

		FOR BHF USE			

LL2

### Supportive Living Facility

**2020**  
**STATE OF ILLINOIS**  
**DEPARTMENT OF HEALTHCARE & FAMILY SERVICES**  
**COST REPORT FOR**  
**SUPPORTIVE LIVING FACILITIES**  
**(FISCAL YEAR 2020)**

IMPORTANT NOTICE  
 THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN SECTION 146.265 OF THE 89 IL ADMIN CODE. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS.

<p><b>I. Facility ID Number:</b> <u>1000019</u></p> <p><b>Facility Name:</b> <u>Symphony Resid Lincoln Park</u></p> <hr/> <p><b>Address:</b> <u>2437 North Southport</u> <u>Chicago</u> <u>60614</u>        Number City Zip Code</p> <p><b>County:</b> <u>Cook</u></p> <p><b>Telephone Number:</b> ( <u>773</u> ) <u>472-8000</u> Fax # <u>773</u> <u>935-0036</u></p> <p><b>Federal Employer ID Number:</b> _____</p> <p><b>Date Current Owners were Certified:</b> <u>11/21/2002</u></p> <p><b>Type of Ownership:</b></p> <table style="width:100%"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input checked="" type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td><b>IRS Exemption Code</b> _____</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> "Sub-S" Corp.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Limited Liability Co.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p><b>In the event there are further questions about this report, please contact:</b>  <b>Name:</b> <u>Amanda Springborn</u> <b>Telephone Number:</b> ( <u>314</u> ) <u>925-3838</u>  <b>Email Address:</b> _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	<b>IRS Exemption Code</b> _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input checked="" type="checkbox"/> "Sub-S" Corp.			<input type="checkbox"/> Limited Liability Co.			<input type="checkbox"/> Trust			<input type="checkbox"/> Other _____		<p><b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b></p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/20</u> to <u>12/31/2020</u> 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.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table style="width:100%"> <tr> <td style="width:20%; vertical-align: top;">Officer or Administrator of Provider</td> <td>(Signed) _____ (Type or Print Name) <u>Ari Krupp</u> (Title) <u>Chief Financial Officer</u></td> </tr> <tr> <td style="vertical-align: top;">Paid Preparer</td> <td>(Signed) _____ (Print Name and Title) _____ (Firm Name &amp; Address) <u>RSM US LLP</u> <u>20 N. Martingale Road, Ste. 500, Schaumburg, IL 60173</u> (Telephone) ( <u>847</u> ) <u>517-7070</u> Fax ( <u>847</u> ) <u>517-7067</u></td> </tr> </table> <p align="right">MAIL TO: BUREAU OF HEALTH FINANCE        IL DEPT OF HEALTHCARE AND FAMILY SERVICES        201 S. Grand Avenue East        Springfield, IL 62763-0001 Phone # (217) 782-1630</p>	Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) <u>Ari Krupp</u> (Title) <u>Chief Financial Officer</u>	Paid Preparer	(Signed) _____ (Print Name and Title) _____ (Firm Name & Address) <u>RSM US LLP</u> <u>20 N. Martingale Road, Ste. 500, Schaumburg, IL 60173</u> (Telephone) ( <u>847</u> ) <u>517-7070</u> Fax ( <u>847</u> ) <u>517-7067</u>
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Facility Name Symphony Resid Lincoln Park

Report Period Beginning: 01/01/20 Ending: 12/31/2020

**III. STATISTICAL DATA**

**A. Certified units; enter number of units and unit days**

Date of change in certified units N/A

	1	2	3	4	
	Units at Beginning of Report Period	Type of Apartment	Units at End of Report Period	Unit Days During Report Period	
1	113	Single Unit Apartment	113	41,358	1
2	5	Double Unit Apartment	5	1,830	2
3		Other			3
4	118	TOTALS	118	43,188	4

**B. Census-For the entire report period.**

	1 Type of Unit	2 3 4 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	27,438	3,455	5,357	36,250	5
6	Double Unit					6
7	Other					7
8	TOTALS	27,438	3,455	5,357	36,250	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 83.94%

**D. Indicate the number of paid bed-hold days the SLF had during this year**

None Also, indicate the number of unpaid bed-hold days the SLF had during this year. None (Do not include bed-hold days in Section B.)

