

		FOR BHF USE					

LL1

2020
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2020)

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

I. IDPH License ID Number: 0051813

Facility Name: SYMPHONY NORTHWOODS

Address: 2250 Pearl Street Belvidere 61008
Number City 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	☒	PROPRIETARY	☐	GOVERNMENTAL
☐	Charitable Corp.	☐	Individual	☐	State
☐	Trust	☐	Partnership	☐	County
IRS Exemption Code		☐	Corporation	☐	Other
		☒	"Sub-S" Corp.		
		☐	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 1/1/2020 to 12/31/2020 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)			
	(Title)			
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# 0051813 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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 bedsN/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>41,358</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>41,358</u>	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	<u>16,221</u>	<u>2,573</u>	<u>9,579</u>	<u>28,373</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>16,221</u>	<u>2,573</u>	<u>9,579</u>	<u>28,373</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4.) 68.60%

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?

YesG. 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 12/31/2011NO ☐

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 3,848

Medicare Intermediary

Wisconsin Phsyician Services (WPS)

IV. ACCOUNTING BASIS

ACCRUAL ☒

MODIFIED

CASH* ☐CASH* ☐

Is your fiscal year identical to your tax year?

YES ☒NO ☐Tax Year: 12/31/2020Fiscal Year: 12/31/2020

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

Facility Name & ID Number SYMPHONY NORTHWOODS # 0051813 Report Period Beginning: 1/1/2020 Ending: 12/31/2020
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	229,183	18,845	8,791	256,819		256,819	510	257,329			1
2	Food Purchase		141,056		141,056		141,056		141,056			2
3	Housekeeping	299	326,868	-	327,167		327,167		327,167			3
4	Laundry	228	17,431	1,921	19,580		19,580		19,580			4
5	Heat and Other Utilities			67,823	67,823		67,823	948	68,771			5
6	Maintenance	64,245	-	62,864	127,109		127,109	1,824	128,933			6
7	Other (specify):* Mgmt. Co. Benefits	-	-	-				136	136			7
8	TOTAL General Services	293,955	504,200	141,399	939,554		939,554	3,418	942,972			8
	B. Health Care and Programs											
9	Medical Director	-	-	19,790	19,790		19,790		19,790			9
10	Nursing and Medical Records	2,289,567	118,272	14,671	2,422,510		2,422,510	79,380	2,501,890			10
10a	Therapy	-	-	-								10a
11	Activities	100,590	-	-	100,590		100,590		100,590			11
12	Social Services	55,227	-	-	55,227		55,227		55,227			12
13	CNA Training	-	-	-								13
14	Program Transportation	-	-	-								14
15	Other (specify):* Mgmt. Co. Benefits	-	-	-				22,857	22,857			15
16	TOTAL Health Care and Programs	2,445,384	118,272	34,461	2,598,117		2,598,117	102,237	2,700,354			16
	C. General Administration											
17	Administrative	175,919	-	337,635	513,554		513,554	(337,635)	175,919			17
18	Directors Fees			-								18
19	Professional Services			245,522	245,522		245,522	16,851	262,373			19
20	Dues, Fees, Subscriptions & Promotions			30,105	30,105		30,105	(5,144)	24,961			20
21	Clerical & General Office Expenses	92,463	18,257	44,680	155,400		155,400	76,225	231,625			21
22	Employee Benefits & Payroll Taxes			484,016	484,016		484,016		484,016			22
23	Inservice Training & Education			-								23
24	Travel and Seminar			381	381		381	201	582			24
25	Other Admin. Staff Transportation		-	1,127	1,127		1,127	3,657	4,784			25
26	Insurance-Prop.Liab.Malpractice			242,277	242,277		242,277	678	242,955			26
27	Other (specify):* Mgmt. Co. Benefits			-				15,931	15,931			27
28	TOTAL General Administration	268,382	18,257	1,385,743	1,672,382		1,672,382	(229,236)	1,443,146			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,007,721	640,729	1,561,603	5,210,053		5,210,053	(123,581)	5,086,472			29

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

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			134,793	134,793		134,793	53,091	187,884			30
31	Amortization of Pre-Op. & Org.			-								31
32	Interest			2,497	2,497		2,497	31,729	34,226			32
33	Real Estate Taxes			75,514	75,514		75,514	2,489	78,003			33
34	Rent-Facility & Grounds			699,230	699,230		699,230	4,862	704,092			34
35	Rent-Equipment & Vehicles			81,442	81,442		81,442	6,011	87,453			35
36	Other (specify):*			-								36
37	TOTAL Ownership			993,476	993,476		993,476	98,182	1,091,658			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation	-	-	(200)	(200)		(200)		(200)			38
39	Ancillary Service Centers	-	89,835	688,316	778,151		778,151		778,151			39
40	Barber and Beauty Shops	-	-	-								40
41	Coffee and Gift Shops	-	-	-								41
42	Provider Participation Fee			210,964	210,964		210,964		210,964			42
43	Other (specify):* Non-Allowable Cos	102,000	-	(98,894)	3,106		3,106	(3,106)				43
44	TOTAL Special Cost Centers	102,000	89,835	800,186	992,021		992,021	(3,106)	988,915			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,109,721	730,564	3,355,265	7,195,550		7,195,550	(28,505)	7,167,045			45

