

		FOR BHF USE			

LL2

Supportive Living Facility

2019

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2019)

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: 1000056

Facility Name: FORT ARMSTRONG

Address: 1900 THIRD AVENUE ROCK ISLAND 61201

Number City Zip Code

County: ROCK ISLAND

Telephone Number: (309) 786-0400 Fax # (309) 788-9729

Federal Employer ID Number:

Date Current Owners were Certified: 02/05

Type of Ownership:

☐	VOLUNTARY, NON-PROFIT	☒	PROPRIETARY	☐	GOVERNMENTAL
☐	Charitable Corp.	☐	Individual	☐	State
☐	Trust	☐	Partnership	☐	County
IRS Exemption Code		☐	Corporation	☐	Other
		☒	"Sub-S" Corp.		
		☐	Limited Liability Co.		
		☐	Trust		
		☐	Other		

Mortgage Insurance

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2019 to 12/31/2019 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) MARCI HALPERT SIEBZENER

(Title) MANAGER

Paid Preparer

(Signed) (SEE ATTACHED ACCOUNTANTS' REPORT) (Date)

(Print Name and Title) KATHLEEN MCNAMARA VICE-PRESIDENT

(Firm Name & Address) KBKB, LTD. 8410 RIVER DR., MORTON GROVE, IL 60053

(Telephone) (847) 675-3585 Fax (847) 675-5777

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

Name: KATHLEEN MCNAMARA Telephone Number: (847) 675-3585

Email Address:

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

Report Period Beginning: 1/1/2019 Ending: 12/31/2019

Date of change in certified units

11 / 11

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.

718 Mortgage Insurance
had during this year. (Do not include bed-hold days in Section B.)

STATE OF ILLINOIS

Page 3

Facility Name: FORT ARMSTRONG

Report Period Beginning:

1/1/2019

Ending: 12/31/2019

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	292,505	304,933	1,946	599,384		599,384	1
2	Housekeeping, Laundry and Maintenance	170,479	129,740	31,047	331,266		331,266	2
3	Heat and Other Utilities			152,856	152,856	(32,810)	120,046	3
4	Other (specify): Scavenger & Exterminating			17,676	17,676		17,676	4
5	TOTAL General Services	462,984	434,673	203,525	1,101,182	(32,810)	1,068,372	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	518,492	5,227		523,719		523,719	6
7	Activities and Social Services	42,837	7,687		50,524		50,524	7
8	Other (specify):Auto Bus							8
9	TOTAL Health Care and Programs	561,329	12,914		574,243		574,243	9
	C. General Administration							
10	Administrative and Clerical	178,754	15,827	375,420	570,001	10,358	580,359	10
11	Marketing Materials, Promotions and Advertising	63,905		60,496	124,401		124,401	11
12	Employee Benefits and Payroll Taxes			137,862	137,862		137,862	12
13	Insurance-Property, Liability and Malpractice			44,915	44,915	27,740	72,655	13
14	Other (specify):							14
15	TOTAL General Administration	242,659	15,827	618,693	877,179	38,098	915,277	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,266,972	463,414	822,218	2,552,604	5,288	2,557,892	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			2,739	2,739	70,146	72,885	17
18	Interest			7,526	7,526	218,558	226,084	18
19	Real Estate Taxes					90,723	90,723	19
20	Rent -- Facility and Grounds			561,600	561,600	(561,600)		20
21	Rent -- Equipment							21
22	Other (specify): Mortgage Insurance					28,039	28,039	22
23	TOTAL Ownership			571,865	571,865	(154,134)	417,731	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,266,972	463,414	1,394,083	3,124,469	(148,846)	2,975,623	24

Facility Name: FORT ARMSTRONG

Report Period Beginning 1/1/2019 Ending: 12/31/2019

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.00	\$ 33.27	1
2	Licensed Practical Nurses	4.00	22.94	2
3	Certified Nurse Assistants	11.00	11.78	3
4	Activity Director & Assistants	2.00	11.99	4
5	Social Service Workers			5
6	Head Cook	3.00	15.12	6
7	Cook Helpers/Assistants	10.00	9.58	7
8	Dishwashers			8
9	Maintenance Workers	1.00	17.09	9
10	Housekeepers	6.00	10.74	10
11	Laundry			11
12	Managers	1.00	35.68	12
13	Other Administrative			13
14	Clerical	2.00	17.03	14
15	Marketing	1.00	32.24	15
16	Other			16
17	Total (lines 1 thru 16)	42.00	\$	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

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: Mortgage Insurance 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).

