,560
Postage	321
Computer Rental	959
Music over the paging system	253
Training Seminar	0
Water Cooler Rental	180
Kithcen Equipment Rental	1,180
Construction Equipment	501
Medical Equipment	13,000
Air Heaters	(12,590)
Propane Tank Rental	175
Allocated from Symphony Finan	1,221
Allocated from Integra	(3,711)
Allocated from Maestro	4,045
Total - Line 16	<u><u>66,184</u></u>

Facility Name & ID Number Symphony Northwoods, LLC D/B/A Northwoods Care Centre # 0051813 Report Period Beginning: 1/1/18 Ending: 12/31/18

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility			
		1	2	3	4
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	1 Schedule V Line & Column Reference	2		3		4		5		6 Supplies (Actual or Allocated)	7 Total Units (Column 2 + 4)	8	
			Staff		Cost	Outside Practitioner (other than consultant)		Total Cost (Col. 3 + 5 + 6)						
			Units of Service			Units	Cost							
1	Licensed Occupational Therapist	39(3)	hrs	\$	6,813	\$ 490,569						6,813	\$ 490,569	1
2	Licensed Speech and Language Development Therapist	39(3)	hrs		700	50,403						700	50,403	2
3	Licensed Recreational Therapist		hrs											3
4	Licensed Physical Therapist	39(3)	hrs		7,083	509,961						7,083	509,961	4
5	Physician Care		visits											5
6	Dental Care		visits											6
7	Work Related Program		hrs											7
8	Habilitation		hrs											8
9	Pharmacy	39(2)	# of prescripts							100,354			100,354	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs											10
11	Academic Education		hrs											11
12	Other (specify): <u>See Sch 16A</u>	39(3), (7)			312	22,421						312	22,421	12
13	Other (specify):													13
14	TOTAL			\$	14,909	\$ 1,073,354	\$	100,354	\$	14,909	\$	1,173,708		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 Northwoods, LLC D/B/A Northwoods Care Centre
IDPH License ID Number: 0051813
Fiscal Year End: 12/31/18

Schedule 16A

XIV. Special Services (Direct Cost)

Line 12 Other (specify)

Description	Units	Amount
INHALATION THERAPY-PRIVATE		-
INHALATION THERAPY - MEDICARE		905
INHALATION THERAPY-MEDICAID		261
INHALATION THERAPY - MAN. CARE		382
OTHER ANCILLARY - MEDICARE		562
I.V. THERAPY - MEDICARE		12,575
I.V. THERAPY - MANAGED CARE		7,736
Total - Line 12	-	22,421

Facility Name & ID Number Symphony Northwoods, LLC D/B/A Northwoods Care Cent# 0051813 Report Period Beginning: 1/1/18 Ending: 12/31/18
 XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/18 (last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 2,000	\$ 2,000	1
2	Cash-Patient Deposits	22,556	22,556	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>1,866,618</u>)	2,862,256	2,862,256	3
4	Supply Inventory (priced at _____)			4
5	Short-Term Investments			5
6	Prepaid Insurance	2,939	2,939	6
7	Other Prepaid Expenses	135,710	135,710	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): _____			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,025,461	\$ 3,025,461	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		3,955	13
14	Buildings, at Historical Cost		35,596	14
15	Leasehold Improvements, at Historical Cost	1,204,190	1,308,542	15
16	Equipment, at Historical Cost	495,926	374,254	16
17	Accumulated Depreciation (book methods)	(488,419)	(555,676)	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) <u>Lease Cost, Net</u>	6,362	6,362	22
23	Other(specify): <u>See Schedule 17A</u>	2,485,491	2,485,491	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 3,703,550	\$ 3,658,524	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,729,011	\$ 6,683,985	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 2,147,276	\$ 2,147,276	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	14,940	14,940	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	244,654	244,654	30
31	Accrued Taxes Payable (excluding real estate taxes)	27,921	27,921	31
32	Accrued Real Estate Taxes(Sch.IX-B)	91,802	91,802	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>See Schedule 17A</u>	2,116,870	2,116,870	36
37	_____			37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 4,643,463	\$ 4,643,463	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	37,937	37,937	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)	\$ 37,937	\$ 37,937	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 4,681,400	\$ 4,681,400	46
47	TOTAL EQUITY(page 18, line 24)	\$ 2,047,611	\$ 2,002,585	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 6,729,011	\$ 6,683,985	48

*(See instructions.)

