		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 INF(
THAT IS NECESSARY TO ACCOMPLISH THE STATUT
PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCL(
OF THIS INFORMATION IS MANDATORY. FAILURE T
ANY INFORMATION ON OR BEFORE THE DUE DATE
RESULT IN CESSATION OF PROGRAM PAYMENTS. T
HAS BEEN APPROVED BY THE FORMS MANAGEME

I. IDPH License ID Number: 0051813

Facility Name: Symphony Northwoods, LLC D/B/A Northwoods Care Centre

Address: 2250 Pearl Street (Number) Belvidere (City) 61008 (Zip Code)

County: Boone

Telephone Number: (815) 544-0358 **Fax #** (815) 544-5006

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 Northwoods, LLC D/B/A Northwoods Care Centre # 0051813 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	113	Skilled (SNF)	113	41,245	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	113	TOTALS	113	41,245	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	14,903	5,128	15,258	35,289	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	14,903	5,128	15,258	35,289	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 85.56%

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 113 and days of care provided 4,579

Medicare Intermediary Wisconsin Physician 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 Northwoods, LLC D/B/A Northwo # 0051813 **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				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	256,704	22,429	9,346	288,479		288,479	-	288,479			1
2	Food Purchase		172,783		172,783		172,783	-	172,783			2
3	Housekeeping	165,112	26,782	-	191,894		191,894	-	191,894			3
4	Laundry	70,514	10,120	2,088	82,722	-	82,722	-	82,722			4
5	Heat and Other Utilities			84,391	84,391		84,391	1,128	85,519			5
6	Maintenance	50,540	-	109,712	160,252		160,252	16,685	176,937			6
7	Other (specify):* **Mgmt. Co. Benefits**	-	-	-	-		-	1,814	1,814			7
8	**TOTAL General Services**	542,870	232,114	205,537	980,521	-	980,521	19,627	1,000,148			8
	B. Health Care and Programs											
9	Medical Director	-	-	22,800	22,800		22,800	-	22,800			9
10	Nursing and Medical Records	2,228,192	95,302	53,631	2,377,125		2,377,125	76,048	2,453,173			10
10a	Therapy	-	-	-	-		-	-	-			10a
11	Activities	151,676	-	2,255	153,931		153,931	-	153,931			11
12	Social Services	58,826	-	3,200	62,026		62,026	-	62,026			12
13	CNA Training	-	-	-	-		-	-	-			13
14	Program Transportation	-	-	-	-		-	-	-			14
15	Other (specify):* **Mgmt. Co. Benefits**	-	-	-	-		-	11,859	11,859			15
16	**TOTAL Health Care and Programs**	2,438,694	95,302	81,886	2,615,882	-	2,615,882	87,907	2,703,789			16
	C. General Administration											
17	Administrative	162,990	-	435,385	598,375		598,375	(399,048)	199,327			17
18	Directors Fees			-	-		-	-	-			18
19	Professional Services			269,822	269,822		269,822	172	269,994			19
20	Dues, Fees, Subscriptions & Promotions			26,593	26,593		26,593	(1,197)	25,396			20
21	Clerical & General Office Expenses	81,692	28,492	40,258	150,442		150,442	158,008	308,450			21
22	Employee Benefits & Payroll Taxes			549,492	549,492		549,492	-	549,492			22
23	Inservice Training & Education			-	-		-	-	-			23
24	Travel and Seminar			2,908	2,908		2,908	730	3,638			24
25	Other Admin. Staff Transportation		-	3,324	3,324		3,324	4,341	7,665			25
26	Insurance-Prop.Liab.Malpractice			295,103	295,103		295,103	1,645	296,748			26
27	Other (specify):* **Mgmt. Co. Benefits**	-	-	-	-		-	27,139	27,139			27
28	**TOTAL General Administration**	244,682	28,492	1,622,885	1,896,059	-	1,896,059	(208,210)	1,687,849			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	3,226,246	355,908	1,910,308	5,492,462	-	5,492,462	(100,676)	5,391,786			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 Northwoods, LLC D/B/A Northwoods Care Centr #0051813 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 1	Supplies 2	Other 3	Total 4	5	6	7	8	9	10	
	D. Ownership											
30	Depreciation			71,421	71,421		71,421	33,085	104,506			30
31	Amortization of Pre-Op. & Org.			-	-		-	-	-			31
32	Interest			406	406		406	11,449	11,855			32
33	Real Estate Taxes			80,062	80,062		80,062	1,991	82,053			33
34	Rent-Facility & Grounds			867,950	867,950		867,950	3,159	871,109			34
35	Rent-Equipment & Vehicles			80,107	80,107		80,107	(731)	79,376			35
36	Other (specify):*			-	-		-	-	-			36
37	**TOTAL Ownership**			1,099,946	1,099,946	-	1,099,946	48,953	1,148,899			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation	-	-	11,212	11,212		11,212	-	11,212			38
39	Ancillary Service Centers	-	149,231	1,062,026	1,211,257		1,211,257	(227)	1,211,030			39
40	Barber and Beauty Shops	-	-	-	-		-	-	-			40
41	Coffee and Gift Shops	-	-	116	116		116	-	116			41
42	Provider Participation Fee			248,295	248,295		248,295	-	248,295			42
43	Other (specify):* Non-Allowable Cos	64,153	-	384,476	448,629		448,629	(448,629)	-			43
44	**TOTAL Special Cost Centers**	64,153	149,231	1,706,125	1,919,509	-	1,919,509	(448,856)	1,470,653			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	3,290,399	505,139	4,716,379	8,511,917	-	8,511,917	(500,579)	8,011,338			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 Northwoods, LLC D/B/A Northwoods Care Ce # 0051813 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	(21,475)	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	28,068	30		9
10	Interest and Other Investment Income	(66)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,348)	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	(1,835)	43		18
19	Entertainment	(234)	43		19
20	Contributions	(7,320)	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	(254,084)	43		24
25	Fund Raising, Advertising and Promotional	(6,025)	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**	(160,833)	Var.		29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (425,152)		$ 0	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)	(75,427)		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (75,427)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (500,579)		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	$		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 Northwoods, LLC D/B/A Northwoods Care Centre