**E. Does page 3 include expenses for services or investments not directly related to SLF services?**

YES  NO

**F. Does the BALANCE SHEET reflect any non-SLF assets?**

YES  NO

**G. List all services provided by your facility for non-residents.**

(E.g., day care, "meals on wheels", outpatient therapy)

**H. ACCOUNTING BASIS**

ACCRUAL  MODIFIED CASH\*  CASH\*

**I. Is your fiscal year identical to your tax year?**  YES  NO

Tax Year: 12/31/20 Fiscal Year: 12/31/20

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

**J. Does the facility have any Illinois Housing Development Authority Loans outstanding?**

No If yes, did the facility make all of the required payments of interest and principal? N/A  
If no, explain. N/A

**K. Does the facility have any loans from the Federal Home Loan Bank outstanding?**

No If yes, did the facility make all of the required payments of interest and principal? N/A  
If no, explain. N/A

**L. Does the facility have any loans from the IL Dept of Commerce and Economic Opportunity outstanding?**

No If yes, did the facility make all of the required payments of interest and principal? N/A  
If no, explain. N/A

Facility Name: Symphony Resid Lincoln Park

Report Period Beginning:

01/01/20

Ending: 12/31/2020

## IV. COST CENTER EXPENSES (please round to the nearest dollar)

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
<b>A. General Services</b>								
1	Dietary and Food Purchase	300,588	297,875	1,662	600,125	623	600,748	1
2	Housekeeping, Laundry and Maintenance	398,199	4,023	110,627	512,849	2,228	515,077	2
3	Heat and Other Utilities			72,231	72,231	1,158	73,389	3
4	Other (specify):					165	165	4
5	<b>TOTAL General Services</b>	<b>698,787</b>	<b>301,898</b>	<b>184,520</b>	<b>1,185,205</b>	<b>4,174</b>	<b>1,189,379</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	565,169	15,143	67,955	648,267	97,137	745,404	6
7	Activities and Social Services	82,581		9,721	92,302		92,302	7
8	Other (specify):					27,914	27,914	8
9	<b>TOTAL Health Care and Programs</b>	<b>647,750</b>	<b>15,143</b>	<b>77,676</b>	<b>740,569</b>	<b>125,051</b>	<b>865,620</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	272,638		869,227	1,141,865	(393,536)	748,329	10
11	Marketing Materials, Promotions and Advertising	52,594		73,127	125,721	(125,721)		11
12	Employee Benefits and Payroll Taxes			231,113	231,113		231,113	12
13	Insurance-Property, Liability and Malpractice			77,103	77,103	828	77,931	13
14	Other (specify):					19,455	19,455	14
15	<b>TOTAL General Administration</b>	<b>325,232</b>		<b>1,250,570</b>	<b>1,575,802</b>	<b>(498,974)</b>	<b>1,076,828</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>1,671,769</b>	<b>317,041</b>	<b>1,512,766</b>	<b>3,501,576</b>	<b>(369,749)</b>	<b>3,131,827</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			33,288	33,288	19,344	52,632	17
18	Interest			750	750	(727)	23	18
19	Real Estate Taxes			144,451	144,451	12,065	156,516	19
20	Rent -- Facility and Grounds			812,863	812,863	2,079	814,942	20
21	Rent -- Equipment			29,961	29,961	9,438	39,399	21
22	Other (specify):							22
23	<b>TOTAL Ownership</b>			<b>1,021,313</b>	<b>1,021,313</b>	<b>42,199</b>	<b>1,063,512</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>1,671,769</b>	<b>317,041</b>	<b>2,534,079</b>	<b>4,522,889</b>	<b>(327,550)</b>	<b>4,195,339</b>	<b>24</b>

Detail lines 29 and 35 of Page 5 starting in C12. DO NOT DRAG AND DROP CELLS.

The amounts in column F will transfer to the Adj. Summary column automatically.  
The amounts in the Adj. Summary column are linked to pages Summary A and B.

