



Facility Name & ID Number Symphony Of Lincoln Park

# 0053694 Report Period Beginning: 01/01/18 Ending: 12/31/18

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds N/A

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	248	Skilled (SNF)	248	90,520	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	248	TOTALS	248	90,520	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				5
		3 Medicaid Recipient	4 Private Pay	Other	Total	
8	SNF	46,437	2,989	30,431	79,857	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	46,437	2,989	30,431	79,857	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 88.22%

D. How many bed reserve days during this year were paid by the Department? None (Do not include bed reserve days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)  
None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?  
YES  NO  Note : Non-allowable costs have been eliminated in Schedule V, Column 7.

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?  
YES  NO

I. On what date did you start providing long term care at this location?  
Date started 01/31/1992

J. Was the facility purchased or leased after January 1, 1978?  
YES  Date 01/31/1992 NO

K. Was the facility certified for Medicare during the reporting year?  
YES  NO  If YES, enter number of beds certified 248 and days of care provided 10,889

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL  MODIFIED CASH\*  CASH\*

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

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

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

Facility Name & ID Number Symphony Of Lincoln Park # 0053694 Report Period Beginning: 01/01/18 Ending: 12/31/18

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	550,254	73,087	27,680	651,021		651,021	6,955	657,976		1
2	Food Purchase		589,336		589,336		589,336	-	589,336		2
3	Housekeeping	376,993	80,241	-	457,234		457,234	12,637	469,871		3
4	Laundry	24,859	12,019	233,233	270,111		270,111	-	270,111		4
5	Heat and Other Utilities			407,155	407,155		407,155	8,707	415,862		5
6	Maintenance	127,745	-	209,593	337,338		337,338	9,721	347,059		6
7	Other (specify):*	-	-	-				-			7
8	<b>TOTAL General Services</b>	1,079,851	754,683	877,661	2,712,195		2,712,195	38,020	2,750,215		8
	<b>B. Health Care and Programs</b>										
9	Medical Director	-	-	35,500	35,500		35,500	-	35,500		9
10	Nursing and Medical Records	6,600,149	367,323	31,331	6,998,803		6,998,803	175,989	7,174,792		10
10a	Therapy	-	-	-				-			10a
11	Activities	198,248	-	1,856	200,104		200,104	-	200,104		11
12	Social Services	160,061	-	-	160,061		160,061	-	160,061		12
13	CNA Training	-	-	-				-			13
14	Program Transportation	-	-	-				-			14
15	Other (specify):* <b>Mgmt Alloc of Benefit</b>	-	-	-				54,519	54,519		15
16	<b>TOTAL Health Care and Programs</b>	6,958,458	367,323	68,687	7,394,468		7,394,468	230,508	7,624,976		16
	<b>C. General Administration</b>										
17	Administrative	116,134	-	1,089,500	1,205,634		1,205,634	(1,089,500)	116,134		17
18	Directors Fees			-				-			18
19	Professional Services			555,053	555,053		555,053	82,690	637,743		19
20	Dues, Fees, Subscriptions & Promotions			58,514	58,514		58,514	(14,165)	44,349		20
21	Clerical & General Office Expenses	262,832	19,866	71,267	353,965		353,965	188,464	542,429		21
22	Employee Benefits & Payroll Taxes			1,550,751	1,550,751		1,550,751	-	1,550,751		22
23	Inservice Training & Education			-				-			23
24	Travel and Seminar			1,359	1,359		1,359	4,811	6,170		24
25	Other Admin. Staff Transportation		-	4,535	4,535		4,535	9,737	14,272		25
26	Insurance-Prop.Liab.Malpractice			751,144	751,144		751,144	7,565	758,709		26
27	Other (specify):* <b>Mgmt Alloc of Benefit</b>	-	-	-				27,198	27,198		27
28	<b>TOTAL General Administration</b>	378,966	19,866	4,082,123	4,480,955		4,480,955	(783,200)	3,697,755		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	8,417,275	1,141,872	5,028,471	14,587,618		14,587,618	(514,672)	14,072,946		29

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

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

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>D. Ownership</b>											
30	Depreciation			283,946	283,946		283,946	67,249	351,195			30
31	Amortization of Pre-Op. & Org.			-				-				31
32	Interest			126,722	126,722		126,722	(29,196)	97,526			32
33	Real Estate Taxes			854,805	854,805		854,805	(32,101)	822,704			33
34	Rent-Facility & Grounds			3,054,476	3,054,476		3,054,476	3,585	3,058,061			34
35	Rent-Equipment & Vehicles			127,537	127,537		127,537	13,389	140,926			35
36	Other (specify):*			-				-				36
37	<b>TOTAL Ownership</b>			4,447,486	4,447,486		4,447,486	22,926	4,470,412			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation	-	-	36,105	36,105		36,105	(1,411)	34,694			38
39	Ancillary Service Centers	-	434,641	2,941,627	3,376,268		3,376,268	-	3,376,268			39
40	Barber and Beauty Shops	-	-	-				-				40
41	Coffee and Gift Shops	-	-	-				-				41
42	Provider Participation Fee			551,779	551,779		551,779	-	551,779			42
43	Other (specify):* <b>Non-Allowable Cos</b>	55,570	-	3,308,444	3,364,014		3,364,014	(3,364,014)				43
44	<b>TOTAL Special Cost Centers</b>	55,570	434,641	6,837,955	7,328,166		7,328,166	(3,365,425)	3,962,741			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	8,472,845	1,576,513	16,313,912	26,363,270		26,363,270	(3,857,171)	22,506,099			45

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

Facility Name & ID Number Symphony Of Lincoln Park

# 0053694

Report Period Beginning:

01/01/18

Ending:

12/31/18

**VI. ADJUSTMENT DETAIL**

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(29,670)	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	27,531	30		9
10	Interest and Other Investment Income	(45,929)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(406)	43		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	1,721	43		18
19	Entertainment				19
20	Contributions	(10)	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	(3,025,136)	43		24
25	Fund Raising, Advertising and Promotional	(3,056)	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 <u>See PG5A</u>	(426,206)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (3,501,161)		\$	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	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(356,010)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (356,010)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (3,857,171)		37

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

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

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

Symphony Of Lincoln Park

ID# 0053694

Report Period Beginning: 01/01/18

Ending: 12/31/18

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Marketing Consultant & Materials	\$ (139,355)	43	1
2	Laboratory Costs	(39,121)	43	2
3	X-Ray Costs	(49,949)	43	3
4	Theft and Damage Loss	(375)	43	4
5	Admissions Salary	(55,647)	43	5
6	Director of Customer Experience	77	43	6
7	Valet parking	(21,596)	43	7
8	Radiology Costs	(1,700)	43	8
9	Other income	(283)	21	9
10	Capitalized R&M	(9,225)	6	10
11	Lobbying offset	(20,465)	20	11
12	Real Estate Taxes related to SLF	(56,607)	33	12
13	Nonallowable legal	(31,308)	19	13
14	Nonallowable professional fee	(652)	19	14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>	(426,206)		49

