	FOR BHF USE	

LL2

Supportive Living Facility

2020

STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2020)

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: THE FORT ARMSTRONG

Address: 1900 3RD AVENUE (Number) ROCK ISLAND (City) 61201 (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	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
			Corporation		Other
			"Sub-S" Corp.		
		X	Limited Liability Co.		
			Trust		
			Other		

IRS Exemption Code

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2020 to 12/31/2020 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. 6201 W. HOWARD STREET SUITE 201, NILES, IL 607
	(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

Facility Name THE FORT ARMSTRONG Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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		42,456	1
2	14	Double Unit Apartment		5,124	2
3		Other			3
4	130	TOTALS		47,580	4

B. Census-For the entire report period.

	1	2	3	4	5	
	Type of Unit	Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	28,114	4,859		32,973	5
6	Double Unit					6
7	Other					7
8	TOTALS	28,114	4,859		32,973	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 69.30%

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 [X]

F. Does the BALANCE SHEET reflect any non-SLF assets?
YES [ ] NO [X]

G. List all services provided by your facility for non-residents.
(E.g., day care, "meals on wheels", outpatient therapy)

H. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

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

Tax Year: 2020 Fiscal Year: 2020

* 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: 1/1/2020   Ending: 12/31/2020

IV. COST CENTER EXPENSES (please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage	Supplies	Other	Total			
	A. General Services	1	2	3	4	5	6	
1	Dietary and Food Purchase	285,942	319,119		605,061		605,061	1
2	Housekeeping, Laundry and Maintenance	199,282	134,013	26,573	359,868		359,868	2
3	Heat and Other Utilities			158,211	158,211	(38,080)	120,131	3
4	Other (specify) Scavenger & Exterminating			8,089	8,089		8,089	4
5	**TOTAL General Services**	485,224	453,132	192,873	1,131,229	(38,080)	1,093,149	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	566,484	27,125		593,609		593,609	6
7	Activities and Social Services	36,294	2,070		38,364		38,364	7
8	Other (specify) Auto Bus							8
9	**TOTAL Health Care and Programs**	602,778	29,195		631,973		631,973	9
	C. General Administration							
10	Administrative and Clerical	183,928	17,729	363,735	565,392	2,916	568,308	10
11	Marketing Materials, Promotions and Advertising	46,003		46,275	92,278		92,278	11
12	Employee Benefits and Payroll Taxes			127,668	127,668		127,668	12
13	Insurance-Property, Liability and Malpractice			54,799	54,799	26,929	81,728	13
14	Other (specify):							14
15	**TOTAL General Administration**	229,931	17,729	592,477	840,137	29,845	869,982	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	1,317,933	500,056	785,350	2,603,339	(8,235)	2,595,104	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			2,739	2,739	70,987	73,726	17
18	Interest			3,364	3,364	228,540	231,904	18
19	Real Estate Taxes					121,737	121,737	19
20	Rent -- Facility and Grounds			597,700	597,700	(597,700)		20
21	Rent -- Equipment							21
22	Other (specify) Mortgage Insurance					27,585	27,585	22
23	**TOTAL Ownership**			603,803	603,803	(148,851)	454,952	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	1,317,933	500,056	1,389,153	3,207,142	(157,086)	3,050,056	24

Facility Name: THE FORT ARMSTRONG

Report Period Beginning 1/1/2020 Ending: 12/31/2020

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.00	$ 32.80	1
2	Licensed Practical Nurses	4.00	26.73	2
3	Certified Nurse Assistants	15.50	13.10	3
4	Activity Director & Assistants	1.50	13.64	4
5	Social Service Workers			5
6	Head Cook	4.00	15.90	6
7	Cook Helpers/Assistants	13.50	10.51	7
8	Dishwashers			8
9	Maintenance Workers	3.50	16.52	9
10	Housekeepers	5.50	12.08	10
11	Laundry			11
12	Managers	1.00	44.02	12
13	Other Administrative			13
14	Clerical	3.00	18.00	14
15	Marketing	1.00	27.24	15
16	Other			16
17	Total (lines 1 thru 16)	54	$	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			$ 240,710	1
2	MEDTAK- BOOKKEEPING			30,000	2
3					3
4					4
5					5
			Total	$ 270710	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	BOOKKEEPING
MEDTAK LTD	CHICAGO	MANAGEMENT
FORT ARMSTRONG REALTY LLC		PROPCO

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 [X]

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 [X] 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: 1/1/2020 Ending: 12/31/2020

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	$	$ 628,794	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	RENOVATIONS				896,825	32,612	27.50	32,612		531,970	6
7	RENOVATIONS			2004	32,239	1,172	27.50	1,172		18,703	7
8	WOODWORK			2007	8,558	311	27.50	311		4,212	8
9	BOILER			2007	12,955	471	27.50	471		6,378	9
10	FIRE ALARM			2007	6,625	241	27.50	241		3,263	10
11	ROOF			2007	16,000	582	27.50	582		7,881	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		5,995	14
15	CARPET			2008	8,051					8,051	15
16	PARKING LOT			2009	9,072	605		605		6,957	16
17	TOTAL (lines 1 thru 16)				$ 2,051,611	$ 72,836		$ 72,836	$	$ 1,270,340	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	$ 473	$ 593	120	5-10	$ 986,627	18
19	Vehicles	58,040		11,608	11,608	5	29,020	19
20	TOTAL (lines 18 and 19)	$ 1,055,753	$ 473	$ 12,201	11,728		$ 1,015,647	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 & ID Number THE FORT ARMSTRONG # Report Period Beginning: 1/1/2020 Ending: 12/31/2020

