

**Commonwealth of Massachusetts
Center for Health Information and Analysis**

**Nursing Facility Cost Report
2020 HCF-1**

Facility Name	HERITAGE HALL EAST
VPN	0950103
Provider ID	110088864A
Balance Sheet Date	12/31/2020
Reporting Period	From: 01/01/2020 To: 12/31/2020
Street Address	464 MAIN STREET
City	Agawam
Zip	01001
Hospital Based Nursing Facility?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Management Company	Genesis Health Care LLC
Realty Company	Seafire JV

Is above information accurate: Yes No

Telephone	413-786-8000
Fax	413-789-1099
Federal Employee Tax ID Number	260796194

Is above information accurate: Yes No

Contact Person for this report:

Name	Thomas Farnan
Firm (if not facility)	HERITAGE HALL EAST
Title	Sr. Reimbursement Director
Street Address	c/o Genesis HealthCare
City	Andover
State	MA
Zip	01810
Telephone	978-247-5029
Fax	978-474-7525
E-mail address	thomas.farnan@genesishcc.com

Schedule1: General Information

Preparer Information: This section must be completed ONLY if this report is prepared by someone other than an Owner, Partner or Officer.

Firm Name	
Name of Contact	
Title	
Street Address	
City	
State	
Zip	
Telephone	
Fax	
Email address	
Type of Accounting Service Performed	Audit

Other Business Activities(Check all that apply):

<input type="checkbox"/>	Child Day Care	<input type="checkbox"/>	Outpatient Services
<input type="checkbox"/>	Adult Day Health	<input type="checkbox"/>	Other(describe)
<input type="checkbox"/>	Assisted Living	<input type="checkbox"/>	Other(describe)
<input type="checkbox"/>	Chapter 766 Education	<input type="checkbox"/>	Other(describe)

Legal Status(check one):

<input type="checkbox"/>	Massachusetts Corporation (Chapter 156B)	<input type="checkbox"/>	Sole Proprietorship
<input type="checkbox"/>	Massachusetts Corporation (Chapter 156B with 501c(3) exemption)	<input type="checkbox"/>	Governmental Entity
<input checked="" type="checkbox"/>	Massachusetts Non-Profit Corporation (Chapter 180)	<input checked="" type="checkbox"/>	Other For-Profit
<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Other Non-Profit
<input type="checkbox"/>	Non Massachusetts Corporation	<input type="checkbox"/>	

Bed Licensure:

Below is the current bed information available at the Center for Health Information and Analysis. If you do not agree with the information listed, please check No below

	1	2	3	4	5
DPH Licensure Date	Skilled Nursing	Residential care	Pediatric	TOTAL (cols 1+2+3)	Constructed Capacity
01/01/2011	123	0	0	123	123

Is above Bed Licensure Information accurate: Yes No

Please enter the number of operating Medicare beds at the facility at the end of this reporting period: 123

Cost Report Related Questions:

		Yes	No	Description(if required)
1	Is this facility claiming any expenses allocated from a Management Company Report (HCF-3)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Is this facility claiming any expenses from a Realty Company Report (HCF-2-NH)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Does this report contain any accrued expenses which have been either unpaid or unfunded such as, for example, pension costs, self-insured workers' compensation, or any other self-insured expenses?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If Yes, the unpaid or unfunded portions should be self-disallowed.
4	Does this report and claim for reimbursement include any amounts for services of non-paid workers as provided for in 101 CMR 206.00?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, provide a schedule of amounts and account numbers on the Footnotes and Explanations section and send a copy of the required agreement if not previously submitted.
5	Have you reported any individual's salary in more than one account, i.e., cost splitting?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If so, explain on the Footnotes and Explanations section, giving method of allocation, amount and account numbers.
6	Have you reported any costs on this HCF-1 that come directly from the management company, in addition to what has been allocated through Schedule 10 of the HCF-3?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If Yes, explain in detail in the Footnotes and Explanations section of this report giving the account(s) and the dollar amount(s) of the entry.
7	Except for accruals made pursuant to FASB-43, i.e. vacation and sick time earned but not yet paid, do all accruals represent expenses incurred only during the current reporting period?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If No, provide details and explanations on the Footnotes and Explanations section.
8	Were there any additions or renovations subject to a Determination of Need? If so, please describe the project.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9	What is the original date the facility was built?	<input type="checkbox"/>	<input type="checkbox"/>	01/01/1985
10	What was the date and value of the most recent assessed property value of this facility?	<input type="checkbox"/>	<input type="checkbox"/>	Date: 01/01/2017 Assessed Value: 3,453,000

1. Please enter the name(s), address(es) and % share of all direct and indirect Owners with an interest of 5% or more in this facility. See instructions for a definition of "Owner".

Direct or Indirect	ID	Name of Owner(s)	Address	%Share
Indirect	O9841	Senior Care Genesis, LLC	234 Church Street, Suite 901, New Haven, CT 06510	5
Indirect	C26839	David Reis	234 Church Street, Suite 901, New Haven, CT 06510	5
Indirect	O11526	Genesis Operations LLC	101 East State Street, Kennett Square, PA 19348	5
Indirect	O11530	GEN Operations II, LLC	101 East State Street, Kennett Square, PA 19348	5
Indirect	O11525	Genesis MA Holdings LLC	101 East State Street, Kennett Square, PA 19348	5
Indirect	O12086	HCCF Management Group XI LLC	3820 Mansell Road, Suite 280, Alpharetta, GA 30022	5
Indirect	C16992	Steven Fishman	101 West Avenue, 3rd Floor, Jenkintown, PA 19046	5
Indirect	O11529	Genesis HealthCare LLC	101 East State Street, Kennett Square, PA 19348	5
Indirect	O12061	ZAC Properties XI LLC	1617 JFK Boulevard Suite 545, Philadelphia, PA 19103	5
Direct	O11674	464 Main Street Operations LLC	101 East State Street, Kennett Square, PA 19348	100
Indirect	O9826	Sun Healthcare Group, Inc.	101 East State Street, Kennett Square, PA 19348	5
Indirect	O12867	Genesis Healthcare Inc.	101 East State Street, Kennett Square, PA 19348	5
Indirect	C16991	Arnold Whitman	1035 Powers Place, Alpharetta, GA 30009	5
Indirect	O12866	Sundance Rehabilitation Holdco, Inc.	101 East State Street, Kennett Square, PA 19348	5
Indirect	O12862	Welltower, Inc	4500 Dorr St., Toledo, OH 43615	5
Indirect	O11532	FC-GEN Operations Investment, LLC	101 East State Street, Kennett Square, PA 19348	5
Indirect	O11531	GEN Operations I, LLC	101 East State Street, Kennett Square, PA 19348	5

2. List the name(s) of any Massachusetts nursing homes or rest homes in which the owners listed in item #1 own, directly or indirectly, an interest of 5% or more.

