

		FOR BHF USE			

LL2

Supportive Living Facility

**2018
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2018)**

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> <hr/> <p>Address: <u>1900 3RD AVENUE</u> <u>ROCK ISLAND</u> <u>61201</u></p> <p align="center">Number City Zip Code</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 Charitable Corp.</td> <td><input checked="" type="checkbox"/> PROPRIETARY Individual</td> <td><input type="checkbox"/> GOVERNMENTAL 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>KATHLEEN MCNAMARA</u> Telephone Number: <u>(847) 675-3585</u> Email Address: _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT Charitable Corp.	<input checked="" type="checkbox"/> PROPRIETARY Individual	<input type="checkbox"/> GOVERNMENTAL 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>01/01/2018</u> to <u>12/31/2018</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%;">Officer or Administrator of Provider</td> <td>(Signed) _____ (Date) _____</td> </tr> <tr> <td></td> <td>(Type or Print Name) <u>MARCI HALPERT SIEBZENER</u></td> </tr> <tr> <td></td> <td>(Title) <u>MANAGER</u></td> </tr> <tr> <td>Paid Preparer</td> <td>(Signed) _____ (Date) _____</td> </tr> <tr> <td></td> <td>(Print Name and Title) <u>KATHLEEN MCNAMARA VICE-PRESIDENT</u></td> </tr> <tr> <td></td> <td>(Firm Name & Address) <u>KBKB, LTD. 8140 RIVER DRIVE, MORTON GROVE, IL 60053</u></td> </tr> <tr> <td></td> <td>(Telephone) <u>(847) 675-3585</u> Fax <u>(847) 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) _____ (Date) _____		(Type or Print Name) <u>MARCI HALPERT SIEBZENER</u>		(Title) <u>MANAGER</u>	Paid Preparer	(Signed) _____ (Date) _____		(Print Name and Title) <u>KATHLEEN MCNAMARA VICE-PRESIDENT</u>		(Firm Name & Address) <u>KBKB, LTD. 8140 RIVER DRIVE, MORTON GROVE, IL 60053</u>		(Telephone) <u>(847) 675-3585</u> Fax <u>(847) 675-5777</u>
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Facility Name THE FORT ARMSTRONG

Report Period Beginning: 01/01/2018 Ending: 12/31/2018

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	29,881	7,701		37,582	5
6	Double Unit					6
7	Other					7
8	TOTALS	29,881	7,701		37,582	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 79.20%

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 principal?
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 principal?
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 principal?
If no, explain.

Facility Name: THE FORT ARMSTRONG

Report Period Beginning:

01/01/2018

Ending: 12/31/2018

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	288,887	299,966		588,853		588,853	1
2	Housekeeping, Laundry and Maintenance	191,200	9,956	97,990	299,146	82,754	381,900	2
3	Heat and Other Utilities			160,007	160,007	(25,814)	134,193	3
4	Other (specify):Scavenger & Exterminator			10,317	10,317		10,317	4
5	TOTAL General Services	480,087	309,922	268,314	1,058,323	56,940	1,115,263	5
B. Health Care and Programs								
6	Health Care/ Personal Care	533,055	5,238		538,293		538,293	6
7	Activities and Social Services	44,751	6,639		51,390		51,390	7
8	Other (specify):Auto bus			17,805	17,805		17,805	8
9	TOTAL Health Care and Programs	577,806	11,877	17,805	607,488		607,488	9
C. General Administration								
10	Administrative and Clerical	147,729	16,523	343,759	508,011	(1,519)	506,492	10
11	Marketing Materials, Promotions and Advertising	85,406		57,866	143,272		143,272	11
12	Employee Benefits and Payroll Taxes			148,916	148,916		148,916	12
13	Insurance-Property, Liability and Malpractice			41,398	41,398	23,026	64,424	13
14	Other (specify):							14
15	TOTAL General Administration	233,135	16,523	591,939	841,597	21,507	863,104	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,291,028	338,322	878,058	2,507,408	78,447	2,585,855	16
Capital Expenses								
D. Ownership								
17	Depreciation			78,154	78,154	19,630	97,784	17
18	Interest			7,210	7,210	226,331	233,541	18
19	Real Estate Taxes					86,504	86,504	19
20	Rent -- Facility and Grounds			561,600	561,600	(561,600)		20
21	Rent -- Equipment							21
22	Other (specify):							22
23	TOTAL Ownership			646,964	646,964	(229,135)	417,829	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,291,028	338,322	1,525,022	3,154,372	(150,688)	3,003,684	24

