

		FOR BHF USE			

LL2

**Supportive Living Facility**

**2018  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES  
COST REPORT FOR  
SUPPORTIVE LIVING FACILITIES  
(FISCAL YEAR 2018)**

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

<p><b>I. Facility ID Number:</b> <u>1000019</u></p> <p><b>Facility Name:</b> <u>Symphony Res of Lincoln Park</u></p> <hr/> <p><b>Address:</b> <u>2437 North Southport</u> <u>Chicago</u> <u>60614</u></p> <p align="center">Number City Zip Code</p> <p><b>County:</b> <u>Cook</u></p> <p><b>Telephone Number:</b> ( <u>773</u> ) <u>472-8400</u> Fax # <u>773 935-0036</u></p> <p><b>Federal Employer ID Number:</b> _____</p> <p><b>Date Current Owners were Certified:</b> <u>11/21/2002</u></p> <p><b>Type of Ownership:</b></p> <table style="width:100%"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input checked="" type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td><b>IRS Exemption Code</b> _____</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> "Sub-S" Corp.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Limited Liability Co.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p><b>In the event there are further questions about this report, please contact:</b></p> <p><b>Name:</b> <u>Amanda Springborn</u> <b>Telephone Number:</b> <u>(314) 925-3838</u></p> <p><b>Email Address:</b> <u>amanda.springborn@rsmus.com</u></p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	<b>IRS Exemption Code</b> _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input checked="" type="checkbox"/> "Sub-S" Corp.			<input type="checkbox"/> Limited Liability Co.			<input type="checkbox"/> Trust			<input type="checkbox"/> Other _____		<p><b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b></p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/18</u> to <u>12/31/18</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p align="center">Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table border="1" style="width:100%"> <tr> <td style="width:20%; vertical-align: top;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Type or Print Name) _____</td> <td></td> </tr> <tr> <td></td> <td>(Title) _____</td> <td></td> </tr> <tr> <td style="vertical-align: top;">Paid Preparer</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Print Name and Title) _____</td> <td></td> </tr> <tr> <td></td> <td>(Firm Name &amp; Address) <u>RSM US LLP</u> <u>20 N. Martingale Road, Ste. 500, Schaumburg, IL 60173</u></td> <td></td> </tr> <tr> <td></td> <td>(Telephone) <u>(847) 517-7070</u> Fax <u>(847) 517-7067</u></td> <td></td> </tr> </table> <p align="right">MAIL TO: BUREAU OF HEALTH FINANCE IL DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630</p>	Officer or Administrator of Provider	(Signed) _____	(Date) _____		(Type or Print Name) _____			(Title) _____		Paid Preparer	(Signed) _____	(Date) _____		(Print Name and Title) _____			(Firm Name & Address) <u>RSM US LLP</u> <u>20 N. Martingale Road, Ste. 500, Schaumburg, IL 60173</u>			(Telephone) <u>(847) 517-7070</u> Fax <u>(847) 517-7067</u>	
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																																												
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Facility Name Symphony Res of Lincoln Park

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

**III. STATISTICAL DATA**

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

Date of change in certified units N/A

	1	2	3	4	
	Units at Beginning of Report Period	Type of Apartment	Units at End of Report Period	Unit Days During Report Period	
1	113	Single Unit Apartment	113	41,245	1
2	5	Double Unit Apartment	5	1,825	2
3		Other			3
4	118	TOTALS	118	43,070	4

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

	1 Type of Unit	2 3 4 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	32,149	4,705	2,283	39,137	5
6	Double Unit					6
7	Other					7
8	TOTALS	32,149	4,705	2,283	39,137	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 90.87%

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

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

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

YES  NO

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

YES  NO

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

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

None

**H. ACCOUNTING BASIS**

ACCRUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 12/31/18 Fiscal Year: 12/31/18

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

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

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

If no, explain. N/A

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

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

If no, explain. N/A

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

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

If no, explain. N/A

Facility Name: Symphony Res of Lincoln Park

Report Period Beginning:

01/01/18

Ending:

12/31/18

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

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
<b>A. General Services</b>								
1	Dietary and Food Purchase	230,950	267,272	1,672	499,894	(2,265)	497,629	1
2	Housekeeping, Laundry and Maintenance	357,617	6,195	128,394	492,206	4,177	496,383	2
3	Heat and Other Utilities			77,555	77,555	1,460	79,015	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	<b>588,567</b>	<b>273,467</b>	<b>207,621</b>	<b>1,069,655</b>	<b>3,372</b>	<b>1,073,027</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	450,100	3,404	59,512	513,016	98,620	611,636	6
7	Activities and Social Services	85,080		18,150	103,230		103,230	7
8	Other (specify): H.O Benefit Allocation					30,337	30,337	8
9	<b>TOTAL Health Care and Programs</b>	<b>535,180</b>	<b>3,404</b>	<b>77,662</b>	<b>616,246</b>	<b>128,957</b>	<b>745,203</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	234,588		1,191,520	1,426,108	(826,163)	599,945	10
11	Marketing Materials, Promotions and Advertising	46,807		63,902	110,709	(110,709)		11
12	Employee Benefits and Payroll Taxes			255,013	255,013		255,013	12
13	Insurance-Property, Liability and Malpractice			154,701	154,701	2,715	157,416	13
14	Other (specify): H.O Benefit Allocation					15,134	15,134	14
15	<b>TOTAL General Administration</b>	<b>281,395</b>		<b>1,665,136</b>	<b>1,946,531</b>	<b>(919,023)</b>	<b>1,027,508</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>1,405,142</b>	<b>276,871</b>	<b>1,950,419</b>	<b>3,632,432</b>	<b>(786,694)</b>	<b>2,845,738</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			5,316	5,316	51,540	56,856	17
18	Interest			82,166	82,166	(32,224)	49,942	18
19	Real Estate Taxes			58,848	58,848	59,351	118,199	19
20	Rent -- Facility and Grounds			811,013	811,013	1,995	813,008	20
21	Rent -- Equipment			13,804	13,804	9,334	23,138	21
22	Other (specify):							22
23	<b>TOTAL Ownership</b>			<b>971,147</b>	<b>971,147</b>	<b>89,996</b>	<b>1,061,143</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>1,405,142</b>	<b>276,871</b>	<b>2,921,566</b>	<b>4,603,579</b>	<b>(696,698)</b>	<b>3,906,881</b>	<b>24</b>

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

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

STATE OF ILLINOIS

Page 3A

The Ivy

Report Period Beginning: 1/1/2018  
 Ending: 12/31/2018

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	
1	Remove marketing salary	\$ (46,807)	11	1
2	Marketing expense	(63,902)	11	2
3	Coffee Shop	(67)	1	3
4	Purchase Discounts	(2,198)	1	4
5	Incontinent Products	(400)	6	5
6	Other revenue	(4,561)	10	6
7	Interest Income	(32,268)	18	7
8	Cable TV	(5,420)	10	8
9	Penalties	(5,439)	10	9
10	Sales Tax	108	10	10
11	Bad Debt Expense	(752,860)	10	11
12	Depreciation Straight Line	41,085	17	12
13	To adjust real estate taxes	56,605	19	13
14				14
15				15
16				16
17				17
18				18
19	Maestro Allocation			19
20	Utilities	1,460	3	20
21	Maintenance Expense	4,177	2	21
22	Clinical Salaries	94,336	6	22
23	Contract Nursing	4,684	6	23
24	Employee Benefits Clinical	30,337	8	24
25	Management Fees	(204,122)	10	25
26	Professional Fees	60,648	10	26
27	Dues, Fees, Subscriptions, Etc.	3,533	10	27
28	Clerical & General Salaries	47,061	10	28
29	Clerical & General Expenses	28,759	10	29
30	Seminars & Educations	712	10	30
31	Transportation	5,418	10	31
32	Insurance	2,715	13	32
33	Employee Benefits Administration	15,134	14	33
34	Depreciation	10,455	17	34
35	Interest Expense	44	18	35
36	Real Estate Tax	2,746	19	36
37	Buidling Rental	1,995	20	37
38	Equipment Rental	4,940	21	38
39	Auto Lease	4,394	21	39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>	(696,698)		49

Facility Name: Symphony Res of Lincoln Park

Report Period Beginning: 01/01/18

Ending: 12/31/18

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.01	\$ 33.84	1
2	Licensed Practical Nurses	3.10	25.24	2
3	Certified Nurse Assistants	8.49	12.23	3
4	Activity Director & Assistants	3.21	12.76	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	2.88	38.52	7
8	Dishwashers			8
9	Maintenance Workers	2.17	14.52	9
10	Housekeepers	7.76	13.86	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.00	42.03	13
14	Clerical	4.02	17.58	14
15	Marketing	1.09	22.50	15
16	Other Security	2.36	13.97	16
17	<b>Total (lines 1 thru 16)</b>	<b>37.09</b>	<b>\$</b>	<b>17</b>

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

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

**VI. (B) Management fees paid to unrelated parties**

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

**VII. RELATED ORGANIZATIONS**

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

**RELATED SLF's & HEALTH CARE BUSINESSES**

Name	1	City	2
See Attached SCH 4A			

**OTHER RELATED BUSINESS ENTITIES**

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

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

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

(Please attach a separate schedule itemizing those services.)

