

		FOR BHF USE			

LL2

**Supportive Living Facility**

**2017  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES  
COST REPORT FOR  
SUPPORTIVE LIVING FACILITIES  
(FISCAL YEAR 2017)**

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><b>I. Facility ID Number:</b> <u>1000056</u></p> <p><b>Facility Name:</b> <u>THE FORT ARMSTRONG</u></p> <hr/> <p><b>Address:</b> <u>1900 3RD AVENUE</u> <u>ROCK ISLAND</u> <u>61201</u></p> <p align="center">Number City Zip Code</p> <p><b>County:</b> <u>ROCK ISLAND</u></p> <p><b>Telephone Number:</b> <u>( 309 ) 786-0400</u> <b>Fax #</b> <u>( 309 ) 788-9729</u></p> <p><b>Federal Employer ID Number:</b> _____</p> <p><b>Date Current Owners were Certified:</b> <u>02/05</u></p> <p><b>Type of Ownership:</b></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><b>IRS Exemption Code</b> _____</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><b>In the event there are further questions about this report, please contact:</b></p> <p><b>Name:</b> <u>SANFORD BOKOR</u> <b>Telephone Number:</b> <u>( 847 ) 675-3585</u></p> <p><b>Email Address:</b> _____</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	<b>IRS Exemption Code</b> _____	<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><b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b></p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/2017</u> to <u>12/31/2017</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table border="1" style="width:100%"> <tr> <td style="width:20%;"><b>Officer or Administrator of Provider</b></td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Type or Print Name) <u>MARCI HALPERT/SIEBZENER</u></td> <td></td> </tr> <tr> <td></td> <td>(Title) <u>MANAGER</u></td> <td></td> </tr> </table> <table border="1" style="width:100%"> <tr> <td style="width:20%;"><b>Paid Preparer</b></td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Print Name and Title) <u>SANFORD BOKOR PRESIDENT</u></td> <td></td> </tr> <tr> <td></td> <td>(Firm Name &amp; Address) <u>KBKB, LTD. 8140 RIVER DRIVE, MORTON GROVE, IL 60053</u></td> <td></td> </tr> <tr> <td></td> <td>(Telephone) <u>( 847 ) 675-3585</u> <b>Fax</b> <u>( 847 ) 675-5777</u></td> <td></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 <b>Phone # (217) 782-1630</b></p>	<b>Officer or Administrator of Provider</b>	(Signed) _____	(Date) _____		(Type or Print Name) <u>MARCI HALPERT/SIEBZENER</u>			(Title) <u>MANAGER</u>		<b>Paid Preparer</b>	(Signed) _____	(Date) _____		(Print Name and Title) <u>SANFORD BOKOR PRESIDENT</u>			(Firm Name & Address) <u>KBKB, LTD. 8140 RIVER DRIVE, MORTON GROVE, IL 60053</u>			(Telephone) <u>( 847 ) 675-3585</u> <b>Fax</b> <u>( 847 ) 675-5777</u>	
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Facility Name THE FORT ARMSTRONG

Report Period Beginning: 01/01/2017 Ending: 12/31/2017

**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 Resident Days by Unit and Primary Source of Payment			5	
		Medicaid Recipient	Private Pay	Other		
5	Single Unit	31,041	8,502		39,543	5
6	Double Unit					6
7	Other					7
8	TOTALS	31,041	8,502		39,543	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 83.34%

D. Indicate the number of paid bed-hold days the SLF had during this year

                     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: 12/31/16 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. \_\_\_\_\_

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:

01/01/2017

Ending: 12/31/2017

## 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			
<b>A. General Services</b>								
1	Dietary and Food Purchase	286,451	292,346		578,797		578,797	1
2	Housekeeping, Laundry and Maintenance	174,999	9,625	93,408	278,032		278,032	2
3	Heat and Other Utilities			167,656	167,656	(27,676)	139,980	3
4	Other (specify): Scavenger & Exterminator			8,786	8,786		8,786	4
5	<b>TOTAL General Services</b>	<b>461,450</b>	<b>301,971</b>	<b>269,850</b>	<b>1,033,271</b>	<b>(27,676)</b>	<b>1,005,595</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	529,147	4,601		533,748		533,748	6
7	Activities and Social Services	45,006	4,728		49,734		49,734	7
8	Other (specify): Auto bus			12,841	12,841		12,841	8
9	<b>TOTAL Health Care and Programs</b>	<b>574,153</b>	<b>9,329</b>	<b>12,841</b>	<b>596,323</b>		<b>596,323</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	149,585	17,755	328,457	495,797	(1,672)	494,125	10
11	Marketing Materials, Promotions and Advertising	88,641		55,005	143,646		143,646	11
12	Employee Benefits and Payroll Taxes			154,689	154,689		154,689	12
13	Insurance-Property, Liability and Malpractice			41,983	41,983	23,134	65,117	13
14	Other (specify):							14
15	<b>TOTAL General Administration</b>	<b>238,226</b>	<b>17,755</b>	<b>580,134</b>	<b>836,115</b>	<b>21,462</b>	<b>857,577</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>1,273,829</b>	<b>329,055</b>	<b>862,825</b>	<b>2,465,709</b>	<b>(6,214)</b>	<b>2,459,495</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			10,305	10,305	82,449	92,754	17
18	Interest			17,561	17,561	230,820	248,381	18
19	Real Estate Taxes					91,217	91,217	19
20	Rent -- Facility and Grounds			561,600	561,600	(561,600)		20
21	Rent -- Equipment							21
22	Other (specify):							22
23	<b>TOTAL Ownership</b>			<b>589,466</b>	<b>589,466</b>	<b>(157,114)</b>	<b>432,352</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>1,273,829</b>	<b>329,055</b>	<b>1,452,291</b>	<b>3,055,175</b>	<b>(163,328)</b>	<b>2,891,847</b>	<b>24</b>

Facility Name: THE FORT ARMSTRONG

Report Period Beginning: 01/01/2017

Ending:

12/31/2017

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.00	\$ 32.40	1
2	Licensed Practical Nurses	3.59	22.24	2
3	Certified Nurse Assistants	13.21	10.72	3
4	Activity Director & Assistants	1.89	11.42	4
5	Social Service Workers			5
6	Head Cook	3.11	13.91	6
7	Cook Helpers/Assistants	10.32	9.11	7
8	Dishwashers			8
9	Maintenance Workers	1.53	17.17	9
10	Housekeepers	5.53	10.45	10
11	Laundry			11
12	Managers	1.00	39.99	12
13	Other Administrative			13
14	Clerical	2.55	12.55	14
15	Marketing	2.04	20.84	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>45.77</b>	<b>\$</b>	<b>17</b>

**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			\$ 264,899	1
2					2
3					3
4					4
5					5
				<b>Total</b>	<b>6</b>
				\$ 264899	

**VI. (B) Management fees paid to unrelated parties**

	Amount of Fee	
1	\$	1
2		2
		<b>Total</b>
		\$
		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
DORCHESTER SENIOR CENTER		DOLTON	

**OTHER RELATED BUSINESS ENTITIES**

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

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:

01/01/2017

Ending:

12/31/2017

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		203		\$ 1,000,000	\$ 36,364	27.5	\$ 36,364	\$	\$ 519,702	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6		RENOVATIONS			896,825	32,612	27.5	32,612		434,134	6
7		RENOVATIONS		2004	32,239	1,172	27.5	1,172		15,187	7
8		WOODWORK		2007	8,558	311	27.5	311		3,279	8
9		BOILER		2007	12,955	471	27.5	471		4,965	9
10		FIRE ALARM		2007	6,625	241	27.5	241		2,540	10
11		ROOF		2007	16,000	582	27.5	582		6,135	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		4,561	14
15		CARPET		2008	8,051		7.0			8,051	15
16		PARKING LOT		2009	9,072	605	15.0	605		5,142	16
17		TOTAL (lines 1 thru 16)			\$ 2,051,611	\$ 72,836		\$ 72,836	\$	\$ 1,051,832	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:

01/01/2017

Ending:

12/31/2017

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					\$	\$		\$	\$	\$	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	<b>TOTALS FROM PAGE 5</b>				2,051,611			72,836	72,836	1,051,832	6
7	CARPET TILE			2009	35,692		5.0			35,692	7
8	RAILING, CROWN MOLDING, DOORS & FRAMES			2009	6,502		27.5	236	236	2,006	8
9	PLASTER & DRYWALL			2010	22,382	814	27.5	814		6,105	9
10	CARPET & TILE			2010	4,984		5.0			4,984	10
11	BOLIER			2011	5,911		5.0			5,911	11
12	CARPET & SIGNS			2011	12,395		5.0			12,395	12
13	NURSE CALL SYSTEM			2012	8,628	248	5.0	862	614	8,628	13
14	CARPET & WINDOW TREATMENTS			2012	11,897	343	5.0	1,188	845	11,897	14
15	CARPET & WINDOW TREATMENTS			2013	29,153	1,680	5.0	4,150	2,470	24,555	15
16	LANDSCAPING & SPRINKLERS			2013	19,439	1,296	15.0	1,296		5,832	16
17	<b>TOTAL (lines 1 thru 16)</b>				\$ 2,208,594	\$ 4,381		\$ 81,382	\$ 77,001	\$ 1,169,837	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	<b>TOTAL (lines 18 and 19)</b>	\$	\$	\$	\$		\$	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	<b>TOTALS (lines 21, 22 and 23)</b>	\$	\$	\$	24

Facility Name: THE FORT ARMSTRONG

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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					\$	\$		\$	\$	\$	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	TOTALS FROM PAGE 5A				2,208,594			81,382	81,382	1,169,837	6
7	BREAKROOM DRYWALL			2014	2,320	84	27.5	84		284	7
8	CONCRETE CURB			2014	2,049	75	27.5	75		253	8
9	BASEMENT			2014	9,350	340	27.5	340		1,063	9
10	CABLE WIRING			2015	3,217	117	27.5	117		336	10
11	MASONRY RESTORATION			2015	122,010	4,437	27.5	4,437		10,538	11
12	KITCHEN SPRINKLER			2015	4,600	167	27.5	167		383	12
13	HOT WATER TANKS			2015	14,730	536	27.5	536		1,362	13
14	COPING CAP			2015	5,400	196	27.5	196		433	14
15	ROOF			2017	34,727	789	27.5	789		789	15
16											16
17	TOTAL (lines 1 thru 16)				\$ 2,406,997	\$ 6,741		\$ 88,123	\$ 81,382	\$ 1,185,278	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	\$ 985,856	\$ 4,439	\$ 4,631	192	5-10 YR	\$ 977,164	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 985,856	\$ 4,439	\$ 4,631	192		\$ 977,164	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: **01/01/2017**

Ending: **2/31/2017**

**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	<b>TOTAL</b>				\$			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			
	<b>A. Directly Facility Related</b>									
	<b>Long-Term</b>									
1	Midland Loan Services		x	MORTGAGE	4/28/14	\$ 5,472,900	\$ 5,224,983	4/28/49	0.0455	\$ 230,820
2					/ /			/ /		
3					/ /			/ /		
	<b>Working Capital</b>									
4				LINE OF CREDIT	/ /		118,200	/ /		16,781
5					/ /			/ /		780
6					/ /			/ /		
7	<b>TOTAL Facility Related</b>					\$ 5,472,900	\$ 5,343,183			\$ 248,381
	<b>B. Non-Facility Related</b>									
8					/ /			/ /		
9					/ /			/ /		
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$ 5,472,900	\$ 5,343,183			\$ 248,381

\* 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: 01/01/2017

Ending:

12/31/2017

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2017

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 132,215	\$ 174,111	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	1,400,799	1,400,799	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	61,590	86,786	6
7	Other Prepaid Expenses	443	443	7
8	Accounts Receivable (owners or related parties)	76,755		8
9	Other(specify):escrows		600,512	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,671,802	\$ 2,262,651	10
	<b>B. Long-Term Assets</b>			
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	1,242,150	15
16	Equipment, at Historical Cost		1,150,703	16
17	Accumulated Depreciation (book methods)	(16,359)	(2,217,958)	17
18	Deferred Charges		71,175	18
19	Organization & Pre-Operating Costs	5,518	5,518	19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):		11,562	22
23	Other(specify): sec 754	24,366	24,366	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 45,764	\$ 1,675,256	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 1,717,566	\$ 3,937,907	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 106,629	\$ 106,629	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	118,200	194,897	29
30	Accrued Salaries Payable	29,966	29,966	30
31	Accrued Taxes Payable	18,631	99,183	31
32	Accrued Interest Payable		19,811	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35				35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 273,426	\$ 450,486	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable		5,148,286	39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43				43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$	\$ 5,148,286	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 273,426	\$ 5,598,772	45
46	<b>TOTAL EQUITY</b>	\$ 1,444,140	\$ (1,660,865)	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 1,717,566	\$ 3,937,907	47

\*(See instructions.)

Facility Name: THE FORT ARMSTRONG

Report Period Beginning: 01/01/2017

Ending:

12/31/2017

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

		1	
I. Revenue		Amount	
<b>A. SLF Resident Care</b>			
1	Gross SLF Resident Revenue	\$ 3,914,429	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 3,914,429</b>	<b>3</b>
<b>B. Other Operating Revenue</b>			
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	548	8
9	Non-Resident Meals	1,086	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$ 1,634</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income		13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15			15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 3,916,063</b>	<b>18</b>

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	1,033,271	19
20	Health Care/ Personal Care	596,323	20
21	General Administration	836,115	21
<b>B. Capital Expense</b>			
22	Ownership	589,466	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	<b>TOTAL EXPENSES (sum of lines 19 thru 27)</b>	<b>\$ 3,055,175</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ 860,888</b>	<b>29</b>
30	<b>Income Taxes</b>	<b>\$</b>	<b>30</b>
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	<b>\$ 860,888</b>	<b>31</b>
<b>III. Net Resident Care Revenue detailed by Payer Source</b>			
32	Medicaid - Net Inpatient Revenue	2,981,982	32
33	Private Pay - Net Inpatient Revenue	932,447	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	<b>TOTAL (This total must agree to Line 3)</b>	<b>\$ 3,914,429</b>	<b>37</b>

**FORT ARMSTRONG SUPPORTIVE LIVING  
ATTACHMENT #1  
ADJUSTMENT RECAP  
REPORT PERIOD BEGINING :1/01/17 ENDING :12/31/17**

<b>DESCRIPTION</b>	<b>AMOUNT</b>	<b>LINE #</b>
BANK CHARGES	(1,672.00)	10-3
CABLE TV RESIDENT ROOMS	(27,676.00)	3-3
STAIGHT LINE DEPRCIATION	(9,133.00)	17-3
RELATED PARTY	(124,847.00)	
MISC		
MISC		
MISC		
TOTAL	----- (163,328.00) =====	

**FORT ARMSTRONG SUPPORTIVE LIVING  
ATTACHMENT #2  
RELATED PARTY ADJUSTMENT  
REPORT PERIOD BEGINING :1/01/17 ENDING :12/31/17**

<b>DESCRIPTION</b>	<b>AMOUNT</b>	<b>LINE #</b>
RENT	(561,600.00)	20
INSURANCE - PROPERTY	23,134.00	13
DEPRECIATION - SL	91,582.00	17
INTEREST (NET OF INTEREST INCOME AND ANTENNA RENTAL )	230,820.00	18
REAL ESTATE TAXES	91,217.00	19
MISC		
MISC		
TOTAL	----- (124,847.00) =====	