ID# 0051813

Report Period Beginning: 1/1/17

Ending: 12/31/17

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Nonallowable marketing events	$ (71,949)	43	1
2	Laboratory Costs	(9,215)	43	2
3	X-Ray Costs	(10,939)	43	3
4	Lobbying Expense Offset	(4,691)	20	4
5	Theft Damage and Loss	(51)	43	5
6	Nonallowable Professional Collection Fees	(3,630)	19	6
7	Community Relations	(64,153)	43	7
8	Offset Misc Income	(383)	21	8
9	To Expense Leasehold Improvements over $2,500	4,178	51	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**	(160,833)		49

Facility Name & ID Number Symphony Northwoods, LLC D/B/A Northwoods Care Centre # 0051813 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			$	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: 1/1/17 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 & General Office Exp	$	Symphony Financial Services, LLC	100.00%	$ 21,464	$ 21,464	15
16	V	30	Depreciation		Symphony Financial Services, LLC	100.00%	1,908	1,908	16
17	V	32	Interest		Symphony Financial Services, LLC	100.00%	4,044	4,044	17
18	V	35	Rent - Equipment & Vehicles		Symphony Financial Services, LLC	100.00%	1	1	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			$			$ 27,417	$ * 27,417	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: 1/1/17 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%	$ 1,128	$ 1,128	15
16	V	6	Maintenance Salaries		Maestro Consulting Services	100.00%	10,005	10,005	16
17	V	6	Maintenance Expenses		Maestro Consulting Services	100.00%	2,502	2,502	17
18	V	7	Employee Benefits - Maintenance		Maestro Consulting Services	100.00%	1,814	1,814	18
19	V	10	Clinical Salaries		Maestro Consulting Services	100.00%	64,992	64,992	19
20	V	10	Contract Nursing		Maestro Consulting Services	100.00%	11,387	11,387	20
21	V	15	Employee Benefits - Clinical		Maestro Consulting Services	100.00%	11,859	11,859	21
22	V	17	Administrative Salaries	435,385	Maestro Consulting Services	100.00%	36,337	(399,048)	22
23	V	19	Professional Fees		Maestro Consulting Services	100.00%	3,802	3,802	23
24	V	20	Dues, Fees, Subscriptions, etc.		Maestro Consulting Services	100.00%	3,494	3,494	24
25	V	21	Clerical & General Salaries		Maestro Consulting Services	100.00%	117,124	117,124	25
26	V	21	Clerical & General Expenses		Maestro Consulting Services	100.00%	19,803	19,803	26
27	V	24	Seminars And Education		Maestro Consulting Services	100.00%	730	730	27
28	V	25	Transportation		Maestro Consulting Services	100.00%	4,341	4,341	28
29	V	26	Insurance		Maestro Consulting Services	100.00%	1,645	1,645	29
30	V	27	Employee Benefits - Administrative		Maestro Consulting Services	100.00%	27,139	27,139	30
31	V	30	Depreciation		Maestro Consulting Services	100.00%	3,109	3,109	31
32	V	32	Interest Expense		Maestro Consulting Services	100.00%	7,471	7,471	32
33	V	33	Real Estate Tax		Maestro Consulting Services	100.00%	1,991	1,991	33
34	V	34	Building Rental		Maestro Consulting Services	100.00%	3,159	3,159	34
35	V	35	Equipment Rental		Maestro Consulting Services	100.00%	526	526	35
36	V	35	Auto Lease		Maestro Consulting Services	100.00%	1,739	1,739	36
37	V								37
38	V								38
39	Total			$ 435,385			$ 336,097	$ * (99,288)	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: 1/1/17 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	$ 1,555	Integra Healthcare Equipment, LLC	19.00%	$ 1,224	$ (331)	15
16	V	35	Rent-Equipment & Vehicles	14,089	Integra Healthcare Equipment, LLC	19.00%	11,092	(2,997)	16
17	V	39	DME & Medical Supplies	1,069	Integra Healthcare Equipment, LLC	19.00%	841	(228)	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			$ 16,713			$ 13,157	$ * (3,556)	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: 1/1/17 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 Cres	Belvidere	Maestro Consulting Se	Lincolnwood	Mgmt. Co.	5
6	Rena Dickman	4.50	Symphony Maple Ridge, LLC D/B/A Symphony	Lincoln				6
7	Robert Hartman	4.00	Symphony McKinley, LLC D/B/A McKinley Co	Decatur				7
8	Jack Hartman	3.00	Symphony Northwoods, LLC D/B/A Northwood	Belvidere				8
9	Joseph Hartman	3.00	Symphony Evanston Healthcare	Evanston				9
10	David 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 home to the related			25
26			Symphony of Hanover Park	Hanover Park	entity, therefore no page 6 or 8.			26
27			Symphony of Lincoln Park	Chicago	** No expense of this related business			27
28			Symphony of Morgan Park	Chicago	allocated to homes			28
29			Symphony of South Shore	Chicago				29
30			Symphony Residences of Lincoln Park	Chicago				30

