

Facility Name GRAND PRAIRIE SUPPORTIVE LVG

Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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	86	Single Unit Apartment	86	31,390	1
2		Double Unit Apartment			2
3		Other			3
4	86	TOTALS	86	31,390	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	17,095	11,373		28,468	5
6	Double Unit					6
7	Other					7
8	TOTALS	17,095	11,373		28,468	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 90.69%

D. Indicate the number of paid bed-hold days the SLF had during this year 265 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 46 **(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: 2014 Fiscal Year: 2014

* 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. _____

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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	216,695	165,764	1,665	384,124		384,124	1
2	Housekeeping, Laundry and Maintenance	81,791	25,018	31,671	138,480		138,480	2
3	Heat and Other Utilities			130,742	130,742	(4,147)	126,595	3
4	Other (specify):			25,684	25,684		25,684	4
5	TOTAL General Services	298,486	190,782	189,762	679,030	(4,147)	674,883	5
B. Health Care and Programs								
6	Health Care/ Personal Care	346,831	3,293		350,124		350,124	6
7	Activities and Social Services	28,680	9,110		37,790		37,790	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	375,511	12,403		387,914		387,914	9
C. General Administration								
10	Administrative and Clerical	124,060	11,625	287,138	422,823	(25,840)	396,983	10
11	Marketing Materials, Promotions and Advertising	47,967	9,117	37,506	94,590		94,590	11
12	Employee Benefits and Payroll Taxes			217,409	217,409		217,409	12
13	Insurance-Property, Liability and Malpractice			52,361	52,361		52,361	13
14	Other (specify):			13,479	13,479		13,479	14
15	TOTAL General Administration	172,027	20,742	607,893	800,662	(25,840)	774,822	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	846,024	223,927	797,655	1,867,606	(29,988)	1,837,618	16
Capital Expenses								
D. Ownership								
17	Depreciation			16,064	16,064		16,064	17
18	Interest			50	50		50	18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds			1,080,000	1,080,000		1,080,000	20
21	Rent -- Equipment							21
22	Other (specify):							22
23	TOTAL Ownership			1,096,114	1,096,114		1,096,114	23
24	GRAND TOTAL (Sum of lines 16 and 23)	846,024	223,927	1,893,769	2,963,720	(29,988)	2,933,732	24

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	Inc line 12	\$ Inc line 1	1
2	Licensed Practical Nurses	1	18.96	2
3	Certified Nurse Assistants	12	10.21	3
4	Activity Director & Assistants	Inc line 12	Inc line 1	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	9	9.64	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 1	9
10	Housekeepers	2	9.11	10
11	Laundry			11
12	Managers	5	19.17	12
13	Other Administrative	3	22.70	13
14	Clerical	Inc line 13	Inc line 1	14
15	Marketing	Inc line 12	Inc line 1	15
16	Other			16
17	Total (lines 1 thru 16)	32	\$	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				\$	1	
2					2	
3					3	
4					4	
5					5	
				Total	\$	6

VI. (B) Management fees paid to unrelated parties

Amount of Fee

1	BMA Management, LTD	\$	148,046	1		
2				2		
			Total	\$	148,046	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

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).

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VIII. OWNERSHIP COSTS

A. Purchase price of land

Year land was acquired 2007

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	86				\$	\$	28	\$	\$	\$	1
2											2
3											3
4											4
5											5
Improvement Type											
6	LAND IMPROVEMENTS				3,000	200	15	200	(0)	1,100	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)				\$ 3,000	\$ 200		\$ 200	\$ (0)	\$ 1,100	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	\$ 266,362	\$ 14,089	\$ 53272.5	39,183	5	\$ 225,808	18
19	Vehicles	39,149	1,775	7829.73	6,055	5	36,890	19
20	TOTAL (lines 18 and 19)	\$ 305,511	\$ 15,864	\$ 61,102	45,238		\$ 262,698	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

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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	Amount of Note				
							Original					
A. Directly Facility Related												
Long-Term												
1						/ /	\$			/ /		\$
2						/ /	\$			/ /		\$
3						/ /	\$			/ /		\$
4										1/20/13		\$
5		FIRST BANKS TRUST CO.		X	LINE OF CREDIT	1/10/08	250,000			1/20/13	.0325	\$
Working Capital												
4							\$					\$
5						/ /	\$			/ /		\$
6						/ /	\$			/ /		\$
7		TOTAL Facility Related					\$ 250,000	\$				\$
B. Non-Facility Related												
8						/ /	\$			/ /		\$
9						/ /	\$			/ /		\$
10		TOTALS (lines 7, 8 and 9)					\$ 250,000	\$				\$

* 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.

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XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2014

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 47,499	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	399,425 (35,266)		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	25,352		6
7	Other Prepaid Expenses	8,985		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	19,850		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 465,846	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	3,000		15
16	Equipment, at Historical Cost	305,511		16
17	Accumulated Depreciation (book methods)	(263,799)		17
18	Deferred Charges			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):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 44,712	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 510,558	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 40,222	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	13,049		30
31	Accrued Taxes Payable			31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Attachment	67,846		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 121,118	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	570,654		38
39	Mortgage Payable			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)	\$ 570,654	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 691,772	\$	45
46	TOTAL EQUITY	\$ (181,213)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 510,558	\$	47

*(See instructions.)

