

Facility Name: GRAND PRAIRIE SUPPORTIVE LVG

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	224,952	178,346	2,259	405,557		405,557	1
2	Housekeeping, Laundry and Maintenance	85,854	33,960	35,273	155,087		155,087	2
3	Heat and Other Utilities			132,256	132,256	(18,140)	114,116	3
4	Other (specify):			42,084	42,084		42,084	4
5	TOTAL General Services	310,806	212,306	211,872	734,984	(18,140)	716,844	5
B. Health Care and Programs								
6	Health Care/ Personal Care	425,712	12,472		438,184		438,184	6
7	Activities and Social Services	29,811	9,511		39,322		39,322	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	455,523	21,983		477,506		477,506	9
C. General Administration								
10	Administrative and Clerical	154,674	26,435	235,934	417,043	(19,330)	397,713	10
11	Marketing Materials, Promotions and Advertising	49,759	7,288	45,158	102,205		102,205	11
12	Employee Benefits and Payroll Taxes			249,576	249,576		249,576	12
13	Insurance-Property, Liability and Malpractice			31,076	31,076		31,076	13
14	Other (specify):			34,410	34,410	(2,900)	31,510	14
15	TOTAL General Administration	204,433	33,723	596,154	834,310	(22,231)	812,079	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	970,762	268,012	808,026	2,046,800	(40,371)	2,006,429	16
Capital Expenses								
D. Ownership								
17	Depreciation			276,433	276,433		276,433	17
18	Interest			355,373	355,373		355,373	18
19	Real Estate Taxes			49,224	49,224		49,224	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			9,322	9,322		9,322	21
22	Other (specify):			78,241	78,241		78,241	22
23	TOTAL Ownership			768,593	768,593		768,593	23
24	GRAND TOTAL (Sum of lines 16 and 23)	970,762	268,012	1,576,620	2,815,394	(40,371)	2,775,023	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 12	1
2	Licensed Practical Nurses	1	22.71	2
3	Certified Nurse Assistants	13	11.40	3
4	Activity Director & Assistants	Inc line 12	Inc line 12	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	8	9.93	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	2	9.95	10
11	Laundry			11
12	Managers	5	22.13	12
13	Other Administrative	3	22.51	13
14	Clerical	Inc line 13	Inc line 13	14
15	Marketing	Inc line 12	Inc line 12	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	Gardant Management Solutions	\$ 150,525	1
2			2
		Total	\$ 150,525 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 456,000 Year land was acquired 2017

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	82			2010	\$ 8,254,462	\$ 206,362	40	\$ 206,362	\$ (0)	\$ 257,952	1
2											2
3											3
4											4
5											5
Improvement Type											
6		Leasehold Improvements			650,000	32,500	20	32,500	0	40,625	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)				\$ 8,904,462	\$ 238,862		\$ 238,862	\$ (0)	\$ 298,577	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	\$ 351,154	\$ 37,572	\$ 23,410	(14,161)	15	\$ 46,964	18
19					\$		-	19
20	TOTAL (lines 18 and 19)	\$ 351,154	\$ 37,572	\$ 23,410	(14,161)		\$ 46,964	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

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	INB			FIRST MORTGAGE	10/2/17	\$ 9,095,000	\$ 9,095,000	10/2/20	0.0385	\$ 355,021	1
2											2
3											3
	Working Capital										
4	INB			Line of Credit	10/6/17	650,000		10/6/18	0.0124	318	4
5	INB			Line of Credit	10/6/18	650,000		10/6/19	0.0226	34	5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 10,395,000	\$ 9,095,000			\$ 355,373	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 10,395,000	\$ 9,095,000			\$ 355,373	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.

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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	\$ 236,013	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (5,127))	552,304		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	31,787		6
7	Other Prepaid Expenses	102,596		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Page 7 Attachment	774		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 923,475	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	456,000		13
14	Buildings, at Historical Cost	8,254,462		14
15	Leasehold Improvements, at Historical Cost	650,000		15
16	Equipment, at Historical Cost	351,154		16
17	Accumulated Depreciation (book methods)	(345,541)		17
18	Deferred Charges	288		18
19	Organization & Pre-Operating Costs	1,101,000		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(27,525)		20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Page 7 Attachment	5,000		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 10,444,838	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 11,368,313	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 50,654	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	62,653		30
31	Accrued Taxes Payable	51,106		31
32	Accrued Interest Payable	77,583		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	44,498		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 286,495	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	1,751,000		38
39	Mortgage Payable	9,082,844		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)	\$ 10,833,844	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 11,120,339	\$	45
46	TOTAL EQUITY	\$ 247,974	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 11,368,313	\$	47

*(See instructions.)