Facility Name	VPN	Name of Owner(s)
ACADEMY MANOR	0950091	Arnold Whitman David Reis FC-GEN Operations Investment, LLC GEN Operations I, LLC GEN Operations II, LLC Genesis Healthcare Inc. Genesis HealthCare LLC Genesis MA Holdings LLC Genesis Operations LLC HCCF Management Group XI LLC Senior Care Genesis, LLC Steven Fishman Sun Healthcare Group, Inc. Sundance Rehabilitation Holdco, Inc. Welltower, Inc ZAC Properties XI LLC
APPLE VALLEY CENTER	0950127	Arnold Whitman David Reis FC-GEN Operations Investment, LLC GEN Operations I, LLC GEN Operations II, LLC Genesis Healthcare Inc. Genesis HealthCare LLC Genesis MA Holdings LLC Genesis Operations LLC HCCF Management Group XI LLC Senior Care Genesis, LLC Steven Fishman Sun Healthcare Group, Inc. Sundance Rehabilitation Holdco, Inc. Welltower, Inc ZAC Properties XI LLC
GLEN RIDGE NURSING CARE CENTER	0950439	Arnold Whitman David Reis FC-GEN Operations Investment, LLC GEN Operations I, LLC GEN Operations II, LLC Genesis Healthcare Inc. Genesis HealthCare LLC Genesis Operations LLC HCCF Management Group XI LLC Senior Care Genesis, LLC Steven Fishman Sun Healthcare Group, Inc. Sundance Rehabilitation Holdco, Inc. Welltower, Inc

ZAC Properties XI LLC

Facility Name	VPN	Name of Owner(s)
HERITAGE HALL NORTH	0950124	Arnold Whitman David Reis FC-GEN Operations Investment, LLC GEN Operations I, LLC GEN Operations II, LLC Genesis Healthcare Inc. Genesis HealthCare LLC Genesis MA Holdings LLC Genesis Operations LLC HCCF Management Group XI LLC Senior Care Genesis, LLC Steven Fishman Sun Healthcare Group, Inc. Sundance Rehabilitation Holdco, Inc. Welltower, Inc ZAC Properties XI LLC
HERITAGE HALL SOUTH	0950106	Arnold Whitman David Reis FC-GEN Operations Investment, LLC GEN Operations I, LLC GEN Operations II, LLC Genesis Healthcare Inc. Genesis HealthCare LLC Genesis MA Holdings LLC Genesis Operations LLC HCCF Management Group XI LLC Senior Care Genesis, LLC Steven Fishman Sun Healthcare Group, Inc. Sundance Rehabilitation Holdco, Inc. Welltower, Inc ZAC Properties XI LLC
HERITAGE HALL WEST	0950121	Arnold Whitman David Reis FC-GEN Operations Investment, LLC GEN Operations I, LLC GEN Operations II, LLC Genesis Healthcare Inc. Genesis HealthCare LLC Genesis MA Holdings LLC Genesis Operations LLC HCCF Management Group XI LLC Senior Care Genesis, LLC Steven Fishman Sun Healthcare Group, Inc. Sundance Rehabilitation Holdco, Inc.

Balance Sheet Date :12/31/2020

Schedule 1: General Information

Facility : HERITAGE HALL EAST

VPN : 0950103

Welltower, Inc

ZAC Properties XI LLC

Facility Name	VPN	Name of Owner(s)
KEYSTONE CENTER	0950082	Arnold Whitman David Reis FC-GEN Operations Investment, LLC GEN Operations I, LLC GEN Operations II, LLC Genesis Healthcare Inc. Genesis HealthCare LLC Genesis MA Holdings LLC Genesis Operations LLC HCCF Management Group XI LLC Senior Care Genesis, LLC Steven Fishman Sun Healthcare Group, Inc. Sundance Rehabilitation Holdco, Inc. Welltower, Inc ZAC Properties XI LLC
PALM MANOR	0950109	Arnold Whitman David Reis FC-GEN Operations Investment, LLC GEN Operations I, LLC GEN Operations II, LLC Genesis Healthcare Inc. Genesis HealthCare LLC Genesis Operations LLC HCCF Management Group XI LLC Senior Care Genesis, LLC Steven Fishman Sun Healthcare Group, Inc. Sundance Rehabilitation Holdco, Inc. Welltower, Inc ZAC Properties XI LLC
PRESCOTT HOUSE	0950012	Arnold Whitman David Reis FC-GEN Operations Investment, LLC GEN Operations I, LLC GEN Operations II, LLC Genesis Healthcare Inc. Genesis HealthCare LLC Genesis MA Holdings LLC Genesis Operations LLC HCCF Management Group XI LLC Senior Care Genesis, LLC Steven Fishman Sun Healthcare Group, Inc. Sundance Rehabilitation Holdco, Inc. Welltower, Inc

ZAC Properties XI LLC

Facility Name	VPN	Name of Owner(s)
RENAISSANCE MANOR ON CABOT	0950442	Arnold Whitman David Reis FC-GEN Operations Investment, LLC GEN Operations I, LLC GEN Operations II, LLC Genesis Healthcare Inc. Genesis HealthCare LLC Genesis Operations LLC HCCF Management Group XI LLC Senior Care Genesis, LLC Steven Fishman Sun Healthcare Group, Inc. Sundance Rehabilitation Holdco, Inc. Welltower, Inc ZAC Properties XI LLC
SARAH S. BRAYTON NURSING CARE CENTER	0950100	Arnold Whitman David Reis FC-GEN Operations Investment, LLC GEN Operations I, LLC GEN Operations II, LLC Genesis Healthcare Inc. Genesis HealthCare LLC Genesis MA Holdings LLC Genesis Operations LLC HCCF Management Group XI LLC Senior Care Genesis, LLC Steven Fishman Sun Healthcare Group, Inc. Sundance Rehabilitation Holdco, Inc. Welltower, Inc ZAC Properties XI LLC
SOMERSET RIDGE	0950085	Arnold Whitman David Reis FC-GEN Operations Investment, LLC GEN Operations I, LLC GEN Operations II, LLC Genesis Healthcare Inc. Genesis HealthCare LLC Genesis MA Holdings LLC Genesis Operations LLC HCCF Management Group XI LLC Senior Care Genesis, LLC Steven Fishman Sun Healthcare Group, Inc. Sundance Rehabilitation Holdco, Inc. Welltower, Inc

ZAC Properties XI LLC

Facility Name	VPN	Name of Owner(s)
SUTTON HILL CENTER	0950130	Arnold Whitman David Reis FC-GEN Operations Investment, LLC GEN Operations I, LLC GEN Operations II, LLC Genesis Healthcare Inc. Genesis HealthCare LLC Genesis MA Holdings LLC Genesis Operations LLC HCCF Management Group XI LLC Senior Care Genesis, LLC Steven Fishman Sun Healthcare Group, Inc. Sundance Rehabilitation Holdco, Inc. Welltower, Inc ZAC Properties XI LLC
WACHUSETT MANOR	0950094	Arnold Whitman David Reis FC-GEN Operations Investment, LLC GEN Operations I, LLC GEN Operations II, LLC Genesis Healthcare Inc. Genesis HealthCare LLC Genesis MA Holdings LLC Genesis Operations LLC HCCF Management Group XI LLC Senior Care Genesis, LLC Steven Fishman Sun Healthcare Group, Inc. Sundance Rehabilitation Holdco, Inc. Welltower, Inc ZAC Properties XI LLC
WESTFORD HOUSE	0950133	Arnold Whitman David Reis FC-GEN Operations Investment, LLC GEN Operations I, LLC GEN Operations II, LLC Genesis Healthcare Inc. Genesis HealthCare LLC Genesis MA Holdings LLC Genesis Operations LLC HCCF Management Group XI LLC Senior Care Genesis, LLC Steven Fishman Sun Healthcare Group, Inc. Sundance Rehabilitation Holdco, Inc.

Balance Sheet Date :12/31/2020

Schedule 1: General Information

Facility : HERITAGE HALL EAST

VPN : 0950103

Welltower, Inc

ZAC Properties XI LLC

Facility Name	VPN	Name of Owner(s)
WILLOW MANOR	0950118	Arnold Whitman David Reis FC-GEN Operations Investment, LLC GEN Operations I, LLC GEN Operations II, LLC Genesis Healthcare Inc. Genesis HealthCare LLC Genesis MA Holdings LLC Genesis Operations LLC HCCF Management Group XI LLC Senior Care Genesis, LLC Steven Fishman Sun Healthcare Group, Inc. Sundance Rehabilitation Holdco, Inc. Welltower, Inc ZAC Properties XI LLC

3.If not filing an HCF-3 report, list the name(s) of any non-Massachusetts nursing homes or rest homes in which the owners listed in item #1 own, directly or indirectly, an interest of 5% or more.