STATE OF ILLINOIS

Page 3A

The Iy

Report Period Beginning: 01/01/20  
Ending: 12/31/2020

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference
1	Remove marketing salary	(52,264)	11
2	Marketing expense	(73,127)	11
3	Coffee Shop	1	3
4	Purchase Discounts	1	4
5	Incounform Products	6	5
6	Other revenue	(4,821)	10
7	Interest Income	(750)	18
8	Cable TV	(7,126)	10
9	Penalties	(57,171)	10
10	Frost Overcharges	0	10
11	Bad Debt Expense	(218,750)	10
12	Depreciation Straight Line	2,446	17
13	To adjust real estate taxes	9,025	19
14	To adjust Lease Tax-Admin	(1,292)	10
15	To adjust Donations & Contributions-Admin	(4,200)	10
16			16
17			17
18	Maestro Allocation		18
19	Dietary	623	1
20	Utilities	1,158	3
21	Maintenance Expense	2,393	2
22	Clinical Salaries	97,044	6
23	Contract Nursing	93	6
24	Employee Benefits Clinical	27,914	8
25	Management Fees	(234,130)	10
26	Professional Fees	24,384	10
27	Dues, Fees, Subscriptions, Etc.	4,468	10
28	Clerical & General Salaries	67,636	10
29	Clerical & General Expenses	33,055	10
30	Seminars & Educations	245	10
31	Transportation	4,466	10
32	Insurance	828	13
33	Employee Benefits Administration	19,455	14
34	Depreciation	16,808	17
35	Interest Expense	23	18
36	Real Estate Tax	3,040	19
37	Building Rental	2,079	20
38	Equipment Rental	5,991	21
39	Auto Lease	3,447	21
40			40
41			41
42			42
43			43
44			44
45			45
46			46
47			47
48			48
49			49
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91			91
92			92
93			93
94			94
95			95
96			96
97			97
98			98
99			99
100			100
101	Total	(327,550)	101

Sch V	Adj.	Summary
Line 1		
Line 2	0	
Line 3	0	
Line 4	0	
Line 5	0	
Line 6	0	
Line 7	0	
Line 8	0	
Line 9	0	
Line 10	0	
Line 11	0	
Line 12	0	
Line 13	0	
Line 14	0	
Line 15	0	
Line 16	0	
Line 17	0	
Line 18	0	
Line 19	0	
Line 20	0	
Line 21	0	
Line 22	0	
Line 23	0	
Line 24	0	

Facility Name: Symphony Resid Lincoln Park

Report Period Beginning: 01/01/20

Ending: 12/31/2020

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.26	\$ 35.53	1
2	Licensed Practical Nurses	3.61	30.53	2
3	Certified Nurse Assistants	8.89	15.80	3
4	Activity Director & Assistants	2.67	16.07	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	9.30	15.54	7
8	Dishwashers			8
9	Maintenance Workers	4.91	19.08	9
10	Housekeepers	6.88	17.52	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.00	50.56	13
14	Clerical	4.42	19.86	14
15	Marketing	1.58	17.87	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>44.52</b>	<b>\$</b>	<b>17</b>

VI. (A) STATEMENT OF COMPENSATION AND OTHER PAYMENTS TO OWNERS, RELATIVES AND MEMBERS OF THE BOARD OF DIRECTORS.

	NAME and FUNCTION	Ownership Interest	Average Hours Per Work Week Devoted to this Business	Amount of Compensation for this Reporting Period	
1	N/A			\$	1
2					2
3					3
4					4
5					5
				<b>Total</b>	<b>6</b>
				\$	

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	\$	1
2		2
<b>Total</b>		<b>3</b>
\$		

VII. RELATED ORGANIZATIONS

A. Enter below the names of all related organizations. Attach an additional schedule if necessary.

RELATED SLF's & HEALTH CARE BUSINESSES

Name	1	City	2
See Attached SCH 4A			

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
Maestro Consulting Services		Lincolnwood		Bookkeeping	
7257 N. Lincoln Ave.		Lincolnwood		Building Rental	

B. Does your facility receive services from a parent organization or home office; the costs for which were not included on page 3? YES  NO

Name of related entity: N/A If yes, what is the value of those services? \$ N/A

(Please attach a separate schedule itemizing those services.)

