

		FOR BHF USE			

LL2

Supportive Living Facility

**2015
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2015)**

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</u>) <u>786-0400</u> Fax # (<u>309</u>) <u>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</u>) <u>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>01/01/2015</u> to <u>12/31/2015</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;"> Officer or Administrator of Provider </td> <td> (Signed) _____ (Type or Print Name) <u>MARCI HALPERT</u> (Title) <u>MANAGER</u> </td> </tr> <tr> <td style="vertical-align: top;"> Paid Preparer </td> <td> (Signed) (SEE ATTACHED ACCOUNTANTS' REPORT) (Print Name and Title) <u>SANFORD BOKOR</u> <u>PRESIDENT</u> (Firm Name & Address) <u>KBKB, LTD.</u> <u>8140 RIVER DRIVE, MORTON GROVE, IL 60053</u> (Telephone) (<u>847</u>) <u>675-3585</u> Fax (<u>847</u>) <u>675-5777</u> </td> </tr> </table> <p align="right"> MAIL TO: BUREAU OF HEALTH FINANCE IL DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630 </p>	Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) <u>MARCI HALPERT</u> (Title) <u>MANAGER</u>	Paid Preparer	(Signed) (SEE ATTACHED ACCOUNTANTS' REPORT) (Print Name and Title) <u>SANFORD BOKOR</u> <u>PRESIDENT</u> (Firm Name & Address) <u>KBKB, LTD.</u> <u>8140 RIVER DRIVE, MORTON GROVE, IL 60053</u> (Telephone) (<u>847</u>) <u>675-3585</u> Fax (<u>847</u>) <u>675-5777</u>
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Facility Name: THE FORT ARMSTRONG

Report Period Beginning:

01/01/2015

Ending: 12/31/2015

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	271,427	271,796		543,223		543,223	1
2	Housekeeping, Laundry and Maintenance	168,624	9,463	101,663	279,750		279,750	2
3	Heat and Other Utilities			139,789	139,789	(24,429)	115,360	3
4	Other (specify):			7,107	7,107		7,107	4
5	TOTAL General Services	440,051	281,259	248,559	969,869	(24,429)	945,440	5
B. Health Care and Programs								
6	Health Care/ Personal Care	550,742	6,522		557,264		557,264	6
7	Activities and Social Services	43,400	5,688		49,088		49,088	7
8	Other (specify):			13,327	13,327		13,327	8
9	TOTAL Health Care and Programs	594,142	12,210	13,327	619,679		619,679	9
C. General Administration								
10	Administrative and Clerical	150,666	21,593	310,987	483,246	(1,315)	481,931	10
11	Marketing Materials, Promotions and Advertising	93,088		50,303	143,391		143,391	11
12	Employee Benefits and Payroll Taxes			148,512	148,512		148,512	12
13	Insurance-Property, Liability and Malpractice			38,963	38,963	30,875	69,838	13
14	Other (specify):							14
15	TOTAL General Administration	243,754	21,593	548,765	814,112	29,560	843,672	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,277,947	315,062	810,651	2,403,660	5,131	2,408,791	16
Capital Expenses								
D. Ownership								
17	Depreciation			10,305	10,305	94,574	104,879	17
18	Interest			879	879	236,470	237,349	18
19	Real Estate Taxes					65,626	65,626	19
20	Rent -- Facility and Grounds			561,600	561,600	(561,600)		20
21	Rent -- Equipment							21
22	Other (specify):							22
23	TOTAL Ownership			572,784	572,784	(164,930)	407,854	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,277,947	315,062	1,383,435	2,976,444	(159,799)	2,816,645	24