X Not Applicable

4. List any indebtedness (mortgages, deeds, trust instruments, notes or other financial information) between the facility and any direct or indirect owners listed in item #1. (For example, if the owner borrowed \$x from the facility, report the owner as 'Borrower'. If the facility borrowed \$y from the owner, list the facility as 'Borrower'.

X Not Applicable

5. Indicate any entity, person or related party as defined in REGULATION 114.2 CMR 6.00 and that (a) provides services, facilities, goods and/or supplies to this company; or (b) receives any salary, fee or other compensation from this company. Indicate the amount paid by this company for this reporting year.(Attach addendum if necessary.)

Disclose the name of the owner in Schedule 20 if not on the list.

Entity/Person	Goods / Services	Billing / Compensation	Mark up	Cost	Account Posted	Name of Owner
Genesis ElderCare Physician Services	Medical Director	35,052	39	35,013	6511.3	Genesis HealthCare LLC
Genesis ElderCare Rehab Services	PT/OT/ST	347,872	4592	343,280	7014.3	Genesis HealthCare LLC
Genesis ElderCare Rehab Services	Therapy Services	550	7	543	6522.5	Genesis HealthCare LLC
Respiratory Health Services	Respiratory Therapy	261	24	237	6522.5	Genesis HealthCare LLC
Respiratory Health Services	Oxygen, Supplies, Rental	6,857	636	6,221	6520.5	Genesis HealthCare LLC

6. Has there been any change of ownership during the reporting year? **Yes X No**

Transaction Date	Purchased From	Purchased by
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7.If the facility is rented and an HCF-2-NH was filed, please enter the name(s), address(es), and % share of all direct and indirect Owners of the realty company with an interest of 5% or more as shown on the HCF-2-NH, Schedule 1, Question #1. See instructions for the definition of "Owner".

Direct or Indirect	Name of Realty Co. Direct and Indirect Owner(s) (Corp Name or Last Name,First Name,MI)	Address (Street, City, State, Zip)	% Share
Direct	Seafire JV, LLC	37 Harborview W, Lawrence, NY 11559	100

8.If the facility is rented and an HCF-2-NH was filed, are the owners listed in question 7 related to any non-Massachusetts nursing and/or rest homes?

If Yes, please report facilities on Schedule 1 of HCF-2-NH.

Yes

9.If the facility is rented and an HCF-2-NH was filed, what is the reporting period of the HCF-2-NH realty company data? These dates should correspond to the HCF-2-NH cost report submitted to the Center.

From	To
01/01/2020	12/31/2020

10. Has the realty company changed ownership during the reporting period?

Call the Center at (617)-701-8297 for clarification.

X Not Applicable

Schedule 2: Nursing Expenses

Account	Description	REPORTED EXPENSES	NON-ALLOWABLE EXPENSES AND ADD-BACKS	TOTAL ALLOWABLE EXPENSE
6020.1	Director of Nurses :Salaries	127,850	0	127,850
4426.8	Director of Nurses: Group Life/Health Insurance	7,063	0	7,063
4336.3	Director of Nurses :Pension	0	0	0
4340.3	Director of Nurses :Benefits Other	0	0	0
4407.2	Director of Nurses :Payroll Taxes	11,158	0	11,158
4427.1	Director of Nurses :Workers' Compensation	2,896	0	2,896
9962.3	HCF-3 DON Add-back(HCF-3, Sch.10 part 2) **		()	
4620.0	SUBTOTAL: DIRECTOR OF NURSES	148,967	0	148,967
6030.1	RN: Salaries	449,717	0	449,717
7429.2	RN: Group Life/Health Insurance	24,844	0	24,844
7529.2	RN: Pension	0	0	0
7629.3	RN: Benefits Other	0	0	0
7729.2	RN: Payroll Taxes	39,248	0	39,248
7829.3	RN: Workers' Compensation	10,187	0	10,187
4630.0	SUBTOTAL: RN	523,996	0	523,996
6041.1	LPN: Salaries	712,791	0	712,791
7430.2	LPN: Group Life/Health Insurance	39,377	0	39,377
7530.2	LPN: Pension	0	0	0
7630.3	LPN: Benefits Other	0	0	0
7730.2	LPN: Payroll Taxes	62,206	0	62,206
7830.3	LPN: Workers' Compensation	16,146	0	16,146
4640.0	SUBTOTAL :LPN	830,520	0	830,520
6051.1	CNA: Salaries	1,264,982	0	1,264,982
7431.2	CNA: Group Life/Health Insurance	69,881	0	69,881
7531.2	CNA: Pension	0	0	0
7631.3	CNA: Benefits Other	0	0	0
7731.2	CNA: Payroll Taxes	110,397	0	110,397
7831.3	CNA: Workers' Compensation	28,654	0	28,654
4650.0	SUBTOTAL :CNA	1,473,914	0	1,473,914
6025.1	DON Purchased Service: Per Diem			
6025.2	DON Purchased Service: Temporary Agency Staff**	0		0
6025.3	SUBTOTAL: DON PURCHASED SERVICE	0		0
6035.1	RN Purchased Service: Per Diem			
6035.2	RN Purchased Service: Temporary Agency Staff**	233,453		233,453
6035.3	SUBTOTAL: RN PURCHASED SERVICE	233,453		233,453

Account	Description	REPORTED EXPENSES	NON-ALLOWABLE EXPENSES AND ADD-BACKS	TOTAL ALLOWABLE EXPENSE
6042.1	LPN Purchased Service: Per Diem			
6042.2	LPN Purchased Service: Temporary Agency Staff**	875,272		875,272
6042.3	SUBTOTAL: LPN PURCHASED SERVICE	875,272		875,272
6052.1	CNA Purchased Service: Per Diem			
6052.2	CNA Purchased Service: Temporary Agency Staff**	527,083		527,083
6052.3	SUBTOTAL: CNA PURCHASED SERVICE	527,083		527,083
4306.5	Nurses' Aide Training Administration *	0	0	
4306.6	Nursing Other Required Education			
4306.7	Nursing Job Related Education			
3192.0	Nursing Recoverable Revenue **			()
3195.0	Director of Nurses Recoverable Revenue**			()
4660.0	SUBTOTAL : OTHER NURSING	0	0	0
4610.0	TOTAL NURSING EXPENSES	4,613,205	0	4,613,205