**VII. RELATED PARTIES**

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

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

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

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

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

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	5 Utilities	\$	Maestro Consulting Services	100%	\$ 2,623	\$ 2,623	15
16	V	6 Maintenance Salaries		Maestro Consulting Services	100%	0		16
17	V	6 Maintenance Expenses		Maestro Consulting Services	100%	7,507	7,507	17
18	V	7 Employee Benefits - Maintenance		Maestro Consulting Services	100%	0		18
19	V	10 Clinical Salaries		Maestro Consulting Services	100%	169,531	169,531	19
20	V	10 Contract Nursing		Maestro Consulting Services	100%	8,417	8,417	20
21	V	15 Employee Benefits - Clinical		Maestro Consulting Services	100%	54,519	54,519	21
22	V	17 Administrative - Other	1,089,500	Maestro Consulting Services	100%	0	(1,089,500)	22
23	V	19 Professional Fees		Maestro Consulting Services	100%	108,990	108,990	23
24	V	20 Dues, Fees, Subscriptions, Etc.		Maestro Consulting Services	100%	6,348	6,348	24
25	V	21 Clerical & General Salaries		Maestro Consulting Services	100%	84,574	84,574	25
26	V	21 Clerical & General Expenses		Maestro Consulting Services	100%	51,684	51,684	26
27	V	24 Seminars and Education		Maestro Consulting Services	100%	1,280	1,280	27
28	V	25 Transportation		Maestro Consulting Services	100%	9,737	9,737	28
29	V	26 Insurance		Maestro Consulting Services	100%	4,879	4,879	29
30	V	27 Employee Benefits - Administrative		Maestro Consulting Services	100%	27,198	27,198	30
31	V	30 Depreciation		Maestro Consulting Services	100%	18,790	18,790	31
32	V	32 Interest Expense		Maestro Consulting Services	100%	80	80	32
33	V	33 Real Estate Tax		Maestro Consulting Services	100%	4,935	4,935	33
34	V	34 Building Rental		Maestro Consulting Services	100%	3,585	3,585	34
35	V	35 Equipment Rental		Maestro Consulting Services	100%	8,878	8,878	35
36	V	35 Auto Lease		Maestro Consulting Services	100%	7,897	7,897	36
37	V							37
38	V							38
39	Total		\$ 1,089,500			\$ 581,452	\$ * (508,048)	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 Schedule V	2 Line	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
		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	\$	ITEX / AK CARE COMPANY	100%	\$ 6,955	\$ 6,955	15
16	V	3	HOUSEKEEPING		ITEX / AK CARE COMPANY	100%	12,637	12,637	16
17	V	5	UTILITIES		ITEX / AK CARE COMPANY	100%	6,084	6,084	17
18	V	6	REPAIRS AND MAINT.		ITEX / AK CARE COMPANY	100%	11,439	11,439	18
19	V	19	PROFESSIONAL FEES		ITEX / AK CARE COMPANY	100%	5,331	5,331	19
20	V	20	FEES, SUBSCRIPTIONS		ITEX / AK CARE COMPANY	100%	568	568	20
21	V	21	CLERICAL AND GENERAL		ITEX / AK CARE COMPANY	100%	52,489	52,489	21
22	V	24	EDUCATION AND SEMINARS		ITEX / AK CARE COMPANY	100%	3,531	3,531	22
23	V	26	INSURANCE		ITEX / AK CARE COMPANY	100%	2,687	2,687	23
24	V	30	DEPRECIATION		ITEX / AK CARE COMPANY	100%	20,928	20,928	24
25	V	32	INTEREST		ITEX / AK CARE COMPANY	100%	16,651	16,651	25
26	V	33	REAL ESTATE TAXES		ITEX / AK CARE COMPANY	100%	19,571	19,571	26
27	V	35	EQUIPMENT RENTAL		ITEX / AK CARE COMPANY	100%	2,085	2,085	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			\$			\$ 160,956	\$ * 160,956	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 & Medical Records	\$ 12,667	Integra Healthcare Equipment LLC	100%	\$ 10,708	\$ (1,959)	15
16	V	35 Rent - Equipment & Vehicles	35,720	Integra Healthcare Equipment LLC	100%	30,172	(5,548)	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		\$ 48,387			\$ 40,880	\$ * (7,507)	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	38	Transportation	\$ 14,864	Lifeline Ambulance LLC		\$ 13,453	\$ (1,411)	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			\$ 14,864			\$ 13,453	\$ * (1,411)	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	Workers Compensation	\$ 238,826	Maple Leaf Insurance	100%	\$ 238,826	\$	15
16	V	26	Liability Insurance	573,397	Maple Leaf Insurance	100%	573,397		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			\$ 812,223			\$ 812,223	\$ *	39

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

Facility Name &amp; ID Number

Symphony Of Lincoln Park

# 0053694

Report Period Beginning:

01/01/18

Ending: 12/31/18

## VII. RELATED PARTIES

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	Symcare Health Care, LLC	99.99%	CALIFORNIA GARDENS	CHICAGO	MAESTRO CONSUL	LINCOLNWOOD	MANAGEMENT	1
2	Symcare HMG, LLC	0.01%	MAPLECREST CARE CENTRE	BELVIDERE	7257 N. LINCOLN AV	LINCOLNWOOD	BUILDING RENTA	2
3					MAPLELEAF INSUR	GRAND CAYMAN	LIABILITY/WORK	3
4			MONROE PAVILION	CHICAGO	INTEGRA HEALTHC	ELMHURST	DME & MEDICAL	4
5			NORTHWOODS CARE CENTRE	BELVIDERE	INTEGRA RESPIRA	ELMHURST	RESPIRATORY SE	5
6			SYCAMORE VILLAGE	SWANSEA	LIFELINE AMBULA	CHICAGO	AMBULANCE	6
7			SYMPHONY ARIA	HILLSDALE	ITEX - A.K. CARE	LINCOLNWOOD	MANAGEMENT	7
8			SYMPHONY AT 87TH STREET	CHICAGO				8
9			SYMPHONY AT MIDWAY	CHICAGO				9
10			SYMPHONY AT THE TILLERS	OSWEGO				10
11			SYMPHONY OF BRONZEVILLE	CHICAGO				11
12			SYMPHONY OF BUFFALO GROVE	BUFFALO GROVE				12
13			SYMPHONY OF CHESTERTON	CHESTERTON, IN				13
14			SYMPHONY OF CHICAGO WEST	CHICAGO				14
15			SYMPHONY OF CRESTWOOD	CRESTWOOD				15
16			SYMPHONY OF CROWN POINT	CROWN POINT, IN				16
17								17
18			SYMPHONY OF DYER	DYER, IN				18
19			SYMPHONY OF EVANSTON	EVANSTON				19
20			SYMPHONY OF GLENDALE	GLENDALE, WI				20
21			SYMPHONY OF HANOVER PARK	HANOVER PARK				21
22			SYMPHONY OF JOLIET	JOLIET				22
23								23
24			SYMPHONY OF MORGAN PARK	CHICAGO				24
25			SYMPHONY OF ORCHARD VALLEY	AURORA				25
26			SYMPHONY OF SOUTH SHORE	CHICAGO				26
27			SYMPHONY RESIDENCES OF LINCOLN PA	CHICAGO				27
28								28
29								29
30								30

Facility Name & ID Number Symphony Of Lincoln Park # 0053694 Report Period Beginning: 01/01/18 Ending: 12/31/18

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference
						Hours	Percent	Description	Amount	
1	<b>No owners receive compensation from this facility.</b>								\$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13								<b>TOTAL</b>	\$	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 Of Lincoln Park

# 0053694

Report Period Beginning:

01/01/18

Ending: 12/31/18

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	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 Of Lincoln Park

# 0053694

Report Period Beginning:

01/01/18

Ending: 12/31/18

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization MAESTRO CONSULTING SERVICES LLC  
 Street Address 7257 N. LINCOLN AVENUE  
 City / State / Zip Code LINCOLNWOOD, IL 60712  
 Phone Number ( 847) 933-2600  
 Fax Number ( 847) 933-2601