C. Does page 3 include any costs derived from transactions (including rent) with related parties? YES  NO

If so, please attach a separate schedule detailing the nature of those services, their costs as they appear on your books and the underlying cost to the related party (i.e., not including markup).

**The IVY**  
**12/31/2020**  
**Schedule 4A**

VII. A

<b><u>Related Organizations: Related SLF's &amp; Health Care Businesses</u></b>	<b><u>City</u></b>
Symphony of California Gardens	Chicago
Maplecrest Care Center	Belvidere
Northwoods Care Center	Belvidere
Symcare Village	Swansea
Symphony Aria	Hillside
Symphony At 87th Street	Chicago
Symphony At Midway	Chicago
Symphony At The Tillers	Oswego
Symphony Of Bronzeville	Chicago
Symphony of Buffalo Grove	Buffalo Grove
Symphony of Chesterton	Chesterton, IN
Symphony of Chicago West	Chicago
Symphony of Crestwood	Crestwood
Symphony of Crown Point	Crown Point, IN
Symphony of Dyer	Dyer, IN
Symphony of Evanston	Evanston
Symphony of Glendale	Glendale, WI
Symphony of Joliet	Joliet
Symphony of Lincoln Park	Chicago
Symphony of Morgan Park	Chicago
Symphony of Orchard Valley	Aurora
Symphony of South Shore	Chicago
Symphony of Hanover Park	Hanover Park
Woodcare V Inc.	Brighton, MI
Cliffside Company LLC	St. Joseph, MI
Symphony Applewood	Woodhaven, MI
Symphony Linden	Linden, MI
Symphony Tri-Cities	Bay City, MI

Facility Name: Symphony Resid Lincoln Park

Report Period Beginning:

01/01/20

Ending:

12/31/2020

VIII. OWNERSHIP COSTS

A. Purchase price of land 4,919 Year land was acquired 2004

B. Building Depreciation -- Including Fixed Equipment. Round all numbers to the nearest dollar. \*Total units on this schedule must agree with page 2.

	1 Units*	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	
1					\$	\$		\$	\$	\$	1
2	Allocated from 7257			2004	44,268		35	1,265	1,265	21,660	2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	Various			1994	5,181		20			5,181	6
7	Various			1995	17,463		20			17,463	7
8	Various			1996	20,188		20			20,188	8
9	Various			1997	13,006		20			13,006	9
10	Various			1998	4,476		20			4,476	10
11	Various			1999	52,138		20			52,138	11
12	Various			2001	40,555		20	2,028	2,028	39,544	12
13	Various			2002	30,820		20	1,541	1,541	28,597	13
14	Various			2003	10,154		20	508	508	8,887	14
15	Various			2004	33,240		20	1,662	1,662	27,425	15
16	Total from supplemental Page 5's				505,486	27,972		27,302	(670)	128,591	16
17	TOTAL (lines 1 thru 16)				\$ 776,975	\$ 27,972		\$ 34,306	\$ 6,334	\$ 367,156	17

C. Equipment Depreciation -- Including Transportation.

	Type	1 Cost	2 Current Book Depreciation	3 Straight Line Depreciation	4 Adjustments	5 Life in Years	6 Accumulated Depreciation	
18	Movable Equipment	\$ 163,801	\$ 5,316	\$ 18,326	13,010		\$ 73,200	18
19	Vehicles	272					272	19
20	TOTAL (lines 18 and 19)	\$ 164,073	\$ 5,316	\$ 18,326	13,010		\$ 73,472	20

D. Depreciable Non-Care Assets Included in General Ledger.

	1 Description and Year Acquired	2 Cost	3 Current Book Depreciation	4 Accumulated Depreciation	
21	N/A	\$	\$	\$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$	\$	\$	24

Facility Name & ID Number Symphony Resid Lincoln Park

#

Report Period Beginning:

01/01/20

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	
1	<b>Totals from Page 5, Carried Forward</b>		\$	\$		\$	\$	\$	1
2	Installation Of Wireless Internet System	2010	7,681		20	384	384	4,032	2
3	Cabinets For Dining Room	2010	4,660		20	233	233	2,447	3
4	Remove Wallpaper & Paint	2010	4,650		20	233	233	2,445	4
5	Add Hand-Held Transmitters	2010	2,405		20	120	120	1,261	5
6	Install Granite Counter Tops	2010	1,812		20	91	91	954	6
7	Install Pantry, Cabinets & Counter Tops In Kitchen	2011	7,016		20	351	351	3,333	7
8	New Granite For Front Lobby Desk	2011	2,350		20	118	118	1,120	8
9	Beauty Shop Counter Tops, Cabinets, Flooring	2011	13,105		20	655	655	6,224	9
10	Install Wireless Emergency Call System - Nurses' Station	2012	4,913		20	246	246	2,090	10
11	Elevator 4-South Car: Brake, Drop Ceiling, Generator	2012	83,272		20	4,164	4,164	35,393	11
12	Paint 1St Flr Hallway,Lobby,Offices,Rear Parking Lot	2013	4,161		20	208	208	1,560	12
13	Carpet Dining Room	2013	14,520		20	726	726	5,445	13
14	Sealcoat & Restripe Parking Lot	2013	4,500		20	225	225	1,688	14
15	Test & Install New Brakes On Elevator #5	2013	5,155		20	258	258	1,935	15
16	Replace Rectifier Board In Elevators 4 & 5	2014	4,610		20	231	231	1,498	16
17	Install 20 Metal Window Covers - Stairway	2014	2,550		20	128	128	829	17
18	Wifi Cabling Project	2015	20,056		20	1,003	1,003	6,017	18
19	1 Ton Minisplit System In Computer Room On 6Th Fl	2015	3,525		20	176	176	1,058	19
20	2Nd/4Th Floor Corridor Carpet	2017	19,184		20	959	959	3,837	20
21	Phone System	2017	6,419		20	321	321	1,284	21
22	Painting and wallpaper 2nd and 4th floor hallways	2018	20,687		20	1,591	1,591	4,385	22
23	2 Elevator Door Restrictor	2018	6,890		20	1,378	1,378	4,678	23
24	New down spouts-6 inch galvanized 4 down spouts	2019	4,200		20	210	210	434	24
25	Carpeting	2019	3,572		20	179	179	299	25
26	Elevator Modernization	2019	163,740		20	8,187	8,187	11,006	26
27									27
28	Fire Alarm System	2019	14,911		20	746	746	990	28
29									29
30	Boiler Pipe-Flue pipe 22 inches on boiler #3.	2019	2,950		20	148	148	159	30
31									31
32	Tie to financials			25,384			(25,384)		32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 433,493	\$ 25,384		\$ 23,268	\$ (2,116)	\$ 106,401	34

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



Facility Name & ID Number Symphony Resid Lincoln Park

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 5A, Carried Forward</b>		\$ 433,493	\$ 25,384		\$ 23,268	\$ (2,116)	\$ 106,401	1
2	Fire alarm system	2020	11,803	727	20	727		727	2
3	Elevator Modernization	2020	27,290	1,715	20	1,715		1,715	3
4	Suburban Elevator ladders, guards	2020	2,900	146	20	146		146	4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16	Allocated from Maestro Consulting Services	2003	360		20	18	18	308	16
17	Allocated from Maestro Consulting Services	2004	7,311		20	365	365	6,111	17
18	Allocated from Maestro Consulting Services	2005	433		20	22	22	344	18
19	Allocated from Maestro Consulting Services	2006	588		20	29	29	422	19
20	Allocated from Maestro Consulting Services	2008	619		20	31	31	380	20
21	Allocated from Maestro Consulting Services	2009	9,973		20	499	499	5,789	21
22	Allocated from Maestro Consulting Services	2010	1,533		20	76	76	805	22
23	Allocated from Maestro Consulting Services	2011	83		20	4	4	42	23
24	Allocated from Maestro Consulting Services	2012	92		20	5	5	40	24
25	Allocated from Maestro Consulting Services	2014	1,153		20	58	58	381	25
26	Allocated from Maestro Consulting Services	2015	324		20	16	16	86	26
27	Allocated from Maestro Consulting Services	2016	1,421		20	71	71	481	27
28	Allocated from Maestro Consulting Services	2017	190		20	9	9	38	28
29	Allocated from Maestro Consulting Services	2020	307		20	8	8	8	29
30									30
31	Allocated from 7257 N. Lincoln Avenue-Maestro	2015	698		20	47	47	248	31
32	Allocated from 7257 N. Lincoln Avenue-Maestro	2005	4,035		20	145	145	3,393	32
33	Allocated from 7257 N. Lincoln Avenue-Maestro	2004	880		20	43	43	726	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 505,486	\$ 27,972		\$ 27,302	\$ (670)	\$ 128,591	34

