

		FOR BHF USE			

LL2

Supportive Living Facility

**2014
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2014)**

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

<p>I. Facility ID Number: <u>1000056</u></p> <p>Facility Name: <u>THE FORT ARMSTRONG</u></p> <p>Address: <u>1900 3RD AVENUE</u> <u>ROCK ISLAND</u> <u>61201</u> <small>Number City Zip Code</small></p> <p>County: <u>ROCK ISLAND</u></p> <p>Telephone Number: <u>(309) 786-0400</u> Fax # <u>(309) 788-9729</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>02/05</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>SANFORD BOKOR</u> Telephone Number: <u>(847) 675-3585</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>01/01/2014</u> to <u>12/31/2014</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 style="width:100%"> <tr> <td style="width:20%; vertical-align: top;"> <p>Officer or Administrator of Provider</p> </td> <td> <p>(Signed) _____ (Date) _____</p> <p>(Type or Print Name) <u>MARCI HALPERT</u></p> <p>(Title) <u>MANAGER</u></p> </td> </tr> <tr> <td style="vertical-align: top;"> <p>Paid Preparer</p> </td> <td> <p>(Signed) _____ (Date) _____</p> <p>(Print Name and Title) <u>SANFORD BOKOR</u> <u>PRESIDENT</u></p> <p>(Firm Name & Address) <u>KBKB, LTD.</u> <u>8140 RIVER DRIVE, MORTON GROVE, IL 60053</u></p> <p>(Telephone) <u>(847) 675-3585</u> Fax <u>(847) 675-5777</u></p> </td> </tr> </table> <p align="right">MAIL TO: BUREAU OF HEALTH FINANCE IL DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630</p>	<p>Officer or Administrator of Provider</p>	<p>(Signed) _____ (Date) _____</p> <p>(Type or Print Name) <u>MARCI HALPERT</u></p> <p>(Title) <u>MANAGER</u></p>	<p>Paid Preparer</p>	<p>(Signed) _____ (Date) _____</p> <p>(Print Name and Title) <u>SANFORD BOKOR</u> <u>PRESIDENT</u></p> <p>(Firm Name & Address) <u>KBKB, LTD.</u> <u>8140 RIVER DRIVE, MORTON GROVE, IL 60053</u></p> <p>(Telephone) <u>(847) 675-3585</u> Fax <u>(847) 675-5777</u></p>
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Facility Name THE FORT ARMSTRONG

Report Period Beginning: 01/01/2014 Ending: 12/31/2014

III. STATISTICAL DATA

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

Date of change in certified units / /

	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	116	Single Unit Apartment	116	42,340	1
2	14	Double Unit Apartment	14	5,110	2
3		Other			3
4	130	TOTALS	130	47,450	4

B. Census-For the entire report period.

	1 Type of Unit	2 3 4 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other		Total
5	Single Unit	25,099	11,010		36,109	5
6	Double Unit					6
7	Other					7
8	TOTALS	25,099	11,010		36,109	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 76.10%

D. Indicate the number of paid bed-hold days the SLF had during this year 1,475 Also, indicate the number of unpaid bed-hold days the SLF had during this year. **(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 BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/13 Fiscal Year:

* 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 principle? _____
If no, explain. NO

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 principle? _____
If no, explain. _____

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 principle? _____
If no, explain. _____

Facility Name: THE FORT ARMSTRONG

Report Period Beginning:

01/01/2014

Ending: 12/31/2014

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	266,549	255,760		522,309		522,309	1
2	Housekeeping, Laundry and Maintenance	170,720	8,211	86,218	265,149		265,149	2
3	Heat and Other Utilities			164,947	164,947	(19,607)	145,340	3
4	Other (specify):			11,116	11,116		11,116	4
5	TOTAL General Services	437,269	263,971	262,281	963,521	(19,607)	943,914	5
B. Health Care and Programs								
6	Health Care/ Personal Care	562,404	8,148		570,552		570,552	6
7	Activities and Social Services	47,720	5,180		52,900		52,900	7
8	Other (specify):			21,903	21,903		21,903	8
9	TOTAL Health Care and Programs	610,124	13,328	21,903	645,355		645,355	9
C. General Administration								
10	Administrative and Clerical	155,174	17,521	305,731	478,426	(1,301)	477,125	10
11	Marketing Materials, Promotions and Advertising	75,606		53,225	128,831		128,831	11
12	Employee Benefits and Payroll Taxes			156,799	156,799		156,799	12
13	Insurance-Property, Liability and Malpractice			27,145	27,145	10,245	37,390	13
14	Other (specify):			20,252	20,252		20,252	14
15	TOTAL General Administration	230,780	17,521	563,152	811,453	8,944	820,397	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,278,173	294,820	847,336	2,420,329	(10,663)	2,409,666	16
Capital Expenses								
D. Ownership								
17	Depreciation			10,305	10,305	111,351	121,656	17
18	Interest			1,449	1,449	291,447	292,896	18
19	Real Estate Taxes					65,018	65,018	19
20	Rent -- Facility and Grounds			561,600	561,600	(561,600)		20
21	Rent -- Equipment							21
22	Other (specify):							22
23	TOTAL Ownership			573,354	573,354	(93,784)	479,570	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,278,173	294,820	1,420,690	2,993,683	(104,447)	2,889,236	24