Facility Name: THE FORT ARMSTRONG

Report Period Beginning: 01/01/2018 Ending: 12/31/2018

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.00	\$ 33.15	1
2	Licensed Practical Nurses	3.44	22.66	2
3	Certified Nurse Assistants	13.03	11.08	3
4	Activity Director & Assistants	1.94	11.14	4
5	Social Service Workers			5
6	Head Cook	3.16	14.63	6
7	Cook Helpers/Assistants	9.94	9.33	7
8	Dishwashers			8
9	Maintenance Workers	1.59	17.91	9
10	Housekeepers	5.89	10.72	10
11	Laundry			11
12	Managers	1.01	41.27	12
13	Other Administrative			13
14	Clerical	1.99	14.78	14
15	Marketing	1.61	25.50	15
16	Other			16
17	Total (lines 1 thru 16)	44.60	\$	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- MNGMN FEES			\$ 232,894	1
2	MEDTAK- BOOKKEEPING			30,000	2
3					3
4					4
5					5
Total				\$ 262894	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
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:

01/01/2018

Ending:

12/31/2018

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			203		\$ 1,000,000	\$ 36,364	27.50	\$ 36,364	\$	\$ 556,066	1
2											2
3											3
4											4
5											5
Improvement Type											
6		RENOVATIONS			896,825	32,612	27.50	32,612		466,746	6
7		RENOVATIONS		2004	32,239	1,172	27.50	1,172		16,359	7
8		WOODWORK		2007	8,558	311	27.50	311		3,590	8
9		BOILER		2007	12,955	471	27.50	471		5,436	9
10		FIRE ALARM		2007	6,625	241	27.50	241		2,781	10
11		ROOF		2007	16,000	582	27.50	582		6,717	11
12		CARPET		2007	46,040		7.00			46,040	12
13		WALLPAPER		2007	2,096		7.00			2,096	13
14		A/C GENERATOR		2008	13,150	478	27.50	478		5,039	14
15		CARPET		2008	8,051					8,051	15
16		PARKING LOT		2009	9,072	605		605		5,747	16
17		TOTAL (lines 1 thru 16)			\$ 2,051,611	\$ 72,836		\$ 72,836	\$	\$ 1,124,668	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:

01/01/2018

Ending:

12/31/2018

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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					\$	\$		\$	\$	\$	1
2											2
3											3
4											4
5											5
Improvement Type											
6	TOTALS FROM PAGE 5				2,051,611	72,836		72,836		1,124,668	6
7	CARPET TILE			2009	35,692		5.00			35,692	7
8	RAILING,CROWN MOLDING, DOORS & FRAMES			2009	6,502	236	27.50	236		2,242	8
9	PLASTER & DRYWALL			2010	22,382	814	27.50	814		6,919	9
10	CARPET TILE			2010	4,984		5.00			4,984	10
11	BOILER			2011	5,911		5.00			5,911	11
12	CARPET & SIGNS			2011	12,395		5.00			12,395	12
13	NURSE CALL SYSTEM			2012	8,628		5.00			8,628	13
14	CARPET & WINDOW TREATMENTS			2012	11,897		5.00			11,897	14
15	CARPET & WINDOW TREATMENTS			2013	29,153	838	5.00	4,598	3,760	29,153	15
16	LANDSCAPING & SPRINKLERS			2013	19,439	1,296	15.00	1,296		7,128	16
17	TOTAL (lines 1 thru 16)				\$ 2,208,594	\$ 76,020		\$ 79,780	\$ 3,760	\$ 1,249,617	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
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22					22
23					23
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Facility Name: THE FORT ARMSTRONG

Report Period Beginning:

01/01/2018

Ending:

12/31/2018

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
Improvement Type											
6	TOTALS FROM PAGE 5A				2,208,594	76,020		79,780	3,760	1,249,617	6
7	BREAKROOM DRYWALL			2014	2,320	84	27.50	84		368	7
8	CONCRETE CURB			2014	2,049	75	27.50	75		328	8
9	BASEMENT			2014	9,350	340	27.50	340		1,403	9
10	CABLE WIRING			2015	3,217	117	27.50	117		453	10
11	MASONRY RESTORATION			2015	122,010	4,437	27.50	4,437		14,975	11
12	KITCHEN SPRINKLER			2015	4,600	167	27.50	167		550	12
13	HOT WATER TANKS			2015	14,730	536	27.50	536		1,898	13
14	COPING CAP			2015	5,400	196	27.50	196		629	14
15	ROOF			2017	34,727	1,263	27.50	1,263		2,052	15
16											16
17	TOTAL (lines 1 thru 16)				\$ 2,406,997	\$ 83,235		\$ 86,995	\$ 3,760	\$ 1,272,273	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	\$ 997,713	\$ 13,855	\$ 4,985	(8,870)	5-10 YRS	\$ 982,149	18
19	Vehicles	58,040	58,040	5,804	(52,236)	5	5,804	19
20	TOTAL (lines 18 and 19)	\$ 1,055,753	\$ 71,895	\$ 10,789	(61,106)		\$ 987,953	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:

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1					\$	\$	27.50	\$	\$	\$	1
2											2
3											3
4											4
5											5
	Improvement Type										
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$	\$		\$	\$	\$	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
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D. Depreciable Non-Care Assets Included in General Ledger.