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

Facility Name: Symphony Resid Lincoln Park

Report Period Beginning: 01/01/20

Ending: 2/31/2020

**IX. RENTAL COSTS**

**A. Building and Fixed Equipment**

1. Name of Party Holding Lease: Invesque

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?  YES  NO

		1	2	3	4	5	6
		Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	Total Years Renewal Option*
3	Original Building		120	/ /	\$ 812,863	15	15
4	Additions			/ /			
5				/ /			
6	Allocated from Maestro Consulting			/ /	2,079		
7	TOTAL		120		\$ 814,942		

8. Is movable equipment rental included in building rental?  YES  NO

9. Rental amount for movable equipment \$ 35,952

10. If the facility rents any vehicles which are used for care-related purposes, please attach a schedule detailing the model year and make, the rental expense for this period and the use of the vehicle.

**X. INTEREST EXPENSE**

	1	Name of Lender	2		3	4	6		7	8	9
			Related**				Purpose of Loan	Date of Note			
			YES	NO			Original	Balance			
<b>A. Directly Facility Related</b>											
<b>Long-Term</b>											
1		LifeMed	X		Pharmacy Services	1/1/18	\$ 6,197,033	\$ 7,868	1/1/24	0.0750	\$ 668
2		Omnicare		X	Pharmacy Services	11/27/17	2,170,337		10/20/20	0.0750	4
3						/ /			/ /		3
<b>Working Capital</b>											
4		Allocated from Maestro				/ /			/ /		23
5						/ /			/ /		5
6						/ /			/ /		6
7		TOTAL Facility Related					\$ 8,367,370	\$ 7,868			\$ 695
<b>B. Non-Facility Related</b>											
8		Cyber Ins				/ /			/ /		78
9		Offset Interest Income				/ /			/ /		-750
10		TOTALS (lines 7, 8 and 9)					\$ 8,367,370	\$ 7,868			\$ 23

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

\*\* If there is any overlap in ownership between the facility and the lender, this must be indicated in column 2.

Facility Name: **Symphony Resid Lincoln Park**Report Period Beginning: **01/01/20**

Ending:

**12/31/2020****XI. BALANCE SHEET - Unrestricted Operating Fund.**As of 12/31/2020

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 33,833	\$ 33,833	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>1,223,898</u> )	538,711	538,711	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	3,078	3,078	6
7	Other Prepaid Expenses	9,020	9,020	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 584,642	\$ 584,642	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		4,919	13
14	Buildings, at Historical Cost		44,268	14
15	Leasehold Improvements, at Historical Cost	421,493	732,707	15
16	Equipment, at Historical Cost	28,056	164,073	16
17	Accumulated Depreciation (book methods)	(65,555)	(440,628)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>See Sch 7A</u>	3,941,165	3,941,165	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 4,325,159	\$ 4,446,504	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 4,909,801	\$ 5,031,146	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 33,625	\$ 33,625	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	7,868	7,868	29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable	62,230	62,230	31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35	<u>See Sch 7A</u>	711,604	736,349	35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 815,327	\$ 840,072	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable			39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42	<u>See Sch 7A</u>	3,095,213	3,095,213	42
43				43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$ 3,095,213	\$ 3,095,213	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 3,910,540	\$ 3,935,285	45
46	<b>TOTAL EQUITY</b>	\$ 999,261	\$ 1,095,861	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 4,909,801	\$ 5,031,146	47

\*(See instructions.)

