

		FOR BHF USE			

LL2

Supportive Living Facility

2019

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2019)

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.

I. Facility ID Number: 1000019

Facility Name: Symphony Resid Lincoln Park

Address: 2437 North Southport Chicago 60614

County: Cook

Telephone Number: (773) 472-8400 Fax # 773 935-0036

Federal Employer ID Number:

Date Current Owners were Certified: 11/21/2002

Type of Ownership:

☐ VOLUNTARY, NON-PROFIT Charitable Corp. ☐ Trust
IRS Exemption Code _____

☒ PROPRIETARY Individual Partnership Corporation ☒ "Sub-S" Corp. Limited Liability Co. Trust Other _____

☐ GOVERNMENTAL State County Other _____

In the event there are further questions about this report, please contact:

Name: Amanda Springborn Telephone Number: (314) 925-3838
Email Address: amanda.springborn@rsmus.com

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/19 to 12/31/19 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.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) _____ (Date) _____
(Type or Print Name) Ari Krupp
(Title) Chief Financial Officer

Paid Preparer

(Signed) _____ (Date) _____
(Print Name and Title) _____
(Firm Name & Address) RSM US LLP
20 N. Martingale Road, Ste. 500, Schaumburg, IL 60173
(Telephone) (847) 517-7070 Fax (847) 517-7067

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

HFS 3745C (N-4-05)

IL478-2471

Facility Name Symphony Resid Lincoln Park Report Period Beginning: 01/01/19 Ending: 12/31/19

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	2	3	4	5	
	Type of Unit	Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	25,806	5,352	8,201	39,359	5
6	Double Unit					6
7	Other					7
8	TOTALS	25,806	5,352	8,201	39,359	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 91.38%

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

ACCRAUAL ☒ MODIFIED CASH* ☐ CASH* ☐

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

Tax Year: 12/31/19 Fiscal Year: 12/31/19

* 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

STATE OF ILLINOIS

Facility Name: Symphony Resid Lincoln Park

Report Period Beginning:

01/01/19

Ending:

Page 3

12/31/19

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

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
	A. General Services							
1	Dietary and Food Purchase	271,746	283,881	1,672	557,299	590	557,889	1
2	Housekeeping, Laundry and Maintenance	368,859	3,381	94,128	466,368	3,583	469,951	2
3	Heat and Other Utilities			74,539	74,539	1,821	76,360	3
4	Other (specify): H.O. Benefit Allocation					138	138	4
5	TOTAL General Services	640,605	287,262	170,339	1,098,206	6,132	1,104,338	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	475,057	2,305	64,054	541,416	87,348	628,764	6
7	Activities and Social Services	77,578		19,374	96,952		96,952	7
8	Other (specify): H.O Benefit Allocation					20,168	20,168	8
9	TOTAL Health Care and Programs	552,635	2,305	83,428	638,368	107,516	745,884	9
	C. General Administration							
10	Administrative and Clerical	256,786		612,427	869,213	(180,402)	688,811	10
11	Marketing Materials, Promotions and Advertising	49,125		77,471	126,596	(126,596)		11
12	Employee Benefits and Payroll Taxes			219,352	219,352		219,352	12
13	Insurance-Property, Liability and Malpractice			146,224	146,224	2,036	148,260	13
14	Other (specify): H.O Benefit Allocation					14,140	14,140	14
15	TOTAL General Administration	305,911		1,055,474	1,361,385	(290,822)	1,070,563	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,499,151	289,567	1,309,241	3,097,959	(177,174)	2,920,785	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			23,652	23,652	42,899	66,551	17
18	Interest			552	552	(552)		18
19	Real Estate Taxes			49,579	49,579	104,652	154,231	19
20	Rent -- Facility and Grounds			808,492	808,492	2,042	810,534	20
21	Rent -- Equipment			38,067	38,067	9,157	47,224	21
22	Other (specify):							22
23	TOTAL Ownership			920,342	920,342	158,198	1,078,540	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,499,151	289,567	2,229,583	4,018,301	(18,976)	3,999,325	24