Facility Name: Symphony Northwoods, LLC D/B/A Northwoods Care Centre
 IDPH License ID Number: 0051813
 Fiscal Year End: 12/31/18

Schedule 17A

XV. Balance Sheet

Line 23 Long-Term Assets Other (specify):

Description	After	
	Operating	Consolidation
Other Assets - Security Deposits	115,915	115,915
Due To/From - Crestwood LLC	47,000	47,000
Due To/From - Decatur	(33,542)	(33,542)
Due To/From - Deerbrook LLC	17,000	17,000
Due To/From - Evanston Healthcare LLC	(74,000)	(74,000)
Due To/From - Maple Crest LLC	28,732	28,732
Due To/From - Maple Ridge LLC	137,000	137,000
Due To/From - McKinley LLC	85,000	85,000
Due To/From - Sycamore LLC	65,500	65,500
Due To/From - Tillers	1,089	1,089
Due To/From - Orchard Valley	(100,000)	(100,000)
Due To/From - Chesterton LLC	9,000	9,000
Due To/From - Crown Point LLC	-	-
Due To/From - Dyer LLC	-	-
Due To/From - Symphony Healthcare	1,914,283	1,914,283
Due To/From - Symphony Financial Services	114,933	114,933
Due To/From - Symcare Healthcare	(6,498)	(6,498)
Due To/From - Symdiana Healthcare	242,185	242,185
Due To/From - Maestro	(53,129)	(53,129)
Resident Receivable Balance	-	-
Accrued Payables - Professional Fees	(23,038)	(23,038)
Accrued Payable - Dental Insurance	415	415
Accrued Payables - Vision Insurance	7	7
Accrued Payables - Life Insurance	(1,277)	(1,277)
Accrued Payables - Short Term Disability	1,206	1,206
Accrued Payables - Payroll Union Dues	(1,258)	(1,258)
Accrued Payables - 401K Deductions	(924)	(924)
Accrued Payables - 401K Loan Repayments	(40)	(40)
Sales Tax Payable - Manual	(68)	(68)
Total - Line 23	2,485,491	2,485,491

XV. Balance Sheet

Line 36 Other Current Liabilities (specify):

Description	After	
	Operating	Consolidation
ACCUMULATED AMORTIZATION DEFERRED RENT	-	-
Cash	5,767	5,767
Accounts Receivable - Employee Loans	-	-
CSA I/C Related/Party Due To/From Accts	(34,503)	(34,503)
Accrued Payables	10,343	10,343
Accrued Payables - Health Insurance	68,790	68,790
Accrued Payables - Garnishments	(3,583)	(3,583)
Accrued Payables - WC/GL Insurance	10,000	10,000
Accrued Payables - Bed Taxes	259,736	259,736
Accrued Payables - Bed Taxes Add'l	60,494	60,494
Accrued Payables - Management Fees	484,152	484,152
Accrued Payables - Interest	482	482
Accrued Payables - Rent	117,310	117,310
Accrued Payables - Sales Tax	250	250
Deferred Rent	259,757	259,757
Lease Holds Payable	877,875	877,875
Total - Line 36	2,116,870	2,116,870

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 2,353,699	1
2	Restatements (describe):		2
3			3
4	PY ADJ	(111,758)	4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 2,241,941	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(194,330)	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)	\$ (194,330)	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)	\$ 2,047,611	24 *

* This must agree with page 17, line 47.

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

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

		1	
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 7,527,225	1
2	Discounts and Allowances for all Levels	(1,587,653)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 5,939,572	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,065,956	6
7	Oxygen	55	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 2,066,011	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	(12)	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	145,731	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	25,671	19
20	Radiology and X-Ray	7,801	20
21	Other Medical Services	(26,681)	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 152,510	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	10,892	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 10,892	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>Other Income</u>	40	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 40	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 8,169,025	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	957,494	31
32	Health Care	2,487,664	32
33	General Administration	1,763,277	33
B. Capital Expense			
34	Ownership	1,334,653	34
C. Ancillary Expense			
35	Special Cost Centers	1,571,097	35
36	Provider Participation Fee	249,170	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 8,363,355	40
41	Income before Income Taxes (line 30 minus line 40)**	(194,330)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (194,330)	43
III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 1,166,168	44
45	Private Pay - Net Inpatient Revenue	3,341,562	45
46	Medicare - Net Inpatient Revenue	887,975	46
47	Other-(specify) <u>Hospice</u>	810,244	47
48	Other-(specify) <u>Managed Care</u>	(266,377)	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 5,939,572	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.
 ^ Entity is a cash basis taxpayer

Facility Name & ID Number Symphony Northwoods, LLC D/B/A Northwoods Care Cent # 0051813