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

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

Symcare Village  
Symphony Aria  
Symphony At 87th Street  
Symphony At Midway  
Symphony At The Tillers  
Symphony Of Bronzeville  
Symphony of Buffalo Grove  
Symphony of Chesterton  
Symphony of Chicago West  
Symphony of Crestwood  
Symphony of Crown Point  
Symphony of Dyer  
Symphony of Evanston  
Symphony of Glendale  
Symphony of Joliet  
Symphony of Lincoln Park  
Symphony of Morgan Park  
Symphony of Orchard Valley  
Symphony of South Shore  
Symphony of Residences of Lincoln Park  
Symphony of Hanover Park

Swansea  
Hillside  
Chicago  
Chicago  
Oswego  
Chicago  
Buffalo Grove  
Chesterton, IN  
Chicago  
Crestwood  
Crown Point, IN  
Dyer, IN  
Evanston  
Glendale, WI  
Joliet  
Chicago  
Chicago  
Aurora  
Chicago  
Chicago  
Hanover Park

Facility Name: Symphony Res of Lincoln Park

Report Period Beginning:

01/01/18

Ending:

12/31/18

VIII. OWNERSHIP COSTS

A. Purchase price of land 4,830 Year land was acquired 1998

B. Building Depreciation -- Including Fixed Equipment. Round all numbers to the nearest dollar.

\*Total units on this schedule must agree with page 2.

	1 Units*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1					\$	\$		\$	\$	\$	1
2	Allocated from 7257			2004	43,471		35	1,242	1,242	18,786	2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	Various			1994	5,181		20			5,181	6
7	Various			1995	17,463		20			17,463	7
8	Various			1996	20,188		20			20,188	8
9	Various			1997	13,006		20			13,006	9
10	Various			1998	4,476		20	109	109	4,476	10
11	Various			1999	52,138		20	2,607	2,607	50,837	11
12	Various			2001	40,555		20	2,028	2,028	35,488	12
13	Various			2002	30,820		20	1,541	1,541	25,515	13
14	Various			2003	10,154		20	508	508	7,871	14
15	Various			2004	33,240		20	1,662	1,662	24,101	15
16	Total from supplemental Page 5's				273,278			14,058	14,058	80,955	16
17	TOTAL (lines 1 thru 16)				\$ 543,970	\$		\$ 23,755	\$ 23,755	\$ 303,867	17

C. Equipment Depreciation -- Including Transportation.

	Type	1 Cost	2 Current Book Depreciation	3 Straight Line Depreciation	4 Adjustments	5 Life in Years	6 Accumulated Depreciation	
18	Movable Equipment	\$ 513,310	\$ 5,316	\$ 33,101	27,785		\$ 432,394	18
19	Vehicles	267					267	19
20	TOTAL (lines 18 and 19)	\$ 513,577	\$ 5,316	\$ 33,101	27,785		\$ 432,661	20

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

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

Facility Name &amp; ID Number The Ivy

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

## XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1								1
2	2010	7,681		20	384	384	3,264	2
3	2010	4,660		20	233	233	1,981	3
4	2010	4,650		20	233	233	1,979	4
5	2010	2,405		20	120	120	1,021	5
6	2010	1,812		20	91	91	772	6
7	2011	7,016		20	351	351	2,631	7
8	2011	2,350		20	118	118	884	8
9	2011	13,105		20	655	655	4,914	9
10	2012	4,913		20	246	246	1,598	10
11	2012	83,272		20	4,164	4,164	27,065	11
12	2013	4,161		20	208	208	1,144	12
13	2013	14,520		20	726	726	3,993	13
14	2013	4,500		20	225	225	1,238	14
15	2013	5,155		20	258	258	1,419	15
16	2014	4,610		20	231	231	1,037	16
17	2014	2,550		20	128	128	574	17
18	2015	20,056		20	1,003	1,003	4,012	18
19	2015	3,525		20	176	176	706	19
20	2017	19,184		20	959	959	1,918	20
21	2017	6,419		20	321	321	642	21
22	2018	20,687		20	1,203	1,203	1,203	22
23	2018	6,890		20	544	544	544	23
24					0	0	0	24
25					0	0	0	25
26					0	0	0	26
27					0	0	0	27
28					0	0	0	28
29					0	0	0	29
30					0	0	0	30
31					0	0	0	31
32					0	0	0	32
33					0	0	0	33
34	TOTAL (lines 1 thru 33)	\$ 244,120	\$ 0		\$ 12,576	\$ 12,576	\$ 64,538	34