Facility Name: THE FORT ARMSTRONG

Report Period Beginning 01/01/2015 Ending: 12/31/2015

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.00	\$ 30.91	1
2	Licensed Practical Nurses	3.42	21.37	2
3	Certified Nurse Assistants	15.66	10.24	3
4	Activity Director & Assistants	1.88	11.15	4
5	Social Service Workers			5
6	Head Cook	3.12	13.26	6
7	Cook Helpers/Assistants	9.99	8.91	7
8	Dishwashers			8
9	Maintenance Workers	1.32	15.91	9
10	Housekeepers	6.07	9.76	10
11	Laundry			11
12	Managers	1.02	37.55	12
13	Other Administrative			13
14	Clerical	3.14	10.95	14
15	Marketing	2.00	22.42	15
16	Other			16
17	Total (lines 1 thru 16)	48.62	\$	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			\$ 229,758	1
2	ABE STERN			30,000	2
3					3
4					4
5					5
				Total	\$ 259758 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:

01/01/2015

Ending:

12/31/2015

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	27.5	\$ 36,364	\$	\$ 446,974	1
2											2
3											3
4											4
5											5
Improvement Type											
6		RENOVATIONS			896,825	32,612	27.5	32,612		368,910	6
7		RENOVATIONS		2004	32,239	1,172	27.5	1,172		12,843	7
8		WOODWORK		2007	8,558	311	27.5	311		2,657	8
9		BOILER		2007	12,955	471	27.5	471		4,023	9
10		FIRE ALARM		2007	6,625	241	27.5	241		2,058	10
11		ROOF		2007	16,000	582	27.5	582		4,971	11
12		CARPET		2007	46,040		7.0			46,040	12
13		WALLPAPER		2007	2,096		7.0			2,096	13
14		A/C GENERATOR		2008	13,150	478	27.5	478		3,605	14
15		CARPET		2008	8,051		7.0	574	574	8,051	15
16		PARKING LOT		2009	9,072	605	15.0	605		3,932	16
17		TOTAL (lines 1 thru 16)			\$ 2,051,611	\$ 72,836		\$ 73,410	\$ 574	\$ 906,160	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	\$ 990,523	\$ 10,612	\$ 12,383	1,771	5 - 10 YR	\$ 974,539	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 990,523	\$ 10,612	\$ 12,383	1,771		\$ 974,539	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:

01/01/2015

Ending:

12/31/2015

VIII. OWNERSHIP COSTS

A. Purchase price of land _____ Year land was acquired _____

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

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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	72,836		73,410	574	906,160
7	CARPET TILE			2009	35,692		5.00			35,692
8	RAILING,CR MOLDING,DOORS & FRAMES			2009	6,502	236	27.50	236		1,534
9	PLASTER & DRYWALL			2010	22,382	814	27.50	814		4,477
10	CARPET & TILE			2010	4,984	144	5.00	498	354	4,984
11	BOILER			2011	5,911	1,182	5.00	1,182		5,319
12	CARPET & SIGNS			2011	12,395	1,428	5.00	2,479	1,051	11,156
13	NURSE CALL SYSTEM			2012	8,628	497	5.00	1,726	1,229	6,040
14	CARPET & WINDOW TREATMENTS			2012	11,897	685	5.00	2,380	1,695	8,329
15	CARPET & WINDOW TREATMENTS			2013	29,153	2,799	5.00	5,830	3,031	14,575
16	LANDSCAPING & SPRINKLERS			2013	19,439	1,296	15.00	1,296		3,240
17	TOTAL (lines 1 thru 16)				\$ 2,208,594	\$ 81,917		\$ 89,851	\$ 7,934	\$ 1,001,506

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	\$	\$	\$	\$		\$
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

Facility Name: THE FORT ARMSTRONG

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

VIII. OWNERSHIP COSTS

A. Purchase price of land _____ 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	81,917		89,851	7,934	1,001,506
7	BREAK ROOM DRYWALL			2014	2,320	84	27.50	84		116
8	CONCRETE CURB			2014	2,049	75	27.50	75		103
9	BASEMENT			2014	9,350	340	27.50	340		383
10	CABLE WIRING			2015	3,217	102	27.50	102		102
11	MASONRY RESTORATION			2015	122,010	1,664	27.50	1,664		1,664
12	KITCHEN SPRINKLER			2015	4,600	49	27.50	49		49
13	HOT WATER TANKS			2015	14,730	290	27.50	290		290
14	COPING CAP			2015	5,400	41	27.50	41		41
15										
16										
17	TOTAL (lines 1 thru 16)				\$ 2,372,270	\$ 84,562		\$ 92,496	\$ 7,934	\$ 1,004,254