Report Period Beginning: 1/1/18

Ending: 12/31/18

12/31/18

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

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,881	2,062	\$ 92,014	\$ 44.63	1
2	Assistant Director of Nursing	1,881	2,009	57,913	28.83	2
3	Registered Nurses	14,600	16,193	463,502	28.62	3
4	Licensed Practical Nurses	17,380	18,888	504,664	26.72	4
5	CNAs & Orderlies	59,245	65,046	967,131	14.87	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	9,249	9,908	107,902	10.89	10
11	Social Service Workers	1,843	2,071	55,609	26.86	11
12	Dietician					12
13	Food Service Supervisor	2,139	2,244	56,110	25.00	13
14	Head Cook	7,089	7,835	96,883	12.36	14
15	Cook Helpers/Assistants	8,659	9,061	104,101	11.49	15
16	Dishwashers					16
17	Maintenance Workers	1,969	2,115	50,961	24.09	17
18	Housekeepers	11,135	11,614	145,974	12.57	18
19	Laundry	4,283	4,522	49,909	11.04	19
20	Administrator	1,507	1,702	78,582	46.16	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	1,599	1,715	54,133	31.57	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	1,996	2,244	43,274	19.28	31
32	Other Health C: <u>MDS</u>	1,444	1,768	51,926	29.38	32
33	Other(specify) <u>Admiss & Comm I</u>	4,621	5,020	91,496	18.23	33
34	TOTAL (lines 1 - 33)	152,518	166,016	\$ 3,072,084 *	\$ 18.50	34

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

** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly	\$ 9,562	1(3)	35
36	Medical Director	Monthly	22,800	9(3)	36
37	Medical Records Consultant				37
38	Nurse Consultant	Monthly	4,454	10(3), (7)	38
39	Pharmacist Consultant	Monthly	17,006	10(3)	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	Monthly	50	39(7)	42
43	Speech Therapy Consultant				43
44	Activity Consultant	Monthly	2,365	11(3)	44
45	Social Service Consultant				45
46	Other(specify) <u>Utilization Review</u>	Monthly	4,200	10(3)	46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 60,437		49

C. CONTRACT NURSES

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

Facility Name: Symphony Northwoods, LLC D/B/A Northwoods Care Centre
 IDPH License ID Number: 0051813
 Fiscal Year End: 12/31/18

Schedule 21C

XIX. SUPPORT SCHEDULES
C. Professional Services

Vendor	Type	Amount
Ability Network	Secure Exchange Managed Services	6,862
Accrual	Legal fees	2,975
Achieve Accreditation	ACCREDITATION ASSISTANCE	1,550
Allscripts	Quarterly Referral Management Core Int	2,442
Alteryx	Data analytics	566
American Express	Internet	2,237
Carbonite	Protect One Services	144
Cerida Investment Corp	Business Service	240
Comcast Cable	Internet	33,035
Corporation Service Company	Service Fee	254
Creative Technology	IT Support	20,789
Dart Chart	Mapping of HMO Contract Specification	2,340
DataRobot, Inc	Computer Services	696
Emmi Solutions	Subscription - Engage Provider	(0)
Formation Healthcare Group, LLC	Monthly Subscription Fee	565
Frontier	Internet	720
FYI Systems	Alteryx Services	234
Health Data Systems	Programming	2,896
Hipp Law	CONTINGENT FEES	25
IT/Sourcetech	Operator Monthly Support Fee	1,380
Jan Paul Storey	Consulting services	47
Language Line Services	Service Fee	8
LTC Consulting	Collection Agency	43,357
Maestro	Accounting	26,233
Maintenance	Maintenance	13,617
Managed Care Group, LLC	IT Support	1,466
Market Metrix	Customer and Employee Metrix Subscrip	703
McCabe, Kirshner	Legal Fees	3,600
MKB	Legal Fees	37,158
Mood Media	Marketing fee	52
MTS Consulting	Tax consulting	1,193
Much Shelist	Legal Fees	57
National Datacare	Trust fund and Medicaid billing services	2,057
Neal, Gerber & Eisenberg	Legal Fees	33
Nexuscomm, LLC	Trust fund and Medicaid billing services	7,228
Maestro Allocation	Professional Services	37,211
Reclassified to Bank Fees	Bank Fees	2,093
Personnel Planners, Inc	Qtrly Unemployment Claims	1,005
Pitney Bowes	Service Fee	70
PointClickCare	Cloud based software and services	23,090
Prime Care Technologies	PBJ Reporting Module Access Fee	172
Real Time Medical Systems	Clinical and Financial Analytis Service	4,950
Reputation, Inc	Fee	-
Resolute Healthcare Solutions	Consulting Services	7,504
RSM	Accounting	(4,488)
SB2	Legal Fees	1,286
Scott Norton	Computer Consulting	335
Shirley Martin	Salary	337
Snowflake Computing, Inc	Computer Services	373
Stone, Pgrud & Korey	Legal Fees	1,490
Telemedicine	Wound Rounds Care	8,161
Tracking System	Recruiting	66
Transworld	Consulting services	18
Wencel Worldwide	Branding	2,911
Total (agree to Schedule V, line 19, column 3)		303,341
Allocated from Maestro Professional Services		49,661
Allocated from Management Company Professional Services		60
Less: Non-Allowable Legal Fees		(1,515)
Recalssed To bank fees		(2,093)
Total (agree to Schedule V, line 19, column 8)		349,454

Facility Name & ID Number Symphony Northwoods, LLC D/B/A Northwoods Care Centre# 0051813

Report Period Beginning:

1/1/18Ending: 12/31/18**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 - \$17,197
- (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? _____
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ N/A Line 10(2)
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? _____ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 249,170
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? No
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.