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

VI. ADJUSTMENT DETAIL

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

	NON-ALLOWABLE EXPENSES	1 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	(28,126)	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	21,636	30		9
10	Interest and Other Investment Income	(447)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(652)	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	(6,255)	43		18
19	Entertainment	(68)	19		19
20	Contributions	(8,820)	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	(98,433)	43		24
25	Fund Raising, Advertising and Promotional	(3,741)	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	124,845	Var.		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (61)		\$	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)	(28,444)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (28,444)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (28,505)		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

ID#0051813

Report Period Beginning:1/1/2020

Ending:12/31/2020

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Nonallowable marketing events	\$ (59,025)	43	1
2	Laboratory Costs	(11,115)	43	2
3	X-Ray Costs	(17,332)	43	3
4	Theft Damage and Loss	(433)	43	4
5	Non allowable Legal	(2,954)	19	5
6	Non allowable Branding Mktg	(8,506)	19	6
7	Other Income	(6,225)	21	7
8	Admissions Coordinator	(22,320)	43	8
9	Director of Customer Experience	(8,865)	43	9
10	Trust Overcharges	32	43	10
11	Community Relations	(17,036)	43	11
12	Offset lobbying expense	(8,803)	20	12
13	Reclass LHI architectural fee to professional fee	8,344	19	13
14	Gain/Loss Sale of fixed assets	(167,589)	43	14
15	Gain/Loss Deferred Rent	325,952	43	15
16	Closing Costs & PY Adjustments	120,720	43	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	124,845		49

VII. RELATED PARTIES

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

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

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

☒ YES☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line		Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	30	Depreciation	\$	Symphony of Belvidere Propco	100%	\$ 17,618	\$ 17,618	1
2	V	32	Interest		Symphony of Belvidere Propco	100%	32,157	32,157	2
3	V	32	Amortization		Symphony of Belvidere Propco	100%	3,160	3,160	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			\$			\$ 52,935	\$ * 52,935	14

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

VII. RELATED PARTIES (continued)

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	1	Dietary	\$	Maestro Consulting Services	100%	\$ 510	\$ 510	15
16	V	5	Utilities		Maestro Consulting Services	100%	948	948	16
17	V	6	Maintenance Salaries		Maestro Consulting Services	100%			17
18	V	6	Maintenance Expenses		Maestro Consulting Services	100%	1,824	1,824	18
19	V	7	Employee Benefits - Maintenance		Maestro Consulting Services	100%	136	136	19
20	V	10	Clinical Salaries		Maestro Consulting Services	100%	79,463	79,463	20
21	V	10	Contract Nursing		Maestro Consulting Services	100%	76	76	21
22	V	15	Employee Benefits - Clinical		Maestro Consulting Services	100%	22,857	22,857	22
23	V	17	Administrative - Other	337,635	Maestro Consulting Services	100%		(337,635)	23
24	V	19	Professional Fees		Maestro Consulting Services	100%	19,967	19,967	24
25	V	20	Dues, Fees, Subscriptions		Maestro Consulting Services	100%	3,659	3,659	25
26	V	21	Clerical & General Salaries		Maestro Consulting Services	100%	55,383	55,383	26
27	V	21	Clerical & General Expenses		Maestro Consulting Services	100%	27,067	27,067	27
28	V	24	Seminars and Education		Maestro Consulting Services	100%	201	201	28
29	V	25	Transportation		Maestro Consulting Services	100%	3,657	3,657	29
30	V	26	Insurance		Maestro Consulting Services	100%	678	678	30
31	V	27	Employee Benefits - Administrative		Maestro Consulting Services	100%	15,931	15,931	31
32	V	30	Depreciation		Maestro Consulting Services	100%	13,837	13,837	32
33	V	32	Interest Expense		Maestro Consulting Services	100%	19	19	33
34	V	33	Real Estate Tax		Maestro Consulting Services	100%	2,489	2,489	34
35	V	34	Building Rental		Maestro Consulting Services	100%	1,702	1,702	35
36	V	35	Equipment Rental		Maestro Consulting Services	100%	4,905	4,905	36
37	V	35	Auto Lease		Maestro Consulting Services	100%	2,822	2,822	37
38	V								38
39	Total			\$ 337,635			\$ 258,131	\$ * (79,504)	39

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

VII. RELATED PARTIES (continued)

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

☒ YES☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	10	Nursing and Medical Records	\$ 1,058	Integra Healthcare Equipment, LLC	19%	\$ 899	\$ (159)	15
16	V	35	Equipment Rental	11,442	Integra Healthcare Equipment, LLC	19%	9,726	(1,716)	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			\$ 12,500			\$ 10,625	\$ * (1,875)	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	\$ 64,831	Maple Leaf Insurance	100%	\$ 64,831	\$	15
16	V								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			\$ 64,831			\$ 64,831	\$ * 0	39

