

		FOR BHF USE					

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

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

<p>I. IDPH License ID Number: <u>0053694</u></p> <p>Facility Name: <u>Symphony of Lincoln Park</u></p> <p>Address: <u>1366 W Fullerton Ave</u> <u>Chicago</u> <u>60614</u> Number City Zip Code</p> <p>County: <u>Cook</u></p> <p>Telephone Number: <u>(773) 248-9300</u> Fax # <u>(773) 935-0036</u></p> <p>HFS ID Number: _____</p> <p>Date of Initial License for Current Owners: <u>1/31/1992</u></p> <p>Type of Ownership:</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>IRS Exemption Code _____</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> "Sub-S" Corp.</td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> Limited Liability Co.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>Amanda Springborn</u> Telephone Number: <u>(314) 925-3838</u> Email Address: _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	IRS Exemption Code _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input type="checkbox"/> "Sub-S" Corp.			<input checked="" type="checkbox"/> Limited Liability Co.			<input type="checkbox"/> Trust			<input type="checkbox"/> Other _____		<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1/1/2020</u> to <u>12/31/2020</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table border="1" style="width:100%"> <tr> <td style="width:20%; vertical-align: top;">Officer or Administrator of Provider</td> <td>(Signed) _____ _____ (Type or Print Name) _____ _____ (Title) _____</td> </tr> <tr> <td style="vertical-align: top;">Paid Preparer</td> <td>(Signed) _____ _____ (Print Name and Title) _____ _____ (Firm Name & Address) <u>RSM US LLP</u> <u>20 N. Martingale Road, Ste. 500 Schaumburg, IL 60173</u> (Telephone) <u>(847) 517-7070</u> Fax # (847)517-7067</td> </tr> </table> <p align="right">MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630</p>	Officer or Administrator of Provider	(Signed) _____ _____ (Type or Print Name) _____ _____ (Title) _____	Paid Preparer	(Signed) _____ _____ (Print Name and Title) _____ _____ (Firm Name & Address) <u>RSM US LLP</u> <u>20 N. Martingale Road, Ste. 500 Schaumburg, IL 60173</u> (Telephone) <u>(847) 517-7070</u> Fax # (847)517-7067
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																											
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Facility Name & ID Number Symphony of Lincoln Park

0053694 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed 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	<u>248</u>	Skilled (SNF)	<u>248</u>	<u>90,768</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>248</u>	TOTALS	<u>248</u>	<u>90,768</u>	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	<u>50,790</u>	<u>2,945</u>	<u>17,698</u>	<u>71,433</u>	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>50,790</u>	<u>2,945</u>	<u>17,698</u>	<u>71,433</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 78.70%

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 7,834

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: 12/31/2020 Fiscal Year: 12/31/2020

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

Facility Name & ID Number Symphony of Lincoln Park # 0053694 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	575,381	106,645	27,506	709,532		709,532	4,337	713,869		1
2	Food Purchase		552,920		552,920		552,920		552,920		2
3	Housekeeping	439,279	99,987	-	539,266		539,266	11,407	550,673		3
4	Laundry	128,317	66,741	3,350	198,408		198,408		198,408		4
5	Heat and Other Utilities			373,005	373,005		373,005	8,060	381,065		5
6	Maintenance	134,673	-	169,748	304,421		304,421	13,316	317,737		6
7	Other (specify):* Mgmt Alloc of Benefit	-	-	-				297	297		7
8	TOTAL General Services	1,277,650	826,293	573,609	2,677,552		2,677,552	37,417	2,714,969		8
	B. Health Care and Programs										
9	Medical Director	-	-	36,000	36,000		36,000		36,000		9
10	Nursing and Medical Records	7,311,014	405,448	29,099	7,745,561		7,745,561	174,369	7,919,930		10
10a	Therapy	-	-	-							10a
11	Activities	168,138	-	-	168,138		168,138		168,138		11
12	Social Services	187,499	-	-	187,499		187,499		187,499		12
13	CNA Training	-	-	-							13
14	Program Transportation	-	-	-							14
15	Other (specify):* Mgmt Alloc of Benefit	-	-	-				50,165	50,165		15
16	TOTAL Health Care and Programs	7,666,651	405,448	65,099	8,137,198		8,137,198	224,534	8,361,732		16
	C. General Administration										
17	Administrative	157,558	-	1,020,255	1,177,813		1,177,813	(1,020,255)	157,558		17
18	Directors Fees			-							18
19	Professional Services			446,198	446,198		446,198	16,884	463,082		19
20	Dues, Fees, Subscriptions & Promotions			52,174	52,174		52,174	(7,750)	44,424		20
21	Clerical & General Office Expenses	459,863	20,347	36,333	516,543		516,543	203,998	720,541		21
22	Employee Benefits & Payroll Taxes			1,758,124	1,758,124		1,758,124		1,758,124		22
23	Inservice Training & Education			-							23
24	Travel and Seminar			1,663	1,663		1,663	2,250	3,913		24
25	Other Admin. Staff Transportation		-	3,606	3,606		3,606	8,026	11,632		25
26	Insurance-Prop.Liab.Malpractice			832,996	832,996		832,996	3,018	836,014		26
27	Other (specify):* Mgmt Alloc of Benefits			-				34,963	34,963		27
28	TOTAL General Administration	617,421	20,347	4,151,349	4,789,117		4,789,117	(758,866)	4,030,251		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	9,561,722	1,252,088	4,790,057	15,603,867		15,603,867	(496,915)	15,106,952		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	
	D. Ownership											
30	Depreciation			371,955	371,955		371,955	52,815	424,770			30
31	Amortization of Pre-Op. & Org.			-								31
32	Interest			45,797	45,797		45,797	(3,519)	42,278			32
33	Real Estate Taxes			718,269	718,269		718,269	1,914	720,183			33
34	Rent-Facility & Grounds			2,987,714	2,987,714		2,987,714	3,736	2,991,450			34
35	Rent-Equipment & Vehicles			154,021	154,021		154,021	15,769	169,790			35
36	Other (specify):*			-								36
37	TOTAL Ownership			4,277,756	4,277,756		4,277,756	70,715	4,348,471			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation	-	-	27,810	27,810		27,810	(3,105)	24,705			38
39	Ancillary Service Centers	-	336,600	1,909,603	2,246,203		2,246,203	(769)	2,245,434			39
40	Barber and Beauty Shops	-	-	-								40
41	Coffee and Gift Shops	-	-	-								41
42	Provider Participation Fee			522,210	522,210		522,210		522,210			42
43	Other (specify):* Non-Allowable Cos	199,491	-	1,142,000	1,341,491		1,341,491	(1,341,491)				43
44	TOTAL Special Cost Centers	199,491	336,600	3,601,623	4,137,714		4,137,714	(1,345,365)	2,792,349			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	9,761,213	1,588,688	12,669,436	24,019,337		24,019,337	(1,771,565)	22,247,772			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: 1/1/2020