Facility Name: THE FORT ARMSTRONG

Report Period Beginning 01/01/2014 Ending: 12/31/2014

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.00	\$ 30.14	1
2	Licensed Practical Nurses	3.48	20.32	2
3	Certified Nurse Assistants	16.70	10.10	3
4	Activity Director & Assistants	2.14	10.68	4
5	Social Service Workers			5
6	Head Cook	3.11	12.93	6
7	Cook Helpers/Assistants	10.08	8.66	7
8	Dishwashers			8
9	Maintenance Workers	1.45	14.09	9
10	Housekeepers	6.54	9.44	10
11	Laundry			11
12	Managers	1.00	36.56	12
13	Other Administrative			13
14	Clerical	3.27	11.15	14
15	Marketing	1.22	29.12	15
16	Other			16
17	Total (lines 1 thru 16)	49.99	\$	17

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	MEDTAK LTD			\$ 218,459	1
2	ABE STERN			30,000	2
3					3
4					4
5					5
Total				\$ 248,459	6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	\$	1
2		2
Total		\$ 3

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

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
MEDTAK LTD		CHICAGO		MANAGEMENT	
ABE STERN		SKOKIE		BOOKKEEPING	

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: _____ If yes, what is the value of those services? \$ _____
 (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).

Facility Name: THE FORT ARMSTRONG

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

VIII. OWNERSHIP COSTS

A. Purchase price of land 387,740 Year land was acquired _____

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	130		2003		\$ 1,000,000	\$ 36,364	27.50	\$ 36,364	\$	\$ 410,610	1
2											2
3											3
4											4
5											5
Improvement Type											
6		RENOVATIONS			896,825	32,612	27.5	32,612		331,488	6
7		RENOVATIONS		2004	32,239	1,172	27.5	1,172		11,671	7
8		WOODWORK		2007	8,558	311	27.5	311		2,346	8
9		BOILER		2007	12,955	471	27.5	471		3,552	9
10		FIRE ALARM		2007	6,625	241	27.5	241		1,817	10
11		ROOF		2007	16,000	582	27.5	582		4,389	11
12		CARPET		2007	46,040	2,052	7.0	6,577	4,525	50,643	12
13		WALLPAPER		2007	2,096	93	7.0	299	206	2,303	13
14		A/C GENERATOR		2008	13,150	478	27.5	478		3,127	14
15		CARPET		2008	8,051	359	7.0	1,150	791	7,477	15
16		PARKING LOT		2009	9,072	605	15.0	605		3,327	16
17		TOTAL (lines 1 thru 16)			\$ 2,051,611	\$ 75,340		\$ 80,862	\$ 5,522	\$ 832,750	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	\$	\$	\$	\$		\$	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$	\$	\$	\$		\$	20

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

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

Facility Name: THE FORT ARMSTRONG

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

VIII. OWNERSHIP COSTS

A. Purchase price of land 387,740 Year land was acquired _____

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	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					\$	\$		\$	\$	\$
2										
3										
4										
5										
Improvement Type										
6	TOTALS FROM PAGE 5				2,051,611	75,340		80,862	5,522	832,750
7	CARPET TILE			2009	35,692	2,055	5.00	5,610	3,555	35,692
8	RAILING,CR MOLDING,DOORS & FRAMES			2009	6,502	236	27.50	236		1,298
9	PLASTER & DRYWALL			2010	22,382	814	27.50	814		3,663
10	CARPET & TILE			2010	4,984	287	5.00	997	710	4,486
11	BOILER			2011	5,911	1,182	5.00	1,182		4,137
12	CARPET & SIGNS			2011	12,395	1,428	5.00	2,479	1,051	8,677
13	NURSE CALL SYSTEM			2012	8,628	828	5.00	1,726	898	4,314
14	CARPET & WINDOW TREATMENTS			2012	11,897	1,142	5.00	2,380	1,238	5,949
15	CARPET & WINDOW TREATMENTS			2013	29,153	4,664	5.00	5,830	1,166	8,745
16	LANDSCAPING & SPRINKLERS			2013	19,439	1,296	15.00	1,296		1,944
17	TOTAL (lines 1 thru 16)				\$ 2,208,594	\$ 89,272		\$ 103,412	\$ 14,140	\$ 911,655

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	\$	\$	\$	\$	5 - 10	\$ -
19	Vehicles						
20	TOTAL (lines 18 and 19)	\$	\$	\$	\$		\$

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

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

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Facility Name: THE FORT ARMSTRONG