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

Facility Name & ID Number

SYMPHONY NORTHWOODS

0051813

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

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	Symphony Healthcare, LLC	99.99	Symphony Countryside, LLC D/B/A Countryside Aurora		Symphony Healthcare,	Lincolnwood	Sub Lessor	1
2	Symphony HMG, LLC	0.01	Symphony Crestwood, LLC D/B/A Symphony of Crestwood		Symphony M.L., LLC	Lincolnwood	Main Lessor	2
3			Symphony Deerbrook, LLC D/B/A Symphony of Joliet		Symphony HMG, LLC	Lincolnwood	Sub Lessor	3
4			Symphony Maple Crest, LLC D/B/A Maple Crest Belvidere		Symphony Financial Se	Lincolnwood	Mgmt Co.	4
5			Symphony Applewood	Woodhaven, MI	Maestro Consulting Se	Lincolnwood	Mgmt. Co.	5
6			Symphony Linden	Linden, MI				6
7			Symphony Tri-Cities	Bay City, MI				7
8								8
9			Symphony Evanston Healthcare	Evanston				9
10			Symphony of Dyer	Indiana				10
11			Symphony of Crown Point	Indiana				11
12			Symphony of Chesterton	Indiana	7257 N. Lincoln Ave, L	Lincolnwood	Building Rental	12
13			Woodcare V Inc	Brighton, MI	Diamond Insurance	Northbrook	Work Comp Ins.	13
14			Cliffside Company LLC	St. Joseph, MI	Mapleleaf Insurance	Grand Cayman	Liability/Work Com	14
15			Symphony of California Gardens	Chicago	Seasons Hospice	Park Ridge	Hospice *	15
16					JLR Financial Svcs. Co	Lincolnwood	Management Co.	16
17			Sycamore Village	Swansea	KFT Services, LLC	Lincolnwood	Management Co. **	17
18			Symphony of Aria	Hillside	Drake Louis Enterprise	Lincolnwood	Management Co. **	18
19			Symphony at 87th Street	Chicago	Integra Healthcare Equ	Elmhurst	DME & Med. Suppl	19
20			Symphony at Midway	Chicago	Lifeline Ambulance, LI	Chicago	Ambulance	20
21			Symphony at Tillers	Oswego	Integra Respiratory Se	Elmhurst	Respiratory Services	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 pag			26
27			Symphony of Lincoln Park	Chicago	** No expense of this re			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

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# 0051813 Report Period Beginning: 1/1/2020 Ending: 2/31/2020

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 _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

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		N/A				\$	\$			1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$	25

Facility Name & ID Number SYMPHONY NORTHWOODS# 0051813 Report Period Beginning: 1/1/2020 Ending: 2/31/2020

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 ☐

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

()

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

	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	1	DIETARY	Bed Days Available	1,642,974	27	\$ 20,270	\$ 19,367	41,358	\$ 510	1
2	5	Utilities	Bed Days Available	1,642,974	27	37,663		41,358	948	2
3	6	Maintenance Salaries	Bed Days Available	1,642,974	27			41,358		3
4	6	Maintenance Expenses	Bed Days Available	1,642,974	27	72,471		41,358	1,824	4
5	7	Employee Benefits - Maintenance	Bed Days Available	1,642,974	27	5,383		41,358	136	5
6	10	Clinical Salaries	Bed Days Available	1,642,974	27	3,156,734	3,156,734	41,358	79,463	6
7	10	Contract Nursing	Bed Days Available	1,642,974	27	3,034		41,358	76	7
8	15	Employee Benefits - Clinical	Bed Days Available	1,642,974	27	908,028		41,358	22,857	8
9	17	Administrative Salaries	Bed Days Available	1,642,974	27			41,358		9
10	19	Professional Fees	Bed Days Available	1,642,974	27	793,188		41,358	19,967	10
11	20	Dues, Fees, Subscriptions, Etc.	Bed Days Available	1,642,974	27	145,343		41,358	3,659	11
12	21	Clerical & General Salaries	Bed Days Available	1,642,974	27	2,200,120	2,200,120	41,358	55,383	12
13	21	Clerical & General Expenses	Bed Days Available	1,642,974	27	1,075,235		41,358	27,067	13
14	24	Seminars & Education	Bed Days Available	1,642,974	27	7,970		41,358	201	14
15	25	Transportation	Bed Days Available	1,642,974	27	145,272		41,358	3,657	15
16	26	Insurance	Bed Days Available	1,642,974	27	26,926		41,358	678	16
17	27	Employee Benefits - Administrative	Bed Days Available	1,642,974	27	632,860		41,358	15,931	17
18	30	Depreciation	Bed Days Available	1,642,974	27	549,679		41,358	13,837	18
19	32	Interest Expense	Bed Days Available	1,642,974	27	738		41,358	19	19
20	33	Real Estate Tax	Bed Days Available	1,642,974	27	98,893		41,358	2,489	20
21	34	Building Rental	Bed Days Available	1,642,974	27	67,631		41,358	1,702	21
22	35	Equipment Rental	Bed Days Available	1,642,974	27	194,869		41,358	4,905	22
23	35	Auto Lease	Bed Days Available	1,642,974	27	112,113		41,358	2,822	23
24										24
25	TOTALS					\$ 10,254,420	\$ 5,376,221		\$ 258,131	25

Facility Name & ID Number SYMPHONY NORTHWOODS# 0051813 Report Period Beginning: 1/1/2020 Ending: 2/31/2020

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	10	Nursing and Medical Records	Direct Allocation		\$	\$		\$ 899	1
2	21	Equipment Rental	Direct Allocation					9,726	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				\$	\$		10,625	25

Facility Name & ID Number SYMPHONY NORTHWOODS # 0051813 Report Period Beginning: 1/1/2020 Ending: 2/31/2020