Ending: 12/31/2020

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	(31,953)	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	(31,894)	30		9
10	Interest and Other Investment Income	(18,610)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				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	(4,833)	43		18
19	Entertainment				19
20	Contributions	(4,500)	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	(951,257)	43		24
25	Fund Raising, Advertising and Promotional	(82)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(6,717)	43		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See PG5A	(446,621)	Var.		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (1,496,467)		\$	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)	(275,098)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (275,098)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (1,771,565)		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	TOTAL (C): (sum of lines 38-46)			\$		47

Symphony of Lincoln Park

ID# 0053694

Report Period Beginning: 1/1/2020

Ending: 12/31/2020

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Marketing Consultant & Materials	\$ (141,485)	43	1
2	Laboratory Costs	(77,331)	43	2
3	X-Ray Costs	(45,453)	43	3
4	Theft and Damage Loss	(8,554)	43	4
5	Admissions Salary	(64,223)	43	5
6	Lobbying offset	(16,261)	20	6
7	Valet parking	(5,103)	43	7
8	Real Estate Taxes	(30,651)	33	8
9	Other income	(20,347)	21	9
10	Nonallowable legal	(21,441)	19	10
11	Marketing and Branding	(15,772)	19	11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
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36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(446,621)		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:	
		Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
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		\$			\$	\$ * 0	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	<u>1</u> Dietary	\$	<u>Maestro Consulting Services</u>	100%	\$ 1,120	\$ 1,120	15
16	V	<u>5</u> Utilities		<u>Maestro Consulting Services</u>	100%	2,081	2,081	16
17	V	<u>6</u> Maintenance Salaries		<u>Maestro Consulting Services</u>	100%			17
18	V	<u>6</u> Maintenance Expenses		<u>Maestro Consulting Services</u>	100%	4,004	4,004	18
19	V	<u>7</u> Employee Benefits - Maintenance		<u>Maestro Consulting Services</u>	100%	297	297	19
20	V	<u>10</u> Clinical Salaries		<u>Maestro Consulting Services</u>	100%	174,397	174,397	20
21	V	<u>10</u> Contract Nursing		<u>Maestro Consulting Services</u>	100%	168	168	21
22	V	<u>15</u> Employee Benefits - Clinical		<u>Maestro Consulting Services</u>	100%	50,165	50,165	22
23	V	<u>17</u> Administrative - Other	1,020,255	<u>Maestro Consulting Services</u>	100%		(1,020,255)	23
24	V	<u>19</u> Professional Fees		<u>Maestro Consulting Services</u>	100%	43,821	43,821	24
25	V	<u>20</u> Dues, Fees, Subscriptions, Etc.		<u>Maestro Consulting Services</u>	100%	8,030	8,030	25
26	V	<u>21</u> Clerical & General Salaries		<u>Maestro Consulting Services</u>	100%	121,548	121,548	26
27	V	<u>21</u> Clerical & General Expenses		<u>Maestro Consulting Services</u>	100%	59,403	59,403	27
28	V	<u>24</u> Seminars and Education		<u>Maestro Consulting Services</u>	100%	440	440	28
29	V	<u>25</u> Transportation		<u>Maestro Consulting Services</u>	100%	8,026	8,026	29
30	V	<u>26</u> Insurance		<u>Maestro Consulting Services</u>	100%	1,488	1,488	30
31	V	<u>27</u> Employee Benefits - Administrative		<u>Maestro Consulting Services</u>	100%	34,963	34,963	31
32	V	<u>30</u> Depreciation		<u>Maestro Consulting Services</u>	100%	30,368	30,368	32
33	V	<u>32</u> Interest Expense		<u>Maestro Consulting Services</u>	100%	41	41	33
34	V	<u>33</u> Real Estate Tax		<u>Maestro Consulting Services</u>	100%	5,463	5,463	34
35	V	<u>34</u> Building Rental		<u>Maestro Consulting Services</u>	100%	3,736	3,736	35
36	V	<u>35</u> Equipment Rental		<u>Maestro Consulting Services</u>	100%	10,766	10,766	36
37	V	<u>35</u> Auto Lease		<u>Maestro Consulting Services</u>	100%	6,194	6,194	37
38	V							38
39	Total		\$ 1,020,255			\$ 566,519	\$ * (453,736)	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	1		ITEX / AK CARE COMPANY		\$ 3,217	\$ 3,217	15
16	V	3		ITEX / AK CARE COMPANY		11,407	11,407	16
17	V	5		ITEX / AK CARE COMPANY		5,979	5,979	17
18	V	6		ITEX / AK CARE COMPANY		9,312	9,312	18
19	V	19		ITEX / AK CARE COMPANY		10,276	10,276	19
20	V	20		ITEX / AK CARE COMPANY		481	481	20
21	V	21		ITEX / AK CARE COMPANY		43,394	43,394	21
22	V	24		ITEX / AK CARE COMPANY		1,810	1,810	22
23	V	26		ITEX / AK CARE COMPANY		1,530	1,530	23
24	V	30		ITEX / AK CARE COMPANY		54,341	54,341	24
25	V	32		ITEX / AK CARE COMPANY		15,050	15,050	25
26	V	33		ITEX / AK CARE COMPANY		27,102	27,102	26
27	V	35		ITEX / AK CARE COMPANY		2,574	2,574	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		\$			\$ 186,473	\$ * 186,473	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	\$ 1,309	Integra Healthcare Equipment LLC	19%	\$ 1,113	\$ (196)	15
16	V	35 Rent - Equipment & Vehicles	25,100	Integra Healthcare Equipment LLC	19%	21,335	(3,765)	16
17	V	39 Oxygen	5,126	Integra Healthcare Equipment LLC	19%	4,357	(769)	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		\$ 31,535			\$ 26,805	\$ * (4,730)	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	\$ 20,697	Lifeline Ambulance LLC	4%	\$ 17,592	\$ (3,105)	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			\$ 20,697			\$ 17,592	\$ * (3,105)	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	\$ 214,485	Maple Leaf Insurance	100%	\$ 214,485	\$	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			\$ 214,485			\$ 214,485	\$ * 0	39