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: 1/1/2019

Ending: 12/31/2019

Sch. V Line

NON-ALLOWABLE EXPENSES

Amount

Reference

1	Remove marketing salary	\$	(49,125)	11	1
2	Marketing expense		(77,471)	11	2
3	Coffee Shop		(148)	1	3
4	Purchase Discounts			1	4
5	Incontinent Products			6	5
6	Other revenue		(5,239)	10	6
7	Interest Income		(552)	18	7
8	Cable TV		(5,963)	10	8
9	Penalties		(1,105)	10	9
10	Trust Overcharges		(122)	10	10
11	Bad Debt Expense		(96,159)	10	11
12	Depreciation Straight Line		26,573	17	12
13	To adjust real estate taxes		101,088	19	13
14					14
15					15
16					16
17					17
18	Maestro Allocation				18
19	Dietary		738	1	19
20	Utilities		1,821	3	20
21	Maintenance Expense		3,721	2	21
22	Clinical Salaries		87,168	6	22
23	Contract Nursing		180	6	23
24	Employee Benefits Clinical		20,168	8	24
25	Management Fees		(226,033)	10	25
26	Professional Fees		48,828	10	26
27	Dues, Fees, Subscriptions, Etc.		4,465	10	27
28	Clerical & General Salaries		61,707	10	28
29	Clerical & General Expenses		25,861	10	29
30	Seminars & Educations		3,296	10	30
31	Transportation		10,062	10	31
32	Insurance		2,036	13	32
33	Employee Benefits Administration		14,140	14	33
34	Depreciation		16,326	17	34
35	Interest Expense		0	18	35
36	Real Estate Tax		3,564	19	36
37	Buidling Rental		2,042	20	37
38	Equipment Rental		6,099	21	38
39	Auto Lease		3,058	21	39
40					40
41					41
42					42
43					43
44					44
45					45
46					46
47					47
48					48
99					99
100					100
101	Total		(18,976)		101

Facility Name: Symphony Resid Lincoln Park

Report Period Beginning 01/01/19 Ending: 12/31/19

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.13	\$ 36.63	1
2	Licensed Practical Nurses	3.60	25.27	2
3	Certified Nurse Assistants	7.58	12.66	3
4	Activity Director & Assistants	2.68	13.92	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	9.21	14.18	7
8	Dishwashers			8
9	Maintenance Workers	4.88	16.14	9
10	Housekeepers	6.71	14.71	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.00	45.78	13
14	Clerical	3.92	19.84	14
15	Marketing	1.72	13.75	15
16	Other			16
17	Total (lines 1 thru 16)	42.43	\$	17

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).

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
Total				\$	6

VI. (B) Management fees paid to unrelated parties

Amount of Fee

1		\$	1
2			2
Total		\$	3

The IVY
12/31/2019
Schedule 4A

VII. A

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

Facility Name: Symphony Resid Lincoln Park

Report Period Beginning:

01/01/19

Ending:

12/31/19

VIII. OWNERSHIP COSTS

A. Purchase price of land 4,919 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		44,268		35	1,265	1,265	20,395	2
3											3
4											4
5											5
	Improvement Type										
6	Various		1994		5,181		20			5,181	6
7	Various		1995		17,463		20			17,463	7
8	Various		1996		20,188		20			20,188	8
9	Various		1997		13,006		20			13,006	9
10	Various		1998		4,476		20			4,476	10
11	Various		1999		52,138		20	1,301	1,301	52,138	11
12	Various		2001		40,555		20	2,028	2,028	37,516	12
13	Various		2002		30,820		20	1,541	1,541	27,056	13
14	Various		2003		10,154		20	508	508	8,379	14
15	Various		2004		33,240		20	1,662	1,662	25,763	15
16	Total from supplemental Page 5's				463,186	18,336		18,654	318	99,910	16
17	TOTAL (lines 1 thru 16)				\$ 734,675	\$ 18,336		\$ 26,959	\$ 8,623	\$ 331,471	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	\$ 525,389	\$ 5,316	\$ 39,592	34,276		\$ 472,861	18
19	Vehicles	272					272	19
20	TOTAL (lines 18 and 19)		\$ 525,661	\$ 5,316	\$ 39,592		\$ 473,133	20