* Non-allowable Expense

** See Instructions

Schedule 3: Administrative and General Expenses

Account	Description	REPORTED EXPENSES	NON-ALLOWABLE EXPENSES AND ADD-BACKS	TOTAL ALLOWABLE EXPENSE
4110.1	Administration: Salaries	122,845	0	122,845
7424.2	Administration: Group Life/Health Insurance	6,786	0	6,786
7524.2	Administration: Pensions	0	0	0
7624.3	Administration: Benefits Other	0	0	0
7724.2	Administration: Payroll Taxes	10,721	0	10,721
7824.3	Administration: Workers' Compensation	2,783	0	2,783
7924.3	Administration: Purchased Service	0	0	0
9972.0	HCF-3 Administrator Add-back (HCF-3,Sch. 10, part 4)**		()	0
4720.0	SUBTOTAL: ADMINISTRATION	143,135	0	143,135
4170.1	Administrator-in-Training: Salaries	0	0	0
7427.2	Administrator-in-Training: Group Life/Health Insurance	0	0	0
7527.2	Administrator-in-Training: Pensions	0	0	0
7627.3	Administrator-in-Training: Benefits Other	0	0	0
7727.2	Administrator-in-Training: Payroll Taxes	0	0	0
7827.3	Administrator-in-Training: Workers'Compensation	0	0	0
7927.3	Administrator-in-Training: Purchased Service	0	0	0
9971.0	HCF-3 Administrator-in-Training Add-back (HCF-3,Sch. 10, part 4)**		()	0
4730.0	SUBTOTAL: ADMINISTRATOR-IN-TRAINING	0	0	0
4125.1	Officers: Salaries *	0	0	
4426.2	Officers: Group Life/Health Insurance *	0	0	
7525.2	Officers: Pensions *	0	0	
7625.3	Officers: Benefits Other *	0	0	
4411.2	Officers: Payroll Taxes *	0	0	
4424.2	Officers: Workers' Compensation *	0	0	
4339.2	Officers: Profit Sharing and Other Benefits *	0	0	
7925.3	Officers: Purchased Service	0	0	
4740.0	SUBTOTAL: OFFICERS	0	0	
4140.1	Clerical Staff: Salaries	372,131	0	372,131
7426.2	Clerical Staff: Group Life/Health Insurance	20,558	0	20,558
7526.2	Clerical Staff: Pensions	0	0	0
7626.3	Clerical Staff: Benefits Other	0	0	0
7726.2	Clerical Staff: Payroll Taxes	32,477	0	32,477
7826.3	Clerical Staff: Workers' Compensation	8,429	0	8,429
7926.3	Clerical Staff: Purchased Service	0	0	0
4750.0	SUBTOTAL: CLERICAL STAFF	433,595	0	433,595

Account	Description	REPORTED EXPENSES	NON-ALLOWABLE EXPENSES AND ADD-BACKS	TOTAL ALLOWABLE EXPENSE
4150.3	EDP/Payroll/Bkkpg Serv.	0	0	0
4160.3	Management Fees (see HCF-3) *	362,969	362,969	
4160.6	Management Consultants *	0	0	
4250.5	Office Supplies	18,006	0	18,006
4261.5	Telephone: Phone	27,663	0	27,663
4262.6	Telephone: Directory Advertising *	0	0	
4280.5	Travel: Conventions and Meetings	19,632	0	19,632
4295.7	Advertising--Help Wanted	4,005	0	4,005
4298.7	Advertising—Promotional *	12,883	12,883	
4299.7	Direct Care Add-on Recruitment	0	0	0
4301.7	Licenses and Dues--Pt. Care Related Portion	262	0	262
4302.3	Licenses and Dues--Promotional, Goodwill, Leg. Port *	0	0	
4306.2	Education/Training Administration	0	0	0
4350.3	Accounting - Appeal Service *	0	0	
4360.3	Accounting - other	0	0	0
4380.3	Legal - Appeal Service *	0	0	
4385.7	Legal - DALA Filing Fees *	0	0	
4390.7	Legal – Other *	25,766	25,766	
4431.7	Insurance - Malpractice & General Liability	157,251	90,364	66,887
4432.7	Insurance - Keyman insurance *	0	0	
4433.7	Insurance - Non-Profit DES Claims A & G Portion	0	0	0
4440.0	Other expenses (description required in Footnotes and Explanations)	92,233	0	92,233
9502.3	HCF-2-NH Other Exp. Add-back (Schedule 24) **		()	
9960.3	HCF-3 Allocated A & G (HCF-3, Sch. 10)**		(423,001)	423,001
9961.3	HCF-3 Allocated Fixed Cost (HCF-3, Sch.10) **		(32,666)	32,666
3191.0	A&G Recoverable Income **		3,336	(3,336)
4760.0	SUBTOTAL: OTHER A&G	720,670	39,651	681,019
4710.0	TOTAL ADMINISTRATIVE & GENERAL EXPENSES	1,297,400	39,651	1,257,749

* Non-allowable Expense

** See Instructions

Schedule 4: Variable Expenses

Account	Description	REPORTED EXPENSES	NON-ALLOWABLE EXPENSES AND ADD-BACKS	TOTAL ALLOWABLE EXPENSE
4306.1	Staff Development Coordinator: Salaries	8,666	0	8,666
7410.2	Staff Dev. Coord.:Group Life/Health Insurance	479	0	479
7510.2	Staff Dev. Coord.: Pensions	0	0	0
7610.3	Staff Dev. Coord.: Benefits Other	0	0	0
7710.2	Staff Dev. Coord.: Payroll Taxes	756	0	756
7810.3	Staff Dev. Coord.: Workers' Compensation	196	0	196
7910.3	Staff Dev. Coord.: Purchased Service	0	0	0
4820.0	SUBTOTAL: STAFF DEV. COORD.	10,097	0	10,097
5105.1	Plant Operation: Salaries	62,884	0	62,884
7411.2	Plant Operation:Group Life/Health Insurance	3,474	0	3,474
7511.2	Plant Operation: Pensions	0	0	0
7611.3	Plant Operation: Benefits Other	0	0	0
7711.2	Plant Operation: Payroll Taxes	5,488	0	5,488
7811.3	Plant Operation: Workers' Compensation	1,424	0	1,424
5110.3	Plant Operation: Purchased Service	18,233	0	18,233
5115.5	Plant Operation: Supplies and Expenses	64,039	0	64,039
5120.5	Plant Operation: Utilities	181,989	0	181,989
5130.7	Plant Operation: Repairs	2,676	0	2,676
9502.4	HCF-2-NH Utilities/Plant Operations Add-back (Schedule 24) **		()	0
4830.0	SUBTOTAL: PLANT OPERATION	340,207	0	340,207
5205.1	Dietary: Salaries	0	0	0
7412.2	Dietary: Group Life/Health Insurance	0	0	0
7512.2	Dietary: Pensions	0	0	0
7612.3	Dietary: Benefits Other	0	0	0
7712.2	Dietary: Payroll Taxes	0	0	0
7812.3	Dietary: Workers' Compensation	0	0	0
5220.5	Dietary: Food	117,644	0	117,644
5221.3	Dietary: Purchased Service	464,729	0	464,729
5235.5	Dietary: Supplies and Expenses	31,263	0	31,263
4840.0	SUBTOTAL: DIETARY	613,636	0	613,636
5231.1	Dietician: Salaries	0	0	0
7413.2	Dietician: Group Life/Health Insurance	0	0	0
7513.2	Dietician: Pensions	0	0	0
7613.3	Dietician: Benefits Other	0	0	0
7713.2	Dietician: Payroll Taxes	0	0	0
7813.3	Dietician: Workers' Compensation	0	0	0
5233.3	Dietician: Purchased Service	0	0	0
9967.0	HCF-3 Dietician Add-back (HCF-3, Sch. 10, part 3)**		()	0
4850.0	SUBTOTAL: DIETICIAN	0	0	0