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Bed Days Available	1,668,541	25	\$ 48,352	\$ 90,520	\$ 2,623	1
2	6	Maintenance Salaries	Bed Days Available	1,668,541	25		90,520		2
3	6	Maintenance Expenses	Bed Days Available	1,668,541	25	138,375	90,520	7,507	3
4	7	Employee Benefits - Maintenance	Bed Days Available	1,668,541	25		90,520		4
5	10	Clinical Salaries	Bed Days Available	1,668,541	25	3,124,933	3,124,933	90,520	169,531
6	10	Contract Nursing	Bed Days Available	1,668,541	25	155,149	90,520	8,417	6
7	15	Employee Benefits - Clinical	Bed Days Available	1,668,541	25	1,004,938	90,520	54,519	7
8	17	Administrative - Other	Bed Days Available	1,668,541	25		90,520		8
9	19	Professional Fees	Bed Days Available	1,668,541	25	2,008,992	90,520	108,990	9
10	20	Dues, Fees, Subscriptions, Etc.	Bed Days Available	1,668,541	25	117,020	90,520	6,348	10
11	21	Clerical & General Salaries	Bed Days Available	1,668,541	25	1,558,938	1,558,938	90,520	84,574
12	21	Clerical & General Expenses	Bed Days Available	1,668,541	25	952,676	90,520	51,684	12
13	24	Seminars and Education	Bed Days Available	1,668,541	25	23,599	90,520	1,280	13
14	25	Transportation	Bed Days Available	1,668,541	25	179,481	90,520	9,737	14
15	26	Insurance	Bed Days Available	1,668,541	25	89,939	90,520	4,879	15
16	27	Employee Benefits - Administrative	Bed Days Available	1,668,541	25	501,334	90,520	27,198	16
17	30	Depreciation	Bed Days Available	1,668,541	25	346,345	90,520	18,790	17
18	32	Interest Expense	Bed Days Available	1,668,541	25	1,470	90,520	80	18
19	33	Real Estate Tax	Bed Days Available	1,668,541	25	90,970	90,520	4,935	19
20	34	Building Rental	Bed Days Available	1,668,541	25	66,085	90,520	3,585	20
21	35	Equipment Rental	Bed Days Available	1,668,541	25	163,656	90,520	8,878	21
22	35	Auto Lease	Bed Days Available	1,668,541	25	145,555	90,520	7,897	22
23									23
24									24
25	TOTALS					\$ 10,717,807	\$ 4,683,871	\$ 581,452	25

Facility Name & ID Number Symphony Of Lincoln Park

# 0053694

Report Period Beginning:

01/01/18

Ending: 12/31/18

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization ITEX / AK CARE COMPANY  
 Street Address 6633 N. LINCOLN AVE.  
 City / State / Zip Code LINCOLNWOOD, IL. 60712  
 Phone Number ( 847) 679-9141  
 Fax Number ( 847) 679-1820

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	1	DIETARY	AVAILABLE BED DAYS	270,830	3	\$ 20,810	\$ 90,520	\$ 6,955	1
2	3	HOUSEKEEPING	AVAILABLE BED DAYS	270,830	3	37,810	90,520	12,637	2
3	5	UTILITIES	AVAILABLE BED DAYS	270,830	3	18,203	90,520	6,084	3
4	6	REPAIRS AND MAINT.	AVAILABLE BED DAYS	270,830	3	34,225	90,520	11,439	4
5	19	PROFESSIONAL FEES	AVAILABLE BED DAYS	270,830	3	15,949	90,520	5,331	5
6	20	FEES, SUBSCRIPTIONS	AVAILABLE BED DAYS	270,830	3	1,698	90,520	568	6
7	21	CLERICAL AND GENERAL	AVAILABLE BED DAYS	270,830	3	157,045	90,520	52,489	7
8	24	EDUCATION AND SEMINARS	AVAILABLE BED DAYS	270,830	3	10,566	90,520	3,531	8
9	26	INSURANCE	AVAILABLE BED DAYS	270,830	3	8,038	90,520	2,687	9
10	30	DEPRECIATION	AVAILABLE BED DAYS	270,830	3	62,614	90,520	20,928	10
11	32	INTEREST	AVAILABLE BED DAYS	270,830	3	49,819	90,520	16,651	11
12	33	REAL ESTATE TAXES	AVAILABLE BED DAYS	270,830	3	58,556	90,520	19,571	12
13	35	EQUIPMENT RENTAL	AVAILABLE BED DAYS	270,830	3	6,239	90,520	2,085	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					\$ 481,572	\$	\$ 160,956	25

Facility Name & ID Number Symphony Of Lincoln Park

# 0053694

Report Period Beginning:

01/01/18

Ending: 12/31/18

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization 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 & Medical Records	Direct Allocation		\$	\$		\$ 10,708	1
2	35	Rent - Equipment & Vehicles	Direct Allocation					30,172	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				\$	\$		\$ 40,880	25

Facility Name & ID Number Symphony Of Lincoln Park

# 0053694

Report Period Beginning:

01/01/18

Ending: 12/31/18

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization

Lifeline Ambulance LLC

Street Address

2424 S. Wabash Avenue

City / State / Zip Code

Chicago, IL 60616

Phone Number

( 312) 949-9595

Fax Number

( 312) 949-9262

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	38	Transportation	Direct Allocation		\$	\$		\$ 13,453	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				\$	\$		\$ 13,453	25

Facility Name & ID Number Symphony Of Lincoln Park

# 0053694

Report Period Beginning:

01/01/18

Ending: 12/31/18

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization

Maple Leaf Insurance

Street Address

PO Box 69, 720 West Bay Rd

City / State / Zip Code

Grand Cayman, KY1-1102

Phone Number

(

Fax Number

(

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	22	Workers Compensation	Direct Allocation		\$	\$		\$ 238,826	1
2	26	Liability Insurance	Direct Allocation					573,397	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				\$	\$		\$ 812,223	25

Facility Name & ID Number Symphony Of Lincoln Park # 0053694 Report Period Beginning: 01/01/18 Ending: 12/31/18

## IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
<b>A. Directly Facility Related</b>																				
<b>Long-Term</b>																				
1	LifeMed	X		Pharmacy Services	38,731	1/1/2018	\$ 6,197,033	\$ 379,319	1/1/2024	0.075	\$ 18,983	1								
2	Omnicare		X	Pharmacy Services	67,444	11/27/2017	2,170,337	53,671	10/20/2020	0.075	5,474	2								
3	Select Rehab		X	Operational	159,503	12/31/2018	12,216,125	1,371,000	12/31/2023	0.02		3								
4												4								
5												5								
<b>Working Capital</b>																				
6	Midcap Financial Trust*		X	Line of Credit (Revolving)	Interest Only	9/18/2018	35,000,000		9/17/2021	LIBOR + 4.25'	102,265	6								
7	* Original loan with Symcare Healthcare LLC. Facility pays the interest expense																			
8												8								
9	<b>TOTAL Facility Related</b>				\$265,678.34		\$ 55,583,495	\$ 1,803,990			\$ 126,722	9								
<b>B. Non-Facility Related*</b>																				
10												10								
11											(45,927)	11								
12											16,731	12								
13												13								
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$ (29,196)	14								
15	<b>TOTALS (line 9+line14)</b>						\$ 55,583,495	\$ 1,803,990			\$ 97,526	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ N/A Line # N/A

\* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.  
(See instructions.)

\*\* If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.  
(See instructions.)

