

		FOR BHF USE			

LL2

Supportive Living Facility

2021

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2021)

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

Number City Zip Code

County: Cook

Telephone Number: (773) 472-8000 Fax # 773 935-0036

Federal Employer ID Number: _____

Date Current Owners were Certified: 11/21/2002

Type of Ownership:

<input type="checkbox"/>	VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/>	PROPRIETARY	<input type="checkbox"/>	GOVERNMENTAL
<input type="checkbox"/>	Charitable Corp.	<input type="checkbox"/>	Individual	<input type="checkbox"/>	State
<input type="checkbox"/>	Trust	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	County
IRS Exemption Code _____		<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Other _____
		<input checked="" type="checkbox"/>	"Sub-S" Corp.	_____	
		<input type="checkbox"/>	Limited Liability Co.		
		<input type="checkbox"/>	Trust		
		<input type="checkbox"/>	Other _____		

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

Name: Amanda Springborn Telephone Number: (314) 925-3838

Email Address: _____

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/21 to 12/31/2021 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) <u>Ari Krupp</u>	
Paid Preparer	(Title) <u>Chief Financial Officer</u>	
	(Signed) _____	(Date) _____
	(Print Name and Title) _____	
	(Firm Name & Address) <u>RSM US LLP</u> <u>20 N. Martingale Road, Ste. 500, Schaumburg, IL 60173</u>	
	(Telephone) (<u>847</u>) <u>517-7070</u> Fax (<u>847</u>) <u>517-7067</u>	

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

Facility Name Symphony Resid Lincoln ParkReport Period Beginning: 01/01/21 Ending: 12/31/2021**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	<u>113</u>	Single Unit Apartment	<u>113</u>	<u>41,245</u>	1
2	<u>5</u>	Double Unit Apartment	<u>5</u>	<u>1,825</u>	2
3		Other			3
4	<u>118</u>	TOTALS	<u>118</u>	<u>43,070</u>	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	<u>25,187</u>	<u>2,642</u>	<u>4,229</u>	<u>32,058</u>	5
6	Double Unit					6
7	Other					7
8	TOTALS	<u>25,187</u>	<u>2,642</u>	<u>4,229</u>	<u>32,058</u>	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 74.43%

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)

H. ACCOUNTING BASISACCRUAL ☒ MODIFIED CASH* ☐ CASH* ☐I. Is your fiscal year identical to your tax year? ☒ YES ☐ NOTax Year: 12/31/21 Fiscal Year: 12/31/21

* 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 therequired payments of interest and principal? N/AIf no, explain. N/AK. Does the facility have any loans from the Federal Home Loan Bank outstanding? No If yes, did the facility make all of therequired payments of interest and principal? N/AIf no, explain. N/AL. Does the facility have any loans from the IL Dept of Commerce and Economic Opportunity outstanding? No If yes, did the facilitymake all of the required payments of interest and principal? N/AIf no, explain. N/A

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Facility Name: Symphony Resid Lincoln Park

Report Period Beginning:

01/01/21

Ending:

12/31/2021

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	300,740	248,724	1,662	551,126	547	551,673	1
2	Housekeeping, Laundry and Maintenance	380,404	6,302	104,168	490,874	3,441	494,315	2
3	Heat and Other Utilities			67,624	67,624	1,236	68,860	3
4	Other (specify): Allocation from Mgmt. Co					263	263	4
5	TOTAL General Services	681,144	255,026	173,454	1,109,624	5,487	1,115,111	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	644,042	16,974	6,504	667,520	1,813	669,333	6
7	Activities and Social Services	73,745		891	74,636		74,636	7
8	Other (specify): Allocation from Mgmt. Co					306	306	8
9	TOTAL Health Care and Programs	717,787	16,974	7,395	742,156	2,119	744,275	9
	C. General Administration							
10	Administrative and Clerical	252,535		814,817	1,067,352	(398,353)	668,999	10
11	Marketing Materials, Promotions and Advertising	116,392		8,896	125,288	(125,288)		11
12	Employee Benefits and Payroll Taxes			230,500	230,500		230,500	12
13	Insurance-Property, Liability and Malpractice			95,645	95,645	2,281	97,926	13
14	Other (specify): Allocation from Mgmt. Co					27,948	27,948	14
15	TOTAL General Administration	368,927		1,149,858	1,518,785	(493,412)	1,025,373	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,767,858	272,000	1,330,707	3,370,565	(485,806)	2,884,759	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			28,089	28,089	343,662	371,751	17
18	Interest			509	509	336,822	337,331	18
19	Real Estate Taxes			80,098	80,098	93,033	173,131	19
20	Rent -- Facility and Grounds			1,078,316	1,078,316	(708,659)	369,657	20
21	Rent -- Equipment			38,482	38,482	7,455	45,937	21
22	Other (specify):							22
23	TOTAL Ownership			1,225,494	1,225,494	72,313	1,297,807	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,767,858	272,000	2,556,201	4,596,059	(413,493)	4,182,566	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.

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The Ivy

Report Period Beginning:01/01/21

Ending:12/31/2021

NON-ALLOWABLE EXPENSES		Sch. V Line		
		Amount	Reference	
1	Remove marketing salary	\$ (56,930)	11	1
2	Marketing expense	(68,358)	11	2
3	Coffee Shop	0	1	3
4	Purchase Discounts	0	1	4
5	Incontinent Products	0	6	5
6	Other revenue	(5,484)	10	6
7	Interest Income	(5,116)	18	7
8	Cable TV	(8,131)	10	8
9	Penalties	(398)	10	9
10	Bad Debt Expense	(298,206)	10	10
11	Depreciation Straight Line	28,218	17	11
12	To adjust real estate taxes	90,073	19	12
13	To adjust Lease Tax-Admin	(4,551)	10	13
14				14
15				15
16	Maestro Allocation			16
17	Dietary	547	1	17
18	Utilities	1,236	3	18
19	Maintenance Expense	3,704	2	19
20	Clinical Salaries	615	6	20
21	Contract Nursing	1,198	6	21
22	Employee Benefits Clinical	306	8	22
23	Management Fees	(209,004)	10	23
24	Professional Fees	17,320	10	24
25	Dues, Fees, Subscriptions, Etc.	5,311	10	25
26	Clerical & General Salaries	56,204	10	26
27	Clerical & General Expenses	32,045	10	27
28	Seminars & Educations	790	10	28
29	Transportation	12,510	10	29
30	Insurance	2,281	13	30
31	Employee Benefits Administration	27,948	14	31
32	Depreciation	17,694	17	32
33	Real Estate Tax	2,960	19	33
34	Buidling Rental	2,130	20	34
35	Equipment Rental	4,774	21	35
36	Auto Lease	2,681	21	36
37				37
38	Depreciation Propco	297,750	17	38
39	Interest Propco	341,938	18	39
40	Professional Fess Propco	3,241	10	40
41				41
42	Related Party Rent	(710,789)	20	42
43				43
44				44
45				45
46				46
47				47
48				48
49				49
50				50
51	Total	(413,493)		101

Sch V	Adj. Summary
Line 1	0
Line 2	0
Line 3	0
Line 4	0
Line 5	0
Line 6	0
Line 7	0
Line 8	0
Line 9	0
Line 10	0
Line 11	0
Line 12	0
Line 13	0
Line 14	0
Line 15	0
Line 16	0
Line 17	0
Line 18	0
Line 19	0
Line 20	0
Line 21	0
Line 22	0
Line 23	0
Line 24	0

Facility Name: Symphony Resid Lincoln Park

Report Period Beginning: 01/01/21 Ending: 12/31/2021

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	2.02	\$ 34.55	1
2	Licensed Practical Nurses	3.75	28.83	2
3	Certified Nurse Assistants	8.94	14.72	3
4	Activity Director & Assistants	2.10	16.92	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	9.56	15.12	7
8	Dishwashers			8
9	Maintenance Workers	4.42	16.92	9
10	Housekeepers	5.37	20.14	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.03	42.06	13
14	Clerical	4.43	19.11	14
15	Marketing	3.09	18.12	15
16	Other			16
17	Total (lines 1 thru 16)	44.71	\$	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	

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

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).