Account	Description	REPORTED EXPENSES	NON-ALLOWABLE EXPENSES AND ADD-BACKS	TOTAL ALLOWABLE EXPENSE
5310.1	Laundry: Salaries	0	0	0
7414.2	Laundry: Group Life/Health Insurance	0	0	0
7514.2	Laundry: Pensions	0	0	0
7614.3	Laundry: Benefits Other	0	0	0
7714.2	Laundry: Payroll Taxes	0	0	0
7814.3	Laundry: Workers' Compensation	0	0	0
5320.3	Laundry: Purchased Service	113,374	0	113,374
5330.5	Laundry: Supplies and Expenses	47,337	0	47,337
5340.5	Laundry: Linen and Bedding	0	0	0
4860.0	SUBTOTAL: LAUNDRY	160,711	0	160,711
5410.1	Housekeeping: Salaries	0	0	0
7415.2	Housekeeping: Group Life/Health Insurance	0	0	0
7515.2	Housekeeping: Pensions	0	0	0
7615.3	Housekeeping: Benefits Other	0	0	0
7715.2	Housekeeping: Payroll Taxes	0	0	0
7815.3	Housekeeping: Workers' Compensation	0	0	0
5415.3	Housekeeping: Purchased Service	195,099	0	195,099
5420.5	Housekeeping: Supplies and Expenses	20,398	0	20,398
4870.0	SUBTOTAL: HOUSEKEEPING	215,497	0	215,497
6504.1	QA Professional: Salaries	0	0	0
7416.2	QA Professional: Group Life/Health Insurance	0	0	0
7516.2	QA Professional: Pensions	0	0	0
7616.3	QA Professional: Benefits Other	0	0	0
7716.2	QA Professional: Payroll Taxes	0	0	0
7816.3	QA Professional: Workers' Compensation	0	0	0
7916.3	QA Professional: Purchased Service	0	0	0
9969.0	HCF-3 QA Professional Add-back (HCF-3, Sch. 10, part 3)**		(0)	0
4880.0	SUBTOTAL: QA PROFESSIONAL	0	0	0
6505.1	Ward Clerks & Medical Records Librarian: Salaries	105,922	0	105,922
7417.2	Ward Clerk & Med Rec Lib:Group Life/Health Insurance	5,851	0	5,851
7517.2	Ward Clerk & Med Rec Lib: Pensions	0	0	0
7617.3	Ward Clerk & Med Rec Lib: Benefits Other	0	0	0
7717.2	Ward Clerk & Med Rec Lib: Payroll Taxes	9,244	0	9,244
7817.3	Ward Clerk & Med Rec Lib: Workers' Compensation	2,399	0	2,399
7917.3	Ward Clerk & Med Rec Lib: Purchased Service	0	0	0
4890.0	SUBTOTAL: WARD CLERK & MED REC LIBRARIAN	123,416	0	123,416

Account	Description	REPORTED EXPENSES	NON-ALLOWABLE EXPENSES AND ADD-BACKS	TOTAL ALLOWABLE EXPENSE
6506.1	MMQ Evaluation Nurse: Salaries	164,314	0	164,314
7418.2	MMQ Evaluation Nurse:Group Life/Health Insurance	9,077	0	9,077
7518.2	MMQ Evaluation Nurse: Pensions	0	0	0
7618.3	MMQ Evaluation Nurse: Benefits Other	0	0	0
7718.2	MMQ Evaluation Nurse: Payroll Taxes	14,340	0	14,340
7818.3	MMQ Evaluation Nurse: Workers' Compensation	3,722	0	3,722
7918.3	MMQ Evaluation Nurse: Purchased Service	0	0	0
4900.0	SUBTOTAL: MMQ EVALUATION NURSE	191,453	0	191,453
6508.1	MDS Coordinator: Salaries	0	0	0
7432.2	MDS Coordinator:Group Life/Health Insurance	0	0	0
7532.2	MDS Coordinator: Pensions	0	0	0
7632.3	MDS Coordinator: Benefits Other	0	0	0
7732.2	MDS Coordinator: Payroll Taxes	0	0	0
7832.3	MDS Coordinator: Workers' Compensation	0	0	0
7932.3	MDS Coordinator: Purchased Service	0	0	0
4910.0	SUBTOTAL:MDS COORDINATOR	0	0	0
6540.0	Social Service Worker: Salaries	102,129	0	102,129
7420.2	Social Service Worker:Group Life/Health Insurance	5,642	0	5,642
7520.2	Social Service Worker: Pensions	0	0	0
7620.3	Social Service Worker: Benefits Other	0	0	0
7720.2	Social Service Worker: Payroll Taxes	8,913	0	8,913
7820.3	Social Service Worker: Workers' Compensation	2,313	0	2,313
7920.3	Social Service Worker: Purchased Service	10,448	0	10,448
4920.0	SUBTOTAL: SOCIAL SERVICE WORKER	129,445	0	129,445
6550.0	Interpreters: Salaries	0	0	0
7433.2	Interpreters: GLH Insurance	0	0	0
7533.2	Interpreters: Pensions	0	0	0
7633.2	Interpreters: Benefits Other	0	0	0
7733.2	Interpreters: Payroll Taxes	0	0	0
7833.3	Interpreters: Workers' Compensation	0	0	0
7933.2	Interpreters: Purchased Service	0	0	0
4925.0	SUBTOTAL: INTERPRETERS	0	0	0

Account	Description	REPORTED EXPENSES	NON-ALLOWABLE EXPENSES AND ADD-BACKS	TOTAL ALLOWABLE EXPENSE
7011.1	Indirect Restorative Therapy: Salaries	0	0	0
7421.2	Indirect Restorative Therapy:GLH Insurance	0	0	0
7521.2	Indirect Restorative Therapy: Pensions	0	0	0
7621.3	Indirect Restorative Therapy: Benefits Other	0	0	0
7721.2	Indirect Restorative Therapy: Payroll Taxes	0	0	0
7821.3	Indirect Restorative Therapy: Workers' Compensation	0	0	0
7013.3	Indirect Restorative Therapy: Consultants	0	0	0
7012.1	Direct Restorative Therapy: Salaries *	0	0	
7012.2	Direct Restorative Therapy: Benefits *	0	0	
7014.3	Direct Restorative Therapy: Consultants *	353,119	353,119	
9968.0	HCF-3 Indirect Restorative Add-back (HCF-3, Sch. 10, part 3) **		()	
4930.0	SUBTOTAL: RESTORATIVE THERAPY	353,119	353,119	0
7021.1	Recreational Therapy: Salaries	137,630	0	137,630
7423.2	Recreational Therapy:Group Life/Health Insurance	7,603	0	7,603
7523.2	Recreational Therapy: Pensions	0	0	0
7623.3	Recreational Therapy: Benefits Other	0	0	0
7723.2	Recreational Therapy: Payroll Taxes	12,011	0	12,011
7823.3	Recreational Therapy: Workers' Compensation	3,118	0	3,118
7022.3	Recreational Therapy: Purchased Service	13,407	0	13,407
7023.5	Recreational Therapy: Supplies and Expenses	3,453	0	3,453
7024.8	Recreational Therapy: Transportation *	0	0	
4940.0	SUBTOTAL: RECREATIONAL THERAPY	177,222	0	177,222

Account	Description	REPORTED EXPENSES	NON-ALLOWABLE EXPENSES AND ADD-BACKS	TOTAL ALLOWABLE EXPENSE
4275.5	Travel: Motor Vehicle Expense	0	0	0
4306.3	Variable Other required education	0	0	0
4306.4	Variable Job related education	10,794	0	10,794
4434.7	NonProfit DES Claims Variable Portion	0	0	0
6511.3	Physician Services: Medical Director	35,052	0	35,052
6512.3	Physician Services: Advisory Physician	0	0	0
6513.3	Physician Services: Utilization Review Committee	0	0	0
6514.3	Physician Services: Employee Physicals	53,110	0	53,110
6515.3	Physician Services: Other	0	0	0
6520.5	Legend Drugs *	147,081	147,081	
6522.5	House Supplies not resold	71,100	0	71,100
6523.5	Resold to private patients *	0	0	
6524.5	Resold to public patients *	0	0	
6530.0	Pharmacy Consultant	8,835	0	8,835
3150.0	Vending Machines Income			()
3193.0	Variable Recoverable			()
4950.0	SUBTOTAL: OTHER VARIABLE	325,972	147,081	178,891
4810.0	TOTAL VARIABLE EXPENSES	2,640,775	500,200	2,140,575