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			\$	\$		\$ 64,831	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$ 64,831	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1		2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related Long-Term												
1	Omnicare		X	Pharmacy Services	67,444.34	11/27/2017	\$ 2,170,337	\$	10/20/2020	0.075	\$ 237	1	
2	LifeMed	X		Pharmacy Services	38,731.00	1/1/2018	6,197,033	13,700	1/1/2024	0.075	1,162	2	
3												3	
4	Integra	X		Medical supplies/rental	50,679.73	7/1/2019	1,162,530	5,617	6/30/2021	0.043802	506	4	
5	White Oak Healthcare Finance,		X	Mortgage		12/10/2020	7,517,256	7,517,256	12/9/2023	Libor+6%	32,157	5	
	Working Capital												
6	State of Illinois		X	Advance Payment		5/1/2019	1,032,200	1,032,200	8/1/2021			6	
7	WPS		X	Medicare AAP	20,736.63	4/3/2020	497,679	497,679	4/3/2023			7	
8	CIBC Bank USA		X	Payroll & Oper Exp		6/23/2020	591,082	591,082	6/23/2022	0.01		8	
9	TOTAL Facility Related				\$177,591.70		\$ 19,168,117	\$ 9,657,534			\$ 34,063	9	
	B. Non-Facility Related*												
10	Cyber Ins										64	10	
11	Worthy Ins										527	11	
12								Interest Income Offset			(447)	12	
13								Allocated from			19	13	
14	TOTAL Non-Facility Related						\$	\$			\$ 163	14	
15	TOTALS (line 9+line14)						\$ 19,168,117	\$ 9,657,534			\$ 34,226	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 2019 report.			\$	83,419	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.)	2019		\$	77,353	2
3. Under or (over) accrual (line 2 minus line 1).			\$	(6,066)	3
4. Real Estate Tax accrual used for 2020 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	81,580	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
		Alloc. Fr. Mgmt. Co.		2,489	
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.			\$		6
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.			\$	78,003	7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2015	84,758	8		
	2016	85,480	9		
	2017	87,477	10		
	2018	81,783	11		
	2019	77,353	12		
2020 Tax Accrual = \$77,353 x 1.0546 = \$81,580					

	FOR BHF USE ONLY			
13	FROM R. E. TAX STATEMENT FOR 2019	\$		13
14	PLUS APPEAL COST FROM LINE 5	\$		14
15	LESS REFUND FROM LINE 6	\$		15
16	AMOUNT TO USE FOR RATE CALCULATION	\$		16

NOTES:

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

FACILITY NAME	<u>Symphony Northwoods, LLC D/B/A Northwoods Care Centre</u>	COUNTY	<u>Boone</u>
---------------	--	--------	--------------

CONTACT PERSON REGARDING THIS REPORT Ari Krupp

A. Summary of Real Estate Tax Cost

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

B. Real Estate Tax Cost Allocations

C. Tax Bills

Page 10A

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.

☒ (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?
If so, please complete the following:

1. Total Amount Incurred: N/A

2. Number of Years Over Which it is Being Amortized: N/A

3. Current Period Amortization: N/A

4. Dates Incurred: N/A

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Alloc Fr Maestro 7257	-	2004	\$ 4,028	1
2	Resident Care		2020	1,763,859	2
3	TOTALS			\$ 1,767,887	3

XI. OWNERSHIP COSTS (continued)

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

	1	FOR BHF USE ONLY	2	3	4	5	6	7	8	9	
	Beds*		Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	113		2020		\$ 5,762,384	\$	30	\$ 17,039	\$ 17,039	\$ 17,039	4
5											5
6											6
7											7
8	Allocated from Maestro 7257		2004		36,249			1,036	1,036	17,736	8
	Improvement Type**										
9	Concrete Sidewalk Repair			2012	3,115	156	20	156		1,313	9
10	Valley - Engineering/Design throughout facility			2013	155,300	7,765	20	7,765		56,296	10
11	Wi-Fi Cables for Nurses Station			2013	5,108	255	20	255		1,935	11
12											12
13	Facility Remodeling			2014	696,403	42,787	5 - 20	42,787		295,079	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		2,856	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

