

		FOR BHF USE			

LL2

Supportive Living Facility

**2016
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2016)**

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>I. Facility ID Number: <u>1000019</u></p> <p>Facility Name: <u>Symphony Res of Lincoln Park</u></p> <hr/> <p>Address: <u>2437 North Southport</u> <u>Chicago</u> <u>60614</u></p> <p align="center">Number City Zip Code</p> <p>County: <u>Cook</u></p> <p>Telephone Number: (<u>773</u>) <u>472-8400</u> Fax # (<u>773</u>) <u>935-0036</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>11/21/2002</u></p> <p>Type of Ownership:</p> <table border="0" 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>IRS Exemption Code _____</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>In the event there are further questions about this report, please contact:</p> <p>Name: <u>Steve Lavenda</u> Telephone Number: <u>(847) 282 - 6300</u></p> <p>Email Address: _____</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	IRS Exemption Code _____	<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>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1/1/2016</u> to <u>12/31/2016</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 border="1" style="width:100%"> <tr> <td style="width:20%; vertical-align: top;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Type or Print Name) _____</td> <td></td> </tr> <tr> <td></td> <td>(Title) _____</td> <td></td> </tr> </table> <table border="1" style="width:100%"> <tr> <td style="width:20%; vertical-align: top;">Paid Preparer</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>* Subject to the attached Accountants Consulting Report</td> <td></td> </tr> <tr> <td></td> <td>(Print Name and Title) _____</td> <td></td> </tr> <tr> <td></td> <td>(Firm Name & Address) <u>Marcum LLP</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u></td> <td></td> </tr> <tr> <td></td> <td>(Telephone) <u>(847) 282-6300</u> Fax <u>(847) 282-6301</u></td> <td></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) _____	(Date) _____		(Type or Print Name) _____			(Title) _____		Paid Preparer	(Signed) _____	(Date) _____		* Subject to the attached Accountants Consulting Report			(Print Name and Title) _____			(Firm Name & Address) <u>Marcum LLP</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u>			(Telephone) <u>(847) 282-6300</u> Fax <u>(847) 282-6301</u>	
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Facility Name Symphony Res of Lincoln Park

Report Period Beginning: 1/1/2016 Ending: 12/31/2016

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		183	3
4	118	TOTALS	118	43,371	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	23,426	4,246	11,207	38,879	5
6	Double Unit	1,239	43	593	1,875	6
7	Other	124		59	183	7
8	TOTALS	24,789	4,289	11,859	40,937	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 94.39%

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

 Also, indicate the number of unpaid bed-hold days the SLF had during this year. N/A (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)

None

H. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/2016 Fiscal Year: 12/31/2016

* 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 principle? 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 principle? 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 principle? N/A

If no, explain. N/A

Facility Name: Symphony Res of Lincoln Park

Report Period Beginning:

1/1/2016

Ending: 12/31/2016

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			
A. General Services								
1	Dietary and Food Purchase	257,602	260,527	1,479	519,608		519,608	1
2	Housekeeping, Laundry and Maintenance	376,908	33,403	90,986	501,297	(15,663)	485,634	2
3	Heat and Other Utilities			66,957	66,957	1,221	68,178	3
4	Other (specify):					2,001	2,001	4
5	TOTAL General Services	634,510	293,930	159,422	1,087,862	(12,441)	1,075,421	5
B. Health Care and Programs								
6	Health Care/ Personal Care	492,212	10,712	109	503,033	76,887	579,920	6
7	Activities and Social Services	102,272		21,316	123,588		123,588	7
8	Other (specify):					11,953	11,953	8
9	TOTAL Health Care and Programs	594,484	10,712	21,425	626,621	88,840	715,461	9
C. General Administration								
10	Administrative and Clerical	240,738	663	462,627	704,028	(85,942)	618,086	10
11	Marketing Materials, Promotions and Advertising	48,550		77,858	126,408		126,408	11
12	Employee Benefits and Payroll Taxes			230,494	230,494		230,494	12
13	Insurance-Property, Liability and Malpractice			73,217	73,217	2,075	75,292	13
14	Other (specify):					27,627	27,627	14
15	TOTAL General Administration	289,288	663	844,196	1,134,147	(56,240)	1,077,907	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,518,282	305,305	1,025,043	2,848,630	20,159	2,868,789	16
Capital Expenses								
D. Ownership								
17	Depreciation			1,218	1,218	127,004	128,222	17
18	Interest			74,826	74,826	(21)	74,805	18
19	Real Estate Taxes			149,290	149,290	2,726	152,016	19
20	Rent -- Facility and Grounds			810,673	810,673	(807,115)	3,558	20
21	Rent -- Equipment			13,576	13,576	3,454	17,030	21
22	Other (specify):							22
23	TOTAL Ownership			1,049,583	1,049,583	(673,952)	375,631	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,518,282	305,305	2,074,626	3,898,213	(653,793)	3,244,420	24