* Non-allowable Expense

** See Instructions

Schedule 5: Claimed Fixed Costs

	Allowable Basis, Cost Begin of Year	Claimed Additions	Claimed Deletions	Allowable Basis, Cost End of Year	Rate %	Reported Depreciation or Expenses(from financials)	Non-Allowable Expenses and Add-backs	Claimed HCF-1 Fixed Costs	Claimed HCF-2-NH Fixed Costs (if Applicable)
Land HCF-1	0	0	(0)	0					
Land HCF-2-NH	60,000	0	(0)	60,000					
Building HCF-1	0	0	(0)	0	2.5	(4550.8) 0	0	0	
Building HCF-2-NH	1,434,997	0	(0)	1,434,997	2.5				35,875
Improvements HCF-1	428,916	119,471	(0)	548,387	5.0	(4565.8) 2,927	-24,492	27,419	
Improvements HCF-2-NH	1,173,713	0	(0)	1,173,713	5.0				58,686
HCF Cap. Improv. HCF-1	0	0	(0)	0	5.0	(4566.8) 0	0	0	
HCF Cap. Improv. HCF-2-NH	0	0	(0)	0	5.0				0
Equipment HCF-1	247,591	35,394	(0)	282,985	10.0	(4570.8) 2,973	-25,325	28,298	
Equipment HCF-2-NH	421,554	0	(0)	421,554	10.0				42,155
HCF Cap. Equip. HCF-1	0	0	(0)	0	10.0	(4576.8) 0	0	0	
HCF Cap. Equip. HCF-2-NH	0	0	(0)	0	10.0				0
Software HCF-1	0	0	(0)	0	33.3	(4585.8) 0	0	0	
Software HCF-2-NH	0	0	(0)	0	33.3				0
HCF Cap. Software HCF-1	0	0	(0)	0	33.3	(4586.8) 0	0	0	
HCF Cap. Software HCF-2-NH	0	0	(0)	0	33.3				0

	Allowable Basis, Cost Begin of Year	Claimed Additions	Claimed Deletions	Allowable Basis, Cost End of Year	Rate %	Reported Depreciation or Expenses (from financials)	Non-Allowable Expenses and Add-backs	Claimed HCF-1 Fixed Costs	Claimed HCF-2-NH Fixed Costs (if Applicable)
Long-Term Interest						(4520.8) 0	0	0	0
MA Corp. Excise Tax Non-Income Portion						(8027.7) 0	0	0	0
Building Insurance						(4590.8) 18,396	0	18,396	0
Real Estate Taxes						(4510.8) 114,780	0	114,780	0
Personal Property Taxes						(4515.8) 6,622	0	6,622	0
Other (Explain in Schedule 20)						(4538.8) 18,853	0	18,853	0
Rent-Real Property-HCF-2-NH Required *						(4535.8) 533,101	533,101		
Recoverable Fixed Cost Income						(3196.0)	0	(0)	(3540.0) (0)
Total HCF-1 and HCF-2-NH Fixed Expenses						(9950.1) 697,652	483,284	(a) 214,368	(b)9950.2 136,716
TOTAL FIXED COSTS CLAIMED								(a) + (b)	(9950.0) 351,084

* See Instructions

Schedule 6: Non Nursing Expenses

Account	Description	REPORTED EXPENSES	NON-ALLOWABLE EXPENSES AND ADD-BACKS	TOTAL ALLOWABLE EXPENSE
4415.0	Interest on Late Payments, Penalties *	0	0	
4430.0	Interest on working Capital *	0	0	
4435.0	Pre-Opening Expenses *	0	0	
8010.0	Bad Accounts *	104,501	104,501	
8012.0	User Fee Assessment *	553,973	553,973	
8015.0	Fines, Late Charges, and Penalties *	0	0	
8025.5	State and Federal Income Taxes *	0	0	
8030.0	Refunds and Allowances *	0	0	
8040.0	Adult Day Care Expenses *	0	0	
8045.0	Assisted Living Expenses *	0	0	
8046.0	Outpatient Service Expenses *	0	0	
8047.0	Chapter 766 Program Expenses *	0	0	
8048.0	Ventilator Program Expenses *	0	0	
8049.0	Acquired Brain Injury Unit Expenses *	0	0	
8050.0	Other Special Program Expenses **	0	0	
8060.0	Hospital Expenses - Non-Nursing Facility *	0	0	
8065.0	Other Non-Nursing Facility Expenses *	0	0	
4960.0	Total Bad Accounts, Taxes, Refunds, Other *	658,474	658,474	

* Non-allowable Expense

** See Instructions

Schedule 7: Summary and Reconciliation of Expenses

Account	REPORTED EXPENSES	NON-ALLOWABLE EXPENSES AND ADD-BACKS	TOTAL ALLOWABLE EXPENSES
Total Nursing Expenses (4610.0)	4,613,205	0	4,613,205
Total A&G Expenses (4710.0)	1,297,400	39,651	1,257,749
Total Variable Expenses (4810.0)	2,640,775	500,200	2,140,575
Total Fixed Costs (9950.1)	697,652	483,284	214,368
HCF-2-NH Fixed Costs Claimed (9950.2)		(136,716)	136,716
Non Nursing expenses (4960.0)	658,474	658,474	0
TOTAL OPERATING EXPENSES(4000.0)	9,907,506	1,544,893	8,362,613

Schedule 8: Income Schedule**Gross Income****Nursing Facility Income**

Payer	Account	Routine Income	Account	Ancillary Income	Account	TOTAL INCOME
Self-Pay	3003.1	1,157,363	3005.1	1,354,988	3001.1	2,512,351
Managed Care	3003.2	0	3005.2	0	3001.2	0
Non-Managed Care	3003.3	0	3005.3	0	3001.3	0
Medicare – Non-Managed Care	3003.4	64,226	3005.4	1,245,374	3001.4	1,309,600
Medicare – Managed Care	3003.5	70,303	3005.5	212,478	3001.5	282,781
Massachusetts Medicaid - Non-Managed Care	3003.6	3,427,398	3005.6	29,396	3001.6	3,456,794
Massachusetts Medicaid - Managed Care	3003.7	2,186,301	3005.7	32,360	3001.7	2,218,661
Senior Care Options & PACE	3003.8	0	3005.8	0	3001.8	0
MA Medicaid Patient Resource Income	3022.6	0	3032.6	0	3001.9	0
Non-MA Medicaid	3022.7	0	3032.7	0	3002.1	0
Veteran's Affairs and Other Public	3023.2	0	3033.2	0	3002.2	0
Other payers (nursing facility only)	3003.9	0	3005.9	0	3002.3	0
TOTAL NURSING FACILITY INCOME	3003.0	6,905,591	3005.0	2,874,596	3001.0	9,780,187

Non-Nursing Facility Income

Service	Account	Income	Total
Adult Day Care	3025.3	0	
Hospital – Non-Nursing Facility	3026.1	0	
Outpatient Services	3025.5	0	
Assisted Living	3025.4	0	
Residential Care	3026.3	0	
Other Non-Nursing Facility	3026.2	0	
SUBTOTAL NON-NURSING FACILITY INCOME	3026.0		0
Endowment and other non-recoverable (Explain below)	3120.0	258	
Laundry	3140.0	0	
Vending Machines	3150.0		
Bad Debt Recovery	3160.0	0	
Prior Year Retroactive	3170.0	0	
Interest Income	3180.0	176	
Nurses' Aide Training Income	3185.0	0	
Administrative and General Recoverable (Explain below)	3191.0	3,336	
Nursing Recoverable Income (Explain below)	3192.0		
Director of Nurses Recoverable (Explain below)	3195.0		
Variable Recoverable (Explain below)	3193.0		
Fixed costs recoverable (Explain below)	3196.0		
SUBTOTAL: MISC.& RECOVERABLE	3130.0		3,770
TOTAL GROSS INCOME (3001.0 + 3026.0 + 3130.0)	3000.0		9,783,957