VII. A

<u>Related Organizations: Related SLF's & Health Care Businesses</u>	<u>City</u>
SYMPHONY ENCORE	CHICAGO
CLIFFSIDE COMPANY LLC	ST. JOSEPH, MI
SYMPHONY NORTHWOODS	BELVIDERE
SYCAMORE VILLAGE	SWANSEA
SYMPHONY ARIA	HILLSIDE
SYMPHONY AT 87TH STREET	CHICAGO
SYMPHONY AT MIDWAY	CHICAGO
SYMPHONY AT THE TILLERS	OSWEGO
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	GLENDALE, WI
SYMPHONY OF HANOVER PARK	HANOVER PARK
SALUD WELLNESS	JOLIET
SYMPHONY OF BRONZEVILLE	CHICAGO
SYMPHONY OF MORGAN PARK	CHICAGO
SYMPHONY OF ORCHARD VALLEY	AURORA
SYMPHONY OF SOUTH SHORE	CHICAGO
SYMPHONY RESIDENCES OF LINCOLN PARK	CHICAGO
WOODCARE V INC	BRIGHTON, MI
SYMPHONY MAPLE CREST	BELVIDERE
SYMPHONY APPLEWOOD	WOODHAVEN, MI
SYMPHONY LINDEN	LINDEN, MI
SYMPHONY TRI-CITIES	BAY CITY, MI
SYMPHONY OF PALOS PARK	PALOS PARK

Facility Name: Symphony Resid Lincoln Park

Report Period Beginning:

01/01/21

Ending:

12/31/2021

VIII. OWNERSHIP COSTS

A. Purchase price of land 751,378 Year land was acquired 2004

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	44,845		35	1,281	1,281	23,223	2
3											3
4	Allocated from RE Entity				4,566,435			134,491	134,491	134,491	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		-	52,138	11
12	Various			2001	40,555		20	2,028	2,028	41,572	12
13	Various			2002	30,820		20	1,541	1,541	30,138	13
14	Various			2003	10,154		20	508	508	9,395	14
15	Various			2004	33,240		20	1,662	1,662	29,087	15
16	Total from supplemental Page 5's				508,814	12,176		27,366	15,189	156,211	16
17	TOTAL (lines 1 thru 16)				\$ 5,347,315	\$ 12,176		\$ 168,876	\$ 156,700	\$ 536,569	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	\$ 2,123,725	\$ 7,143	\$ 185,153	178,010		\$ 273,535	18
19	Vehicles	3,772		183	183		183	19
20	TOTAL (lines 18 and 19)		\$ 7,143	\$ 185,336	178,193		\$ 273,718	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

Facility Name & ID Number Symphony Resid Lincoln Park

#

Report Period Beginning:

01/01/21

Ending:

12/31/2021

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 5, Carried Forward		\$	\$		\$	\$	\$	1
2	<u>Installation Of Wireless Internet System</u>	2010	7,681		20	384	384	4,416	2
3	<u>Cabinets For Dining Room</u>	2010	4,660		20	233	233	2,680	3
4	<u>Remove Wallpaper & Paint</u>	2010	4,650		20	233	233	2,678	4
5	<u>Add Hand-Held Transmitters</u>	2010	2,405		20	120		1,381	5
6	<u>Install Granite Counter Tops</u>	2010	1,812		20	91	91	1,045	6
7	<u>Install Pantry, Cabinets & Counter Tops In Kitchen</u>	2011	7,016		20	351	351	3,684	7
8	<u>New Granite For Front Lobby Desk</u>	2011	2,350		20	118	118	1,238	8
9	<u>Beauty Shop Counter Tops, Cabinets, Flooring</u>	2011	13,105		20	655	655	6,879	9
10	<u>Install Wireless Emergency Call System - Nurses' Station</u>	2012	4,913		20	246	246	2,336	10
11	<u>Elevator 4-South Car: Brake, Drop Ceiling, Generator</u>	2012	83,272		20	4,164	4,164	39,557	11
12	<u>Paint 1St Flr Hallway,Lobby,Offices,Rear Parking Lot</u>	2013	4,161		20	208	208	1,768	12
13	<u>Carpet Dining Room</u>	2013	14,520		20	726	726	6,171	13
14	<u>Sealcoat & Restripe Parking Lot</u>	2013	4,500		20	225	225	1,913	14
15	<u>Test & Install New Brakes On Elevator #5</u>	2013	5,155		20	258	258	2,193	15
16	<u>Replace Rectifier Board In Elevators 4 & 5</u>	2014	4,610		20	231	231	1,729	16
17	<u>Install 20 Metal Window Covers - Stairway</u>	2014	2,550		20	128	128	957	17
18	<u>Wifi Cabling Project</u>	2015	20,056		20	1,003	1,003	7,020	18
19	<u>1 Ton Minisplit System In Computer Room On 6Th Fl</u>	2015	3,525		20	176	176	1,234	19
20	<u>2Nd/4Th Floor Corridor Carpet</u>	2017	19,184		20	959	959	4,796	20
21	<u>Phone System</u>	2017	6,419		20	321	321	1,605	21
22	<u>Painting and wallpaper 2nd and 4th floor hallways</u>	2018	20,687		20	1,591	1,591	5,976	22
23	<u>2 Elevator Door Restrictor</u>	2018	6,890		20	1,378	1,378	6,056	23
24	<u>New down spouts-6 inch galvanized 4 down spouts</u>	2019	4,200		20	210	210	644	24
25	<u>Carpeting</u>	2019	3,572		20	179	179	478	25
26	<u>Elevator Modernization</u>	2019	163,740		20	8,187	8,187	19,193	26
27									27
28	<u>Fire Alarm System</u>	2019	14,911		20	746	746	1,736	28
29									29
30	<u>Boiler Pipe-Flue pipe 22 inches on boiler #3.</u>	2019	2,950		20	148	148	307	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 433,493	\$		\$ 23,268	\$ 23,148	\$ 129,669	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 5A, Carried Forward		\$ 433,493	\$		\$ 23,268	\$ 23,268	\$ 129,669	1
2	Fire alarm system	2020	11,803	727	20	727		1,454	2
3	Elevator Modernization	2020	27,290	1,715	20	1,715		3,430	3
4	Suburban Elevator ladders, guards	2020	2,900	146	20	146		292	4
5									5
6	Sprinkler pipe repair	2021	2,688	30	15	30		30	6
7									7
8									8
9	Tie to financials			9,558			(9,558)		9
10									10
11									11
12									12
13									13
14									14
15	Allocated from Maestro Consulting Services	2003	365		20	18	18	331	15
16	Allocated from Maestro Consulting Services	2004	7,406		20	369	369	6,560	16
17	Allocated from Maestro Consulting Services	2005	439		20	22	22	370	17
18	Allocated from Maestro Consulting Services	2006	595		20	30	30	457	18
19	Allocated from Maestro Consulting Services	2008	627		20	31	31	416	19
20	Allocated from Maestro Consulting Services	2009	10,103		20	505	505	6,370	20
21	Allocated from Maestro Consulting Services	2010	1,553		20	78	78	893	21
22	Allocated from Maestro Consulting Services	2011	84		20	4	4	46	22
23	Allocated from Maestro Consulting Services	2012	93		20	5	5	46	23
24	Allocated from Maestro Consulting Services	2014	1,168		20	58	58	444	24
25	Allocated from Maestro Consulting Services	2015	328		20	16	16	104	25
26	Allocated from Maestro Consulting Services	2016	1,439		20	72	72	559	26
27	Allocated from Maestro Consulting Services	2017	192		20	10	10	48	27
28	Allocated from Maestro Consulting Services	2020	311		20	16	16	23	28
29	Allocated from Maestro Consulting Services	2021	250		20	6	6	6	29
30									30
31	Allocated from 7257 N. Lincoln Avenue-Maestro	2015	707		20	47	47	298	31
32	Allocated from 7257 N. Lincoln Avenue-Maestro	2005	4,088		20	147	147	3,584	32
33	Allocated from 7257 N. Lincoln Avenue-Maestro	2004	891		20	45	45	780	33
34	TOTAL (lines 1 thru 33)		\$ 508,813	\$ 12,176		\$ 27,366	\$ 15,189	\$ 156,210	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: 01/01/21