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

Facility Name & ID Number

Symphony of Lincoln Park

0053694

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	Symcare Health Care, LLC	0.9999	SYMPHONY OF CALIFORNIA GARDENS	CHICAGO	MAESTRO CONSUL	LINCOLNWOOD	MANAGEMENT	1
2	Symcare HMG, LLC	0.0001	CLIFFSIDE COMPANY LLC	ST. JOSEPH, MI	7257 N. LINCOLN AV	LINCOLNWOOD	BUILDING RENTA	2
3			NORTHWOODS CARE CENTRE	BELVIDERE	MAPLELEAF INSUR	GRAND CAYMAN	LIABILITY/WORK	3
4			SYCAMORE VILLAGE	SWANSEA	INTEGRA HEALTHC	ELMHURST	DME & MEDICAL	4
5			SYMPHONY ARIA	HILLSIDE	INTEGRA RESPIRA	ELMHURST	RESPIRATORY SE	5
6			SYMPHONY AT 87TH STREET	CHICAGO	LIFELINE AMBULA	CHICAGO	AMBULANCE	6
7			SYMPHONY AT MIDWAY	CHICAGO	ITEX - A.K. CARE	LINCOLNWOOD	MANAGEMENT	7
8			SYMPHONY AT THE TILLERS	OSWEGO				8
9			SYMPHONY OF BUFFALO GROVE	BUFFALO GROVE				9
10			SYMPHONY OF CHESTERTON	CHESTERTON, IN				10
11			SYMPHONY OF CHICAGO WEST	CHICAGO				11
12			SYMPHONY OF CRESTWOOD	CRESTWOOD				12
13			SYMPHONY OF CROWN POINT	CROWN POINT, IN				13
14			SYMPHONY OF DYER	DYER, IN				14
15			SYMPHONY OF EVANSTON	EVANSTON				15
16			SYMPHONY OF GLENDALE	GLENDALE, WI				16
17			SYMPHONY OF HANOVER PARK	HANOVER PARK				17
18			SYMPHONY OF JOLIET	JOLIET				18
19			SYMPHONY OF BRONZEVILLE	CHICAGO				19
20			SYMPHONY OF MORGAN PARK	CHICAGO				20
21			SYMPHONY OF ORCHARD VALLEY	AURORA				21
22			SYMPHONY OF SOUTH SHORE	CHICAGO				22
23			SYMPHONY RESIDENCES OF LINCOLN PA	CHICAGO				23
24			WOODCARE V INC	BRIGHTON, MI				24
25			MAPLECREST CARE CENTRE	BELVIDERE				25
26			SYMPHONY APPLEWOOD	WOODHAVEN, MI				26
27			SYMPHONY LINDEN	LINDEN, MI				27
28			SYMPHONY TRI-CITIES	BAY CITY, MI				28
29								29
30								30

Facility Name & ID Number

Symphony of Lincoln Park

0053694

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

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	No owners receive compensation from this facility.								\$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13								TOTAL	\$	13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION.

Facility Name & ID Number Symphony of Lincoln Park

0053694

Report Period Beginning:

1/1/2020

Ending: 2/31/2020

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

Facility Name & ID Number Symphony of Lincoln Park

0053694

Report Period Beginning:

1/1/2020

Ending: 2/31/2020

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization

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	1	Dietary	Bed Days Available	1,642,974	27	\$ 20,270	\$ 19,367	90,768	\$ 1,120	1
2	5	Utilities	Bed Days Available	1,642,974	27	37,663		90,768	2,081	2
3	6	Maintenance Salaries	Bed Days Available	1,642,974	27			90,768		3
4	6	Maintenance Expenses	Bed Days Available	1,642,974	27	72,471		90,768	4,004	4
5	7	Employee Benefits - Dietary/Main	Bed Days Available	1,642,974	27	5,383		90,768	297	5
6	10	Clinical Salaries	Bed Days Available	1,642,974	27	3,156,734	3,156,734	90,768	174,397	6
7	10	Contract Nursing	Bed Days Available	1,642,974	27	3,034		90,768	168	7
8	15	Employee Benefits - Clinical	Bed Days Available	1,642,974	27	908,028		90,768	50,165	8
9	17	Administrative - Other	Bed Days Available	1,642,974	27			90,768		9
10	19	Professional Fees	Bed Days Available	1,642,974	27	793,188		90,768	43,821	10
11	20	Dues, Fees, Subscriptions, Etc.	Bed Days Available	1,642,974	27	145,343		90,768	8,030	11
12	21	Clerical & General Salaries	Bed Days Available	1,642,974	27	2,200,120	2,200,120	90,768	121,548	12
13	21	Clerical & General Expenses	Bed Days Available	1,642,974	27	1,075,235		90,768	59,403	13
14	24	Seminars and Education	Bed Days Available	1,642,974	27	7,970		90,768	440	14
15	25	Transportation	Bed Days Available	1,642,974	27	145,272		90,768	8,026	15
16	26	Insurance	Bed Days Available	1,642,974	27	26,926		90,768	1,488	16
17	27	Employee Benefits - Administrativ	Bed Days Available	1,642,974	27	632,860		90,768	34,963	17
18	30	Depreciation	Bed Days Available	1,642,974	27	549,679		90,768	30,368	18
19	32	Interest Expense	Bed Days Available	1,642,974	27	738		90,768	41	19
20	33	Real Estate Tax	Bed Days Available	1,642,974	27	98,893		90,768	5,463	20
21	34	Building Rental	Bed Days Available	1,642,974	27	67,631		90,768	3,736	21
22	35	Equipment Rental	Bed Days Available	1,642,974	27	194,869		90,768	10,766	22
23	35	Auto Lease	Bed Days Available	1,642,974	27	112,113		90,768	6,194	23
24										24
25	TOTALS					\$ 10,254,420	\$ 5,376,221		\$ 566,519	25

Facility Name & ID Number Symphony of Lincoln Park

0053694

Report Period Beginning:

1/1/2020

Ending: 2/31/2020

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization 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	271,572	3	\$ 9,624	\$ 90,768	\$ 3,217	1
2	3	HOUSEKEEPING	AVAILABLE BED DAYS	271,572	3	34,129	90,768	11,407	2
3	5	UTILITIES	AVAILABLE BED DAYS	271,572	3	17,889	90,768	5,979	3
4	6	REPAIRS AND MAINT.	AVAILABLE BED DAYS	271,572	3	27,861	90,768	9,312	4
5	19	PROFESSIONAL FEES	AVAILABLE BED DAYS	271,572	3	30,745	90,768	10,276	5
6	20	FEES, SUBSCRIPTIONS	AVAILABLE BED DAYS	271,572	3	1,439	90,768	481	6
7	21	CLERICAL AND GENERAL	AVAILABLE BED DAYS	271,572	3	129,832	90,768	43,394	7
8	24	EDUCATION AND SEMINARS	AVAILABLE BED DAYS	271,572	3	5,414	90,768	1,810	8
9	26	INSURANCE	AVAILABLE BED DAYS	271,572	3	4,578	90,768	1,530	9
10	30	DEPRECIATION	AVAILABLE BED DAYS	271,572	3	162,585	90,768	54,341	10
11	32	INTEREST	AVAILABLE BED DAYS	271,572	3	45,029	90,768	15,050	11
12	33	REAL ESTATE TAXES	AVAILABLE BED DAYS	271,572	3	81,087	90,768	27,102	12
13	35	EQUIPMENT RENTAL	AVAILABLE BED DAYS	271,572	3	7,702	90,768	2,574	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					\$ 557,914	\$	\$ 186,473	25

Facility Name & ID Number Symphony of Lincoln Park

0053694

Report Period Beginning:

1/1/2020

Ending: 2/31/2020

VIII. ALLOCATION OF INDIRECT COSTS

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

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	10	Nursing & Medical Records	Direct		\$	\$		\$ 1,113	1
2	35	Rent - Equipment & Vehicles	Direct					21,335	2
3	39	Oxygen	Direct					4,357	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				\$	\$		\$ 26,805	25

Facility Name & ID Number Symphony of Lincoln Park

0053694

Report Period Beginning:

1/1/2020

Ending: 2/31/2020

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization

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

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					\$ 17,592	1
2	38	Transportation	Direct						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					\$	\$	\$ 17,592	25

Facility Name & ID Number Symphony of Lincoln Park

0053694

Report Period Beginning:

1/1/2020

Ending: 2/31/2020

VIII. ALLOCATION OF INDIRECT COSTS

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

(_____) _____

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	22	Workers Compensation	Direct		\$	\$		\$ 214,485	1
2	26	Liability Insurance	Direct						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				\$	\$		\$ 214,485	25

Facility Name & ID Number Symphony of Lincoln Park # 0053694 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
A. Directly Facility Related																				
Long-Term																				
1	Omnicare		X	Pharmacy Services	67,444	11/27/2017	\$ 2,170,337	\$	10/20/2020	0.075	\$ 1,117	1								
2	LifeMed	X		Pharmacy Services	38,731	1/1/2018	6,197,033	234,127	01/01/2024	0.075	19,867	2								
3	Select Rehab		X	Operational	159,503	12/31/2018	12,216,125	936,850	12/31/2023	0.002	21,708	3								
4	Integra	X		Medical Supplies/rental	50,680	7/1/2019	1,162,530	5,224	6/30/2021	0.044	470	4								
5												5								
Working Capital																				
6												6								
7	State of Illinois		X	Advance Payment	179,926	5/1/2019	788,300	788,300	8/1/2021			7								
8	National Government Services		X	Medicare AAP	50,767	4/7/2020	1,218,407	1,218,407	4/7/2023			8								
9	TOTAL Facility Related				\$547,051.07		\$ 23,752,732	\$ 3,182,908			\$ 43,162	9								
B. Non-Facility Related*																				
10	Cyber Ins										141	10								
11	Worthy Ins										2,494	11								
12											(18,610)	12								
13											15,091	13								
14	TOTAL Non-Facility Related						\$	\$			\$ (884)	14								
15	TOTALS (line 9+line14)						\$ 23,752,732	\$ 3,182,908			\$ 42,278	15								

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

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

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

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2019 report.		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.		\$	582,800	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		2019		\$	613,899	2
3. Under or (over) accrual (line 2 minus line 1).				\$	31,099	3
4. Real Estate Tax accrual used for 2020 report. (Detail and explain your calculation of this accrual on the lines below.)				\$	656,519	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)				\$		5
			Alloc. Fr. Mgmt. Co. & ITEX		32,565	
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. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)				\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.				\$	720,183	7
Real Estate Tax History:						
Real Estate Tax Bill for Calendar Year:		2015	<u>658,145</u>	8		
		2016	<u>856,375</u>	9		
		2017	<u>736,344</u>	10		
		2018	<u>602,666</u>	11		
		2019	<u>613,899</u>	12		
2020 Accrual = \$613,899 x 1.07 = \$656,519						
FOR BHF USE ONLY						
	13	FROM R. E. TAX STATEMENT FOR 2019	\$			13
	14	PLUS APPEAL COST FROM LINE 5	\$			14
	15	LESS REFUND FROM LINE 6	\$			15
	16	AMOUNT TO USE FOR RATE CALCULATION	\$			16

NOTES:

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

2019 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 2019 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 2019.

(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>767,373.68</u>	\$ <u>613,898.94</u>
2. <u>10-27-319-028-0000</u>	<u>Maestro - Home Office Allocation</u>	\$ <u>85,535.22</u>	\$ <u>5,463.00</u>
3. <u>10-35-312-022-0000</u>	<u>Itex - Home Office Allocation</u>	\$ <u>84,819.07</u>	\$ <u>27,102.00</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	TOTALS	\$ <u>937,727.97</u>	\$ <u>646,463.94</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 copies of the original 2019 tax bills which were listed in Section A to this statement. Be sure to use the 2019 tax bill which is normally paid during 2020.

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:

1/1/2020 Ending:

12/31/2020

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>8839</u>	2
3	TOTALS			\$ 8,839	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	Allocated from Itex - A.K. Care		1993	536,125		35	50,035	50,035	422,516
8	Allocated from Maestro 7257		2004	79,554		35	2,273	2,273	38,925
	Improvement Type**								
9	Various		1992	60,378		20			60,378
10	Various		1993	59,308		20			59,308
11	Various		1994	10,638		20	265	265	10,638
12	Various		1995	43,191		20			43,191
13	Various		1996	43,699		20			43,699
14	Various		1997	62,177		20			62,177
15	Various		1998	86,071		20			86,071
16	Various		1999	130,173		20			130,173
17	Various		2000	176,095		20	4,462	4,462	176,095
18	Various		2001	40,770		20	2,039	2,039	38,898
19	Various		2002	41,086		20	2,054	2,054	38,776
20	Various		2003	96,832		20	4,842	4,842	84,765
21	Various		2004	126,481		20	6,324	6,324	104,429
22	Various		2005	290,744		20	14,537	14,537	222,352
23	Various		2006	427,610		20	21,381	21,381	307,164
24	Various		2007	238,023		20	11,901	11,901	158,517
25	Various		2008	128,721		20	6,436	6,436	79,777
26	Various		2009	205,324		20	10,266	10,266	118,061
27	Various		2010	174,646		20	8,732	8,732	91,684
28	Various		2011	306,184		20	15,309	15,309	130,127
29	Various		2012	61,808		20	3,090	3,090	26,268
30	Various		2013	55,306		20	2,765	2,765	20,770
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:

1/1/2020

Ending:

12/31/2020

XI. OWNERSHIP COSTS (continued)

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

1	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	2013	2,579		20	129	129	838	38
39	2013	1,582		20	79	79	513	39
40	2013	6,900		20	345	345	2,243	40
41	2013	7,620		20	381	381	2,477	41
42	2013	4,500		20	225	225	1,462	42
43	2013	5,155		20	258	258	1,677	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		\$ 3,509,280	\$		\$ 168,129	\$ 168,129	\$ 2,563,969	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:

1/1/2020

Ending:

12/31/2020**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 3,509,280	\$		\$ 168,129	\$ 168,129	\$ 2,563,969	1
2	Thermal Ceramic Blanket Around Exhaust-Entire Exhaust Walls	2014	2,525		20	126	126	820	2
3	Data Plates On All Controlers, Elevators	2014	9,974		20	499	499	3,242	3
4	Fire Alarm System Repair	2014	4,121		20	206	206	1,339	4
5	Replace Marley Oem Cross Flow Nozzles, Fan Shafts, New Oil Lin	2014	3,455		20	173	173	1,124	5
6	Concrete Work And Pipe Repair	2015	6,250		20	313	313	1,877	6
7	Elevator Modernization Per Aia Documents	2015	238,600		20	11,930	11,930	71,580	7
8	Plat Survey, Document Research	2015	6,481		20	324	324	1,944	8
9	Install Lights And Outlets For Elevators	2015	4,400		20	220	220	1,320	9
10	Install Lights And Outlets For Elevators	2015	3,800		20	190	190	1,140	10
11	Room Remodel-Soffit,Wall Plastrers,Crown Moulding,Floor,Wall	2015	8,600		20	430	430	2,580	11
12	Semiprivate Resident Room-Floor,Wallpaper,Light Fixtures,Wind	2015	8,469		20	423	423	2,539	12
13	21 Fire Sprinklers - Shower Rooms Flrs 2-6, 1St Floor Data Room	2016	6,180		20	309	309	1,545	13
14	Permit For Upper Floor Renovation	2017	2,535		20	127	127	508	14
15	Architectural Oversight - 2Nd & 5Th Floor Construction	2017	6,200		20	310	310	1,240	15
16	Network Upgrade And Cable Clean-Up	2017	9,700		20	485	485	1,940	16
17	700Sq Ft Parking Lot Overlay	2017	2,500		20	125	125	500	17
18	Camera System - Remove Old Camera Cables	2017	4,925		20	246	246	985	18
19	Install 10 Additional Diffusers, 5 Additional Thermostats	2017	5,650		20	283	283	1,131	19
20	Signs & Banners - 115 Custom Ada Signs Installed	2017	7,953		20	398	398	1,591	20
21	Elevator Renovation - Install New Panels And Vinyl Floor	2017	8,530		20	427	427	1,706	21
22	1St And 2Nd Floor - Paint Hallway & Pt Room, Repair Ceilings, I	2017	21,810		20	1,091	1,091	4,362	22
23	Hvac - Repair Existing Wiring, New Wiring For Fan Coil, 5 New T	2017	9,500		20	475	475	1,900	23
24	Camera System Installation - Wiring And Drops For System	2017	27,892		20	1,395	1,395	5,579	24
25	Front Sliding Glass Door	2017	4,438		20	222	222	888	25
26	Chiller/Tower Replacement	2017	411,000		20	20,550	20,550	82,200	26
27	Telephone System Installation And Configuration	2017	70,169		20	3,508	3,508	14,034	27
28	Troop Contracting - 1st, 2nd & 5th Floor Renovation Project	2018	521,654	33,635	20	26,083	(7,552)	93,353	28
29	Hanna Z remodel - 1st, 2nd & 5th Floor Renovation Project	2018	1,060,291	57,914	20	53,015	(4,899)	168,843	29
30	Reidy Construction - 1st, 2nd & 5th Floor Renovation Project	2018	219,508	11,254	20	10,975	(279)	33,483	30
31	Elevator Repair-Penthouse elevator mechanical room	2018	3,890	196	20	195	(2)	587	31
32	Sprinkler System-Fire pump lower level	2018	5,900	295	20	295		855	32
33	Construction- 1st, 2nd & 5th Floor Renovation Project	2018	7,240	510	20	362	(148)	1,382	33
34	TOTAL (lines 1 thru 33)		\$ 6,223,420	\$ 103,804		\$ 303,836	\$ 200,032	\$ 3,072,083	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:

1/1/2020

Ending:

12/31/2020**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 6,223,420	\$ 103,804		\$ 303,836	\$ 200,032	\$ 3,072,083	1
2	Tuckpoint East Side building	2018	4,950	248	20	248	(1)	645	2
3	Install Gas Line-Main kitchen	2018	7,400	370	20	370		833	3
4	Architect Fees for Renovation	2018	3,480	178	20	178		534	4
5	Magnetic locks, digital keypad-3rd Floor Stairwell Doors	2018	3,000	150	20	150		316	5
6	R&M-Window repair - Exterior of Building	2018	9,225		20	461	461	1,383	6
7	New Galvanized Spouts	2019	3,000	149	20	149		298	7
8									8
9	6 wires #14 from main power to tamper bell front entrance	2019	2,537	127	20	127	(0)	240	9
10	Install new 200amp elevator equipment, fuse, GFI	2019	14,800	740	20	740		1,032	10
11	Replace 3 LAARS DW Heaters	2019	96,339	4,817	20	4,817	(0)	8,072	11
12	Elevator Modernization-Elevator #3- Permit, drawings, material	2019	122,805	6,140	20	6,140	0	10,290	12
13	Elevator Modernization-Elevator #3- Completion punchlist	2019	13,645	682	20	682	0	854	13
14					20				14
15	Elevator-remove old electric, install new circuit, install SHUNT	2020	28,780	1,782	15	1,782		1,782	15
16	Tuckpointing east side of building, down spouts, caulk vents	2020	4,700	264	15	264		264	16
17	Install 3 ton minisplit in freight elevator room, A/C	2020	6,800	116	15	116		116	17
18	New Boiler basement, installment payments	2020	134,190	25	15	25		25	18
19	LED Retrofit project	2020	11,639	704	15	704		704	19
20	Install delayed egress magnetic lock on 4th floor dining room								20
21	exit door.	2020	2,750	16	15	16		16	21
22									22
23									23
24									24
25									25
26									26
27	Reconcile to financial statement depreciation			176,553			(176,553)		27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 6,693,460	\$ 296,865		\$ 320,805	\$ 23,940	\$ 3,099,488	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:

1/1/2020

Ending:

12/31/2020**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 6,693,460	\$ 296,865		\$ 320,805	\$ 23,940	\$ 3,099,488	1
2	Allocated from 7257 N. Lincoln Ave. - Maestro	2015	1,254		20	84	84	446	2
3	Allocated from 7257 N. Lincoln Ave. - Maestro	2005	7,252		20	260	260	6,098	3
4	Allocated from 7257 N. Lincoln Ave. - Maestro	2004	1,581		20	79	79	1,304	4
5									5
6	Allocated from Maestro Consulting Services	2003	647		20	32	32	554	6
7	Allocated from Maestro Consulting Services	2004	13,138		20	655	655	10,981	7
8	Allocated from Maestro Consulting Services	2005	779		20	39	39	618	8
9	Allocated from Maestro Consulting Services	2006	1,056		20	53	53	759	9
10	Allocated from Maestro Consulting Services	2008	1,113		20	56	56	682	10
11	Allocated from Maestro Consulting Services	2009	17,923		20	896	896	10,404	11
12	Allocated from Maestro Consulting Services	2010	2,754		20	138	138	1,447	12
13	Allocated from Maestro Consulting Services	2011	149		20	7	7	74	13
14	Allocated from Maestro Consulting Services	2012	166		20	8	8	73	14
15	Allocated from Maestro Consulting Services	2014	2,072		20	104	104	684	15
16	Allocated from Maestro Consulting Services	2015	583		20	29	29	155	16
17	Allocated from Maestro Consulting Services	2016	2,553		20	128	128	865	17
18	Allocated from Maestro Consulting Services	2017	341		20	17	17	68	18
19	Allocated from Maestro Consulting Services	2020	551		20	14	14	14	19
20	Allocated from Itex - A.K. Care	1993	67,460		20	912	912	67,460	20
21	Allocated from Itex - A.K. Care	1994	36,234		20	943	943	36,231	21
22	Allocated from Itex - A.K. Care	1995	6,175		20	42	42	6,175	22
23	Allocated from Itex - A.K. Care	1996	350		20			350	23
24	Allocated from Itex - A.K. Care	1997	10,417		20	586	586	10,417	24
25	Allocated from Itex - A.K. Care	1999	1,157		20	59	59	1,157	25
26	Allocated from Itex - A.K. Care	2005	5,065		20			3,894	26
27	Allocated from Itex - A.K. Care	2007	6,271		20	220	220	4,157	27
28	Allocated from Itex - A.K. Care	2008	23,901		20	913	913	9,933	28
29	Allocated from Itex - A.K. Care	2009	1,302		20	49	49	1,302	29
30	Allocated from Itex - A.K. Care	2010	2,782		20			1,443	30
31	Allocated from Itex - A.K. Care	2014	11,611		20			3,790	31
32	Allocated from Itex - A.K. Care	2016	1,329		20	45	45	277	32
33	Allocated from Itex - A.K. Care	2018	1,182		20	39	39	128	33
34	TOTAL (lines 1 thru 33)		\$ 6,922,608	\$ 296,865		\$ 327,212	\$ 30,347	\$ 3,281,428	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	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 6,922,608	\$ 296,865		\$ 327,212	\$ 30,347	\$ 3,281,428	1
2									2
3	Allocated from Itex - A.K. Care	2019	12,980		20	434	434	702	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)		\$ 6,935,588	\$ 296,865		\$ 327,646	\$ 30,781	\$ 3,282,130	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	\$ 448,651	\$ 64,792	\$ 61,266	\$ (3,526)	5-10	\$ 159,478	71
72	Current Year Purchases	120,660	10,298	10,298		5-10	10,298	72
73	Fully Depreciated Assets	3,632,340					3,632,340	73
74	Allocated from Maestro & ITEX	481,077		25,560	25,560	5-10	358,953	74
75	TOTALS	\$ 4,682,728	\$ 75,090	\$ 97,124	\$ 22,034		\$ 4,161,069	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	\$ 489	\$ -	\$ -	\$	5	\$ 489	76
77										77
78										78
79										79
80	TOTALS			\$ 489	\$	\$	\$		\$ 489	80