Ancillary Expenses relating to above Ancillary Income

Account #	Account Title	Amount
6520.5	Legend Drugs *	147,081
6522.5	House Supplies not resold	71,100
7014.3	Restorative Therapy: direct consultants *	353,119

Detail of Endowment and Other Non-Recoverable Income (3120.0)

Description	Amount
Natl Ambulance REFUND - A.Frogameni dos 9/29/19	258
Subtotal	258

Detail of Recoverable Income Accounts (3191.0, 3192.0, 3193.0, 3195.0, 3196.0)

Account #	Description	Amount
3191.0	Barber & Beauty Income	3,336
Subtotal		3,336

Schedule 9: Balance Sheet**ASSETS****CURRENT ASSETS**

ACCOUNT	DESCRIPTION	ACCOUNT BALANCE	SUBTOTAL	TOTAL
	Cash			
1025.0	Cash and Equivalents	20,090		
1040.0	Short-Term Investments	0		
1045.0	Current Portion Assets Whose Use is Limited	0		
1050.0	Other Cash	0		
1010.0	Total Cash		20,090	
	Accounts Receivable			
1063.0	Self-Pay Patients (Private)	170,643		
1066.0	Managed Care Patients (Private)	0		
1069.0	Non-Managed Care Patients (Private)	0		
1073.0	Medicare Non-Managed Care Patients	135,632		
1076.0	Medicare Managed Care Patients	276,139		
1079.0	Mass. Medicaid Non-Managed Care Patients	420,616		
1081.0	Mass.Medicaid Managed Care Patients	0		
1083.0	MA. Senior Care Organization Patients	79,300		
1086.0	PACE Patients	0		
1100.4	Non-MA Medicaid Patients	0		
1101.2	Other Public Patients	-10,050		
1089.0	Other Patients	0		
1140.0	Reserve for Bad Debt	(58,761)		
1060.0	Net Patient Account Receivables		1,013,519	
	Loans Receivables			
1160.0	Officers/Owners	0		
1170.0	Employees	0		
1180.0	Affiliates/Related Parties	0		
1185.0	Other	0		
1150.0	Total Loans Receivable		0	
1190.0	Interest Receivable		0	
1210.0	Supply Inventory		33,200	
	Prepaid Expenses			
1270.0	Prepaid Interest	0		
1280.0	Prepaid Insurance	0		
1290.0	Prepaid Taxes	0		
1295.0	Capitalized Pre-opening Costs	0		
1300.0	Other Prepaid Expenses	0		
1260.0	Total Prepaid Expenses		0	
1310.0	Other Current Assets		0	
1005.0	TOTAL CURRENT ASSETS			1,066,809

Non-Current Assets

ACCOUNT	DESCRIPTION	ACCOUNT BALANCE	SUBTOTAL	TOTAL
1511.1	Land – Cost	0		
1510.0	Land – Book Value		0	
1521.1	Building – Cost	0		
1522.2	Building – Accum. Deprc.	(0)		
1520.0	Building – Book Value		0	
1611.1	Building Improvements - Cost	114,489		
1612.2	Building Improvements – Accum. Deprc.	(2,880)		
1610.0	Building Improvements – Book Value		111,609	
1626.1	Leasehold Improvements – Cost	0		
1627.2	Leasehold Improvements – Accum. Deprc.	(0)		
1625.0	Leasehold Improvements – Book Value		0	
1631.1	Other Improvements – Cost	5,638		
1632.2	Other Improvements – Accum. Deprc.	(47)		
1630.0	Other Improvements – Book Value		5,591	
1616.1	HCF Cap.Improvements – Cost	0		
1617.2	HCF Cap. Improvements – Accum. Deprc.	(0)		
1615.0	HCF Cap. Improvements – Book Value		0	
1651.1	Equipment – Cost	41,021		
1652.2	Equipment – Accum. Deprc.	(2,973)		
1650.0	Equipment – Book Value		38,048	
1661.1	HCF Cap.Equipment – Cost	0		
1662.2	HCF Cap. Equipment – Accum. Deprc.	(0)		
1660.0	HCF Cap.Equipment – Book Value		0	
1701.1	Motor Vehicles - Cost	0		
1702.2	Motor Vehicles – Accum. Deprc.	(0)		
1700.0	Motor Vehicles – Book Value		0	
1710.1	Software - Cost	0		
1710.2	Software – Accum. Deprc.	(0)		
1710.0	Software – Book Value		0	
1715.1	HCF Cap.Software – Cost	0		
1715.2	HCF Cap.Software – Accum. Deprc.	(0)		
1715.0	HCF Cap.Software – Book Value		0	
1500.0	TOTAL - NON CURRENT(FIXED) ASSETS			155,248

Deferred Charges and Other Assets

ACCOUNT	DESCRIPTION	ACCOUNT BALANCE	SUBTOTAL	TOTAL
1910.0	Organization Expense	0		
1940.0	Purchased Goodwill	0		
1950.0	Leasehold Deposits	0		
1960.0	Utility Deposits	0		
1970.0	Cash Surrender Value of Officer Life Insurance	0		
1975.1	Mortgage Acquisition Cost	0		
1975.2	Accumulated Amortization of Mortgage Acq. Cost	(0)		
1979.0	Construction in Progress	0		
1975.3	Long Term Investments	0		
1975.4	Non-Current Assets Whose Use is Limited	0		
1980.0	Other (Explain on Sch 20)	2,110,253		
1900.0	TOTAL DEFERRED CHARGES AND OTHER ASSETS			2,110,253
1000.0	TOTAL ASSETS (1005.0 + 1500.0 + 1900.0)			3,332,310

Liabilities and Net Worth**Current Liabilities**

ACCOUNT	DESCRIPTION	ACCOUNT BALANCE	SUBTOTAL	TOTAL
	Accounts Payable			
2020.0	Trade	322,065		
2030.0	Accrued Expenses	416,340		
2040.2	Due Medicaid – Non-MA	0		
2040.3	Due Medicaid MA – Nursing Care	0		
2040.4	Due Medicaid MA – Resident Care	0		
2041.0	Due Medicaid - Estimated	0		
2045.0	Due Medicare - Actual	0		
2046.0	Due Medicare – Estimated	0		
2048.0	Due Other Payers - Actual	0		
2049.0	Due Other Payers – Estimated	0		
2010.0	Total Accounts Payable		738,405	
2055.0	Patient Funds Due (Self-Pay)		0	
2060.0	Patient Funds Due (Third Party Settlement)		0	
	Current Long-Term Debt			
2110.0	Officer, Owner, Related Parties	0		
2120.0	Subsidiaries and Affiliates	0		
2130.0	Banks	0		
2150.0	Other Short-Term Financing	0		
2160.0	Payments Due w/in one year on long-term debt	0		
2100.0	Total Current Long-Term Debt		0	
	Accrued Salaries & Payroll Liabilities			
2190.0	Accrued Salaries	95,773		
2200.0	Accr. Payroll Tax w/held	0		
2210.0	Accr. Employee Taxes Pay.	0		
2220.0	Other Payroll Liabilities	87,626		
2180.0	Total Accrued Salaries & Payroll Liabilities		183,399	
	Other Current Liabilities			
2260.0	Accr. State & Federal Taxes	0		
2270.0	Accr. Interest Payable	0		
2280.0	Accr. Bonus & Profit Sharing	0		
2290.0	Other Current Liabilities	0		
2250.0	Total Other Current Liabilities		0	
2005.0	TOTAL CURRENT LIABILITIES			921,804
	Non-Current Liabilities			
2310.0	Mortgages	0		
2330.0	Due to Affiliates/Related Parties	0		
2320.0	Other Long-Term Debt	9,100		
2300.0	TOTAL NON-CURRENT LIABILITIES		9,100	
2015.0	TOTAL LIABILITIES			930,904