0051813

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

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	\$ 445	\$ 37	\$ 2,077	37
38	Installed fresh air duct for laundry	2016	3,794	126	20	190	64	694	38
39	Installed trench and back filling for fire alarm system - 1st floor	2016	1,545	45	20	77	32	257	39
40	Installed PIV Installation for fire alarm system - 1st floor	2016	3,562	104	20	178	74	594	40
41	Updated Roofing, plumbing, landscaping for the entire building	2016	79,414	662	20	3,971	3,309	6,619	41
42									42
43	Replaced Air Handler Shaft and equipment for HVAC System	2017	6,382	1,369	5	1,276	(93)	4,653	43
44	Installed new wall mount data	2017	4,889	1,134	5	978	(156)	3,735	44
45	Installed brand new hot water boiler	2017	19,543	4,560	5	3,909	(651)	14,983	45
46	Installed drain down heating system	2017	7,814	528	5	1,563	1,035	3,401	46
47	Painted and decorated-Lower Level area due to flooding	2017	3,900	260	15	260		1,170	47
48	Installed new flooring-Lower Level area due to flooding	2017	5,950	396	15	397	1	1,784	48
49	Plumbing-Lower Level area due to flooding	2017	29,799	1,922	15	1,987	65	8,811	49
50	Repaired bricks on exterior of building by caulking	2017	20,700	1,411	15	1,380	(31)	6,272	50
51	Install hot water boiler	2018	19,542	3,908	5	3,908		11,431	51
52	Chiller Replacement	2018	104,600	14,943	7	14,943		40,239	52
53	Water heater replacement	2018	36,930	5,276	7	5,276		13,495	53
54	New copper conductors on chiller	2018	13,465	1,924	7	1,924		5,043	54
55	Nexus Communications	2018	25,695	3,671	7	3,671		7,362	55
56	Sidewalk replacement	2018	4,500	321	14	321		843	56
57	Insulation and Supply	2018	6,836	488	14	488		1,195	57
58	Doors Done Right	2018	6,100	436	14	436		932	58
59	Leak on the pipes on chiller	2019	5,616	113	15	374	261	487	59
60	demo molder & damaged drywall patient room 142 & 143	2019	5,830	81	15	389	308	470	60
61	Nexus Communications-16 port switches and cables, remove and	2019	15,399	1,868	7	2,200	332	4,068	61
62	install new polycom phones, POE switches								62
63	Manhole clogged. Pumped and cleaned	2019	3,025		15	202	202	303	63
64	Remove old duck work basement boiler room.	2019	2,594	76	7	371	295	447	64
65	replcae relief valve on boiler								65
66	Replace domestic hot water heater	2020	9,928		15	331	331	331	66
67	Repair and replace part of roof	2020	8,250		15	275	275	275	67
68									68
69	Flooring, ceiling, painting rooms 129,122,121,120,119	2020	92,000		15	3,067	3,067	3,067	69
70	TOTAL (lines 4 thru 69)		\$ 7,225,941	\$ 97,537		\$ 124,367	\$ 26,830	\$ 537,289	70

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

XI. OWNERSHIP COSTS (continued)

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

1	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		\$ 7,225,941	\$ 97,537		\$ 124,367	\$ 26,830	\$ 537,289	1
2	Reconcile to book depreciation			(12,881)			12,881		2
3	Allocated from Maestro Consulting Services	2003	295		20	15	15	253	3
4	Allocated from Maestro Consulting Services	2004	5,986		20	299	299	5,004	4
5	Allocated from Maestro Consulting Services	2005	355		20	18	18	281	5
6	Allocated from Maestro Consulting Services	2006	481		20	24	24	346	6
7	Allocated from Maestro Consulting Services	2008	507		20	25	25	311	7
8	Allocated from Maestro Consulting Services	2009	8,167		20	408	408	4,740	8
9	Allocated from Maestro Consulting Services	2010	1,255		20	63	63	659	9
10	Allocated from Maestro Consulting Services	2011	68		20	3	3	34	10
11	Allocated from Maestro Consulting Services	2012	76		20	4	4	33	11
12	Allocated from Maestro Consulting Services	2014	944		20	47	47	312	12
13	Allocated from Maestro Consulting Services	2015	265		20	13	13	71	13
14	Allocated from Maestro Consulting Services	2016	1,163		20	58	58	394	14
15	Allocated from Maestro Consulting Services	2017	156		20	8	8	31	15
16	Allocated from Maestro Consulting Services	2020	251		20	6	6	6	16
17	Allocated from Maestro 7257	2015	571		10	38	38	203	17
18	Allocated from Maestro 7257	2005	3,305		10	119	119	2,779	18
19	Allocated from Maestro 7257	2004	720		15	36	36	594	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)		\$ 7,250,506	\$ 84,656		\$ 125,551	\$ 40,895	\$ 553,340	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	\$272,031	\$46,474	\$46,474	\$	5	\$256,649	71
72	Current Year Purchases	104,827	3,663	4,242	579	5	4,242	72
73	Fully Depreciated Assets	10,763					10,763	73
74	Allocated from Maestro	106,006		11,617	11,617		50,904	74
75	TOTALS	\$493,627	\$50,137	\$62,333	\$12,196		\$322,558	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Allocated from Maestro			\$223	\$-	\$-	\$		\$223	76
77					-	-				77
78					-	-				78
79					-	-				79
80	TOTALS			\$223	\$	\$	\$		\$223	80

E. Summary of Care-Related Assets

	1	2	
	Reference	Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$9,512,243	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$134,793	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$187,884	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$53,091	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$876,121	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	Construction in Progress	\$154,113	92
93			93
94			94
95		\$154,113	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.

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?

☒ YES

☐ NO
- If NO, see instructions.

		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	\$ 699,230	10	10	3
4	Additions							4
5	Allocated from Symphony of Belvidere Propco				3,160			5
6	Allocated from Mgmt. Co.				1,702			6
7	TOTAL		113		\$ 704,092			7

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

This amount was calculated by dividing the total amount to be amortized by the length of the lease

10

9. Option to Buy:

☐ YES

☐ NO

Terms: *

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

15. Is Movable equipment rental included in building rental?

☐ YES

☒ NO
16. Rental Amount for movable equipment: \$ 79,438Description: 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	\$ 432.85	\$ 5,193	17
18					18
19					19
20	Allocated from Maestro			2,822	20
21	TOTAL		\$ 432.85	\$ 8,015	21

10. Effective dates of current rental agreement:

Beginning 12/31/2011

Ending 12/31/2021

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

	Fiscal Year Ending	Annual Rent
12.	12/31/21	\$ 715,209
13.	12/31/22	\$ 729,513
14.	12/31/23	\$ 744,103

* 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
IDPH License ID Number: 0051813
Fiscal Year End: 12/31/2020

Schedule 14A

XIV. Rental Costs
Line 16 Rental Amount for Moveable Equipment

Rental Description	Amount
Medical Equipment	12,324
Nursing Equipment	1,068
Building Equipment	(327)
Office Equipment	63,184
Integra Allocation	(1,716)
Maestro Allocation	4,905
Total - Line 16	79,438

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

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?