Ending: 2/31/2021

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 Year Constructed	2 Number of Units	3 Date of Lease	4 Rental Amount	5 Total Yrs. of Lease	6 Total Years Renewal Option*	
3	Original Building		120	/ /	\$ 367,227	15	15	3
4	Additions			/ /				4
5				/ /				5
6	Allocated from Maestro Consulting			/ /	2,130			6
7	TOTAL		120		\$ 369,357			7

8. Is movable equipment rental included in building rental?

[] YES [X] NO

9. Rental amount for movable equipment \$

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	1/1/2018	\$ 6,197,033	\$ 5,670	1/1/2024	0.0750	\$ 509	1
2	CIBC Bank USA		X	Payroll	3/23/2021	268,292	268,292	3/23/2026	0.0100		2
3	X-Calibur Funding LLC		X	Mortgage	6/1/2021	48,950,000	6,363,500	6/6/2024	5%+LIBOR	305,297	3
	Working Capital										
4	Master Sym3 SNF Realty, LLC		X	Bridge Loan	6/1/2021	9,663,539	1,256,260	6/1/2026	0.0500	36,641	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 65,078,864	\$ 7,893,722			\$ 342,447	7
	B. Non-Facility Related										
8					/ /			/ /			8
9	Offset Interest Income				/ /			/ /		(5,116)	9
10	TOTALS (lines 7, 8 and 9)					\$ 65,078,864	\$ 7,893,722			\$ 337,331	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: 01/01/21

Ending: 12/31/2021

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2021

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 520,028	\$ 658,768	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 355,690)	179,431	179,431	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	18,833	18,833	6
7	Other Prepaid Expenses	3,259	118,243	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Clearing Acct</u>	217	217	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 721,768	\$ 975,492	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		751,378	13
14	Buildings, at Historical Cost		4,611,280	14
15	Leasehold Improvements, at Historical Cost	374,868	1,108,215	15
16	Equipment, at Historical Cost	48,444	2,127,497	16
17	Accumulated Depreciation (book methods)	(26,834)	(819,056)	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):		153,110	22
23	Other(specify): <u>See Sch 7A</u>	7,742,891	7,669,621	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 8,139,369	\$ 15,602,045	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 8,861,137	\$ 16,577,537	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 139,988	\$ 139,988	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	273,962	1,530,222	29
30	Accrued Salaries Payable		52,022	30
31	Accrued Taxes Payable	47,283	47,283	31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	<u>See Sch 7A</u>	580,770	610,720	35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,042,003	\$ 2,380,235	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable		6,363,500	38
39	Mortgage Payable			39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	<u>See Sch 7A</u>	6,633,653	6,603,653	42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 6,633,653	\$ 12,967,153	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 7,675,656	\$ 15,347,388	45
46	TOTAL EQUITY	\$ 1,185,481	\$ 1,230,149	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 8,861,137	\$ 16,577,537	47

*(See instructions.)