Facility Name & ID Number Symphony Northwoods, LLC D/B/A Northw # 0051813 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 Northwoods, LLC D/B/A Northwoods Care Cen # 0051813 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 Exp	Occupied Bed Days	499,232	12	$ 303,646	$	35,289	$ 21,464	1
2	30	Depreciation	Occupied Bed Days	499,232	12	26,988		35,289	1,908	2
3	32	Interest	Occupied Bed Days	499,232	12	57,206		35,289	4,044	3
4	35	Rent - Equipment & Vehicles	Occupied Bed Days	499,232	12	8		35,289	1	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					$ 387,848	$		$ 27,417	25

Facility Name & ID Number Symphony Northwoods, LLC D/B/A Northwoods Care Cen # 0051813 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	$	41,358	$ 1,128	1
2	6	Maintenance Salaries	Bed Days Available	1,835,856	28	444,128	444,128	41,358	10,005	2
3	6	Maintenance Expenses	Bed Days Available	1,835,856	28	111,048		41,358	2,502	3
4	7	Employee Benefits - Maintenance	Bed Days Available	1,835,856	28	80,529		41,358	1,814	4
5	10	Clinical Salaries	Bed Days Available	1,835,856	28	2,884,957	2,884,957	41,358	64,992	5
6	10	Contract Nursing	Bed Days Available	1,835,856	28	505,476		41,358	11,387	6
7	15	Employee Benefits - Clinical	Bed Days Available	1,835,856	28	526,402		41,358	11,859	7
8	17	Administrative Salaries	Bed Days Available	1,835,856	28	1,612,976	1,612,976	41,358	36,337	8
9	19	Professional Fees	Bed Days Available	1,835,856	28	168,752		41,358	3,802	9
10	20	Dues, Fees, Subscriptions, etc.	Bed Days Available	1,835,856	28	155,112		41,358	3,494	10
11	21	Clerical & General Salaries	Bed Days Available	1,835,856	28	5,199,066	5,199,066	41,358	117,124	11
12	21	Clerical & General Expenses	Bed Days Available	1,835,856	28	879,035		41,358	19,803	12
13	24	Seminars And Education	Bed Days Available	1,835,856	28	32,418		41,358	730	13
14	25	Transportation	Bed Days Available	1,835,856	28	192,674		41,358	4,341	14
15	26	Insurance	Bed Days Available	1,835,856	28	73,017		41,358	1,645	15
16	27	Employee Benefits - Administrativ	Bed Days Available	1,835,856	28	1,204,673		41,358	27,139	16
17	30	Depreciation	Bed Days Available	1,835,856	28	138,011		41,358	3,109	17
18	32	Interest Expense	Bed Days Available	1,835,856	28	331,638		41,358	7,471	18
19	33	Real Estate Tax	Bed Days Available	1,835,856	28	88,385		41,358	1,991	19
20	34	Building Rental	Bed Days Available	1,835,856	28	140,244		41,358	3,159	20
21	35	Equipment Rental	Bed Days Available	1,835,856	28	23,351		41,358	526	21
22	35	Auto Lease	Bed Days Available	1,835,856	28	77,202		41,358	1,739	22
23										23
24										24
25	TOTALS					$ 14,919,170	$ 10,141,127		$ 336,097	25