☐ YES

☒ NO

It is the policy of this facility to only hire certified nurses aides.
If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER CNA

☐

☐

☐

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER CNA

☐

☐

B. EXPENSES

C. CONTRACTUAL INCOME

ALLOCATION OF COSTS (d)

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

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.

HFS 3745 (N-4-99)

IL478-2471

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

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39(3)	hrs	\$	4,147	\$ 298,604	\$	4,147	\$ 298,604	1
2	Licensed Speech and Language Development Therapist	39(3)	hrs		1,403	101,011		1,403	101,011	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39(3)	hrs		3,880	279,325		3,880	279,325	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				89,835		89,835	9
	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)									
10			hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify): See Schedule 16A	39(3)			114	8,201		114	8,201	13
14	TOTAL			\$	9,544	\$ 687,141	\$ 89,835	9,544	\$ 776,976	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

IDPH License ID Number:

0051813

Fiscal Year End:

12/31/2020

Schedule 16A

XIV. Special Services

Line 14 Other (specify):

Description	Amount
OTHER SERVICES - MEDICARE	49
I.V. THERAPY - MEDICARE	6,521
I.V. THERAPY - MANAGED CARE	1,631
Total - Line 14	8,201

Facility Name & ID Number	SYMPHONY NORTHWOODS
--------------------------------------	----------------------------

0051813

Report Period Beginning: 1/1/2020

Ending: 12/31/2020

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2020

(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	48,199	48,199	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 1,613,612)	1,450,925	1,450,925	3
4	Supply Inventory (priced at)	-	-	4
5	Short-Term Investments	-	-	5
6	Prepaid Insurance	7,665	7,665	6
7	Other Prepaid Expenses	21,163	21,163	7
8	Accounts Receivable (owners or related parties)	-	-	8
9	Other(specify):	-	-	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,529,952	\$ 1,529,952	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	-	-	11
12	Long-Term Investments	-	-	12
13	Land	-	1,767,887	13
14	Buildings, at Historical Cost	-	5,798,633	14
15	Leasehold Improvements, at Historical Cost	-	1,451,873	15
16	Equipment, at Historical Cost	576,131	493,850	16
17	Accumulated Depreciation (book methods)	(336,593)	(876,121)	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	298	19,773	22
23	Other(specify): See Schedule 17A	4,616,659	4,484,381	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 4,856,495	\$ 13,140,276	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,386,447	\$ 14,670,228	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 486,049	\$ 486,049	26
27	Officer's Accounts Payable	-	-	27
28	Accounts Payable-Patient Deposits	39,370	39,370	28
29	Short-Term Notes Payable	-	-	29
30	Accrued Salaries Payable	217,196	217,196	30
31	Accrued Taxes Payable (excluding real estate taxes)	130,989	130,989	31
32	Accrued Real Estate Taxes(Sch.IX-B)	75,514	81,580	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	1,053,547	1,053,547	36
37		-	-	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 2,002,665	\$ 2,008,731	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	2,140,278	9,657,534	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)	\$ 2,140,278	\$ 9,657,534	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 4,142,943	\$ 11,666,265	46
47	TOTAL EQUITY (page 18, line 24)	\$ 2,243,504	\$ 3,003,963	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 6,386,447	\$ 14,670,228	48

***(See instructions.)**

Facility Name: SYMPHONY NORTHWOODS
IDPH License ID Number: 0051813
Fiscal Year End: 12/31/2020

Schedule 17A

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

Description	Operating	After Consolidation
Fixed Assets - Construction in Process	154,113	154,113
Other Assets - Security Deposits	-	-
Due To/From - Bronzeville Park LLC--	-	-
Due To/From - Crestwood LLC	47,000	47,000
Due To/From - Decatur	(33,542)	(33,542)
Due To/From - Deerbrook LLC	16,040	16,040
Due To/From - Evanston Healthcare LLC	(74,000)	(74,000)
Due To/From - Maple Crest LLC	(220,699)	(220,699)
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 ML	591,082	591,082
Due To/From - Symphony Healthcare	4,595,860	4,463,582
Due To/From - Symphony Financial Services	114,933	114,933
Due To/From - Symcare Healthcare	(1,073,822)	(1,073,822)
Due To/From - Syndiana Healthcare	244,893	244,893
Due To/From - Oswego Landholdings	-	-
Due To/From - Maestro	524,493	524,493
Due To/From - SymProp	-	-
Due To/From - Sym Rehab LLC	-	-
Resident Receivable Balance	(438,551)	(438,551)
Accrued Payables - Professional Fees	(32,410)	(32,410)
Accrued Payables - Bonus	-	-
Accrued Payable - Dental Insurance	1,088	1,088
Accrued Payables - Vision Insurance	39	39
Accrued Payables - Life Insurance	(20,527)	(20,527)
Accrued Payables - Short Term Disability	19,736	19,736
Accrued Payables - Payroll SWT - IN	-	-
Accrued Payables - Payroll Union Dues	-	-
Accrued Payables - 401K Deductions	-	-
Accrued Payables - 401K Loan Repayments	-	-
Accrued Payables - Heart and Soul Foundation	-	-
Accrued Payables - Business Insurance	-	-
Sales Tax Payable - Manual	(208)	(208)
Total - Line 23	4,613,107	4,480,829