Schedule 7A

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

Description	Operating	After Consolidation
Fixed Assets - Construction in Process	6,169	6,169
Due To/From - Symcare Healthcare	7,244,959	7,144,959
Due to/from - Master Sym 3 SNF Propco	3,250	3,250
Due to/from - Lincoln Park Propco	184,680	184,680
Due To/From - Maestro	37,568	21,968
Due To/From - Ivy - OLD	66,265	66,265
Notes Payable - Members	200,000	200,000
Due to/From - South Shore Propco	-	20,372
Other Assets - Security Deposits	-	188,565
Other Assets - Escrow Deposits	-	2,133
Due To/From - Ivy LLC	-	(20,653)
Due To/From - South Shore	-	(148,087)
	<u>7,742,891</u>	<u>7,669,621</u>
	-	-

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

Description	Operating	After Consolidation
Accrued Payables - Professional Fees	25,550	25,550
Accrued Payables - Health Insurance	18,342	18,342
Accrued Payable - Dental Insurance	(388)	(388)
Accrued Payables - Vision Insurance	(280)	(280)
Accrued Payables - Life Insurance	8,331	8,331
Accrued Payables - Short Term Disability	(7,999)	(7,999)
Accrued Payables - Heart and Soul Foundation	17	17
Fringe Benefits - Flow Through	660	660
Accrued Payables - Business Insurance	34	34
Accrued Payables - OIG Audit	111,554	111,554
Accrued Payables - Management Fees	(52,235)	(52,235)
Accrued Payables - RE Taxes	140,221	170,171
Accrued Payables - Rent	72,341	72,341
Accrued Payables - Sales Tax	477	477
Accrued Payables - Resident Trust	37,918	37,918
Deferred Rent	226,227	226,227
Deferred Income	-	-
	<u>580,770</u>	<u>610,720</u>
	-	-

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

Description	Operating	After Consolidation
Due To/From - Evanston Healthcare LLC	3,522	3,522
Due To/From - Lincoln Park LLC	3,835,347	3,805,347
Due To/From - Symphony of Cal Gardens	400	400
Due To/From - Symphony Financial Services	488	488
Due To/From - Symcare ML	802,943	802,943
Due to/from Symcare Healthcare	1,990,953	1,990,953
	<u>6,633,653</u>	<u>6,603,653</u>
	-	-

Facility Name: Symphony Resid Lincoln Park

Report Period Beginning: 01/01/21

Ending:

12/31/2021

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	\$ 4,178,689	1
2	Discounts and Allowances		2
	SUBTOTAL Resident Care		
3	(line 1 minus line 2)	\$ 4,178,689	3
	B. Other Operating Revenue		
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop	692	7
8	Barber and Beauty Care		8
9	Non-Resident Meals	16	9
10	Laundry		10
	SUBTOTAL OTHER OPERATING REVENUE		
11	(sum of lines 4 thru 10)	\$ 708	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	5,116	13
	SUBTOTAL Non-Operating Revenue		
14	(sum of lines 12 and 13)	\$ 5,116	14
	D. Other Revenue (specify):		
15	See Sch 8A	24,205	15
16			16
	SUBTOTAL Other Revenue		
17	(sum of lines 15 and 16)	\$ 24,205	17
	TOTAL REVENUE		
18	(sum of lines 3, 11, 14 and 17)	\$ 4,208,718	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,109,624	19
20	Health Care/ Personal Care	742,156	20
21	General Administration	1,518,785	21
	B. Capital Expense		
22	Ownership	1,225,494	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
	TOTAL EXPENSES		
28	(sum of lines 19 thru 27)	\$ 4,596,059	28
	Income Before Income Taxes		
29	(line 18 minus line 28)	\$ (387,341)	29
30	Income Taxes	\$	30
	NET INCOME OR LOSS FOR THE YEAR		
31	(line 29 minus line 30)	\$ (387,341)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 3,441,892	32
33	Private Pay - Net Inpatient Revenue	354,877	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>MAIP</u>	(38,124)	35
36	Other-(specify) <u>Managed Care</u>	420,044	36
37	TOTAL (This total must agree to Line 3)	\$ 4,178,689	37

Schedule 8A

XII. Income Sheet
D. Other Revenue
Line 15: Other Revenue

Description	Operating
Other revenue	11,131
Incontinent Products - Revenue-Assisted Living	1,394
Rental Income - Other Revenue-Other	31,600
Other Income-Other	(19,920)
	24,205
	-