





Facility Name: HERITAGE WOODS OF FREEPORT

Report Period Beginning:

01/01/2020

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 1	Supplies 2	Other 3	Total 4			
<b>A. General Services</b>								
1	Dietary and Food Purchase	225,094	148,427	1,887	375,408	0	375,408	1
2	Housekeeping, Laundry and Maintenance	95,181	23,310	35,840	154,331	0	154,331	2
3	Heat and Other Utilities			80,551	80,551	(21,770)	58,781	3
4	Other (specify):	64,713	0	57,960	122,673	0	122,673	4
5	<b>TOTAL General Services</b>	384,988	171,737	176,238	732,963	(21,770)	711,193	5
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	415,925	12,995	0	428,920	0	428,920	6
7	Activities and Social Services	33,345	5,737	0	39,082	0	39,082	7
8	Other (specify):	0	0	0	0	0	0	8
9	<b>TOTAL Health Care and Programs</b>	449,270	18,732	0	468,002	0	468,002	9
<b>C. General Administration</b>								
10	Administrative and Clerical	146,767	36,261	223,808	406,836	(20,294)	386,542	10
11	Marketing Materials, Promotions and Advertising	48,011	7,016	45,853	100,880	0	100,880	11
12	Employee Benefits and Payroll Taxes	0	0	245,791	245,791	0	245,791	12
13	Insurance-Property, Liability and Malpractice	0	0	58,501	58,501	0	58,501	13
14	Other (specify):	0	0	473,357	473,357	(48,772)	424,585	14
15	<b>TOTAL General Administration</b>	194,778	43,277	1,047,310	1,285,365	(69,066)	1,216,299	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	1,029,036	233,746	1,223,547	2,486,329	(90,835)	2,395,494	16
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			406,943	406,943	0	406,943	17
18	Interest			163,783	163,783	(14,676)	149,107	18
19	Real Estate Taxes			80,511	80,511	0	80,511	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			10,555	10,555	0	10,555	21
22	Other (specify):	0	0	661,579	661,579	0	661,579	22
23	<b>TOTAL Ownership</b>	0	0	1,323,371	1,323,371	(14,676)	1,308,695	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	1,029,036	233,746	2,546,918	3,809,700	(105,512)	3,704,189	24

Facility Name: HERITAGE WOODS OF FREEPORT

Report Period Beginning: 01/01/2020

Ending:

12/31/2020

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	Inc line 12	\$ Inc line 12	1
2	Licensed Practical Nurses	1	28.27	2
3	Certified Nurse Assistants	12	12.27	3
4	Activity Director & Assistants	Inc line 12	Inc line 12	4
5	Social Service Workers	0	0.00	5
6	Head Cook	0	0.00	6
7	Cook Helpers/Assistants	7	11.35	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	2	11.84	10
11	Laundry	0	0.00	11
12	Managers	6	21.11	12
13	Other Administrative	3	23.99	13
14	Clerical	Inc line 13	Inc line 13	14
15	Marketing	Inc line 12	Inc line 12	15
16	Other	0	0.00	16
17	<b>Total (lines 1 thru 16)</b>	<b>32</b>	<b>\$</b>	<b>17</b>

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
				<b>Total</b>	<b>\$ 0 6</b>

VI. (B) Management fees paid to unrelated parties

		Amount of Fee	
1	Gardant Management Solutions	\$ 173,203	1
2			2
		<b>Total</b>	<b>\$ 173,203 3</b>

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).

Facility Name: HERITAGE WOODS OF FREEPORT

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

VIII. OWNERSHIP COSTS

A. Purchase price of land 327,202 Year land was acquired 2011

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	76			2011	\$ 9,683,193	\$ 352,117	27.5	\$ 352,116	\$ (1)	\$ 2,681,613	1
2									0		2
3									0		3
4									0		4
5									0		5
<b>Improvement Type</b>											
6		Leasehold Improvements			1,542,204	47,888	15	102,814	54,926	778,444	6
7									0		7
8									0		8
9									0		9
10									0		10
11									0		11
12									0		12
13									0		13
14									0		14
15									0		15
16									0		16
17	TOTAL (lines 1 thru 16)				\$ 11,225,397	\$ 400,004		\$ 454,930	\$ 54,925	\$ 3,460,058	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	\$ 836,814	\$ 6,940	\$ 83,681	76,741	10	\$ 801,926	18
19		0	0	0			-	19
20	TOTAL (lines 18 and 19)	\$ 836,814	\$ 6,940	\$ 83,681	76,741		\$ 801,926	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: **HERITAGE WOODS OF FREEPORT**