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

Description	Operating	After Consolidation
Cash	5,767	5,767
CSA I/C Related/Party Due To/From Accts	(9,858)	(9,858)
Due To/From - Jackson Square LLC	164	164
Due To/From - Nucare Services	15,075	15,075
Accrued Payables	2,842	2,842
Accrued Payables - Health Insurance	38,812	38,812
Fringe Benefits - Flow Through	450	450
Accrued Payables - WC/GL Insurance	61,733	61,733
Accrued Payables - OIG Audit	259,735	259,735
Accrued Payables - Bed Taxes Add'l	13,069	13,069
Accrued Payables - Management Fees	644,378	644,378
Accrued Payables - Sales Tax	498	498
Deferred Income	144,346	144,346
Total - Line 36	1,177,011	1,177,011

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,247,621	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,247,621	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	995,883	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)	\$ 995,883	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)	\$ 2,243,504	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number SYMPHONY NORTHWOODS

0051813

Report Period Beginning: 1/1/2020

Ending: 12/31/2020

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	\$ 7,159,095	1
2	Discounts and Allowances for all Levels	(1,070,077)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 6,089,018	3
	B. Ancillary Revenue		
4	Day Care	-	4
5	Other Care for Outpatients	-	5
6	Therapy	1,277,430	6
7	Oxygen	79	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,277,509	8
	C. Other Operating Revenue		
9	Payments for Education	-	9
10	Other Government Grants	675,231	10
11	CNA Training Reimbursements	-	11
12	Gift and Coffee Shop	-	12
13	Barber and Beauty Care	-	13
14	Non-Patient Meals	-	14
15	Telephone, Television and Radio	-	15
16	Rental of Facility Space	-	16
17	Sale of Drugs	123,880	17
18	Sale of Supplies to Non-Patients	-	18
19	Laboratory	21,688	19
20	Radiology and X-Ray	11,994	20
21	Other Medical Services	(14,558)	21
22	Laundry	-	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 818,235	23
	D. Non-Operating Revenue		
24	Contributions	-	24
25	Interest and Other Investment Income***	447	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 447	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Other Income	6,224	28
28a		-	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 6,224	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 8,191,433	30

2			
	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	939,554	31
32	Health Care	2,598,117	32
33	General Administration	1,672,382	33
	B. Capital Expense		
34	Ownership	993,476	34
	C. Ancillary Expense		
35	Special Cost Centers	781,057	35
36	Provider Participation Fee	210,964	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 7,195,550	40
41	Income before Income Taxes (line 30 minus line 40)**	995,883	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 995,883	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 3,101,326	44
45	Private Pay - Net Inpatient Revenue	548,936	45
46	Medicare - Net Inpatient Revenue	1,495,242	46
47	Other-(specify) Hospice	802,963	47
48	Other-(specify) Managed Care/ MAIP/ VTRN	140,551	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 6,089,018	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.

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

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	2,060	2,228	\$ 92,525	\$ 41.54	1
2	Assistant Director of Nursing	1,963	2,091	61,866	29.59	2
3	Registered Nurses	14,588	16,157	599,102	37.08	3
4	Licensed Practical Nurses	16,159	18,191	501,548	27.57	4
5	CNAs & Orderlies	47,137	54,449	893,532	16.41	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,964	2,167	41,353	19.08	9
10	Activity Assistants	5,155	5,358	59,237	11.06	10
11	Social Service Workers	1,842	1,954	55,227	28.27	11
12	Dietician					12
13	Food Service Supervisor	2,160	2,232	44,848	20.09	13
14	Head Cook					14
15	Cook Helpers/Assistants	4,834	5,452	74,736	13.71	15
16	Dishwashers	7,943	8,627	109,599	12.70	16
17	Maintenance Workers	2,275	2,515	64,772	25.75	17
18	Housekeepers					18
19	Laundry					19
20	Administrator	2,720	2,920	175,919	60.25	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	5,947	6,256	92,463	14.78	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	3,028	3,615	72,286	19.99	31
32	Other Health Care MDS	1,768	2,248	68,708	30.57	32
33	Other(specify) <u>Admiss/Comm Rel</u>	3,659	3,723	102,000	27.40	33
34	TOTAL (lines 1 - 33)	125,203	140,182	\$ 3,109,721 *	\$ 22.18	34

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	\$ 8,791	1(3)	35
36	Medical Director	Monthly	19,790	9(3)	36
37	Medical Records Consultant				37
38	Nurse Consultant	Monthly	76	10(7)	38
39	Pharmacist Consultant	Monthly	9,810	10(3)	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	Monthly	1,175	39(3)	42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 39,642		49