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

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

STATE OF ILLINOIS

Page 5A

Facility Name & 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	3,648	2
3	2010	4,660		20	233	233	2,214	3
4	2010	4,650		20	233	233	2,212	4
5	2010	2,405		20	120	120	1,141	5
6	2010	1,812		20	91	91	863	6
7	2011	7,016		20	351	351	2,982	7
8	2011	2,350		20	118	118	1,002	8
9	2011	13,105		20	655	655	5,569	9
10	2012	4,913		20	246	246	1,844	10
11	2012	83,272		20	4,164	4,164	31,229	11
12	2013	4,161		20	208	208	1,352	12
13	2013	14,520		20	726	726	4,719	13
14	2013	4,500		20	225	225	1,463	14
15	2013	5,155		20	258	258	1,677	15
16	2014	4,610		20	231	231	1,268	16
17	2014	2,550		20	128	128	702	17
18	2015	20,056		20	1,003	1,003	5,014	18
19	2015	3,525		20	176	176	882	19
20	2017	19,184		20	959	959	2,878	20
21	2017	6,419		20	321	321	963	21
22	2018	20,687		20	1,591	1,591	2,794	22
23	2018	6,890		20	1,378	1,378	1,922	23
24	2019	4,200		20	224	224	224	24
25	2019	3,572		20	120	120	120	25
26	2019	163,740		20	2,819	2,819	2,819	26
27					0	0	0	27
28	2019	14,911		20	244	244	244	28
29					0	0	0	29
30	2019	2,950		20	11	11	11	30
31					0	0	0	31
32			18,336		0	(18,336)	0	32
33					0	0	0	33
34		\$ 433,493	\$ 18,336		\$ 17,216	\$ (1,120)	\$ 81,754	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 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									1
2	Allocated from Maestro Consulting Services	2003	360		20	18	18	290	2
3	Allocated from Maestro Consulting Services	2004	7,311		20	365	365	5,746	3
4	Allocated from Maestro Consulting Services	2005	433		20	22	22	322	4
5	Allocated from Maestro Consulting Services	2006	588		20	29	29	393	5
6	Allocated from Maestro Consulting Services	2008	619		20	31	31	349	6
7	Allocated from Maestro Consulting Services	2009	9,973		20	499	499	5,291	7
8	Allocated from Maestro Consulting Services	2010	1,533		20	77	77	729	8
9	Allocated from Maestro Consulting Services	2011	83		20	4	4	37	9
10	Allocated from Maestro Consulting Services	2012	92		20	5	5	36	10
11	Allocated from Maestro Consulting Services	2014	1,153		20	58	58	323	11
12	Allocated from Maestro Consulting Services	2015	324		20	16	16	70	12
13	Allocated from Maestro Consulting Services	2016	1,421		20	71	71	410	13
14	Allocated from Maestro Consulting Services	2017	190		20	8	8	28	14
15	Allocated from 7257 N. Lincoln Avenue-Maestro	2015	698		20	47	47	202	15
16	Allocated from 7257 N. Lincoln Avenue-Maestro	2005	4,035		20	145	145	3,249	16
17	Allocated from 7257 N. Lincoln Avenue-Maestro	2004	880		20	43	43	681	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)		\$ 29,693	\$ 0		\$ 1,438	\$ 1,438	\$ 18,156	34

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

Facility Name: Symphony Resid Lincoln Park

Report Period Beginning: 01/01/19

Ending: 12/31/19

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?

X 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	/ /	\$ 808,492	15	15	3
4	Additions			/ /				4
5				/ /				5
6	Allocated from Maestro Consulting			/ /	2,042			6
7	TOTAL		120		\$ 810,534			7

8. Is movable equipment rental included in building rental?

YES X NO

9. Rental amount for movable equipment \$ 44,166

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				
	A. Directly Facility Related										
	Long-Term										
1	LifeMed	X		Pharmacy Services	1/1/18	\$ 6,197,033	\$ 9,762	1/1/24	0.0750	\$ 536	1
2	Omnicare		X	Pharmacy Services	11/27/17	2,170,337	307	10/20/20	0.0750	16	2
3					/ /			/ /			3
	Working Capital										
4											4
5								/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 8,367,370	\$ 10,069			\$ 552	7
	B. Non-Facility Related										
8					/ /			/ /			8
9	Offset Interest Income				/ /			/ /		(552)	9
10	TOTALS (lines 7, 8 and 9)					\$ 8,367,370	\$ 10,069			\$	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.