Facility Name & ID Number Symphony Northwoods, LLC D/B/A Northwoods Care Cen # 0051813 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	Rent-Equipment & Vehicles	Direct Allocation			$	$		$ 1,224	1
2	35	Rent-Equipment & Vehicles	Direct Allocation						11,092	2
3	39	DME & Medical Supplies	Direct Allocation						841	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					$	$		$ 13,157	25

Facility Name & ID Number Symphony Northwoods, LLC D/B/A Northwc # 0051813 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** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1	Omnicare		X	Pharmacy Services	$67,444.34	11/27/2017	$ 2,170,337	$ 35,272	10/20/2020	0.0750	$ 406	1
2	LifeMed	X		Pharmacy Services	$38,731.00	12/29/2017	6,197,033	19,751	1/1/2024	0.0750	0	2
3												3
4												4
5												5
	Working Capital											
6												6
7												7
8												8
9	TOTAL Facility Related				$106,175.34		$ 8,367,370	$ 55,023			$ 406	9
	B. Non-Facility Related*											
10												10
11												11
12								Interest Income			(66)	12
13								Allocated from Mgmt Co.			11,515	13
14	TOTAL Non-Facility Related						$ 0	$ 0			$ 11,449	14
15	TOTALS (line 9+line14)						$ 8,367,370	$ 55,023			$ 11,855	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 Northwoods, LLC D/B/A Northwoods Care Centre # 0051813 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.**	$ 92,610	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**	$ 85,481	2
3. Under or (over) accrual (line 2 minus line 1).		$ (7,129)	3
4. Real Estate Tax accrual used for 2017 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 87,191	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.)**	**Alloc Fr. Mgmt Co.**	$ 1,991	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.)**		$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		$ 82,053	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2012	78,717	8
	2013	81,086	9
	2014	83,975	10
	2015	84,758	11
	2016	85,481	12

2017 Tax Accural = $85,481 x 1.02 = $87,191; Use $87,191

	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 CALCULATI	$	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 Northwoods, LLC D/B/A Northwoods Care Centre COUNTY Boone

FACILITY IDPH LICENSE NUMBER 0051813

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.	07-01-151-003	Nursing Home	$ 85,480.96	$ 85,480.96
2.	10-27-319-028-0000	Land & Property Mgmt. Co.	$ 88,384.90	$ 1,991.13
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 173,865.86	$ 87,472.09

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 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 Northwoods, LLC D/B/A Northwoods Care Centre # 0051813 Report Period Beginning: 1/1/17 Ending: 12/31/17

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 12,500 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. [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		2004	$ 3,604	1
2					2
3	TOTALS			$ 3,604	3

Facility Name & ID Number Symphony Northwoods, LLC D/B/A Northwoods Care Centre # 0051813 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		32,438		39	832	832	13,092	8
	Improvement Type**										
9	Concrete Sidewalk Repair			2012	3,115	156	20	156		845	9
10	Valley - Egineering/Design throughout facility			2013	155,300	7,765	20	7,765		33,001	10
11	Wi-Fi Cables for Nurses Station			2013	5,108	255	20	255		1,170	11
12											12
13	Facility Remodeling			2014	696,403	42,787	5 - 20	42,787		166,718	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 stat										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										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		1,224	35
36	- North side of building										36