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21		\$	\$	\$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$	\$	\$	24

Facility Name: THE FORT ARMSTRONG

Report Period Beginning: 01/01/2018

Ending: 2/31/2018

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**	YES			NO	Purpose of Loan				
							Original	Balance				
		A. Directly Facility Related										
		Long-Term										
1		Midland Loan Services		x	MORTGAGE	4 /28/14	\$ 5,472,900	\$ 5,148,286	4/28/49	0.0455	\$ 235,561	1
2					BUS PURCHASE	10/29/18	58,040	56,442	10/29/23	0.0768	738	2
3						/ /			/ /			3
		Working Capital										
4		MB FINANCIAL BANK		X	LINE OF CREDIT	/ /		132,200	REVOLV	0.0625	6,472	4
5						/ /			/ /			5
6						/ /			/ /			6
7		TOTAL Facility Related					\$ 5,530,940	\$ 5,336,928			\$ 242,771	7
		B. Non-Facility Related										
8						/ /			/ /			8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$ 5,530,940	\$ 5,336,928			\$ 242,771	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: 01/01/2018

Ending:

12/31/2018

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2018

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 27,423	\$ 31,632	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,806,518	1,806,518	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	55,251	81,445	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	158,614	42,628	8
9	Other(specify): ESCROWS		629,057	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,047,806	\$ 2,591,280	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	1,242,150	15
16	Equipment, at Historical Cost	69,897	1,220,600	16
17	Accumulated Depreciation (book methods)	(87,428)	(2,372,250)	17
18	Deferred Charges		68,904	18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): SEC 754 BASIS ADJ	22,799	22,799	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 37,507	\$ 1,569,943	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,085,313	\$ 4,161,223	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 121,486	\$ 128,306	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	188,642	268,902	29
30	Accrued Salaries Payable	32,448	32,448	30
31	Accrued Taxes Payable	6,815	90,343	31
32	Accrued Interest Payable		19,521	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)	\$ 349,391	\$ 539,520	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable		5,068,026	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)	\$	\$ 5,068,026	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 349,391	\$ 5,607,546	45
46	TOTAL EQUITY	\$ 1,735,922	\$ (1,446,323)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 2,085,313	\$ 4,161,223	47

*(See instructions.)

Facility Name: THE FORT ARMSTRONG

Report Period Beginning: 01/01/2018

Ending:

12/31/2018

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	\$ 3,876,563	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,876,563	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	387	8
9	Non-Resident Meals	694	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 1,081	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	8,961	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 8,961	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)	\$ 3,886,605	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	1,058,323	19
20	Health Care/ Personal Care	607,488	20
21	General Administration	841,597	21
B. Capital Expense			
22	Ownership	646,964	22
C. Other Expenses			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26	PRIOR YEAR	2,938	26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 3,157,310	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 729,295	29
30	Income Taxes	\$ 4,016	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 725,279	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 3,014,418	32
33	Private Pay - Net Inpatient Revenue	862,145	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,876,563	37

FORT ARMSTRONG SUPPORTIVE LIVING
ATTACHMENT #1
ADJUSTMENT RECAP
REPORT PERIOD BEGINNING : 1/01/18 ENDING : 12/31/18

DESCRIPTION	AMOUNT	LINE #
BANK CHARGES	(1,519.00)	10-3
CABLE TV RESIDENT ROOMS	(25,814.00)	3-3
STRAIGHT LINE DEPRECIATION	(69,992.00)	17-3
RELATED PARTY	(53,363.00)	
MISC		
MISC		
MISC		
TOTAL	----- (150,688.00) =====	

**FORT ARMSTRONG SUPPORTIVE LIVING
ATTACHMENT # 2
RELATED PARTY ADJUSTMENT
REPORT PERIOD BEGINNING : 1/01/18 ENDING : 12/31/18**

DESCRIPTION	AMOUNT	LINE #
RENT	(561,600.00)	20
INSURANCE - PROPERTY	23,026.00	13
DEPRECIATION - SL	89,622.00	17
INTEREST (NET OF INTEREST INCOME AND ANTENNA RENTAL	226,331.00	18
REAL ESTATE TAXES	86,504.00	19
REPAIRS AND MAINTENANCE	82,754.00	2
MISC		
MISC		
TOTAL	----- (53,363.00) =====	