Facility Name & ID Number Symphony Of Lincoln Park

# 0053694

Report Period Beginning:

01/01/18

Ending:

12/31/18

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

**B. Real Estate Taxes**

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

1. Real Estate Tax accrual used on 2017 report.		\$	<u>711,307</u>	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	2017	\$	<u>736,344</u>	2
3. Under or (over) accrual (line 2 minus line 1).		\$	<u>25,037</u>	3
4. Real Estate Tax accrual used for 2018 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<u>773,161</u>	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>		\$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. <b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		\$	<u>24,506</u>	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	<u>822,704</u>	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:	2013	<u>557,158</u>	8
	2014	<u>568,381</u>	9
	2015	<u>658,145</u>	10
	2016	<u>856,375</u>	11
	2017	<u>736,344</u>	12

2018 Accrual = \$736,344 x 1.05 = \$773,161 (rounded)

Allocated from Maestro Consulting Services - \$4,935

Allocated from Itex - \$19,571

\*Beginning Accrual Adjusted

	<b>FOR BHF USE ONLY</b>			
13	FROM R. E. TAX STATEMENT FOR 2017	\$		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.**

**2017 LONG TERM CARE REAL ESTATE TAX STATEMENT**

FACILITY NAME Symphony Of Lincoln Park COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0053694

CONTACT PERSON REGARDING THIS REPORT Ari Krupp

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

**A. Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2017 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2017.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>14-29-321-040-0000</u>	<u>Nursing Home</u>	\$ <u>920,430.07</u>	\$ <u>736,344.06</u>
2. <u>10-27-319-028-0000</u>	<u>Maestro - Home Office Allocation</u>	\$ <u>87,874.67</u>	\$ <u>4,935.00</u>
3. <u>10-35-312-022-0000</u>	<u>Itex - Home Office Allocation</u>	\$ <u>61,307.94</u>	\$ <u>19,571.00</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u>1,069,612.68</u>	\$ <u>760,850.06</u>

**B. Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? X YES        NO

If YES, attach an explanation and a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

**C. Tax Bills**

Attach a copy of the original 2017 tax bills which were listed in Section A to this statement. Be sure to use the 2017 tax bill which is normally paid during 2018.

**PLEASE NOTE: Payment information from the Internet or otherwise is *not considered acceptable tax bill documentation* . Facilities located in Cook County are required to provide copies of their original **second installment** tax bill.**

Facility Name & ID Number Symphony Of Lincoln Park

# 0053694

Report Period Beginning:

01/01/18

Ending:

12/31/18

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 91,703 B. General Construction Type: Exterior Brick Frame Reinforced Concrete Number of Stories 6

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).

Claridge IVY, Ltd; Retirement apartment rentals; 119 units

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?  YES  NO  
If so, please complete the following:

1. Total Amount Incurred: \_\_\_\_\_ 2. Number of Years Over Which it is Being Amortized: \_\_\_\_\_  
3. Current Period Amortization: \_\_\_\_\_ 4. Dates Incurred: \_\_\_\_\_

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		-		\$	1
2	<u>Allocated from 7257 N. Lincoln Ave.</u>		<u>2004</u>	<u>8,680</u>	2
3	TOTALS			\$ <u>8,680</u>	3

**XI. OWNERSHIP COSTS (continued)**

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

1	2	3	4	5	6	7	8	9	
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4				\$	-		\$	\$	\$
5									
6									
7									
8	Allocated from Maestro 7257		2004	78121			2,232	2,232	33760
	Improvement Type**								
9	Various		1992	60,378		20			60,378
10	Various		1993	59,308		20	-		59,308
11	Various		1994	10,638	-	20	-		10,373
12	Various		1995	43,191	-	20	-		43,191
13	Various		1996	43,699	-	20			44,813
14	Various		1997	62,177	-	20			62,177
15	Various		1998	86,071	-	20	2,143	2,143	86,071
16	Various		1999	130,173	-	20	6,509	6,509	126,925
17	Various		2000	176,095	-	20	8,805	8,805	162,828
18	Various		2001	40,770	-	20	2,039	2,039	34,820
19	Various		2002	41,086	-	20	2,055	2,055	34,667
20	Various		2003	96,832	-	20	4,848	4,848	75,075
21	Various		2004	126,481	-	20	6,275	6,275	91,830
22	Various		2005	290,744	-	20	14,536	14,536	193,279
23	Various		2006	427,610	-	20	21,381	21,381	264,402
24	Various		2007	238,023	-	20	11,904	11,904	134,712
25	Various		2008	128,721	-	20	6,436	6,436	66,905
26	Various		2009	205,324	-	20	10,266	10,266	97,529
27	Various		2010	174,646	-	20	8,731	8,731	74,221
28	Various		2011	306,184	-	20	15,309	15,309	99,509
29	Various		2012	61,808	-	20	3,090	3,090	20,088
30	Various		2013	55,306	-	20	2,770	2,770	15,235
31									
32									
33									
34									
35									
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 Of Lincoln Park

# 0053694

Report Period Beginning:

01/01/18

Ending:

12/31/18

**XI. OWNERSHIP COSTS (continued)**

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

1	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		\$	\$		\$	\$	\$	37	
38								38	
39								39	
40								40	
41								41	
42								42	
43								43	
44								44	
45								45	
46								46	
47								47	
48								48	
49								49	
50								50	
51								51	
52								52	
53								53	
54								54	
55								55	
56								56	
57								57	
58								58	
59								59	
60								60	
61								61	
62								62	
63								63	
64								64	
65								65	
66								66	
67								67	
68								68	
69								69	
70	TOTAL (lines 4 thru 69)		\$ 2,943,386	\$		\$ 129,329	\$ 129,329	\$ 1,892,096	70

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

Facility Name & ID Number Symphony Of Lincoln Park# 0053694

Report Period Beginning:

01/01/18

Ending:

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 2,943,386	\$		\$ 129,329	\$ 129,329	\$ 1,892,096	1
2	Thermal Ceramic Blanket Around Exhaust-Entire Exhaust Walls	2014	2,525	-	20	126	126	568	2
3	Data Plates On All Controlers, Elevators	2014	9,974	-	20	499	499	2,244	3
4	Fire Alarm System Repair	2014	4,121	-	20	206	206	927	4
5	Replace Marley Oem Cross Flow Nozzles, Fan Shafts, New Oil Lin	2014	3,455	-	20	173	173	778	5
6	Concrete Work And Pipe Repair	2015	6,250	-	20	313	313	1,251	6
7	Elevator Modernization Per Aia Documents	2015	238,600	-	20	11,930	11,930	47,720	7
8	Plat Survey, Document Research	2015	6,481	-	20	324	324	1,296	8
9	Install Lights And Outlets For Elevators	2015	4,400	-	20	220	220	880	9
10	Install Lights And Outlets For Elevators	2015	3,800	-	20	190	190	760	10
11	Room Remodel-Soffit,Wall Plastrers,Crown Moulding,Floor,Wall	2015	8,600	-	20	430	430	1,720	11
12	Semiprivate Resident Room-Floor,Wallpaper,Light Fixtures,Wind	2015	8,469	-	20	423	423	1,693	12
13	21 Fire Sprinklers - Shower Rooms Flrs 2-6, 1St Floor Data Room	2016	6,180	-	20	309	309	927	13
14	Permit For Upper Floor Renovation	2017	2,535	-	20	127	127	254	14
15	Architectural Oversight - 2Nd & 5Th Floor Construction	2017	6,200	-	20	310	310	620	15
16	Network Upgrade And Cable Clean-Up	2017	9,700	-	20	485	485	970	16
17	700Sq Ft Parking Lot Overlay	2017	2,500	-	20	125	125	250	17
18	Camera System - Remove Old Camera Cables	2017	4,925	-	20	246	246	492	18
19	Install 10 Additional Diffusers, 5 Additional Thermostats	2017	5,650	-	20	283	283	566	19
20	Signs & Banners - 115 Custom Ada Signs Installed	2017	7,953	-	20	398	398	795	20
21	Elevator Renovation - Install New Panels And Vinyl Floor	2017	8,530	-	20	427	427	853	21
22	1St And 2Nd Floor - Paint Hallway & Pt Room, Repair Ceilings, I	2017	21,810	-	20	1,091	1,091	2,181	22
23	Hvac - Repair Existing Wiring, New Wiring For Fan Coil, 5 New T	2017	9,500	-	20	475	475	950	23
24	Camera System Installation - Wiring And Drops For System	2017	27,892	-	20	1,395	1,395	2,790	24
25	Front Sliding Glass Door	2017	4,438	-	20	222	222	444	25
26	Chiller/Tower Replacement	2017	411,000	-	20	20,550	20,550	41,100	26
27	Telephone System Installation And Configuration	2017	70,169	-	20	3,508	3,508	7,017	27
28	Troop Contracting - 1st, 2nd & 5th Floor Renovation Project	2018	521,654	33,635	20	33,635		33,635	28
29	Hanna Z remodel - 1st, 2nd & 5th Floor Renovation Project	2018	1,060,291	57,914	20	57,914		57,914	29
30	Reidy Construction - 1st, 2nd & 5th Floor Renovation Project	2018	219,508	11,254	20	11,254		11,254	30
31	Elevator Repair-Penthouse elevator mechanical room	2018	3,890	196	20	196		196	31
32	Sprinkler System-Fire pump lower level	2018	5,900	265	20	265		265	32
33	Construction- 1st, 2nd & 5th Floor Renovation Project	2018	7,240	510	20	510		510	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 5,657,526	\$ 103,774		\$ 277,887	\$ 174,113	\$ 2,115,915	34