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

See Page 12A, Line 70 for total

**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: 1/1/17 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	Installed drain tile/sump pump in storage room	2016	$ 8,900	$ 408	20	$ 408	$	$ 816	37
38	Installed fresh air duct for laundry	2016	3,794	126	20	126		252	38
39	Installed trench and back filling for fire alarm system - 1st floor	2016	1,545	45	20	45		90	39
40	Installed PIV Installation for fire alarm system - 1st floor	2016	3,562	104	20	104		208	40
41	Updated Roofing, plumbing, landscaping for the entire building	2016	79,414	662	20	662		1,324	41
42									42
43	Replaced Air Handler Shaft and equipment for HVAC System	2017	6,382	638	5	638		638	43
44	Installed new wall mount data	2017	4,889	489	5	489		489	44
45	Installed brand new hot water boiler	2017	19,543	1,954	5	1,954		1,954	45
46	Installed drain down heating system	2017	7,814	782	5	782		782	46
47	Painted and decorated-Lower Level area due to flooding	2017	3,900	390	5	390		390	47
48	Installed new flooring-Lower Level area due to flooding	2017	5,950	595	5	595		595	48
49	Plumbing-Lower Level area due to flooding	2017	29,799	2,980	5	2,980		2,980	49
50	Repaired bricks on exterior of building by caulking	2017	20,700	2,070	5	2,070		2,070	50
51									51
52									52
53									53
54									54
55									55
56									56
57	To tie to book depreciation			(28,067)			28,067		57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 1,099,436	$ 34,683		$ 63,582	$ 28,899	$ 228,638	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: 1/1/17 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		$ 1,099,436	$ 34,683		$ 63,582	$ 28,899	$ 228,638	1
2									2
3	Allocated from Maestro Consulting Services	2003	264		20			186	3
4	Allocated from Maestro Consulting Services	2004	5357		20			3,676	4
5	Allocated from Maestro Consulting Services	2005	318		20			204	5
6	Allocated from Maestro Consulting Services	2006	431		20			245	6
7	Allocated from Maestro Consulting Services	2008	454		20			210	7
8	Allocated from Maestro Consulting Services	2009	7309		20			3,148	8
9	Allocated from Maestro Consulting Services	2010	1123		20			422	9
10	Allocated from Maestro Consulting Services	2011	61		20			21	10
11	Allocated from Maestro Consulting Services	2012	68		20			19	11
12	Allocated from Maestro Consulting Services	2014	845		20			152	12
13	Allocated from Maestro Consulting Services	2015	238		20			27	13
14	Allocated from Maestro Consulting Services	2016	1041		20	132	132	144	14
15	Allocated from Maestro Consulting Services	2017	139		20			7	15
16									16
17	Allocated from Maestro 7257	2004	645		10			435	17
18	Allocated from Maestro 7257	2005	2957		10	21	21	2,169	18
19	Allocated from Maestro 7257	2015	511		15	44	44	80	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)		$ 1,121,197	$ 34,683		$ 63,780	$ 29,096	$ 239,783	34

**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 Ca # 0051813 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	$ 208,149	$ 35,798	$ 35,798	$ 0	5-7	$ 124,985	71
72	Current Year Purchases	6,526	940	940	0	5-15	940	72
73	Fully Depreciated Assets	10,763			0	5-7	10,763	73
74	See Sch 13A	61,228		3,988	3,988	5-10	38,436	74
75	TOTALS	$ 286,666	$ 36,738	$ 40,726	$ 3,988		$ 175,124	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 Consulting Services			$ 200	$	$	$ 0		$ 200	76
77							0			77
78							0			78
79							0			79
80	TOTALS			$ 200	$ 0	$ 0	$ 0		$ 200	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)	$ 1,411,667	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 71,421	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 104,506	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 33,084	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 415,107	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: **12/31/17**
Fiscal Year End: **0051813**

Schedule 13A
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		11,908			1,908	1,908	5-7	8,633
Allocated from Maestro Consulting Services		49,320			2,080	2,080	5-10	29,803
TOTAL		61,228			3,988	3,988		38,436

Facility Name & ID Number Symphony Northwoods, LLC D/B/A Northwoods Care Cen # 0051813 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	113	12/31/2011	$ 865,829	10	10	3
4	Additions							4
5								5
6	Allocated from Mgmt. Co.				3,159			6
7	TOTAL		113		$ 868,988 **			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.	/2018	$ 757,703
13.	/2019	$ 772,857
14.	/2020	$ 788,314

8. List separately any amortization of lease expense included on page 4, line 34. 2,121
   This amount was calculated by dividing the total amount to be amortized 21,207
   by the length of the lease 10 .