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Schedule 7A

XI. Balance Sheet

B. Long-Term Assets

Line 23: Other long-term assets

<u>Description</u>	<u>Operating</u>
118000 SIL Fixed Assets - Construction in Process	19,683
127015 SIL Due to/From - Symcare ML	3,830,280
128002 SIL Due To/From - Maestro	24,937
129110 SIL Due To/From - Ivy - OLD	66,265
	<u>3,941,165</u>

XI. Balance Sheet

C. Current Liabilities

Line 35: Other current Liabilities

<u>Description</u>	<u>Operating</u>
200101 SIL Accrued Payables - Professional Fees	24,217
200120 SIL Accrued Payables - Health Insurance	17,430
200121 SIL Accrued Payable - Dental Insurance	(204)
200122 SIL Accrued Payables - Vision Insurance	(20)
200123 SIL Accrued Payables - Life Insurance	4,615
200124 SIL Accrued Payables - Short Term Disability	(5,221)
200200 SIL Accrued Payables - Payroll	15,818
200210 SIL Accrued Payables - Vacation Benefits	78,679
200290 SIL Accrued Payables - 401K Deductions	1,269
200291 SIL Accrued Payables - 401K Loan Repayments	(108)
200295 SIL Accrued Payables - Heart and Soul Foundation	(1)
200350 SIL Fringe Benefits - Flow Through	473
200600 SIL Accrued Payables - Management Fees	(1,239)
200700 SIL Accrued Payables - RE Taxes	128,731
200900 SIL Accrued Payables - Rent	(19,375)
200950 SIL Accrued Payables - Sales Tax	187
201000 SIL Accrued Payables - Resident Trust	31,832
202000 SIL Deferred Rent	454,441
202100 SIL Deferred Income	(19,920)
	<u>711,604</u>

XI. Balance Sheet

C. Other Long-Term Liabilities

Line 42: Other Long term Liabilities

<u>Description</u>	<u>Operating</u>
120108 SIL Due To/From - Evanston Healthcare LLC	3,310
120112 SIL Due To/From - Lincoln Park LLC	3,091,415
127013 SIL Due To/From - Symphony Financial Services	488
	<u>3,095,213</u>

Facility Name: Symphony Resid Lincoln Park

Report Period Beginning: 01/01/20

Ending:

12/31/2020

## XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)

		1	
I. Revenue		Amount	
<b>A. SLF Resident Care</b>			
1	Gross SLF Resident Revenue	\$ 4,682,196	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	\$ 4,682,196	3
<b>B. Other Operating Revenue</b>			
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop	(711)	7
8	Barber and Beauty Care		8
9	Non-Resident Meals	(2,887)	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	\$ (3,598)	11
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	12,996	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	\$ 12,996	14
<b>D. Other Revenue (specify):</b>			
15	See Sch 8A	246,016	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	\$ 246,016	17
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	\$ 4,937,610	18

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	1,185,205	19
20	Health Care/ Personal Care	740,569	20
21	General Administration	1,575,802	21
<b>B. Capital Expense</b>			
22	Ownership	1,021,313	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	<b>TOTAL EXPENSES (sum of lines 19 thru 27)</b>	\$ 4,522,889	28
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	\$ 414,721	29
30	<b>Income Taxes</b>		30
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	\$ 414,721	31
<b>III. Net Resident Care Revenue detailed by Payer Source</b>			
32	Medicaid - Net Inpatient Revenue	\$ 3,797,440	32
33	Private Pay - Net Inpatient Revenue	446,393	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>MAIP</u>	(45,721)	35
36	Other-(specify) <u>Managed Care</u>	484,084	36
37	<b>TOTAL (This total must agree to Line 3)</b>	\$ 4,682,196	37

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Schedule 8A

XII. Income Sheet

D. Other Revenue

Line 15: Other Revenue

<u>Description</u>	<u>Operating</u>
RSM400315 SIL Other revenue	5,944
400301-ASSL SIL Incontinent Products - Revenue-Assisted Living	206
400310-OTHR SIL Rental Income - Other Revenue-Other	31,450
400315-OTHR SIL COVID Income-Other	208,416
	<u>246,016</u>