E. Summary of Care-Related Assets

	1	2		
	Reference	Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 11,627,644	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 371,955	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 424,770	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 52,815	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 7,443,688	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	\$ 71,225	92
93			93
94			94
95		\$ 71,225	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.

Facility Name & ID Number Symphony of Lincoln Park

0053694

Report Period Beginning: 1/1/2020

Ending: 12/31/2020

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>2,987,714</u>	<u>15</u>	<u>15</u>	3
4	Additions							4
5	<u>Allocated from Maestro Consulting</u>				<u>3,736</u>			5
6								6
7	TOTAL		<u>248</u>		\$ <u>2,991,450</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>12/31/2021</u>	\$ <u>2,823,877</u>
13.	<u>12/31/2022</u>	\$ <u>2,887,414</u>
14.	<u>12/31/2023</u>	\$ <u>2,952,381</u>

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

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

N/A

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: \$ 163,596 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			\$ _____	\$ _____	17
18	<u>Allocated from Maestro Consulting</u>			<u>6,194</u>	18
19					19
20					20
21	TOTAL		\$ _____	\$ <u>6,194</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: 12/31/2020

Schedule 14A

XIV. Rental Costs

Line 16 Rental Amount for Moveable Equipment

Rental Description	Amount
Building Equipment	450
Copier	92,210
Dish Equipment	47
Music Player	584
Nursing Equipment	56,094
Postage Machine	1,032
Vital Monitors	3,204
Water Conditioner	401
ITEX Allocation	2,574
Integra Allocation	(3,765)
Maestro Allocation	10,765
Total - Line 16	<u>163,596</u>

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			Total
		1	2	3	
		Drop-outs	Completed	Contract	
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	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39(3)	hrs	\$	9,952	\$ 716,514	\$	9,952	\$ 716,514	1
2	Licensed Speech and Language Development Therapist	39(3)	hrs		3,478	250,415		3,478	250,415	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39(3)	hrs		10,469	753,785		10,469	753,785	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39(2)	# of prescripts				331,474		331,474	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Oxygen</u>	39(2)					4,357		4,357	12
13	Other (specify): <u>See Sch 16A</u>	39(3)			2,607	187,714		2,607	187,714	13
14	TOTAL			\$	26,506	\$ 1,908,428	\$ 335,831	26,506	\$ 2,244,259	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: 12/31/2020

Schedule 16A

<u>Description</u>	<u>Amount</u>
Inhalation Therapy Costs-Medicaid	3,312
Inhalation Therapy Costs-Medicare A	3,600
Inhalation Therapy Costs-Managed Care	3,937
Inhalation Therapy Costs-Private	414
I.V. Therapy Costs-Medicaid	31,068
I.V. Therapy Costs-Medicare A	58,628
I.V. Therapy Costs-Managed Care	83,555
I.V. Therapy Costs-Private	3,044
Other Ancillary Costs-Medicare A	156
	<u>187,714</u>

Facility Name & ID Number Symphony of Lincoln Park

0053694

Report Period Beginning: 1/1/2020

Ending:

12/31/2020

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2020

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 2,000	\$ 2,000	1
2	Cash-Patient Deposits	106,260	106,260	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>3,604,411</u>)	3,555,848	3,555,848	3
4	Supply Inventory (priced at)	-	-	4
5	Short-Term Investments	-	-	5
6	Prepaid Insurance	11,121	11,121	6
7	Other Prepaid Expenses	67,792	67,792	7
8	Accounts Receivable (owners or related parties)	-	-	8
9	Other(specify): <u>See Attached Schedule</u>	3,681,713	3,681,713	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 7,424,734	\$ 7,424,734	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	-	-	11
12	Long-Term Investments	-	-	12
13	Land	-	8,839	13
14	Buildings, at Historical Cost	-	615,679	14
15	Leasehold Improvements, at Historical Cost	3,868,703	6,319,909	15
16	Equipment, at Historical Cost	641,128	4,683,217	16
17	Accumulated Depreciation (book methods)	(1,134,074)	(7,443,688)	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 Attached Schedule</u>	683,009	683,009	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 4,058,766	\$ 4,866,965	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 11,483,500	\$ 12,291,699	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,289,468	\$ 1,289,468	26
27	Officer's Accounts Payable	-	-	27
28	Accounts Payable-Patient Deposits	106,260	106,260	28
29	Short-Term Notes Payable	-	-	29
30	Accrued Salaries Payable	469,893	469,893	30
31	Accrued Taxes Payable (excluding real estate taxes)	440,618	440,618	31
32	Accrued Real Estate Taxes(Sch.IX-B)	656,519	656,519	32
33	Accrued Interest Payable	-	-	33
34	Deferred Compensation	-	-	34
35	Federal and State Income Taxes	-	-	35
	Other Current Liabilities(specify):			
36	<u>See Attached Schedule</u>	15,910,123	15,910,123	36
37		-	-	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 18,872,881	\$ 18,872,881	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	3,182,908	3,182,908	39
40	Mortgage Payable	-	-	40
41	Bonds Payable	-	-	41
42	Deferred Compensation	-	-	42
	Other Long-Term Liabilities(specify):			
43		-	-	43
44		-	-	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 3,182,908	\$ 3,182,908	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 22,055,789	\$ 22,055,789	46
47	TOTAL EQUITY(page 18, line 24)	\$ (10,572,289)	\$ (9,764,090)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 11,483,500	\$ 12,291,699	48

*(See instructions.)