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

Facility Name & ID Number Symphony Of Lincoln Park

# 0053694

Report Period Beginning:

01/01/18

Ending:

12/31/18

**XI. OWNERSHIP COSTS (continued)**

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

1	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	<b>Totals from Page 12B, Carried Forward</b>		\$ 5,657,526	\$ 103,774		\$ 277,887	\$ 174,113	\$ 2,115,915	1
2	Tuckpoint East Side building	2018	4,950	149	20	149		149	2
3	Install Gas Line-Main kitchen	2018	7,400	93	20	93		93	3
4	Architect Fees for Renovation	2018	3,480	178	20	178		178	4
5	Magnetic locks, digital keypad-3rd Floor Stairwell Doors	2018	3,000	16	20	16		16	5
6	R&M-Window repair - Exterior of Building	2018	9,225		20	461	461	461	6
7				-		-			7
8	Reconcile to financial statement depreciation			142,702		-	(142,702)		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									25
26									26
27									27
28				-		-			28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 5,685,581	\$ 246,912		\$ 278,784	\$ 31,872	\$ 2,116,812	34

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

Facility Name & ID Number Symphony Of Lincoln Park

# 0053694

Report Period Beginning:

01/01/18

Ending:

12/31/18

**XI. OWNERSHIP COSTS (continued)**

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

1	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		\$ 5,685,581	\$ 246,912		\$ 278,784	\$ 31,872	\$ 2,116,812	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								25
26								26
27								27
28			-		-			28
29			-		-			29
30			-		-			30
31			-		-			31
32								32
33								33
34		\$ 5,685,581	\$ 246,912		\$ 278,784	\$ 31,872	\$ 2,116,812	34

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

Facility Name & ID Number Symphony Of Lincoln Park

# 0053694

Report Period Beginning:

01/01/18

Ending:

12/31/18

**XI. OWNERSHIP COSTS (continued)**

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

1	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		\$ 5,685,581	\$ 246,912		\$ 278,784	\$ 31,872	\$ 2,116,812	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			-		-			25
26			-		-			26
27			-		-			27
28			-		-			28
29			-		-			29
30			-		-			30
31			-		-			31
32			-		-			32
33			-		-			33
34		\$ 5,685,581	\$ 246,912		\$ 278,784	\$ 31,872	\$ 2,116,812	34

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

Facility Name & ID Number Symphony Of Lincoln Park

# 0053694

Report Period Beginning:

01/01/18

Ending:

12/31/18

**XI. OWNERSHIP COSTS (continued)**

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

1	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	<b>Totals from Page 12E, Carried Forward</b>		\$ 5,685,581	\$ 246,912		\$ 278,784	\$ 31,872	\$ 2,116,812	1
2				-		-			2
3									3
4				-		-			4
5									5
6									6
7									7
8	<b>Leasehold Improvements:</b>								8
9	Paint hallway, lobby, 1st floor, 20 gal. paint, 8 rolls tape	2013	2,579	-	20	129	129	580	9
10	Paint office, reception office, activity room, beauty shop	2013	1,582	-	20	79	79	355	10
11	Dining room carpet, remove old and install new	2013	6,900	-	20	345	345	1,553	11
12	Dining room carpet, remove old and install new	2013	7,620	-	20	381	381	1,715	12
13	Sealcoat & re-stripe pavement - parking lot	2013	4,500	-	20	225	225	1,012	13
14	Elevator car 5 - install new breaks & adjust shoes	2013	5,155	-	20	258	258	1,161	14
15				-		-			15
16				-		-			16
17				-		-			17
18				-		-			18
19				-		-			19
20				-		-			20
21				-		-			21
22				-		-			22
23				-		-			23
24				-		-			24
25				-		-			25
26				-		-			26
27				-		-			27
28				-		-			28
29				-		-			29
30				-		-			30
31				-		-			31
32				-		-			32
33				-		-			33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 5,713,917	\$ 246,912		\$ 280,201	\$ 33,289	\$ 2,123,188	34

\*\*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	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		\$ 5,713,917	\$ 246,912		\$ 280,201	\$ 33,289	\$ 2,123,188	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								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 5,713,917	\$ 246,912		\$ 280,201	\$ 33,289	\$ 2,123,188	34

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

Facility Name & ID Number Symphony Of Lincoln Park# 0053694

Report Period Beginning:

01/01/18

Ending:

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12G, Carried Forward</b>		\$ 5,713,917	\$ 246,912		\$ 280,201	\$ 33,289	\$ 2,123,188	1
2	<b>Buildings:</b>								2
3	Allocated from 7257 N. Lincoln Ave. - Maestro	2004			35				3
4	Allocated from Itex - A.K. Care	1993	536,125		35	13,747	13,747	391,881	4
5									5
6									6
7									7
8	<b>Leasehold Improvements:</b>								8
9	Allocated from 7257 N. Lincoln Ave. - Maestro	2015	1,553		20	78	78	1,126	9
10	Allocated from 7257 N. Lincoln Ave. - Maestro	2005	7,122		20	255	255	5,478	10
11	Allocated from 7257 N. Lincoln Ave. - Maestro	2004	1,231		20	82	82	274	11
12									12
13	Allocated from Maestro Consulting Services	2003	635		20	32	32	481	13
14	Allocated from Maestro Consulting Services	2004	12,901		20	643	643	9,497	14
15	Allocated from Maestro Consulting Services	2005	765		20	38	38	530	15
16	Allocated from Maestro Consulting Services	2006	1,037		20	52	52	641	16
17	Allocated from Maestro Consulting Services	2008	1,093		20	55	55	561	17
18	Allocated from Maestro Consulting Services	2009	17,600		20	880	880	8,457	18
19	Allocated from Maestro Consulting Services	2010	2,705		20	135	135	1,151	19
20	Allocated from Maestro Consulting Services	2011	146		20	7	7	58	20
21	Allocated from Maestro Consulting Services	2012	163		20	8	8	55	21
22	Allocated from Maestro Consulting Services	2014	2,034		20	102	102	469	22
23	Allocated from Maestro Consulting Services	2015	572		20	29	29	95	23
24	Allocated from Maestro Consulting Services	2016	2,507		20	251	251	598	24
25	Allocated from Maestro Consulting Services	2017	335		20	17	17	34	25
26									26
27	Allocated from Itex - A.K. Care	1993	67,460		20	397	397	67,460	27
28	Allocated from Itex - A.K. Care	1994	36,234		20	943	943	36,231	28
29	Allocated from Itex - A.K. Care	1995	6,175		20	16	16	6,175	29
30	Allocated from Itex - A.K. Care	1996	350		20			350	30
31	Allocated from Itex - A.K. Care	1997	10,417		20	267	267	10,417	31
32	Allocated from Itex - A.K. Care	1999	1,157		20	30	30	1,157	32
33	Allocated from Itex - A.K. Care	2005	5,065		20			3,387	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 6,429,299	\$ 246,912		\$ 298,265	\$ 51,353	\$ 2,669,751	34