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

VIII. OWNERSHIP COSTS

A. Purchase price of land 387,740 Year land was acquired _____

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					\$	\$		\$	\$	\$
2										
3										
4										
5										
	Improvement Type									
6	TOTALS FROM PAGE 5A				2,208,594	89,272		103,412	14,140	911,655
7	BREAK ROOM DRYWALL			2014	2,320	32	27.50	32		32
8	CONCRETE CURB			2014	2,049	28	27.50	28		28
9	BASEMENT			2014	9,350	43	27.50	43		43
10										
11										
12										
13										
14										
15										
16										
17	TOTAL (lines 1 thru 16)				\$ 2,222,313	\$ 89,375		\$ 103,515	\$ 14,140	\$ 911,758

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	\$ 974,061	\$ 10,490	\$ 18,141	7,651	5 - 10	\$ 962,156
19	Vehicles						
20	TOTAL (lines 18 and 19)	\$ 974,061	\$ 10,490	\$ 18,141	7,651		\$ 962,156

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

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

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Facility Name: **THE FORT ARMSTRONG**

Report Period Beginning: **01/01/2014**

Ending: **2/31/2014**

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: _____

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

		1	2	3	4	5	6	
		Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	Total Years Renewal Option*	
3	Original Building			/ /	\$			3
4	Additions			/ /				4
5				/ /				5
6				/ /				6
7	TOTAL				\$			7

8. Is movable equipment rental included in building rental? YES 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	MIDLAND LOAN SERVICES		x	Mortgage Property	12/1/09	\$ 5,553,500	\$	1/1/45	0.0545	\$ 146,756	1
2	MIDLAND LOAN SERVICES		X	Mortgage Property	4/28/14	5,472,900	5,435,240	4/28/49	0.0455	144,691	2
3					/ /			/ /			3
	Working Capital										
4				Working Capital	/ /			/ /		1,449	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 11,026,400	\$ 5,435,240			\$ 292,896	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 11,026,400	\$ 5,435,240			\$ 292,896	10

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

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

Facility Name: THE FORT ARMSTRONG

Report Period Beginning: 01/01/2014

Ending:

12/31/2014

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2014

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 30,914	\$ 69,796	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	522,053	522,053	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	45,131	77,395	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	81,236		8
9	Other(specify):		622,610	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 679,334	\$ 1,291,854	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		387,740	13
14	Buildings, at Historical Cost		1,000,000	14
15	Leasehold Improvements, at Historical Cost	32,239	1,057,466	15
16	Equipment, at Historical Cost	4,667	1,138,908	16
17	Accumulated Depreciation (book methods)	(17,510)	(1,940,118)	17
18	Deferred Charges		77,988	18
19	Organization & Pre-Operating Costs	28,216	28,216	19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):		3,000	22
23	Other(specify):	29,067	90,630	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 76,679	\$ 1,843,830	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 756,013	\$ 3,135,684	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 102,611	\$ 102,611	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable		66,928	29
30	Accrued Salaries Payable	65,810	65,810	30
31	Accrued Taxes Payable	60,111	127,713	31
32	Accrued Interest Payable		20,609	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 228,532	\$ 383,671	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable		5,368,312	39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$	\$ 5,368,312	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 228,532	\$ 5,751,983	45
46	TOTAL EQUITY	\$ 527,481	\$ (2,616,299)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 756,013	\$ 3,135,684	47

*(See instructions.)

Facility Name: THE FORT ARMSTRONG

Report Period Beginning: 01/01/2014

Ending:

12/31/2014

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

		1	
Revenue		Amount	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 3,658,213	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,658,213	3
B. Other Operating Revenue			
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals	3,023	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 3,023	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	668	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 668	14
D. Other Revenue (specify):			
15			15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,661,904	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	963,521	19
20	Health Care/ Personal Care	645,355	20
21	General Administration	811,453	21
B. Capital Expense			
22	Ownership	573,354	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)	\$ 2,993,683	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 668,221	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 668,221	31

FORT ARMSTRONG SUPPORTIVE LIVING LLC
ATTACHMENT #1
ADJUSTMENT RECAP

DESCRIPTION	AMOUNT	LINE
BANK CHARGES	(1,301.00)	10
CABLE RESIDENT ROOMS	(19,607.00)	3
STRAIGHT LINE DEPRECIATION	(9,133.00)	17
RELATED PARTY	(74,406.00) SEE ATTACHED	
TOTAL ADJUSTMENTS	(104,447.00)	

FORT ARMSTRONG SUPPORTIVE LIVING LLC
ATTACHMENT #2
REALTED PARTY ADJUSTMENT

DESCRIPTION	AMOUNT	LINE #
RENT	(561,600.00)	20
INSURANCE	10,245.00	13
DEPRECIATION (S/L)	120,484.00	17
INTEREST (NET OF INTEREST INCOME AND ANTENNA RENTAL)	291,447.00	18
REAL ESTATE TAXES	65,018.00	19
TOTAL	(74,406.00)	