Report Period Beginning: **01/01/2020**

Ending: **12/31/2020**

**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	<b>TOTAL</b>		<b>0</b>		<b>\$ 0</b>			<b>7</b>

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			
	<b>A. Directly Facility Related</b>									
	<b>Long-Term</b>									
1	Merchants Capital		X	FIRST MORTGAGE	8/1/12	\$ 6,650,000	\$ 5,902,408	7/1/52	0.0275	\$ 163,783
2										
3										
	<b>Working Capital</b>									
4					/ /			/ /		
5					/ /			/ /		
6					/ /			/ /		
7	<b>TOTAL Facility Related</b>					<b>\$ 6,650,000</b>	<b>\$ 5,902,408</b>			<b>\$ 163,783</b>
	<b>B. Non-Facility Related</b>									
8					/ /			/ /		
9					/ /			/ /		
10	<b>TOTALS (lines 7, 8 and 9)</b>					<b>\$ 6,650,000</b>	<b>\$ 5,902,408</b>			<b>\$ 163,783</b>

\* 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: HERITAGE WOODS OF FREEPORT

Report Period Beginning: 01/01/2020

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*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 1,045,171	\$	1
2	Cash-Patient Deposits	0		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance (88,853) )	319,423		3
4	Supply Inventory (priced at )	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	21,005		6
7	Other Prepaid Expenses	8,863		7
8	Accounts Receivable (owners or related parties)	0		8
9	Other(specify):	0		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,394,463	\$ 0	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		12
13	Land	327,202		13
14	Buildings, at Historical Cost	9,683,193		14
15	Leasehold Improvements, at Historical Cost	1,542,204		15
16	Equipment, at Historical Cost	836,814		16
17	Accumulated Depreciation (book methods)	(4,261,983)		17
18	Deferred Charges	278		18
19	Organization & Pre-Operating Costs	176,053		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(133,505)		20
21	Restricted Funds	1,267,792		21
22	Other Long-Term Assets (specify):	0		22
23	Other(specify):	0		23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 9,438,047	\$ 0	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 10,832,509	\$ 0	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 262,462	\$	26
27	Officer's Accounts Payable	0		27
28	Accounts Payable-Patient Deposits	0		28
29	Short-Term Notes Payable	0		29
30	Accrued Salaries Payable	0		30
31	Accrued Taxes Payable	112,525		31
32	Accrued Interest Payable	13,526		32
33	Deferred Compensation	0		33
34	Federal and State Income Taxes	0		34
	<b>Other Current Liabilities(specify):</b>			
35	See Page 7 Attachment	849,501		35
36		0		36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 1,238,014	\$ 0	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable	0		38
39	Mortgage Payable	5,663,369		39
40	Bonds Payable	0		40
41	Deferred Compensation	0		41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43				43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$ 5,663,369	\$ 0	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 6,901,383	\$ 0	45
46	<b>TOTAL EQUITY</b>	\$ 3,931,127	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 10,832,509	\$ 0	47

\*(See instructions.)

Facility Name: HERITAGE WOODS OF FREEPORT

Report Period Beginning: 01/01/2020

Ending:

12/31/2020

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

		1	
I. Revenue		Amount	
<b>A. SLF Resident Care</b>			
1	Gross SLF Resident Revenue	\$ 3,133,314	1
2	Discounts and Allowances	(13,872)	2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 3,119,442</b>	<b>3</b>
<b>B. Other Operating Revenue</b>			
4	Special Services	140,223	4
5	Other Health Care Services	0	5
6	Special Grants	231,345	6
7	Gift and Coffee Shop	0	7
8	Barber and Beauty Care	3,259	8
9	Non-Resident Meals	225	9
10	Laundry	0	10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$ 375,052</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions	0	12
13	Interest and Other Investment Income	14,676	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 14,676</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15	See Page 8 Attachment	2,277	15
16		0	16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ 2,277</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 3,511,447</b>	<b>18</b>

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	732,963	19
20	Health Care/ Personal Care	468,002	20
21	General Administration	1,285,365	21
<b>B. Capital Expense</b>			
22	Ownership	1,323,371	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	<b>TOTAL EXPENSES (sum of lines 19 thru 27)</b>	<b>\$ 3,809,700</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ (298,253)</b>	<b>29</b>
30	<b>Income Taxes</b>	<b>\$</b>	<b>30</b>
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	<b>\$ (298,253)</b>	<b>31</b>
<b>III. Net Resident Care Revenue detailed by Payer Source</b>			
32	Medicaid - Net Inpatient Revenue	\$ 1,305,829	32
33	Private Pay - Net Inpatient Revenue	1,813,613	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	<b>TOTAL (This total must agree to Line 3)</b>	<b>\$ 3,119,442</b>	<b>37</b>