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

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: $ 71,857 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	Facility	2016 Ford Transit	$ 481.69	$ 5,780	17
18					18
19	Allocated from Mgmt. Co.			1,739	19
20					20
21	TOTAL		$ 481.69	$ 7,519	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: **12/31/17**
Fiscal Year End: **0051813**

Schedule 14A

XIV. Rental Costs
Line 16 Rental Amount for Moveable Equipment

Rental Description	Amount
COMPUTER RENTAL	959
KITCHEN EQUIPMENT RENTAL	1,637
NURSING EQUIPMENT RENTAL	19,604
OFFICE EQUIPMENT RENTAL	51,220
POSTAGE METER RENTAL	420
PROPANE TANK RENTAL	147
WATER COOLER RENTAL	340
Allocated from HO	(2,470)
Total - Line 16	**71,857**

Facility Name & ID Number Symphony Northwoods, LLC D/B/A Northwoods Care Centre # 0051813 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	$	$	$	$ 0
2	Books and Supplies				0
3	Classroom Wages (a)				0
4	Clinical Wages (b)				0
5	In-House Trainer Wages (c)				0
6	Transportation				0
7	Contractual Payments				0
8	CNA Competency Tests				0
9	TOTALS	$ 0	$ 0	$ 0	$ 0
10	SUM OF line 9, col. 1 and 2 (e)	$ 0			

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 Northwoods, LLC D/B/A Northwoods Care Centre # 0051813 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 Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	39(3)	hrs	$	6,368	$ 458,462	$	6,368	$ 458,462	1
2	Licensed Speech and Language Development Therapist	39(3)	hrs		718	51,668		718	51,668	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39(3)	hrs		7,472	538,017		7,472	538,017	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				148,898		148,898	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): See Sch 16A	39(3), (7)			193	13,481		193	13,481	12
13	Other (specify): Oxygen	39(2)					333		333	13
14	TOTAL			$	14,751	$ 1,061,628	$ 149,231	14,751	$ 1,210,859	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: **12/31/17**
Fiscal Year End: **0051813**

Schedule 16A

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

Description	Amount
I.V. THERAPY	3,112
INHALATION THERAPY	3,722
INHALATION THERAPY	6,593
OTHER SERVICES	281
Allocated from Mgmt. Co.	(227)
Total - Line 12	**13,481**

Facility Name & ID Number Symphony Northwoods, LLC D/B/A Northwoods Care Cen **#** 0051813 **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	$ 2,000	$ 2,000	1
2	Cash-Patient Deposits	16,542	16,542	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 1,235,607)	3,061,920	3,061,920	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	1,574	1,574	6
7	Other Prepaid Expenses	481,648	481,648	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 3,563,684	$ 3,563,684	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		3,604	13
14	Buildings, at Historical Cost		32,440	14
15	Leasehold Improvements, at Historical Cost	1,184,475	1,088,757	15
16	Equipment, at Historical Cost	257,286	286,866	16
17	Accumulated Depreciation (book methods)	(359,738)	(415,107)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (spe **Lease Cost, Net**	8,482	8,482	22
23	Other(specify): **See Schedule 17A**	2,080,233	2,080,233	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 3,170,738	$ 3,085,275	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 6,734,422	$ 6,648,959	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 1,515,618	$ 1,515,618	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	16,542	16,542	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	322,974	322,974	30
31	Accrued Taxes Payable (excluding real estate taxes)	13,851	13,851	31
32	Accrued Real Estate Taxes(Sch.IX-B)	87,191	87,191	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	2,369,524	2,369,524	36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 4,325,700	$ 4,325,700	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	55,023	55,023	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)**	$ 55,023	$ 55,023	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 4,380,723	$ 4,380,723	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 2,353,699	$ 2,268,236	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 6,734,422	$ 6,648,959	48

***(See instructions.)**

Facility Name: **Symphony Northwoods, LLC D/B/A Northwoods Care Centre**
IDPH License ID Number: **12/31/17**
Fiscal Year End: **0051813**

Schedule 17A

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

Description	Operating	After Consolidation
Other Assets - Security Deposits	115,847	115,847
CSA I/C Related/Party Due To/From Acct	1,954,928	1,954,928
Due To/From - Decatur	9,458	9,458
Total - Line 23	**2,080,233**	**2,080,233**

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

Description	Operating	After Consolidation
Cash	38,839	38,839
Accounts Receivable - Employee Loans	147	147
Due To/From - Symphony Healthcare	73,576	73,576
Due To/From - Maestro	148,594	148,594
Accrued Payables	53,125	53,125
Accounts Payables - Patient Security Depc	1	1
Accrued Payables - Health Insurance	11,848	11,848
Accrued Payables - Garnishments	2,428	2,428
Accrued Payables - WC/GL Insurance	10,000	10,000
Accrued Payables - Bed Taxes	259,737	259,737
Accrued Payables - Bed Taxes Add'l	32,414	32,414
Accrued Payables - Management Fees	361,842	361,842
Accrued Payables - Interest	406	406
Accrued Payables - Rent	367,313	367,313
Accrued Payables - Sales Tax	286	286
Deferred Rent	305,477	305,477
Lease Holds Payable	703,491	703,491
Total - Line 36	**2,369,524**	**2,369,524**