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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	\$ 2,926,421	1
2	Discounts and Allowances	(78,816)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,847,605	3
B. Other Operating Revenue			
4	Special Services	87,121	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	15,909	8
9	Non-Resident Meals	5,896	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 108,926	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	735	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 735	14
D. Other Revenue (specify):			
15			15
16	Insurance Adjustments	4,617	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 4,617	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,961,883	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	679,030	19
20	Health Care/ Personal Care	387,914	20
21	General Administration	800,662	21
B. Capital Expense			
22	Ownership	1,096,114	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)	\$ 2,963,720	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (1,837)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (1,837)	31

Expenses PG 3 Other

General Services Detail		Amt
5200-5124-0-0	Exterminating	6,643
5200-5127-0-0	Rubbish Removal	12,682
5300-5140-0-0	Security & Monitoring	3,724
5200-5130-0-0	Vehicle Expense	2,636
5200-5131-0-0	Transportation Service	-
5200-5132-0-0	Water Softener	-
5200-5133-0-0	Window Washing	-
5200-5137-0-0	Miscellaneous Oper Expense	-

25,684

General Administration Detail		Amt
5160-5060-0-0	Consulting	-
5160-5063-0-0	Legal	1,169
5160-5064-0-0	Accounting	215
5160-5066-0-0	Audit	9,948
5160-5067-0-0	Contract Labor-Serv Prov	-
5160-5068-0-0	Contract Labor	1,200
5180-9999-0-0	Total Bad Debt	947

13,479

	Ownership Other detail	Amt
9100-9101-0-0	Interest & Dividend Income	-
9100-9102-0-0	Assessment Income	-
9100-9103-0-0	Assessment Expense	-
9200-9202-0-0	Financing Fees	-
9200-9204-0-0	Mortgage Service Fee	-
9200-9205-0-0	Mortgage Insurance Prem	-
9200-9206-0-0	Participation Fee	-
9200-9207-0-0	Letter of Credit Fee	-
9200-9208-0-0	Bond & Draw Fee	-
9200-9209-0-0	Remarketing and Trustee Fee	-
9200-9212-0-0	Debt Write-Off	-
9300-9301-0-0	Partnership Management Fee	-
9300-9302-0-0	Asset Management Fee	-
9300-9303-0-0	Incentive Management	-
9300-9303-1-0	Incentive Asset Mgmt Fee	-
9300-9304-0-0	Tax Credit Fees & Incentive Fee	-
9300-9305-0-0	Organizational Expense	-
9300-9306-0-0	Developer Fees	-
9300-9307-0-0	Closing Costs	-
9700-9702-0-0	Amortization Expense	-
9900-9901-0-0	Prior Period Adjustments	-
9900-9902-0-0	Dissolution of Business	-
9900-9903-0-0	Loss (Gain) on Sale of Assets	-
9900-9904-0-0	Business Interruption	-
9900-9905-0-0	Settlement	-
9900-9906-0-0	Property Damage Loss	-
9900-9907-0-0	Abandonment Loss	-
9900-9908-0-0	Grant Income	-
9900-9909-0-0	Misc: Title, Recording, Transfer	-
		-

Balance Sheet

Other Current Assets Detail		Amt	Current Liabilities Detail		Amt
1102-9970-0-0	A/R-Medicaid Food Stamps	-	2112-0100-0-0	Accrued Asset Management Fee	-
1102-9971-0-0	A/R-Employee Advance	-	2112-0101-0-0	Accrued Partnership Mgmt Fee	-
1102-9973-0-0	A/R-Insurance Reimbursement	-	2112-0102-0-0	Accrued Incentive Mgmt Fee	-
1102-9974-0-0	A/R-Subscription Receivable	-	2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	-
1102-9975-0-0	A/R-CIP	-	2112-0105-0-0	Accrued Liabilities	50,747
1102-9976-0-0	A/R-Other	19,850	2112-0110-0-0	Accrued Insurance	-
1102-9978-0-0	A/R-TIF/Abatement	-	2112-0115-0-0	Accrued Developer Fee	-
			2112-0130-0-0	Accrued MIP	-
			2112-0146-0-0	Payroll Benefits	-
			2112-0154-0-0	Unclaimed Property	-
			2112-0155-0-0	Reservation Deposit	-
			2112-0156-0-0	Buy Down Credit	-
			2112-0157-0-0	Unapplied Last Month Rent	-
			2112-0158-0-0	Deferred Gain on Sale	-
			2112-0159-0-0	Unearned Revenue	17,100
			2112-0159-1-0	Medicaid Prepayments	-
			2112-0159-2-0	Prepaid Medicaid Clearing	-
			2112-0159-3-0	Prepaid Rent	-
			2112-0170-0-0	Line of Credit	-
			2112-0175-0-0	Loan - Vehicle	-
		19,850			67,846