\*\*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	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 12H, Carried Forward</b>	\$ 6,429,299	\$ 246,912		\$ 298,265	\$ 51,353	\$ 2,669,751		1
2	Allocated from Itex - A.K. Care	2007	6,271		20	146	146	3,530	2
3	Allocated from Itex - A.K. Care	2008	23,901		20	613	613	8,354	3
4	Allocated from Itex - A.K. Care	2009	1,302		20	33	33	1,237	4
5	Allocated from Itex - A.K. Care	2010	2,782		20			1,165	5
6	Allocated from Itex - A.K. Care	2014	11,611		20	669	669	2,628	6
7	Allocated from Itex - A.K. Care	2016	1,329		20	34	34	288	7
8	Allocated from Itex - A.K. Care	2018	1,182		20	475	475	20	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									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>	\$ 6,477,677	\$ 246,912		\$ 300,235	\$ 53,323	\$ 2,686,973		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	\$ 234,285	\$ 28,778	\$ 25,252	\$ (3,526)		\$ 45,366	71
72	Current Year Purchases	72,168	8,256	8,256	-		8,256	72
73	Fully Depreciated Assets	3,632,340			-		3,632,340	73
74	Alloc from Maestro & Itex	472,855		17,452	17,452		329,846	74
75	TOTALS	\$ 4,411,648	\$ 37,034	\$ 50,960	\$ 13,926		\$ 4,015,808	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		2017	\$ 481	\$	\$ -	\$ -		\$ 481	76
77							-			77
78							-			78
79							-	5		79
80	TOTALS			\$ 481	\$	\$	\$		\$ 481	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 10,898,486	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 283,946	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 351,195	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 67,249	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 6,703,262	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	CIP	\$ 115,560	92
93			93
94			94
95		\$ 115,560	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: Invesque

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

If NO, see instructions.  YES  NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:		<u>248</u>	<u>11/1/2015</u>	\$ <u>3,054,476</u>	<u>15</u>	<u>15</u>	3
4	Additions							4
5	<u>Allocated from Maestro Consulting</u>				<u>3,585</u>			5
6								6
7	TOTAL		<u>248</u>		\$ <u>3,058,061</u>			7

10. Effective dates of current rental agreement:

Beginning 11/1/2015

Ending 10/31/2030

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

Fiscal Year Ending Annual Rent

12.	<u>12/31/2019</u>	\$ <u>2,700,966</u>
13.	<u>12/31/2020</u>	\$ <u>2,761,737</u>
14.	<u>12/31/2021</u>	\$ <u>2,823,877</u>

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

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

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: \$ 133029 Description: See Attached Schedule

(Attach a schedule detailing the breakdown of movable equipment)

**C. Vehicle Rental (See instructions.)**

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>Facility</u>	<u>2012 Infiniti G37</u>	\$ <u>660</u>	\$	17
18	<u>Allocated from Maestro Consulting</u>			<u>7,897</u>	18
19					19
20					20
21	TOTAL		\$ <u>660.00</u>	\$ <u>7,897</u>	21

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

\*\* This amount plus any amortization of lease expense must agree with page 4, line 34.

Facility Name: Symphony Of Lincoln Park  
IDPH License ID Number: 0053694  
Fiscal Year End: 12/31/18

**Schedule 14A**

**XIV. Rental Costs**

**Line 16 Rental Amount for Moveable Equipment**

<b>Rental Description</b>	<b>Amount</b>
Bariatric beds, pressurized mattresses, wheelchair	38,313
Vital monitors	7,476
Copier	51,840
Music over paging system	176
Postage machine	831
Respiratory equipment	3,831
Wound vac	25,147
Allocated from Maestro	8,878
Allocated from Integra	(5,548)
Allocated from Itex	2,085
<b>Total - Line 16</b>	<b><u>133,029</u></b>

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

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

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

**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

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

**C. CONTRACTUAL INCOME**

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

\$

**D. NUMBER OF CNAs TRAINED**

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

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

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

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

	Service	1 Schedule V Line & Column Reference	2		3		4		5		6 Supplies (Actual or Allocated)	7 Total Units (Column 2 + 4)	8	
			Staff		Cost	Outside Practitioner (other than consultant)		Total Cost (Col. 3 + 5 + 6)						
			Units of Service			Units	Cost							
1	Licensed Occupational Therapist	39 - 03	hrs	\$	15,766	\$ 1,135,118						15,766	\$ 1,135,118	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs		5,909	425,456						5,909	425,456	2
3	Licensed Recreational Therapist		hrs											3
4	Licensed Physical Therapist	39 - 03	hrs		16,468	1,185,661						16,468	1,185,661	4
5	Physician Care		visits											5
6	Dental Care		visits											6
7	Work Related Program		hrs											7
8	Habilitation		hrs											8
9	Pharmacy	39 - 02	# of prescripts							425,817			425,817	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs											10
11	Academic Education		hrs											11
12	Other (specify): <u>Oxygen</u>									8,824			8,824	12
13	Other (specify): <u>See Sch 16A</u>				2,618	188,474						2,618	188,474	13
14	TOTAL			\$	40,761	\$ 2,934,709	\$	434,641	\$	40,761	\$	3,369,350	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 Of Lincoln Park  
**IDPH License ID Number:** 0053694  
**Fiscal Year End:** 12/31/18

**Schedule 16A**

**XIV. Special Services (Direct Cost)**

**Line 13 Other (specify)**

<u>Description</u>	<u>Units</u>	<u>Amount</u>
Inhalation Therapy Costs-Medicaid		4,713
Inhalation Therapy Costs-Medicare A		9,547
Inhalation Therapy Costs-Managed Care		3,677
Inhalation Therapy Costs-Private		2,390
I.V. Therapy Costs-Medicaid		19,300
I.V. Therapy Costs-Medicare A		94,157
I.V. Therapy Costs-Managed Care		48,716
I.V. Therapy Costs-Private		5,275
Other Ancillary Costs-Medicaid		500
Other Ancillary Costs-Medicare A		199
<b>Total - Line 13</b>	<b>-</b>	<b>188,474</b>

Facility Name & ID Number Symphony Of Lincoln Park

# 0053694

Report Period Beginning: 01/01/18

Ending: 12/31/18

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/18

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 3,217	\$ 3,217	1
2	Cash-Patient Deposits	44,912	44,912	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>4,541,202</u> )	6,580,043	6,580,043	3
4	Supply Inventory (priced at _____ )			4
5	Short-Term Investments			5
6	Prepaid Insurance	5,806	5,806	6
7	Other Prepaid Expenses	71,529	71,529	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>See Attached Schedule</u>	2,297,758	2,297,758	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 9,003,265	\$ 9,003,265	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		8,680	13
14	Buildings, at Historical Cost		614,246	14
15	Leasehold Improvements, at Historical Cost	3,421,318	5,863,431	15
16	Equipment, at Historical Cost	385,058	4,412,129	16
17	Accumulated Depreciation (book methods)	(429,386)	(6,703,262)	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 (sp_____)			22
23	Other(specify): <u>See Attached Schedule</u>	249,111	249,111	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 3,626,101	\$ 4,444,335	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 12,629,366	\$ 13,447,600	25

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 2,346,290	\$ 2,346,290	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	44,912	44,912	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	589,823	589,823	30
31	Accrued Taxes Payable (excluding real estate taxes)	93,738	93,738	31
32	Accrued Real Estate Taxes(Sch.IX-B)	1,101,309	773,161	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	<u>See Attached Schedule</u>	13,979,644	13,979,644	36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 18,155,716	\$ 17,827,568	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable	1,803,990	1,803,990	39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43				43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 1,803,990	\$ 1,803,990	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 19,959,706	\$ 19,631,558	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ (7,330,340)	\$ (6,183,958)	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 12,629,366	\$ 13,447,600	48

\*(See instructions.)