Report Period Beginning: 1/1/2016
Ending: 12/31/2016

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference
1	Non-Straight Line Depreciation	\$ 125,907	17 1
2	Rental Income (Doctor's Office)	(31,750)	2 2
3	Bad Debts	(80,620)	10 3
4	Bank Charges	(1,031)	10 4
5	Contributions	(14,950)	10 5
6	Patient Needs	(109)	6 6
7	Penalties	(267)	10 7
8	Interest Income	(21)	18 8
9	Additional R&M	2,375	2 9
10	Other Unclassified Income	(288)	15 10
11	Rent - Sale Leaseback Arrangement	(810,675)	20 11
12			12
13	Maestro Consulting Services		13
14	Utilities	1,221	3 14
15	Maintenance Salaries	11,179	2 15
16	Maintenance Expenses	2,533	2 16
17	Employee Benefits - Maintenance	2,001	4 17
18	Clinical Salaries	76,996	6 18
19	Employee Benefits - Clinical	11,953	8 19
20	Administrative Salaries	21,934	10 20
21	Professional Fees	22,244	10 21
22	Dues, Fees, Subscriptions, Etc.	9,123	10 22
23	Clerical & General Salaries	144,104	10 23
24	Clerical & General Expenses	17,944	10 24
25	Seminars & Education	716	10 25
26	Transportation	1,774	10 26
27	Insurance	2,075	13 27
28	Employee Benefits - Administrative	27,627	14 28
29	Depreciation	1,097	17 29
30	Real Estate Tax	2,726	19 30
31	Building Rental	3,558	20 31
32	Equipment Rental	1,538	21 32
33	Auto Lease	1,916	21 33
34	Management Fees	(206,912)	10 34
35			35
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100			100
101	Total	(654,080)	101

Facility Name: Symphony Res of Lincoln Park

Report Period Beginning: 1/1/2016 Ending: 12/31/2016

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.89	\$ 33.24	1
2	Licensed Practical Nurses	2.56	24.79	2
3	Certified Nurse Assistants	8.62	11.24	3
4	Activity Director & Assistants	3.76	12.10	4
5	Social Service Workers			5
6	Head Cook	3.60	12.71	6
7	Cook Helpers/Assistants	7.64	10.22	7
8	Dishwashers			8
9	Maintenance Workers	5.63	13.89	9
10	Housekeepers	8.45	12.19	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.14	45.87	13
14	Clerical	3.44	19.56	14
15	Marketing	1.57	14.82	15
16	Other			16
17	Total (lines 1 thru 16)	48.30	\$ 15.11	17

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				\$	1
2					2
3					3
4					4
5					5
Total				\$	6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee		
1	\$	1	
2		2	
Total		\$	3

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			

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
Maestro Consulting Services		Lincolnwood		Bookkeeping	

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

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).

Facility Name: Symphony Res of Lincoln Park

Report Period Beginning:

1/1/2016

Ending:

12/31/2016

VIII. OWNERSHIP COSTS

A. Purchase price of land 36,763 Year land was acquired 1998

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	118		1998		\$ 2,759,969	\$ 1,218	40	\$ 68,999	\$ 67,781	\$ 1,255,919	1
2	Allocated from Maestro Consulting/7257 Lincoln				33,869	868	35	968	100	12,701	2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				413,632	115		20,640	20,525	149,068	6
7	Various			1994	5,181		20			5,181	7
8	Various			1995	17,463		20			17,463	8
9	Various			1996	20,188		20	498	498	20,188	9
10	Various			1997	13,006		20	650	650	12,677	10
11	Various			1998	4,476		20	224	224	4,143	11
12	Various			1999	52,138		20	2,607	2,607	45,623	12
13	Various			2001	40,555		20	2,028	2,028	31,432	13
14	Various			2002	30,820		20	1,541	1,541	22,433	14
15	Various			2003	10,154		20	508	508	6,855	15
16	Various			2004	33,240		20	1,662	1,662	20,777	16
17	TOTAL (lines 1 thru 16)				\$ 3,434,691	\$ 2,201		\$ 100,325	\$ 98,124	\$ 1,604,460	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	\$ 423,666	\$ 114	\$ 27,896	27,782		\$ 399,850	18
19	Vehicles	208					208	19
20	TOTAL (lines 18 and 19)	\$ 423,874	\$ 114	\$ 27,896	27,782		\$ 400,058	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		\$	\$	\$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$	\$	\$	24

Facility Name & ID Number Symphony Res of Lincoln Park

Report Period Beginning:

1/1/2016

Ending:

12/31/2016

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-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
2	Patio Door	2009	2,337		20	117	117	877	2
3	Front Desk Countertops, Doors, Ceiling Fixtures	2009	11,014		20	551	551	4,131	3
4	Carpet 1St Floor Lobby, Hallway, Front Desk	2009	23,266		20	1,163	1,163	8,724	4
5	Electrical Work On Outside Of Bldg Cameras	2009	2,698		20	135	135	1,012	5
6	Install Pipe & Boxes For Electromagnetic	2009	3,350		20	168	168	1,259	6
7	Installation Of Wireless Internet System	2010	7,681		20	384	384	2,496	7
8	Cabinets For Dining Room	2010	4,660		20	233	233	1,515	8
9	Remove Wallpaper & Paint	2010	4,650		20	233	233	1,513	9
10	Add Hand-Held Transmitters	2010	2,405		20	120	120	781	10
11	Install Granite Counter Tops	2010	1,812		20	91	91	590	11
12	Install Pantry, Cabinets & Counter Tops In Kitchen	2011	7,016		20	351	351	1,929	12
13	New Granite For Front Lobby Desk	2011	2,350		20	118	118	648	13
14	Beauty Shop Counter Tops, Cabinets, Flooring	2011	13,105		20	655	655	3,604	14
15	Install Wireless Emergency Call System - Nurses' Station	2012	4,913		20	246	246	1,106	15
16	Elevator 4-South Car: Brake, Drop Ceiling, Generator	2012	83,272		20	4,164	4,164	18,737	16
17	Paint 1St Flr Hallway,Lobby,Offices,Rear Parking Lot	2013	4,161		20	208	208	728	17
18	Carpet Dining Room	2013	14,520		20	726	726	2,541	18
19	Sealcoat & Restripe Parking Lot	2013	4,500		20	225	225	788	19
20	Test & Install New Brakes On Elevator #5	2013	5,155		20	258	258	903	20
21	Replace Rectifier Board In Elevators 4 & 5	2014	4,610		20	231	231	576	21
22	Install 20 Metal Window Covers - Stairway	2014	2,550		20	128	128	319	22
23	Wifi Cabling Project	2015	20,056		20	1,003	1,003	2,006	23
24	1 Ton Minisplit System In Computer Room On 6Th Fl	2015	3,525		20	176	176	353	24
25									25
26									26
27	Various	2005	35,849		20	1,793	1,793	20,621	27
28	Various	2006	52,166		20	2,609	2,609	27,393	28
29	Various	2007	52,348		20	2,617	2,617	26,172	29
30	Various	2008	17,090		20	855	855	7,266	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 391,059	\$		\$ 19,557	\$ 19,557	\$ 138,587	34