Facility Name: Symphony of Lincoln Park
 IDPH License ID Number: 0053694
 Fiscal Year End: 12/31/2020

Schedule 17A

XV. Balance Sheet

Line 9 Current Assets Other (specify):

Description	After	
	Operating	Consolidation
Due to/from IVY LCL	3,235,456	3,235,456
Due to/from Imperial-OLD	590,298	590,298
Total - Line 9	3,825,754	3,825,754

XV. Balance Sheet

Line 23 Long-Term Assets Other (specify):

Description	After	
	Operating	Consolidation
Construction in Process	71,225	71,225
Due to/from Crestwood, LLC	839	839
Due to/from Dyer LLC	109	109
Due to/from Aria-OLD	608,366	608,366
Due to/from-Nucare Insurance Susp.	2,470	2,470
Total - Line 23	683,009	683,009

XV. Balance Sheet

Line 36 Other Current Liabilities (specify):

Description	After	
	Operating	Consolidation
Clearing Account	10,705	10,705
Due to/from Deerbrook LLC	1,423	1,423
Due to/from Evanston Healthcare LLC	1,589	1,589
Due to/from Sycamore Healthcare	7,582,752	7,582,752
Due to/from Sycamore ML	3,187,451	3,187,451
Due to/from Maestro	147,662	147,662
Accrued Payables	43,126	43,126
Accrued Payables Professional Fees	26,717	26,717
Accrued Payables Health Insurance	41,187	41,187
Accrued Payables Dental Insurance	(3,261)	(3,261)
Accrued Payables Vision Insurance	(212)	(212)
Accrued Payables Life Insurance	70,698	70,698
Accrued Payables Short Term Disability	(63,741)	(63,741)
Accrued Payables Payroll Union Dues	4,471	4,471
Accrued Payables 401 Deductions	504	504
Accrued Payables 401K Loan Repayme	680	680
Accrued Payables Garnishments	(9,761)	(9,761)
Employee Purchases	140	140
Fringe Benefits-Flow Through	1,047	1,047
Accrued Payables-WC/GL Insurance	298,479	298,479
Accrued Payables-OIG Audit	311,183	311,183
Accrued Payables Bed Taxes Add'l	63,616	63,616
Accrued Payables-Management Fees	1,891	1,891
Accrued Payables-Rent	(77,386)	(77,386)
Accrued Payables Sales Tax	784	784
Sales Tax Payable-Manual	44	44
Deferred Rent	1,742,314	1,742,314
Deferred Income	184,719	184,719
Lease Hold Payable	2,485,343	2,485,343
Total - Line 36	16,054,164	16,054,164

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (8,478,525)	1
2	Restatements (describe):		2
3	Prior period adjustment	1	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (8,478,524)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(2,093,765)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (2,093,765)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (10,572,289)	24 *

* This must agree with page 17, line 47.

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required

classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

1

I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 20,167,411	1
2	Discounts and Allowances for all Levels	(3,830,905)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 16,336,506	3
B. Ancillary Revenue			
4	Day Care	-	4
5	Other Care for Outpatients	-	5
6	Therapy	3,119,349	6
7	Oxygen	10,037	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 3,129,386	8
C. Other Operating Revenue			
9	Payments for Education	-	9
10	Other Government Grants	1,552,765	10
11	CNA Training Reimbursements	-	11
12	Gift and Coffee Shop	(2,092)	12
13	Barber and Beauty Care	(24)	13
14	Non-Patient Meals	-	14
15	Telephone, Television and Radio	-	15
16	Rental of Facility Space	-	16
17	Sale of Drugs	650,209	17
18	Sale of Supplies to Non-Patients	-	18
19	Laboratory	236,298	19
20	Radiology and X-Ray	52,794	20
21	Other Medical Services	31,569	21
22	Laundry	-	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 2,521,519	23
D. Non-Operating Revenue			
24	Contributions	-	24
25	Interest and Other Investment Income***	18,610	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 18,610	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	(80,449)	28
28a		-	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ (80,449)	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 21,925,572	30

2

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,677,552	31
32	Health Care	8,137,198	32
33	General Administration	4,789,117	33
B. Capital Expense			
34	Ownership	4,277,756	34
C. Ancillary Expense			
35	Special Cost Centers	3,615,504	35
36	Provider Participation Fee	522,210	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 24,019,337	40
41	Income before Income Taxes (line 30 minus line 40)**	(2,093,765)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (2,093,765)	43

III. Net Inpatient Revenue detailed by Payer Source		Amount	
44	Medicaid - Net Inpatient Revenue	\$ 10,510,049	44
45	Private Pay - Net Inpatient Revenue	995,520	45
46	Medicare - Net Inpatient Revenue	2,887,002	46
47	Other-(specify) <u>MAIP</u>	(249,219)	47
48	Other-(specify) <u>Managed Care/Veteran/Hospice</u>	2,193,154	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 16,336,506	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: 12/31/2020

Schedule 19A

XVII. Income Statement

Line 28 Other Revenue (specify):

Description	Amount
Other Revenue	31,866
Other Services-Revenue Managed Care	(114,483)
Transporation-Other Revenue	2,168
Total - Line 28	<u>(80,449)</u>

Facility Name & ID Number Symphony of Lincoln Park

0053694

Report Period Beginning: 1/1/2020

Ending: 12/31/2020

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	2,024	2,120	\$ 181,252	\$ 85.50	1
2	Assistant Director of Nursing	3,765	4,205	82,425	19.60	2
3	Registered Nurses	60,092	69,549	2,521,619	36.26	3
4	Licensed Practical Nurses	48,473	58,018	1,669,897	28.78	4
5	CNAs & Orderlies	134,569	154,256	2,471,747	16.02	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,870	2,054	33,133	16.13	9
10	Activity Assistants	8,273	9,614	135,005	14.04	10
11	Social Service Workers	6,758	7,377	187,499	25.42	11
12	Dietician					12
13	Food Service Supervisor	5,006	5,556	57,684	10.38	13
14	Head Cook					14
15	Cook Helpers/Assistants	11,299	12,552	122,318	9.74	15
16	Dishwashers	35,708	38,796	395,379	10.19	16
17	Maintenance Workers	6,155	6,834	134,673	19.71	17
18	Housekeepers	26,728	29,422	439,279	14.93	18
19	Laundry	8,109	8,853	128,317	14.49	19
20	Administrator	1,992	2,181	143,015	65.57	20
21	Assistant Administrator	560	587	14,543	24.78	21
22	Other Administrative					22
23	Office Manager	1,472	2,080	75,667	36.38	23
24	Clerical	14,627	16,184	331,270	20.47	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	7,422	8,522	163,640	19.20	31
32	Other Health C: See Sch 20A	7,025	7,686	273,360	35.57	32
33	Other(specify) <u>Admissions</u>	11,688	12,944	199,491	15.41	33
34	TOTAL (lines 1 - 33)	403,615	459,390	\$ 9,761,213 *	\$ 21.25	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	\$ 27,506	1(3) 35
36	Medical Director	Monthly	36,000	9(3) 36
37	Medical Records Consultant			37
38	Nurse Consultant	Monthly	168	10(7) 38
39	Pharmacist Consultant	Monthly	25,230	10(3) 39
40	Physical Therapy Consultant			40
41	Occupational Therapy Consultant			41
42	Respiratory Therapy Consultant	Monthly	1,175	39(3) 42
43	Speech Therapy Consultant			43
44	Activity Consultant			44
45	Social Service Consultant			45
46	Other(specify) <u>Psychiatric</u>	Monthly	200	10(3) 46
47				47
48				48
49	TOTAL (lines 35 - 48)		\$ 90,279	49