Facility Name: Symphony Of Lincoln Park  
 IDPH License ID Number: 0053694  
 Fiscal Year End: 12/31/18

**Schedule 17A**

XV. Balance Sheet  
 Line 9 Current Assets Other (specify):

Description	After	
	Operating	Consolidation
101850 SLPL Accounts Receivable - Employee Loans	17,171	17,171
120110 SLPL Due To/From - Ivy LLC	1,833,243	1,833,243
120116 SLPL Due To/From - Midway	104,000	104,000
129112 SLPL Due To/From - Imperial - OLD	343,344	343,344
<b>Total - Line 9</b>	<b>2,297,758</b>	<b>2,297,758</b>

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

Description	After	
	Operating	Consolidation
Clearing Account	83,809	83,809
Fixed Assets - Construction in Process	115,560	115,560
CSA I/C Related/Party Due To/From Accts	-	-
Due To/From - 87Th Street	(54,552)	(54,552)
Due To/From - Bronzeville Park LLC	35,000	35,000
Due To/From - Buffalo Grove LLC	(8,462)	(8,462)
Due To/From - Crestwood LLC	839	839
Due To/From - Evanston Healthcare LLC	(528)	(528)
Due To/From - Hanover Park	13,000	13,000
Due To/From - Maestro	(546,391)	(546,391)
Due To/From - Aria - OLD	608,366	608,366
Due To/From - Nuicare Insurance Susp.	2,470	2,470
<b>Total - Line 23</b>	<b>249,111</b>	<b>249,111</b>

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

Description	After	
	Operating	Consolidation
Due To/From - Jackson Square LLC	185,000	185,000
Due To/From - Morgan Park	15,000	15,000
Due To/From - South Shore	65,000	65,000
Due To/From - Symcare Healthcare	7,508,720	7,508,720
Due To/From - Symcare ML	1,652,021	1,652,021
Accrued Payables	120,543	120,543
Accrued Payables - Professional Fees	19,119	19,119
Accrued Payables - Health Insurance	139,118	139,118
Accrued Payable - Dental Insurance	(1,399)	(1,399)
Accrued Payables - Vision Insurance	90	90
Accrued Payables - Life Insurance	2,624	2,624
Accrued Payables - Short Term Disability	(2,684)	(2,684)
Accrued Payables - Payroll Union Dues	(10,644)	(10,644)
Accrued Payables - Payroll Credit Union	16,179	16,179
Accrued Payables - 401K Deductions	241	241
Accrued Payables - 401K Loan Repayments	679	679
Accrued Payables - Garnishments	(8,324)	(8,324)
Accrued Payables - WC/GL Insurance	151,923	151,923
Accrued Payables - Bed Taxes	-	-
Accrued Payables - Bed Taxes Add'l	451	451
Accrued Payables - Management Fees	97,260	97,260
Accrued Payables - Interest	1,875	1,875
Accrued Payables - Rent	(158,699)	(158,699)
Accrued Payables - Sales Tax	(1)	(1)
Sales Tax Payable - Manual	43	43
Deferred Rent	1,181,519	1,181,519
Lease Holds Payable	3,003,990	3,003,990
<b>Total - Line 36</b>	<b>13,979,644</b>	<b>13,979,644</b>

**XVI. STATEMENT OF CHANGES IN EQUITY**

		<b>1</b>	
		<b>Total</b>	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>(3,101,080)</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>	<u>Rounding</u>	(1)	<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>(3,101,081)</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	(4,229,259)	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	( )	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>(4,229,259)</b>	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>(7,330,340)</b>	<b>24</b> *

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

Facility Name & ID Number Symphony Of Lincoln Park# 0053694Report Period Beginning: 01/01/18Ending: 12/31/18**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		2	
I. Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 20,852,885	1
2	Discounts and Allowances for all Levels	(5,746,636)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 15,106,249	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	6,028,954	6
7	Oxygen	2,087	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 6,031,041	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop	689	12
13	Barber and Beauty Care	395	13
14	Non-Patient Meals	(949)	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	683,863	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	243,388	19
20	Radiology and X-Ray	38,765	20
21	Other Medical Services	45,734	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 1,011,885	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	45,927	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 45,927	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>See Supplemental Schedule</u>	(61,091)	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ (61,091)	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 22,134,011	30

1		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	2,712,195	31
32	Health Care	7,394,468	32
33	General Administration	4,480,955	33
<b>B. Capital Expense</b>			
34	Ownership	4,447,486	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	6,776,387	35
36	Provider Participation Fee	551,779	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 26,363,270	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(4,229,259)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (4,229,259)	43
<b>III. Net Inpatient Revenue detailed by Payer Source</b>			
44	Medicaid - Net Inpatient Revenue	\$ 9,632,826	44
45	Private Pay - Net Inpatient Revenue	897,266	45
46	Medicare - Net Inpatient Revenue	2,658,295	46
47	Other-(specify) <u>MAIP</u>	(479,570)	47
48	Other-(specify) <u>Managed Care/Veteran/Hospice</u>	2,397,432	48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 15,106,249	49

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

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

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

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

^ Entity is a cash basis taxpayer

**Facility Name:** Symphony Of Lincoln Park  
**IDPH License ID Number:** 0053694  
**Fiscal Year End:** 12/31/18

**Schedule 19A**

**XVII. Income Statement**

**Line 28 Other Revenue (specify):**

<b>Description</b>	<b>Amount</b>
Other Services Revenue	(67,846)
Transportation Revenue	6,472
Other Income	283
<b>Total - Line 28</b>	<b><u><u>(61,091)</u></u></b>

Facility Name & ID Number Symphony Of Lincoln Park

# 0053694

Report Period Beginning: 01/01/18

Ending: 12/31/18

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,825	2,045	\$ 135,465	\$ 66.24	1
2	Assistant Director of Nursing	1,960	2,086	91,140	43.69	2
3	Registered Nurses	56,469	64,259	2,105,665	32.77	3
4	Licensed Practical Nurses	54,675	61,577	1,673,531	27.18	4
5	CNAs & Orderlies	133,081	150,456	2,073,027	13.78	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	12,950	14,689	198,248	13.50	10
11	Social Service Workers	6,141	6,796	160,061	23.55	11
12	Dietician					12
13	Food Service Supervisor	2,542	2,756	56,201	20.39	13
14	Head Cook	6,160	6,706	91,752	13.68	14
15	Cook Helpers/Assistants	28,228	31,333	402,301	12.84	15
16	Dishwashers					16
17	Maintenance Workers	6,841	7,534	127,745	16.96	17
18	Housekeepers	26,713	29,488	376,993	12.78	18
19	Laundry	1,716	2,004	24,859	12.40	19
20	Administrator	2,486	2,715	116,134	42.77	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	11,088	12,289	262,832	21.39	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	7,439	9,085	155,935	17.16	31
32	Other Health C: See Sch 20A	10,051	11,098	365,386	32.92	32
33	Other(specify) <u>Admissions</u>	2,077	2,202	55,570	25.24	33
34	TOTAL (lines 1 - 33)	372,442	419,118	\$ 8,472,845 *	\$ 20.22	34

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

\*\* See instructions.