Facility Name & ID Number Symphony Northwoods, LLC D/B/A Northwoods Care Centre # 0051813 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**	$ 2,219,020	1
2	Restatements (describe):		2
3	**Rounding**	1	3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 2,219,021	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	134,678	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)**	$ 134,678	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$ 0	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 2,353,699	24 *

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

Facility Name & ID Number Symphony Northwoods, LLC D/B/A Northwoods C: # 0051813 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	$ 8,147,523	1
2	Discounts and Allowances for all Levels	(1,829,302)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 6,318,221	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,092,919	6
7	Oxygen	325	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 2,093,244	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	(340)	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	193,622	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	32,522	19
20	Radiology and X-Ray	10,260	20
21	Other Medical Services	(1,383)	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 234,681	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	66	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 66	26
	E. Other Revenue (specify):**		
27	**Settlement Income (Insurance, Legal, Etc.)**		27
28	**Rentals and Other Unclassified Income**	383	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 383	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 8,646,595	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	980,521	31
32	Health Care	2,615,882	32
33	General Administration	1,896,059	33
	B. Capital Expense		
34	Ownership	1,099,946	34
	C. Ancillary Expense		
35	Special Cost Centers	1,671,214	35
36	Provider Participation Fee	248,295	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 8,511,917	40
41	**Income before Income Taxes (line 30 minus line 40)****	134,678	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 134,678	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 816,451	44
45	Private Pay - Net Inpatient Revenue	3,549,942	45
46	Medicare - Net Inpatient Revenue	1,070,939	46
47	Other-(specify) **Hospice**	519,055	47
48	Other-(specify) **Managed Care**	361,834	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 6,318,221	49

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

** **Does this agree with taxable income (loss) per Federal Income Tax Return? No^ If not, please attach a reconciliation.**

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

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

^ **Tax return prepared on cash basis.**

Facility Name & ID Number Symphony Northwoods, LLC D/B/A Northwoods Care Cent # 0051813 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	1,990	2,094	$ 90,271	$ 43.11	1
2	Assistant Director of Nursing	1,863	2,206	68,805	31.19	2
3	Registered Nurses	15,290	16,412	521,702	31.79	3
4	Licensed Practical Nurses	13,954	14,669	402,677	27.45	4
5	CNAs & Orderlies	62,374	67,860	994,656	14.66	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	13,969	14,998	151,676	10.11	10
11	Social Service Workers	1,867	2,176	58,826	27.03	11
12	Dietician					12
13	Food Service Supervisor	2,005	2,086	52,714	25.27	13
14	Head Cook					14
15	Cook Helpers/Assistants	16,806	18,495	203,990	11.03	15
16	Dishwashers					16
17	Maintenance Workers	1,912	2,110	50,540	23.95	17
18	Housekeepers	12,601	14,048	165,112	11.75	18
19	Laundry	5,500	6,551	70,514	10.76	19
20	Administrator	1,885	2,076	112,728	54.30	20
21	Assistant Administrator	1,436	1,668	50,262	30.13	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	6,145	6,499	145,845	22.44	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	3,900	4,328	82,946	19.16	31
32	Other Health C: MDS	1,976	2,257	67,135	29.75	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	165,473	180,533	$ 3,290,399 *	$ 18.23	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	$ 9,346	1(3)	35
36	Medical Director	Monthly	22,800	9(3)	36
37	Medical Records Consultant	Monthly	912	10(3)	37
38	Nurse Consultant	Monthly	12,611	10(3), (7)	38
39	Pharmacist Consultant	Monthly	12,305	10(3)	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	Monthly	171	39(3)	42
43	Speech Therapy Consultant				43
44	Activity Consultant	Monthly	2,255	11(3)	44
45	Social Service Consultant	Monthly	3,200	12(3)	45
46	Other(specify) Utilization Review	Monthly	4,200	10(3)	46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 67,800		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	140	$ 6,688	10(3)	50
51	Licensed Practical Nurses	306	12,879	10(3)	51
52	Certified Nurse Assistants/Aides	105	2,341	10(3)	52
53	TOTAL (lines 50 - 52)	551	$ 21,908		53

Facility Name & ID Number Symphony Northwoods, LLC D/B/A Northwoods Car # 0051813 Report Period Beginning: 1/1/17 Ending: 12/31/17

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Jennifer Cook	Administrator	0%	$ 29,786
Carrie Jessen	Administrator	0%	82,942
Rebecca Schnor	Assistant Administrator	0%	50,262
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 162,990