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

XI. OWNERSHIP COSTS (continued)

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

1	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								1	
2								2	
3	Allocated from Maestro Consulting Services	2003	275		20	14	14	181	3
4	Allocated from Maestro Consulting Services	2004	5,593		20	303	303	3,559	4
5	Allocated from Maestro Consulting Services	2005	332		20	17	17	196	5
6	Allocated from Maestro Consulting Services	2006	450		20	22	22	233	6
7	Allocated from Maestro Consulting Services	2008	474		20	24	24	196	7
8	Allocated from Maestro Consulting Services	2009	7,630		20	358	358	2,903	8
9	Allocated from Maestro Consulting Services	2010	1,173		20	59	59	382	9
10	Allocated from Maestro Consulting Services	2011	63		20	3	3	19	10
11	Allocated from Maestro Consulting Services	2012	71		20	4	4	17	11
12	Allocated from Maestro Consulting Services	2014	882		20	44	44	115	12
13	Allocated from Maestro Consulting Services	2015	248		20	12	12	17	13
14	Allocated from Maestro Consulting Services	2016	1,087	42	20	42		42	14
15									15
16	Allocated from 7257 N. Lincoln Avenue-Maestro	2015	534	51	20	36	(15)	47	16
17	Allocated from 7257 N. Lincoln Avenue-Maestro	2005	3,088	22	20	111	89	2,153	17
18	Allocated from 7257 N. Lincoln Avenue-Maestro	2004	673		20	34	34	421	18
19									19
20									20
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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)		\$ 22,573	\$ 115		\$ 1,083	\$ 968	\$ 10,481	34

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

Facility Name & ID Number Symphony Res of Lincoln Park

Report Period Beginning:

1/1/2016

Ending:

12/31/2016

XI. OWNERSHIP COSTS (continued)

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

1	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								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
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26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)		\$	\$		\$	\$	34

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

Facility Name: Symphony Res of Lincoln Park

Report Period Beginning: 1/1/2016

Ending: 2/31/2016

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: Main Street (Sale / Leaseback Arrangement)

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			/ /	\$ 810,673			3
4	Additions			/ /	(810,673)			4
5	Allocated from Maestro Consulting			/ /	3,558			5
6				/ /				6
7	TOTAL				\$ 3,558			7

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

9. Rental amount for movable equipment \$ 17,030

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**	YES			NO	Amount of Note				
		A. Directly Facility Related										
		Long-Term										
1							\$	\$				1
2												2
3												3
		Working Capital										
4		RCA		X	Note Payable	/ /		79,733	/ /		74,826	4
5						/ /			/ /			5
6						/ /			/ /			6
7		TOTAL Facility Related					\$	79,733			\$ 74,826	7
		B. Non-Facility Related										
8		Interest Income		X		/ /			/ /		(21)	8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$	79,733			\$ 74,805	10

* 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 Res of Lincoln Park**Report Period Beginning: **1/1/2016**

Ending:

12/31/2016**XI. BALANCE SHEET - Unrestricted Operating Fund.**As of 12/31/2016

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 2,000	\$	1
2	Cash-Patient Deposits	11,426		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,690,392		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	3,915		6
7	Other Prepaid Expenses	17,048		7
8	Accounts Receivable (owners or related parties)	419,176		8
9	Other(specify):	1,180		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,145,137	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	2,375		15
16	Equipment, at Historical Cost	5,758		16
17	Accumulated Depreciation (book methods)	(1,218)		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):	265,500		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 272,415	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,417,552	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 466,911	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	11,426		28
29	Short-Term Notes Payable	79,733		29
30	Accrued Salaries Payable	46,261		30
31	Accrued Taxes Payable	183,969		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	128,139		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 916,439	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable			39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43	See Attached	1,156,691		43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 1,156,691	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 2,073,130	\$	45
46	TOTAL EQUITY	\$ 344,422	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 2,417,552	\$	47

*(See instructions.)

Facility Name: Symphony Res of Lincoln Park

Report Period Beginning: 1/1/2016

Ending:

12/31/2016

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

		1	
I. Revenue		Amount	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 4,138,235	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,138,235	3
B. Other Operating Revenue			
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals		9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	21	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 21	14
D. Other Revenue (specify):			
15		32,038	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 32,038	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,170,294	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	1,087,862	19
20	Health Care/ Personal Care	626,621	20
21	General Administration	1,134,147	21
B. Capital Expense			
22	Ownership	1,049,583	22
C. Other Expenses			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 3,898,213	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 272,081	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 272,081	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 3,732,627	32
33	Private Pay - Net Inpatient Revenue	405,608	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 4,138,235	37