B. CONSULTANT SERVICES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	Monthly	\$ 27,680	01-03	35
36	Medical Director	Monthly	35,500	09-03	36
37	Medical Records Consultant				37
38	Nurse Consultant	Monthly	8,417	10-07	38
39	Pharmacist Consultant	Monthly	24,584	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	Monthly	1,143	39-03	42
43	Speech Therapy Consultant				43
44	Activity Consultant	Monthly	1,856	11-03	44
45	Social Service Consultant				45
46	Other(specify) <u>Psychiatric</u>	Monthly	280	10-03	46
47	<u>Dental Consultant</u>	Monthly	5,775	39-03	47
48					48
49	TOTAL (lines 35 - 48)		\$ 105,235		49

C. CONTRACT NURSES

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

**Facility Name:** Symphony Of Lincoln Park  
**IDPH License ID Number:** 0053694  
**Fiscal Year End:** 12/31/18

**Schedule 20A**

**XVIII. Staffing and Salary Costs**  
**Line 32 Other Health Care (specify):**

Description	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Total Salaries	Average Hourly Wage
Alzheimers Coordinator	260	298	3,157	\$ 10.59
MDS	5,998	6,544	229,304	\$ 35.04
Nursing Unit Manager	3,793	4,256	132,925	\$ 31.23
<b>Total - Line 32 Other Health Care (specify):</b>	<b>10,051</b>	<b>11,098</b>	<b>365,386</b>	

**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	
Laura Aranda	Administrator	0	\$ 23,839	Workers' Compensation Insurance	\$ 235,870	IDPH License Fee	\$	
Moshe Pretter	Administrator	0	92,295	Unemployment Compensation Insurance	79,472	Advertising: Employee Recruitment	125	
				FICA Taxes	630,435	Health Care Worker Background Check (Indicate # of checks performed 286 )	3,434	
				Employee Health Insurance	567,639	Patient Background Checks	1,372	
				Employee Meals		Miscellaneous Licenses & Fees	11,869	
				Illinois Municipal Retirement Fund (IMRF)*		Healthcare Council of Illinois	40,930	
				Employee Retirement	18,235	Miscellaneous Dues & Subscriptions	169	
				Employee Benefits - Other	15,608	Allocated from Home Office	6,915	
				Employees' Physical Exams	3,492	Lobbying offset	(20,465)	
						Less: Public Relations Expense	( )	
						Non-allowable advertising	( )	
						Yellow page advertising	( )	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 116,134	TOTAL (agree to Schedule V, line 22, col.8)		\$ 44,349		
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount
Management Fees (Eliminated in Col. 7)			\$ 1,089,500				Out-of-State Travel	\$
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 1,089,500				In-State Travel	
C. Professional Services				TOTAL			Seminar Expense	
Vendor/Payee	Type		Amount	\$			1,359	
ABILITY Network, Inc.	Secure Exchange Managed S		\$ 8,391				Allocated from Maestro and Itex	
Allscripts LLC	IT System		2,728				4,811	
Alteryx, Inc.	Data analytics		1,242				Entertainment Expense	
American Express	Internet		6,082				( )	
Applicant Tracking System	Recruiting		66				(agree to Sch. V, line 24, col. 8)	
CDW Government	Google Chrome License		769				\$ 6,170	
Cerida Investment Corp.	Business Services		527					
Comcast Cable	Internet		28,339					
Creative Technology Solutions	IT Support		24,538					
Dart Chart Systems	Software		9,456					
DataRobot, Inc.	Computer Services		1,528					
See Supplemental Schedule			471,387					
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 555,053					

\* Attach copy of IMRF notifications

\*\*See instructions.

Facility Name: Symphony Of Lincoln Park  
 IDPH License ID Number: 0053694  
 Fiscal Year End: 12/31/18

**Schedule 21C**

**XIX. SUPPORT SCHEDULES**  
**C. Professional Services**

Vendor	Type	Amount
Digital Marketing SEO	Branding	492
Formation Healthcare Group, LLC	Monthly Subscription Fee	1,241
FYI Systems	Computer IT	513
Health Data Systems Inc.	Programming	3,183
Managed Care Group LLC	IT Support	1,016
Market Metrix	Customer and Employee Metrix Subscription	1,051
Matrixcare	Monthly A/R look-up service	522
Mood Media	Music over the paging system	46
Nexuscomm, LLC	Cable	9,549
NICL Laboratories	Blood test results interface annual maintenance	200
OnShift, Inc.	Online scheduling service	12,726
PatientPing, Inc.	Care coordination network	3,000
PointClickCare Technologies Inc.	Cloud based software and services	48,921
Prime Care Technologies	PBJ Reporting Module Access Fee	246
Real Time Medical Systems LLC	Clinical and Financial Analytics Service	3,754
Scott Norton	Computer Consulting	406
Snowflake Computing, Inc.	Computer Services	818
Telemedicine Solutions, LLC	Wound Rounds Care	20,726
TIAA Commercial Finance*	Copier/lease rental --- reclassified to 700112-GADM	286
Wencel Worldwide, Inc.	Branding	5,272
Marcum LLP	Accounting	-
RSM US LLP	Accounting	34,146
Accrual	Legal fees	83,971
Monahan Law Group, LLC	Legal fees	1,925
Neal, Gerber & Eisenberg, LLP	Legal fees	72
Ruben Garcia & Associates Ltd	Legal fees	1,683
SB2 Inc.	Legal fees	262
Stern & Associates	Legal fees	1,417
Stone, Pogrud & Korey LLC	Legal fees	30,167
The Mays Group Ltd	Legal fees	2,075
Reclass Settlement Payment	Reclass Settlement Payment	3,517
Achieve Accreditation	Accreditation	7,576
Corporation Service Company	Annual Filing	733
Engineering Resource Associates Inc.	Tax Assessment Plat of Survey needed for Rela Estate	2,959
Jan Paul Storey	Consulting services	103
Language Line Services	Phone Interpretation	660
LTC Consulting	Collection Agency	44,169
Maestro Consulting Services	Consulting services	129,288
McCabe, Kirshner P.C.	Consulting services	487
MTS Consulting, LLC	Tax consulting	2,933
National Datacare Corporation	Trust fund and Medicaid billing services	4,096
Personnel Planners, Inc.	Quarterly Unemployment Claims	2,184
SB2 Inc.	Professional fees	2,345
Transworld Systems Inc.	Collection service	652
From Pg 21		83,666
<b>Total (agree to Schedule V, line 19, column 3)</b>		<b>555,053</b>
Allocated from Maestro	Professional Services	108,990
Allocated from ITEX	Professional Services	5,331
Less: non-allowable legal		(31,308)
*Reclassified to office equip		(286)
**Reclassified from HC Council of IL to internet fees		615
Non-allowable professional fee		(652)
<b>Total (agree to Schedule V, line 19, column 8)</b>		<b>637,743</b>

Facility Name & ID Number Symphony Of Lincoln Park# 0053694Report Period Beginning: 01/01/18Ending: 12/31/18**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. Healthcare Council of Illinois - \$40,930
- (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? 10 years
- (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
- (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? Yes  
If YES, give effective date of lease. 11/01/2015
- (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 X NO        If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.  
The Imperial Grove Pavilion # 37754
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 551,779  
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. \$ No 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? 100% Ln 3  
d. Have vehicle usage logs been maintained? Yes  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A  
g. Does the facility transport residents to and from day training? No  
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? Yes  
Firm Name: RSM US LLP
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes  
Attach invoices and a summary of services for all architect and appraisal fees.