C. CONTRACT NURSES

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

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

** See instructions.

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes				F. Dues, Fees, Subscriptions and Promotions			
Name	Function	Ownership %	Amount	Description		Amount	Description		Amount		
Carrie Jessen	Administrator	0	\$ 175,919	Workers' Compensation Insurance		\$ 64,831	IDPH License Fee		\$ 1,420		
				Unemployment Compensation Insurance		16,934	Advertising: Employee Recruitment		4,497		
				FICA Taxes		215,360	Health Care Worker Background Check				
				Employee Health Insurance		167,202	(Indicate # of checks performed 101.1)		1,213		
				Employee Meals			Patient Background Checks	140.8	1,690		
				Illinois Municipal Retirement Fund (IMRF)*			Miscellaneous Licenses & Fees		1,644		
				Employee Benefits - Other		8,867	Health Care Council of Illinois		17,605		
				Employees' Physical Exams		2,678	Miscellaneous Dues & Subscriptions		2,036		
				Employee 401 (k)		4,640	Lobbying Expense Offset		(8,803)		
				Supplies-Human Resources & Benefits		3,504	Allocated from Maestro		3,659		
							Less: Public Relations Expense	(			
							Non-allowable advertising	(			
							Yellow page advertising	(			
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)						\$ 175,919	TOTAL (agree to Sch. V, line 20, col. 8)			\$ 24,961	
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees				G. Schedule of Travel and Seminar**			
Description				Description				Description			
Amount				Line #				Amount			
Management Fees (Eliminated in Col. 7)				N/A				Out-of-State Travel			
								In-State Travel			
								Seminar Expense			
								381			
								Allocated from Maestro			
								201			
								Entertainment Expense			
								(			
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)								(agree to Sch. V, line 24, col. 8)			
								TOTAL			
</											

*** Attach copy of IMRF notifications**

****See instructions.**

Facility Name: SYMPHONY NORTHWOODS
IDPH License ID Number: 0051813
Fiscal Year End: 12/31/2020

Schedule 21C

XIX. SUPPORT SCHEDULES
C. Professional Services

Vendor	Type	Amount
ABILITY Network, Inc.	Data Analytics	(50)
Affiliated	Fire Alarm System	(347)
Allscripts LLC	English Lesson	1,934
Alteryx	Referral System	1,664
applioi-applicant tracing system	Software	76
CATS- APPLICANT TRACKING SYSTEM	Internet	404
CDW	Computer Service	900
Comcast Cable	Applicant Tracking System	30,639
Creative Technology Solutions	IT Support	3,048
Darktrace Limited	Security	1,437
Data Robot-Cloud Professional	Data Storage	1,134
EMMI Solutions	Consulting	(192)
Enquire Solutions LLC	Software	594
Enterprise	Immune System Tracker	113
enVista, LLC	Software	431
Formation Healthcare Group, LL	Monthly Subscription	620
Frontier	IT Support	720
Health Data Systems Inc	Programming	2,443
Intellicomp Technologies Inc.	Consulting	20,943
IntelliLogix	Core Data	258
Kronos	Payroll Service	3,724
Managed Care Group LLC	IT Support	6,785
MCS Affiliated	Consulting	347
Microsoft Office	Software	3,195
Navigator Group Purchasing, In	Payment Service	162
Nexuscomm, LLC	Phone/fax service	6,071
Pay access	Payment Service	81
PointClickCare Technologies Inc.	Cloud based software and services	27,032
Prime Care Tech-PBJ access	PBJ Reporting Module Access Fee	2,520
Reputation.com, Inc.	Consulting	544
Reside Admissions LLC	hardware	1,924
Scott Norton	Tracking System	215
Sprout Social Inc.	Advance Listening	1,295
Striv Technologies LLC dba Striv360	hardware	2,395
Team TSI Corporation	Core Data Management	2,668
Telemedicine Solutions, LLC	Wound Rounds Care	8,161
Third Eye Health Inc.	Software	4,876
WenceI Worldwide, Inc	Branding	5,016
RSM US LLP	Accounting	38,027
Chuhak & Tecson, P.C.	Legal Fees	1,130
McCabe, Kirshner P.C.	Legal Fees	4,400
Stone, Pogrund & Korey LLC	Legal Fees	2,954
MKB	Legal Fees	37,493
ADP, LLC	Payroll service	898
Advanced Care Medical Speciali	Video recording services	439
Corporation Service Company	Annual Filing	846
Language Line Services	Consulting	442
MTS Consulting, LLC	Consulting	1,117
National Datacare Corporation	trust service charge	4,008
Northwoods - Petty Cash Account	Petty Cash	46
Personnel Planners, Inc	Qtrly Unemployment Claims	780
SB2 Inc.	Consulting	2,895
Transworld Systems Inc	Consulting	6,267
Total (agree to Schedule V, line 19, column 3)		245,522
Allocated from Management Company Professional Services		19,967
Less: Non-Allowable Legal Fees		(5,849)
Less: Marketing		(5,610)
Architectural fee		8,344
Total (agree to Schedule V, line 19, column 8)		262,373

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. Health Care Council of IL \$17,605

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

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

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

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 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. \$ 210,964
This amount is to be recorded on line 42 of Schedule V.

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

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

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

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ - Has any meal income been offset against related costs? No Indicate the amount. \$ N/A

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
c. What percent of all travel expense relates to transportation of nurses and patients? 5
d. Have vehicle usage logs been maintained? Adequate records have been maintained
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? 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 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.