C. CONTRACT NURSES

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

Facility Name: Symphony of Lincoln Park
IDPH License ID Number: 0053694
Fiscal Year End: 12/31/2020

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
MDS Coordinator	5,121	5,607	220,434	\$ 39.31
Human Resource Director	1,904	2,079	52,926	\$ 25.46
Total - Line 32 Other Health Care (specify):	7,025	7,686	273,360	

Facility Name & ID Number **Symphony of Lincoln Park**

0053694

Report Period Beginning: **1/1/2020**

Ending: **12/31/2020**

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	
Moshe Pretter	Administrator	0	\$ 143,015	Workers' Compensation Insurance	\$ 214,485	IDPH License Fee	\$ 1,990	
Debra Brown	Administrator	0	14,543	Unemployment Compensation Insurance	80,531	Advertising: Employee Recruitment	4,477	
				FICA Taxes	715,148	Health Care Worker Background Check (Indicate # of checks performed <u>47</u>)	566	
				Employee Health Insurance	695,764	Patient Background Checks	1,270	
				Employee Meals		Miscellaneous Licenses & Fees	7,055	
				Illinois Municipal Retirement Fund (IMRF)*		Healthcare Council of Illinois	32,521	
				Employee Retirement	25,306	Miscellaneous Dues & Subscriptions	4,295	
				Employee Benefits - Other	21,290	Maestro Allocation	8,030	
				Employees' Physical Exams	5,600	ITEX Allocation	481	
						Less: Public Relations Expense	(16,261)	
						Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 157,558	TOTAL (agree to Schedule V, line 22, col.8)		TOTAL (agree to Sch. V, line 20, col. 8)		
				\$ 1,758,124		\$ 44,424		
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)			\$ 1,020,255	N/A		\$	Out-of-State Travel	\$
							In-State Travel	
							Seminar Expense	1,663
							Maestro Allocation	440
							ITEX Allocation	1,810
							Entertainment Expense	()
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 1,020,255	TOTAL		\$	TOTAL (agree to Sch. V, line 24, col. 8)	
							\$ 3,913	
C. Professional Services								
Vendor/Payee	Type					Amount		
See Supplemental Schedule		\$ 446,198						
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 446,198					

* Attach copy of IMRF notifications

**See instructions.

Facility Name: Symphony of Lincoln Park
 IDPH License ID Number: 0053694
 Fiscal Year End: 12/31/2020

Schedule 21C

XIX. SUPPORT SCHEDULES

C. Professional Services

Vendor	Type	Amount
Ability Choice	Secure Exchange Managed Services	(107)
Allscripts LLC	Referral System	4,628
Alteryx, Inc.	Data Analytics	3,933
Applioi-applicant tracing system	Applioi-applicant tracking system	76
CATS-Applicant tracking system	Applicant Tracking System	404
CDW	IT Support	1,975
Comcast Cable	Internet and cable	24,476
Creative Technology Solutions	IT Support	3,253
Darktrace Limited	Cyber Security	2,826
Data Robot-Coud Professional	Data Storage	2,620
EMMI Solutions	Data Analytics	(422)
Enquire Solutions LLC	Marketing Solution	1,303
Enterprise Immune System	Immune System tracker	249
EnVista, LLC	IT Support	946
Formation Healthcare	Monthly Subscription Fee	1,361
Health Data Systems Inc.	Programming	3,057
Intellcomp Technologies, Inc.	IT Support	23,269
IntelliLogix	IT Support	567
Kronos Support Services	Payroll Service	11,744
Managed Care Group LLC	IT Support	6,486
Microsoft Corp	Computer Service	5,038
Navigator Group Purchasing, Inc.	Data Analytics	356
Nexuscomm, LLC	Phone/Fax Service	5,125
PatientPing, Inc.	Care Coordiantion	7,097
Pay Access	Payroll	178
PointClickCare Technologies Inc.	Coud based software services	51,269
Prime Care Technologies	PJB Reporting Module Access Fee	2,520
Reputation.com, Inc.	Online Reputation Management	1,194
Reside Admissions LLC	Admission Process Consulting	5,590
Scott Norton	HR Services	215
Sprout Social Inc.	Social Medica Management	2,842
Striv Technologies LLC	IT Support	1,845
Team TSI Corporation	Collection	5,855
Telemedicine Solutions, LLC	Wound Rounds Care	19,131
Thrid Eye Health Inc.	Data Analytics	8,481
Wencel	Branding	8,116
Byron L. Mason	Legal	1,870
Epstein & Epstein	Legal	1,141
Helfer Law, LLC	Legal	1,568
Hoogendoom & Talbot LLP	Legal	2,668
James F. Dunneback, PC	Legal	554
James Meyer	Legal	825
McCabe, Kirshner P.C.	Legal	2,200
MKB	Legal	94,363
Stern & Associates	Legal	819
Stone, Pogrund & Korey LLC	Legal	22,841
Achieve Accreditation	Accreditation	10,532
ADP, LLC	Payroll Service	1,970
Advanced Care Medical Specialist	Infectious Disease Consultant	965
Corporation Service Company	Annual Filing	1,111
Language Line Service	Language lesson	3,890
MTS Consulting, LLC	Tax Consulting	4,977
National Datacare Corporation	Trust service charge	7,411
Personnel Planners, Inc.	Qtrly Unemployment Claims	3,126
SB2	Legal fees-appeal Medicaid/Medicare	6,353
RSM US LLP	Accounting	59,520

Total (agree to Schedule V, line 19, column 3) 446,198

Allocated from Management Company Professional Services 54,097
 Less: Non-Allowable Legal Fees (21,441)
 Less:Branding/Marketing (15,772)
Total (agree to Schedule V, line 19, column 8) 463,082

Facility Name & ID Number Symphony of Lincoln Park# 0053694

Report Period Beginning:

1/1/2020

Ending:

12/31/2020**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 - \$32,521
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 5-10 Yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 1,414 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. \$ 522,210
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ - Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
c. What percent of all travel expense relates to transportation of nurses and patients? 100% Ln 3
d. Have vehicle usage logs been maintained? Adequate records have been maintained
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? 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.