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			\$ 236,751	1
2	MEDTAK- BOOKKEEPING			30,000	2
3					3
4					4
5					5
Total				\$ 266751	6

VI. (B) Management fees paid to unrelated parties Amount of Fee

1		\$	1
2			2
Total		\$	3

Facility Name: FORT ARMSTRONG

Report Period Beginning:

1/1/2019

Ending:

12/31/2019

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			2003		\$ 1,000,000	\$ 36,364	27.50	\$ 36,364		\$ 592,430	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	RENOVATIONS				896,825	32,612	27.50	32,612		499,358	6
7	RENOVATIONS				32,239	1,172	27.50	1,172		17,531	7
8	WOODWORK				8,558	311	27.50	311		3,901	8
9	BOILER				12,955	471	27.50	471		5,907	9
10	FIRE ALARM				6,625	241	27.50	241		3,022	10
11	ROOF				16,000	582	27.50	582		7,299	11
12	CARPET				46,040		7.00			46,040	12
13	WALLPAPER				2,096		7.00			2,096	13
14	A/C GENERATOR				13,150	478	27.50	478		5,517	14
15	CARPET				8,051					8,051	15
16	PARKING LOT				9,072	605		605		6,352	16
17	TOTAL (lines 1 thru 16)				\$ 2,051,611	\$ 72,836		\$ 72,836		\$ 1,197,504	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.

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

Facility Name: FORT ARMSTRONG

Report Period Beginning:

1/1/2019

Ending:

12/31/2019

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 5				2,051,611	72,836		72,836		1,197,504	6
7	CARPET TILE				35,692		5.00			35,692	7
8	RAILING,CROWN MOLDING, DOORS & FRAMES				6,502	236	27.50	236		2,478	8
9	PLASTER & DRYWALL				22,382	814	27.50	814		7,733	9
10	CARPET TILE				4,984		5.00			4,984	10
11	BOILER				5,911		5.00			5,911	11
12	CARPET & SIGNS				12,395		5.00			12,395	12
13	NURSE CALL SYSTEM				8,628		5.00			8,628	13
14	CARPET & WINDOW TREATMENTS				11,897		5.00			11,897	14
15	CARPET & WINDOW TREATMENTS				29,153		5.00			29,153	15
16	LANDSCAPING & SPRINKLERS				19,439	1,296	15.00	1,296		8,424	16
17	TOTAL (lines 1 thru 16)				\$ 2,208,594	\$ 75,182		\$ 75,182	\$	\$ 1,324,799	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.

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

Facility Name: FORT ARMSTRONG

Report Period Beginning:

1/1/2019

Ending:

12/31/2019

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	75,182		75,182		1,324,799	6
7	BREAKROOM DRYWALL				2,320	84	27.50	84		452	7
8	CONCRETE CURB				2,049	75	27.50	75		403	8
9	BASEMENT				9,350	340	27.50	340		1,743	9
10	CABLE WIRING				3,217	117	27.50	117		570	10
11	MASONRY RESTORATION				122,010	4,437	27.50	4,437		19,412	11
12	KITCHEN SPRINKLER				4,600	167	27.50	167		717	12
13	HOT WATER TANKS				14,730	536	27.50	536		2,434	13
14	COPING CAP				5,400	196	27.50	196		825	14
15	ROOF				34,727	1,263	27.50	1,263		3,315	15
16	ROOF				27,969	805	27.50	805		805	16
17	TOTAL (lines 1 thru 16)				\$ 2,434,966	\$ 83,202		\$ 83,202	\$	\$ 1,355,475	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	\$ 2,588	\$ 3,885	1,297	5-10	\$ 986,034	18
19	Vehicles	58,040		11,608	11,608	5	17,412	19
20	TOTAL (lines 18 and 19)	\$ 1,055,753	\$ 2,588	\$ 15,493	12,905		\$ 1,003,446	20