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	\$	\$	\$	\$		\$
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

Facility Name: **THE FORT ARMSTRONG**

Report Period Beginning: **01/01/2015**

Ending: **2/31/2015**

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	Name of Lender	2		3	4	6		7	8	9	
			Related**				Purpose of Loan	Date of Note				
			YES	NO			Original	Balance				
		A. Directly Facility Related										
		Long-Term										
1		Midland Loan Services		x	MORTGAGE	4/28/14	\$ 5,472,900	\$ 5,368,312	4/28/49	0.0455	\$ 236,470	1
2						/ /			/ /			2
3						/ /			/ /			3
		Working Capital										
4					LINE OF CREDIT	/ /			/ /		879	4
5						/ /			/ /			5
6						/ /			/ /			6
7		TOTAL Facility Related					\$ 5,472,900	\$ 5,368,312			\$ 237,349	7
		B. Non-Facility Related										
8						/ /			/ /			8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$ 5,472,900	\$ 5,368,312			\$ 237,349	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: 01/01/2015

Ending:

12/31/2015

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2015

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 78,711	\$ 120,123	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	725,978	725,978	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	60,171	87,484	6
7	Other Prepaid Expenses	250	250	7
8	Accounts Receivable (owners or related parties)	80,489		8
9	Other(specify):		548,245	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 945,599	\$ 1,482,080	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	1,207,423	15
16	Equipment, at Historical Cost	4,667	1,155,370	16
17	Accumulated Depreciation (book methods)	(18,682)	(2,040,523)	17
18	Deferred Charges		75,717	18
19	Organization & Pre-Operating Costs	20,650	20,650	19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):	27,500	72,396	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 66,374	\$ 1,878,773	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,011,973	\$ 3,360,853	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 101,733	\$ 101,733	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable		70,038	29
30	Accrued Salaries Payable	69,396	69,396	30
31	Accrued Taxes Payable	59,700	126,314	31
32	Accrued Interest Payable		20,355	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)	\$ 230,829	\$ 387,836	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable		5,298,274	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)	\$	\$ 5,298,274	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 230,829	\$ 5,686,110	45
46	TOTAL EQUITY	\$ 781,144	\$ (2,325,257)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 1,011,973	\$ 3,360,853	47

*(See instructions.)

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	\$ 3,827,145	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,827,145	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	2,154	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 2,154	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income		13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$	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)	\$ 3,829,299	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	969,869	19
20	Health Care/ Personal Care	619,679	20
21	General Administration	814,112	21
B. Capital Expense			
22	Ownership	572,784	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)	\$ 2,976,444	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 852,855	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 852,855	31

**FORT ARMSTRONG SUPPORTIVE LIVING
ATTACHMENT #1
ADJUSTMENT RECAP
REPORT PERIOD BEGINNING: 1/01/15 ENDING: 12/31/15**

DESCRIPTION	AMOUNT	LINE #
BANK CHARGES	(1,315.00)	10
CABLE TV RESIDENT ROOMS	(24,429.00)	3
STRAIGHT LINE DEPRECIATION	(9,133.00)	17
RELATED PARTY	(124,922.00)	SEE ATTACHED
MISC	-	
MISC	-	
MISC	-	
TOTAL ADJUSTMENTS	----- (159,799.00) =====	

**FORT ARMSTRONG SUPPORTIVE LIVING
ATTACHMENT #2
RELATED PARTY ADJUSTMENT
REPORT PERIOD BEGINNING: 1/01/15 ENDING: 12/31/15**

DESCRIPTION	AMOUNT	LINE #
RENT	(561,600.00)	20
INSURANCE - PROPERTY	30,875.00	13
DEPRECIATION (S/L)	103,707.00	17
INTEREST (NET OF INTEREST INCOME AND ANTENNA RENTAL)	236,470.00	18
REAL ESTATE TAXES	65,626.00	19
MISC		
MISC		
TOTALS	----- (124,922.00) =====	