Operating Expenses PG 3 Other			
<b>A. General Services</b>		<b>D. Ownership</b>	
Labor Other (specify):		Other (specify):	
9900-9001-0-0	Extraordinary COVID Labor	64,713	
9900-9001-0-2	Extraordinary COVID - Labor	-	
	<b>PG3-4.1</b>	<b>64,713</b>	
<b>A. General Services</b>		<b>D. Ownership</b>	
Other (specify):		Amt	
5200-5000-0-0	Operating Allocation	129,426	
5200-5124-0-0	Exterminating	2,260	
5200-5127-0-0	Rubbish Removal	3,932	
5200-5130-0-0	Vehicle Expense	768	
5200-5131-0-0	Transportation Service	-	
5300-5140-0-0	Security & Monitoring	10,206	
9900-9002-0-0	Extraordinary COVID - Supplies & Equipment	34,989	
9900-9003-0-0	Extraordinary COVID - Other	5,805	
	<b>PG3-4.3</b>	<b>57,960</b>	
<b>C. General Administration</b>		<b>D. Ownership</b>	
Other (specify):		Amt	
5160-5060-0-0	Consulting	167,735	
5160-5063-0-0	Legal	18,561	
5160-5064-0-0	Accounting	230	
5160-5066-0-0	Audit	13,932	
5160-5067-0-0	Contract Labor-Serv Prov	199,323	
5160-5068-0-0	Contract Labor	24,804	
5180-5079-0-0	Bad Debt - Resident	533,544	
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	11,320	
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	13,988	
5190-5000-0-0	Other Admin Allocation	-	
	<b>PG3-14.3</b>	<b>473,357</b>	
			<b>661,579</b>

Operating Expenses - Reclassifications and Adjustments PG 3		
<b>A. General Services</b>		
Heat and Other Utilities		
3300-3303-0-0	Cable	21,770
	<b>PG3-3.5</b>	<b>21,770</b>
<b>C. General Administration</b>		
Administrative and Clerical		
3300-3301-0-0	Beauty Salon & Manicure	3,259
3300-3304-0-0	Internet Access	1,752
3300-3321-0-0	Telephone- Connection	11,510
3300-3323-0-0	Telephone- Usage	721
5190-5090-0-0	Contributions	3,052
	<b>PG3-10.5</b>	<b>20,294</b>
<b>C. General Administration</b>		
Other (specify):		
5180-5079-0-0	Bad Debt - Resident	23,464
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	11,320
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	13,988
	<b>PG3-14.5</b>	<b>48,772</b>
<b>D. Ownership</b>		
Interest		
3300-3380-0-0	Interest Income	12,257
3300-3385-0-0	Interest Income - Reserves	2,419
	<b>PG3-18.5</b>	<b>14,676</b>
<b>D. Ownership</b>		
Other (specify):		
1302-1007-0-0	A/A - Goodwill	-
9200-9209-0-0	Remarketing and Trustee Fee	-
	<b>PG3-22.5</b>	<b>-</b>

**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	-
1102-9978-0-0	A/R-TIF/Abatement	-
1105-0009-0-0	Transfer Account	-
1105-0012-0-0	Undeposited Funds	-
<b>PG7-9.1</b>		<b>-</b>
Other Long Term Assets Detail		
1201-0020-0-0	CIP	-
1201-0021-0-0	CIP- Land Option Addition	-
1201-0022-0-0	CIP- Other Addition	-
<b>PG7-23.1</b>		<b>-</b>

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	92,241
2112-0102-0-0	Accrued Incentive Mgmt Fee	497,723
2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	-
2112-0105-0-0	Accrued Liabilities	18,539
2112-0110-0-0	Accrued Insurance	-
2112-0115-0-0	Accrued Developer Fee	-
2112-0130-0-0	Accrued MIP	-
2112-0140-0-0	Accrued Vacation	-
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	2,483
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	33,730
2112-0159-1-0	Medicaid Prepayments	204,786
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
<b>PG7-35.1</b>		<b>849,501</b>

**Income Statement PG 8 Other**

Income Statement

	Other Revenue	Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other - call pendants, late fees, NSF fees	2,277
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	-
3300-3393-0-0	Insurance Adjustments	-
3300-3395-0-0	Developer Fee Income	-
3300-3396-0-0	Home Office Rent Income	-
3300-3202-0-0	Food & Meal Prep	-

<b>PG8-15.1</b>	<b>2,277</b>
-----------------	--------------