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

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

Facility Name: FORT ARMSTRONG

Report Period Beginning: 1/1/2019 Ending: 12/31/2019

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	4/28/14	\$ 5,472,900	\$ 5,068,026	4/28/49	0.0455	\$ 232,282	1
2				BUS PURCHASE	10/29/18	58,040	46,413	10/29/23	0.0768	3,987	2
3					/ /			/ /			3
	Working Capital										
4	MB FINANCIAL BANK		X	LINE OF CREDIT	/ /			REVOLV	0.0625	3,539	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 5,530,940	\$ 5,114,439			\$ 239,808	7
	B. Non-Facility Related										
8					/ /			/ /			8
9	Mortgage Insurance				/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 5,530,940	\$ 5,114,439			\$ 239,808	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: FORT ARMSTRONG

Report Period Beginning: 1/1/2019

Ending: 12/31/2019

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2019

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 14,927	\$ 54,391	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,968,712	1,968,712	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	56,171	83,574	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	86,242	86,242	8
9	Other(specify): ESCROWS		631,853	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,126,052	2,824,772	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	1,270,119	15
16	Equipment, at Historical Cost	69,897	1,220,600	16
17	Accumulated Depreciation (book methods)	(88,600)	(2,456,473)	17
18	Deferred Charges		66,633	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	21,232	21,232	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23) Mortgage Insurance	\$ 34,768	1,509,851	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,160,820	\$ 4,334,623	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 158,999	\$ 158,999	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	46,413	130,402	29
30	Accrued Salaries Payable	34,200	34,200	30
31	Accrued Taxes Payable	6,176	94,176	31
32	Accrued Interest Payable		19,216	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	DUE TO TENANT		86,242	35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 245,788	\$ 523,235	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable		4,984,037	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)	\$	\$ 4,984,037	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 245,788	\$ 5,507,272	45
46	TOTAL EQUITY	\$ 1,915,032	\$ (1,172,649)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 2,160,820	\$ 4,334,623	47

*(See instructions.)

Facility Name: FORT ARMSTRONG

Report Period Beginning: 1/1/2019

Ending:

12/31/2019

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	\$ 3,874,486	1
2	Discounts and Allowances	(19,698)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,854,788	3
	B. Other Operating Revenue		
4	Special Services	1,078	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	700	8
9	Non-Resident Meals	820	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 2,598	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	13,725	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 13,725	14
	D. Other Revenue (specify):		
15	FOOD STAMPS	96,809	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 96,809	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	Mortgage Insurance \$ 3,967,920	18

		2	
	II. Expenses	Amount	
19		1,101,182	19
20		574,243	20
21		877,179	21
22		571,865	22
23			23
24			24
25			25
26		17,951	26
27			27
28		\$ 3,142,420	28
29		\$ 825,500	29
30	Income Taxes	\$ 3,890	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 821,610	31
32		\$ 2,466,792	32
33		1,407,694	33
34			34
35			35
36			36
37	TOTAL (This total must agree to Line 3)	\$ 3,874,486	37

FORT ARMSTRONG SUPPORTIVE LIVING
12/31/2019

PAGE 3 COLUMN 5 NOT ALLOWABLE EXPENSES

LINE 3	CABLE TV-RESIDENT ROOMS	(32,810)
LINE 10	PENALTIES	(3,117)
LINE 17	STRAIGHT LINE DEPRECIATION	(12,905)
LINE 18	INTEREST INCOME	(13,725)

RELATED PARTY LANDLORD

LINE 20	RENT	(561,600)
LINE 10	PROFESSIONAL FEES	13,475
LINE 13	INSURANCE-PROPERTY	27,740
LINE 17	DEPRECIATION	83,051
LINE 18	MORTGAGE INTEREST	232,283
LINE 19	REAL ESTATE TAXES	90,723
LINE 22	MORTGAGE INSURANCE	28,039

LINE 24	GRAND TOTAL	(148,846)
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