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 5, Carried Forward		$ 2,051,611	$ 72,836		$ 72,836	$	$ 1,270,340	1
2	CARPET TILE	2009	35,692		5.00			35,692	2
3	RAILING,CROWN MOLDING, DOORS & FRAMES	2009	6,502	236	27.50	236		2,714	3
4	PLASTER & DRYWALL	2010	22,382	814	27.50	814		8,547	4
5	CARPET TILE	2010	4,984		5.00			4,984	5
6	BOILER	2011	5,911		5.00			5,911	6
7	CARPET & SIGNS	2011	12,395		5.00			12,395	7
8	NURSE CALL SYSTEM	2012	8,628		5.00			8,628	8
9	CARPET & WINDOW TREATMENTS	2012	11,897		5.00			11,897	9
10	CARPET & WINDOW TREATMENTS	2013	29,153		5.00			29,153	10
11	LANDSCAPING & SPRINKLERS	2013	19,439	1,296	15.00	1,296		9,720	11
12	BREAKROOM DRYWALL	2014	2,320	84	27.50	84		536	12
13	CONCRETE CURB	2014	2,049	75	27.50	75		478	13
14	BASEMENT	2014	9,350	340	27.50	340		2,083	14
15	CABLE WIRING	2015	3,217	117	27.50	117		687	15
16	MASONRY RESTORATION	2015	122,010	4,437	27.50	4,437		23,849	16
17	KITCHEN SPRINKLER	2015	4,600	167	27.50	167		884	17
18	HOT WATER TANKS	2015	14,730	536	27.50	536		2,970	18
19	COPING CAP	2015	5,400	196	27.50	196		1,021	19
20	ROOF	2017	34,727	1,263	27.50	1,263		4,578	20
21	ROOF	2019	27,969	1,017	27.50	1,017		1,822	21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 2,434,966	$ 83,414		$ 83,414	$	$ 1,438,889	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name: THE FORT ARMSTRONG   Report Period Beginning: 1/1/2020   Ending: 2/31/2020

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	$ 4,984,037	4/28/49	0.0455	$ 228,540	1
2				BUS PURCHASE	10/29/18	58,040	35,586	10/29/23	0.0768	3,364	2
3					/ /			/ /			3
	Working Capital										
4					/ /						4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					$ 5,530,940	$ 5,019,623			$ 231,904	7
	B. Non-Facility Related										
8					/ /			/ /			8
9	Mortgage Insurance				/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$ 5,530,940	$ 5,019,623			$ 231,904	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: 1/1/2020   Ending: 12/31/2020

XI. BALANCE SHEET - Unrestricted Operating Fund.   As of 12/31/2020 (last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 561,526	$ 578,071	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,648,808	1,648,808	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	67,079	96,282	6
7	Other Prepaid Expenses	16,503	16,503	7
8	Accounts Receivable (owners or related parties)	86,242	86,242	8
9	Other(specify): ESCROWS		678,370	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 2,380,158	$ 3,104,276	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)	(89,772)	(2,540,360)	17
18	Deferred Charges		64,362	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	19,665	19,655	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 32,029	$ 1,422,116	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 2,412,187	$ 4,526,392	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 111,227	$ 111,227	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits		86,242	28
29	Short-Term Notes Payable	35,586	123,477	29
30	Accrued Salaries Payable	45,733	45,733	30
31	Accrued Taxes Payable	9,355	115,355	31
32	Accrued Interest Payable		18,898	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	NOTE PAYABLE - PPP	259,500	259,500	35
36	C.A.R.E.S ACT LOAN	73,092	73,092	36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 534,493	$ 833,524	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable		4,896,145	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)**	$	$ 4,896,145	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 534,493	$ 5,729,669	45
46	**TOTAL EQUITY**	$ 1,877,694	$ (1,203,277)	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 2,412,187	$ 4,526,392	47

*(See instructions.)

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

	I. Revenue	1 Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	$ 3,863,812	1
2	Discounts and Allowances		2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 3,863,812	3
	B. Other Operating Revenue		
4	Special Services	4,365	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		9
10	Laundry		10
11	**SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)**	$ 4,365	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	**FOOD STAMPS**	100,748	15
16	**STIMULUS PAYMENT**	42,918	16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$ 143,666	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 4,011,843	18

	II. Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	1,131,229	19
20	Health Care/ Personal Care	631,973	20
21	General Administration	840,137	21
	B. Capital Expense		
22	Ownership	603,803	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26	**OTHER EXPENSE ADJUSTMENTS**	103,706	26
27			27
28	**TOTAL EXPENSES (sum of lines 19 thru 27)**	$ 3,310,848	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ 700,995	29
30	**Income Taxes**	$ 8,333	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ 692,662	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	$ 2,603,852	32
33	Private Pay - Net Inpatient Revenue	1,259,960	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	$ 3,863,812	37

FORT ARMSTRONG SUPPORTIVE LIVING
12/31/2020

PAGE 3 COLUMN 5 NOT ALLOWABLE EXPENSES

LINE 3	CABLE TV-RESIDENT ROOMS	(38,080)
LINE 10	PENALTIES	(1,361)
LINE 10	CONTRIBUTIONS	(10,000)
LINE 17	STRAIGHT LINE DEPRECIATION	(11,728)

RELATED PARTY LANDLORD

LINE 20	RENT	(597,700)
LINE 10	PROFESSIONAL FEES	14,277
LINE 13	INSURANCE-PROPERTY	26,929
LINE 17	DEPRECIATION	82,715
LINE 18	MORTGAGE INTEREST	228,540
LINE 19	REAL ESTATE TAXES	121,737
LINE 22	MORTGAGE INSURANCE	27,585
LINE 24	GRAND TOTAL	(157,086)

PAGE 4 SCHEDULE VII B