STATE OF ILLINOIS

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Facility Name: **Symphony Resid Lincoln Park**Report Period Beginning: **01/01/19**

Ending:

12/31/19**XI. BALANCE SHEET - Unrestricted Operating Fund.**As of 12/31/19

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 8,420	\$ 8,420	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>1,159,844</u>)	1,232,150	1,232,150	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	2,582	2,582	6
7	Other Prepaid Expenses	14	14	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,243,166	\$ 1,243,166	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		4,919	13
14	Buildings, at Historical Cost		44,268	14
15	Leasehold Improvements, at Historical Cost	379,500	690,407	15
16	Equipment, at Historical Cost	21,770	525,661	16
17	Accumulated Depreciation (book methods)	(32,267)	(804,604)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>See Sch 7A</u>	3,083,828	3,083,828	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 3,452,831	\$ 3,544,479	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,695,997	\$ 4,787,645	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 390,402	\$ 390,402	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	10,069	10,069	29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable	23,910	23,910	31
32	Accrued Interest Payable	68	68	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	<u>See Sch 7A</u>	701,690	752,785	35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,126,139	\$ 1,177,234	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable			39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	<u>See Sch 7A</u>	2,985,317	2,985,317	42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 2,985,317	\$ 2,985,317	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 4,111,456	\$ 4,162,551	45
46	TOTAL EQUITY	\$ 584,541	\$ 625,094	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 4,695,997	\$ 4,787,645	47

*(See instructions.)

Schedule 7A

XI. Balance Sheet
B. Long-Term Assets
Line 23: Other long-term assets

Description	Operating
SIL Fixed Assets - Construction in Process	9,764
Due to/from Aria LLC	5,000
Due to/From Bronzeville Park LLC	18,000
Due to/from Buffalo Grove LLC	15,500
Due to/from Hanover Park	9,500
Due to/from Jackson Square LLC	75,000
Due to/from Morgan Park	45,000
Due to/from South Shore	125,000
Due to/from Symcare Healthcare	2,714,799
Due to/from IVY OLD	66,265
	<u>3,083,828</u>

XI. Balance Sheet
C. Current Liabilities
Line 35: Other current Liabilities

Description	Operating
Accrued Payables - Professional Fees	13,286
Accrued Payables - Health Insurance	16,969
Accrued Payables - Dental Insurance	-
Accrued Payables - Vision Insurance	(11)
Accrued Payables - Life Insurance	1,195
Accrued Payables- Short Term Disability	(1,604)
Accrued Payables - Payroll	43,373
Accrued Payables - Vacation Benefits	70,113
Accrued Payables - 401K Deductions	1,298
Accrued Payables - 401K Loan Repayments	(108)
Accrued Payables - Heart and Soul Foundation	(1)
Accrued Payables - Management Fees	100,298
Accrued Payables - RE Taxes	107,105
Accrued Payables - Rent	(42,388)
Accrued Payables - Resident Trust	6,419
Deferred Rent	<u>385,746</u>
	<u>701,690</u>

XI. Balance Sheet
C. Other Long- Term Liabilities
Line 42: Other Long term Liabilities

Description	Operating
Due to/from Lincoln Park LLC	2,532,237
Due to/from Symphony Financial Services	488
Due to/from Symcare ML	432,200
Due to/from Maestro	<u>20,392</u>
	<u>2,985,317</u>

Facility Name: Symphony Resid Lincoln Park

Report Period Beginning: 01/01/19

Ending:

12/31/19

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

1			
	I. Revenue	Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 4,520,682	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,520,682	3
	B. Other Operating Revenue		
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop	148	7
8	Barber and Beauty Care		8
9	Non-Resident Meals	(5,211)	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ (5,063)	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	2,882	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 2,882	14
	D. Other Revenue (specify):		
15	See Sch 8A	46,989	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 46,989	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,565,490	18

2			
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,098,206	19
20	Health Care/ Personal Care	638,368	20
21	General Administration	1,361,385	21
	B. Capital Expense		
22	Ownership	920,342	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 4,018,301	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 547,189	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 547,189	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 3,416,490	32
33	Private Pay - Net Inpatient Revenue	626,912	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>MAIP</u>	(1,248)	35
36	Other-(specify) <u>Managed Care</u>	478,528	36
37	TOTAL (This total must agree to Line 3)	\$ 4,520,682	37

Schedule 8A

XII. Income Sheet

D. Other Revenue

Line 15: Other Revenue

Description	Operating
Rental Income -Other Revenue	41,750
Other Income	5,239
	46,989