B. Administrative - Other

Description	Amount
Management Fees (Eliminated in Col. 7)	$ 435,385
TOTAL (agree to Schedule V, line 17, col. 3)	$ 435,385
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
See Sch 21C	See Sch 21C	$ 269,822
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 269,822

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 124,487
Unemployment Compensation Insurance	17,311
FICA Taxes	242,884
Employee Health Insurance	151,459
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Employee Retirement	4,582
Employee Benefits - Other	6,463
Employees' Physical Exams	2,306
TOTAL (agree to Schedule V, line 22, col.8)	$ 549,492

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

Description	Line #	Amount
N/A		$
TOTAL		$

* Attach copy of IMRF notifications

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	595
Health Care Worker Background Check	
(Indicate # of checks performed 105)	1,262
Patient Background Checks 244	2,925
Miscellaneous Licenses & Fees	6,270
Illinois Council on Long Term Care	14,215
Miscellaneous Dues & Subscriptions	1,326
Lobbying Expense Offset	(4,691)
Allocated from Mgmt. Co.	3,494
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 25,396

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	2,908
Allocated from Mgmt. Co.	730
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 3,638

**See instructions.

Facility Name: **Symphony Northwoods, LLC D/B/A Northwoods Care Centre**
IDPH License ID Number: **12/31/17**
Fiscal Year End: **0051813**

Schedule 21C

XIX. SUPPORT SCHEDULES
C. Professional Services

Vendor	Type	Amount
ABILITY NETWORK , INC.	SECURE EXCHANGE MANAGED SERV	5,041
ACHIEVE ACCREDITATION	ACCREDITATION ASSISTANCE	8,497
AMERICAN EXPRESS	INTERNET	2,237
CARBONITE	CLOUD BACK-UP SERVICE	1,728
Carrie Jessen	CLOUD BACK-UP SERVICE	24
COMCAST	CABLE	6,846
CORPORATION SERVICE	STATUTORY REGISTERED AGENT	1,001
CREATIVE TECHNOLOGY	IT SUPPORT	14,306
DART CHART MAP AND TRACK SYSTEMS LL	MAPPING OF HMO CONTRACT	653
EMMI SOLUTIONS	SUBSCRIPTION	243
FORMATION HEALTHCARE GROUP	MONTHLY SUBSCRIPTION	56
FRONTIER	BUSINESS HIGH SPEED INTERNET	540
HEALTH DATA SYSTEMS	MICRO-FICHE SOFTWARE MAINTENANCE	5,100
HK PAYROLL	WOTC PROGRAM	265
lIT/SOURCETECH	OPERATOR MONTHLY SUPPORT FEE	1,380
LTC Consulting	Collections	755
MAESTRO CONSULTING FEES	Consulting	121,598
MAESTRO CONSULTING FEES	Legal Fees	2,880
Marcum LLP	Consulting Services	2,010
MARKET METRIX	SURVEYS	226
McCabe, Kirshner P.C.	Legal Fees	405
MEDICAL BUSINESS OFFICE	COLLECTION AGENCY	2,875
National Datacare Co	Cost care	4,069
Nexuscomm	Financial Services	2,355
Northwoods	Petty Cash	34
PERSONNEL PLANNERS	QTRLY UNEMPLOYMENT CLAIMS	1,080
POINTCLICKCARE TECHNOLOGIES	A/R & A/P SYSTEM	23,096
PRIME CARE TECHNOLOGIES	PBJ REPORTING MODULE	20
Real Time Medical System	Financial Analytics	5,513
Resolute Healthcare	Consulting Services	25,226
Rock River Training	Training	50
RSM US LLP	ACCOUNTING	17,703
SB2 Inc.	Technology	158
STONE, MCGUIRE & SIEGEL	LEGAL FEES-COMPLIANCE	1,200
Stone, Pogrund, & Kor	Legal Fees	1,169
TELEMEDICINE SOLUTIONS	WOUNDCARE MGT SYSTEM IMPLEMEN	9,483
	Total (agree to Schedule V, line 19, column 3)	269,822
Allocated from Management Company	Professional Services	3,802
Less: Non-Allowable Professional Services		(3,630)
	Total (agree to Schedule V, line 19, column 8)	269,994

Facility Name & ID Number Symphony Northwoods, LLC D/B/A Northwoods Care Centre # 0051813 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 - $14,215**

(3) Did the nursing home make political contributions or payments to a political action organization? **Yes** If YES, have these costs been properly adjusted out of the cost report? **Yes**

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

(5) Have you properly capitalized all major repairs and equipment purchases? **Yes**
What was the average life used for new equipment added during this period? **5-15 Yrs**

(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? **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. $ **248,295**
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