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

**XI. OWNERSHIP COSTS (continued)**

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

1	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									1
2	Allocated from Maestro Consulting Services	2003	354		20	18	18	267	2
3	Allocated from Maestro Consulting Services	2004	7,179		20	358	358	5,284	3
4	Allocated from Maestro Consulting Services	2005	426		20	21	21	295	4
5	Allocated from Maestro Consulting Services	2006	577		20	29	29	357	5
6	Allocated from Maestro Consulting Services	2008	608		20	30	30	312	6
7	Allocated from Maestro Consulting Services	2009	9,794		20	490	490	4,706	7
8	Allocated from Maestro Consulting Services	2010	1,505		20	75	75	640	8
9	Allocated from Maestro Consulting Services	2011	81		20	4	4	32	9
10	Allocated from Maestro Consulting Services	2012	91		20	5	5	31	10
11	Allocated from Maestro Consulting Services	2014	1,132		20	57	57	261	11
12	Allocated from Maestro Consulting Services	2015	318		20	16	16	53	12
13	Allocated from Maestro Consulting Services	2016	1,395		20	139	139	333	13
14	Allocated from Maestro Consulting Services	2017	186		20	9	9	19	14
15	Allocated from 7257 N. Lincoln Avenue-Maestro	2015	685		20	46	46	152	15
16	Allocated from 7257 N. Lincoln Avenue-Maestro	2005	3,963		20	142	142	3,048	16
17	Allocated from 7257 N. Lincoln Avenue-Maestro	2004	864		20	43	43	627	17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
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32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 29,158	\$ 0		\$ 1,482	\$ 1,482	\$ 16,417	34

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

Facility Name: Symphony Res of Lincoln Park

Report Period Beginning: 01/01/18

Ending: 12/31/18

**IX. RENTAL COSTS**

**A. Building and Fixed Equipment**

1. Name of Party Holding Lease: Invesque

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

		1	2	3	4	5	6
		Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	Total Years Renewal Option*
3	Original Building		120	/ /	\$ 811,013	15	15
4	Additions			/ /			
5				/ /			
6	Allocated from Maestro Consulting			/ /	1,995		
7	TOTAL		120		\$ 813,008		

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

9. Rental amount for movable equipment \$ 18,744

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

**X. INTEREST EXPENSE**

	1	2	3	4	6	7	8	9			
	Name of Lender	Related**		Purpose of Loan	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense	
		YES	NO			Original	Balance				
	<b>A. Directly Facility Related</b>										
	<b>Long-Term</b>										
1	LifeMed	X		Pharmacy Services	1/1/18	\$ 6,197,033	\$	1/1/24	0.0750	\$ 289	1
2	Omnicare		X	Pharmacy Services	11/27/17	2,170,337	11,513	10/20/20	0.0750	14	2
3					/ /			/ /			3
	<b>Working Capital</b>										
4	Midcap Financial Trust*		X	Line of Credit (Revolving)	9/18/18	35,000,000		9/17/21	Libor + 4.25%	81,863	4
5	*Original loan with Symcare Healthcare LLC. Facility pays the interest expense.										
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 43,367,370	\$ 11,513			\$ 82,166	7
	<b>B. Non-Facility Related</b>										
8	Allocated from Maestro Consulting Services				/ /			/ /		44	8
9	Offset Interest Income				/ /			/ /		(32,268)	9
10	TOTALS (lines 7, 8 and 9)					\$ 43,367,370	\$ 11,513			\$ 49,942	10

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

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

Facility Name: **Symphony Res of Lincoln Park**Report Period Beginning: **01/01/18**

Ending:

**12/31/18****XI. BALANCE SHEET - Unrestricted Operating Fund.**As of 12/31/18

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 5,807	\$ 5,807	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>1,067,025</u> )	<u>1,364,589</u>	<u>1,364,589</u>	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	1,280	1,280	6
7	Other Prepaid Expenses	817	817	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,372,493	\$ 1,372,493	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		4,830	13
14	Buildings, at Historical Cost		43,471	14
15	Leasehold Improvements, at Historical Cost	55,554	500,499	15
16	Equipment, at Historical Cost	12,167	513,577	16
17	Accumulated Depreciation (book methods)	(8,615)	(736,528)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>See Sch 7A</u>	147,774	147,774	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 206,880	\$ 473,623	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 1,579,373	\$ 1,846,116	25

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 299,201	\$ 299,201	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	11,513	11,513	29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable	19,880	19,880	31
32	Accrued Interest Payable	2	2	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35	<u>See Sch 7A</u>	695,359	724,352	35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 1,025,955	\$ 1,054,948	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable			39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43				43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 1,025,955	\$ 1,054,948	45
46	<b>TOTAL EQUITY</b>	\$ 553,418	\$ 791,168	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 1,579,373	\$ 1,846,116	47

\*(See instructions.)

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Schedule 7A

XI. Balance Sheet

B. Long-Term Assets

Line 23: Other long-term assets

<u>Description</u>	<u>Operating</u>
SIL Prepays - Exchange	(2,850)
SIL Clearing Account	16,051
SIL Fixed Assets - Construction in Proces:	134,573
	<u>147,774</u>

XI. Balance Sheet

C. Current Liabilities

Line 35: Other current Liabilities

<u>Description</u>	<u>Operating</u>
Accrued Payables - Professional Fees	16,293
Accrued Payables - Health Insurance	59,744
Accrued Payables - Dental Insurance	(754)
Accrued Payables - Vision Insurance	(59)
Accrued Payables - Life Insurance	228
Accrued Payables- Short Term Disability	(750)
Accrued Payables - Payroll	38,614
Accrued Payables - Vacation Benefits	59,888
Accrued Payables - 401K Deductions	769
Accrued Payables - 401K Loan Repaymer	(108)
Accrued Payables - Heart and Soul Found	(1)
Accrued Payables - Management Fees	81,724
Accrued Payables - RE Taxes	164,297
Accrued Payables - Rent	(42,388)
Accrued Payables - Resident Trust	3,807
Deferred Rent	314,055
	<u>695,359</u>

Facility Name: Symphony Res of Lincoln Park

Report Period Beginning: 01/01/18

Ending:

12/31/18

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

		1	
I. Revenue		Amount	
<b>A. SLF Resident Care</b>			
1	Gross SLF Resident Revenue	\$ 4,183,700	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 4,183,700</b>	<b>3</b>
<b>B. Other Operating Revenue</b>			
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop	67	7
8	Barber and Beauty Care		8
9	Non-Resident Meals		9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$ 67</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	32,268	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 32,268</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15		59,897	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ 59,897</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 4,275,932</b>	<b>18</b>

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	1,069,655	19
20	Health Care/ Personal Care	616,246	20
21	General Administration	1,946,531	21
<b>B. Capital Expense</b>			
22	Ownership	971,147	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	<b>TOTAL EXPENSES (sum of lines 19 thru 27)</b>	<b>\$ 4,603,579</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ (327,647)</b>	<b>29</b>
30	<b>Income Taxes</b>	<b>\$</b>	<b>30</b>
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	<b>\$ (327,647)</b>	<b>31</b>
<b>III. Net Resident Care Revenue detailed by Payer Source</b>			
32	Medicaid - Net Inpatient Revenue	\$ 3,257,653	32
33	Private Pay - Net Inpatient Revenue	470,136	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>MAIP</u>	79,727	35
36	Other-(specify) <u>Managed Care</u>	376,184	36
37	<b>TOTAL (This total must agree to Line 3)</b>	<b>\$ 4,183,700</b>	<b>37</b>

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Schedule 8A

XII. Income Sheet

D. Other Revenue

Line 15: Other Revenue

<u>Description</u>	<u>Operating</u>
Incontinent Products-Revenue Assisted L	400
Purchase Discounts- Other Revenue	2,198
Rental Income -Other Revenue	37,525
Other Income	19,774
	<u>59,897</u>