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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	\$ 2,923,894	1
2	Discounts and Allowances	(18,741)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,905,153	3
B. Other Operating Revenue			
4	Special Services	94,870	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	7,881	8
9	Non-Resident Meals	5,135	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 107,886	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	See Page 8 Attachment	8,950	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 8,950	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,021,989	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	734,984	19
20	Health Care/ Personal Care	477,506	20
21	General Administration	834,310	21
B. Capital Expense			
22	Ownership	768,593	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)	\$ 2,815,394	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 206,595	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 206,595	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 1,151,376	32
33	Private Pay - Net Inpatient Revenue	1,753,777	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 2,905,153	37

Operating Expenses PG 3 Other				
A. General Services		D. Ownership		
Other (specify):		Other (specify):		Amt
5200-5000-0-0	Operating Allocation	-	9100-9101-0-0	Interest & Dividend Income
5200-5124-0-0	Exterminating	4,800	9100-9102-0-0	Assessment Income
5200-5127-0-0	Rubbish Removal	21,062	9100-9103-0-0	Assessment Expense
5200-5130-0-0	Vehicle Expense	6,007	9200-9201-1-0	Amortization - Loan Fees
5200-5131-0-0	Transportation Service	30	9200-9202-0-0	Financing Fees
5300-5140-0-0	Security & Monitoring	10,185	9200-9203-1-0	Mortgage Interest Premium
	PG3-4.3	42,084	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
			9200-9210-0-0	Interest Expense-Note
			9200-9211-0-0	Interest Expense-LP
			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
			PG3-22.3	78,241
C. General Administration				
Other (specify):		Amt		
5160-5060-0-0	Consulting	234		
5160-5063-0-0	Legal	2,415		
5160-5064-0-0	Accounting	155		
5160-5066-0-0	Audit	8,800		
5160-5067-0-0	Contract Labor-Serv Prov	-		
5160-5068-0-0	Contract Labor	19,906		
5180-5079-0-0	Bad Debt - Resident	2,900		
5180-5079-1-0	Bad Debt - Resident - Recovery	-		
5180-5080-0-0	Bad Debt - Resident Prior Period	-		
5180-5081-0-0	Bad Debt - Medicaid Pending Denial	-		
5180-5081-1-0	Bad Debt - Medicaid Pending - Recovery	-		
5180-5082-0-0	Bad Debt - Medicaid Denial Prior Period	-		
5180-5083-0-0	Bad Debt - Medicaid MCO	-		
5190-5000-0-0	Other Admin Allocation	-		
	PG3-14.3	34,410		
B. Health Care and Programs				
Other (specify):	PG3-8.3			

Operating Expenses - Reclassifications and Adjustments PG 3			
A. General Services			
Heat and Other Utilities			
3300-3303-0-0	Cable		18,140
	PG3-3.5		18,140
C. General Administration			
Administrative and Clerical			
3300-3301-0-0	Beauty Salon & Manicure		7,881
3300-3304-0-0	Internet Access		-
3300-3321-0-0	Telephone- Connection		10,722
3300-3323-0-0	Telephone- Usage		314
5190-5090-0-0	Contributions		414
	PG3-10.5		19,330
C. General Administration			
Other (specify):			
5180-5079-0-0	Bad Debt - Resident		2,900
5180-5079-1-0	Bad Debt - Resident - Recovery		-
5180-5080-0-0	Bad Debt - Resident Prior Period		-
5180-5081-0-0	Bad Debt - Medicaid Pending Denial		-
5180-5081-1-0	Bad Debt - Medicaid Pending - Recovery		-
5180-5082-0-0	Bad Debt - Medicaid Denial Prior Period		-
5180-5083-0-0	Bad Debt - Medicaid MCO		-
	PG3-14.5		2,900
D. Ownership			
Interest			
3300-3380-0-0	Interest Income		-
3300-3385-0-0	Interest Income - Reserves		-
	PG3-18.5		-
D. Ownership			
Other (specify):			
1302-1007-0-0	A/A - Goodwill		-
9200-9209-0-0	Remarketing and Trustee Fee		-
	PG3-22.5		-

Balance Sheet PG 7 Other

Balance Sheet

Other Current Assets Detail		Amt
1102-9971-0-0	A/R-Employee Advance	-
1102-9972-0-0	A/R-Gardant Mgmt Solutions	-
1102-9973-0-0	A/R-Insurance Reimbursement	-
1102-9974-0-0	A/R-Subscription Receivable	-
1102-9975-0-0	A/R-CIP	-
1102-9976-0-0	A/R-Other	774
1102-9978-0-0	A/R-TIF/Abatement	-
1105-0009-0-0	Transfer Account	-
1105-0012-0-0	Undeposited Funds	-
PG7-9.1		774

Other Long Term Assets Detail		Amt
1201-0020-0-0	CIP	5,000
1201-0021-0-0	CIP- Land Option Addition	-
1201-0022-0-0	CIP- Other Addition	-
PG7-23.1		#####

Current Liabilities Detail		Amt
2111-0040-0-0	Construction Account Payable	-
2112-0100-0-0	Accrued Asset Management Fee	-
2112-0101-0-0	Accrued Partnership Mgmt Fee	-
2112-0102-0-0	Accrued Incentive Mgmt Fee	-
2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	-
2112-0105-0-0	Accrued Liabilities	19,139
2112-0110-0-0	Accrued Insurance	-
2112-0115-0-0	Accrued Developer Fee	-
2112-0130-0-0	Accrued MIP	-
2112-0144-0-0	Payroll Union Dues	-
2112-0146-0-0	Payroll Benefits	-
2112-0150-0-0	Security Deposits	-
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	25,359
2112-0159-1-0	Medicaid Prepayments	-
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
PG7-35.1		44,498
		88995.82

Income Statement PG 8 Other

Income Statement

	Other Revenue	Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other (Late fees, NSF fees, Call Pendants)	2,915
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	5,220
3300-3393-0-0	Insurance Adjustments	815
3300-3395-0-0	Developer Fee Income	-
3300-3396-0-0	Home Office Rent Income	-

PG8-15.1	8,950
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