Net Worth – Corporate

ACCOUNT	DESCRIPTION	ACCOUNT BALANCE	SUBTOTAL	TOTAL
2620.0	Capital Stock	0		
2630.0	Additional Paid in Capital	1,746,465		
2640.0	Treasury Stock	(0)		
2650.0	Retained Earnings	654,941		
2610.0	TOTAL CORPORATION		2,401,406	
2500.0	TOTAL NET WORTH(2610.0)			2,401,406
2000.0	TOTAL LIABILITIES AND NET WORTH (2015.0 + 2500.0)			3,332,310

Schedule 10: Statement of Operations

Account Number		
	Operating Revenue	
9605.0	Net Patient Service Revenue	9,783,522
9610.0	Other	258
9615.0	Net Assets Released from Restriction	0
9620.0	Total Operating Revenue	9,783,780
	Operating Expenses	
9625.0	Salaries and Wages	3,948,819
9630.0	Employee Benefits	282,902
9635.0	Supplies and Other (including Payroll Taxes)	5,032,282
9640.0	Interest	0
9645.0	Provision for Bad Debt	104,501
9650.0	Depreciation and Amortization	539,001
9655.0	Total Operating Expenses	9,907,505
9660.0	Income from Operations	-123,725
	Non-Operating Revenue	
9665.0	Interest Income (from Schedule8,3180.0)	176
9670.0	Investment Income	0
9675.0	Gains (Losses) from Investments	0
9680.0	Gains (Losses) from Sale of Equipment	0
9685.0	Other(Specify)	0
9690.0	Total Non-Operating Revenue	176
9695.0	Net Income Before Taxes or Extraordinary Items	-123,549
9755.0	Provision for Income Tax	0
9760.0	Income Before Cumulative Effect of Change in Accounting Principles	-123,549
	Cumulative Effect of Change in Accounting Principles	
9770.0	Other(Specify)	0
9775.0	Other(Specify)	0
9780.0	Total Cumulative Change in Accounting Principles	0
9785.0	Net Income	-123,549

Schedule 11: Cash Flow

Account	Description	Account Balance	Total
	Cash flows from operating activities		
9805.0	Change in net assets (net income)	-123,549	
9810.0	Adjustments to reconcile changes in net assets (net income)	0	
9815.0	Increases(decreases) to cash provided by operating activities	0	
9820.0	Net cash from operating activities		-123,549
	Cash flows from investing activities		
9825.0	Capital expenditures	-154,865	
9830.0	Other cash used in investing activities	0	
9835.0	Net cash used in investing activities		-154,865
	Cash flows from financing activities		
9840.0	Proceeds from issuance of long-term debt	0	
9845.0	Payments on long-term debt and capital lease expenditures	0	
9850.0	Other cash used in financing activities	289,336	
9855.0	Net cash used in financing activities		289,336
9860.0	Net increase/(decrease) in cash and cash equivalents		10,922
9865.0	Cash/cash equivalents beginning of year	9,168	
9870.0	Cash/cash equivalents end of year		20,090

Schedule 12: Reconciliation of Reported Income and Financials

Total income reported on HCF-1 (#3000.0)	9,783,957
Total operating expenses on HCF-1 (#4000.0)	9,907,506
HCF-1 Net income/(loss) before reconciling items	-123,549 ¹

Reconciling Items

Items reported on HCF-1 but not on financials. Explain below.

Description	Amount
Subtotal	

Items reported on financials but not on HCF-1. Explain below.

Description	Amount
Subtotal	

Net income/(loss) per financials	-123,549 ²
---	-----------------------

1. This amount should agree with Schedule 13, HCF-1 Net Income/ (Loss)
2. Do not use this amount on Schedule 13.

Schedule 13: Reconciliation of Net Worth**Corporation**

	Capital Stock	Additional Paid-in	Retained earnings	Treasury Stock	Total
Balance: 12/31/2019	0	1,746,465	778,490	0	¹ 2,524,955
Other: Prior Period Adjustment(s)			0		² 0
Sale of stock	0				0
Additional paid-in capital		0			0
HCF-1 Net income/(Loss)			-123,549		-123,549
Dividends paid			()		()
Treasury stock Purchased/Sold				0	0
Balance: 12/31/2020	0	1,746,465	654,941	(0)	³ 2,401,406
	(2620.0)	(2630.0)	(2650.0)	(2640.0)	(2500.0)

1. This amount should agree with acct. #2500.0, Total Net Worth on Schedule 9 of 2019 HCF-1

2. Disclose all facts relative to adjustments and explain on the Footnotes and Explanations page any impact on reimbursable costs as reported on prior year(s) cost report identifying the specific accounts affected.

3. This amount should agree with acct. #2500.0, Total Net Worth on Schedule 9 of 2020 HCF-1. Detail explanation for any difference.

Schedule 14: Patient Statistics

	Self-Pay	Managed. Care	Non- Managed Care	Medicare- Non Managed Care	Medicare Managed Care	MA Medicaid- Non Managed Care	MA Medicaid Managed Care	SCO & PACE	Non-MA Medicaid	VA, DTA & Other Public	Other	TOTALS
Quarter 1												
Nursing	677	0	18	364	60	3,691	49	2,870	0	0	0	7,729
Resident Care												
Pediatrics												
Ventilator Unit												
Head Trauma/ABI												
Other Medicaid Special Contract												
Nursing Leave of Absence (Paid)	11	0	0	0	0	17	0	0	0	0	0	28
Nursing Leave of Absence (Unpaid)	0	0	0	0	0	0	0	0	0	0	0	0
Residential Leave of Absence (Paid)												
Residential Leave of Absence (Unpaid)												
Quarter 1 Totals	688	0	18	364	60	3,708	49	2,870	0	0	0	7,757
Quarter 2												
Nursing	514	0	37	624	135	2,722	73	2,289	0	0	0	6,394
Resident Care												
Pediatrics												
Ventilator Unit												
Head Trauma/ABI												
Other Medicaid Special Contract												
Nursing Leave of Absence (Paid)	44	0	0	0	0	112	0	0	0	0	0	156
Nursing Leave of Absence (Unpaid)	0	0	0	0	0	0	0	0	0	0	0	0
Residential Leave of Absence (Paid)												
Residential Leave of Absence (Unpaid)												
Quarter 2 Totals	558	0	37	624	135	2,834	73	2,289	0	0	0	6,550

	Self-Pay	Managed. Care	Non- Managed Care	Medicare- Non Managed Care	Medicare Managed Care	MA Medicaid- Non Managed Care	MA Medicaid Managed Care	SCO & PACE	Non-MA Medicaid	VA, DTA & Other Public	Other	TOTALS
Quarter 3												
Nursing	749	0	0	293	80	3,317	52	1,967	0	0	0	6,458
Resident Care												
Pediatrics												
Ventilator Unit												
Head Trauma/ABI												
Other Medicaid Special Contract												
Nursing Leave of Absence (Paid)	25	0	0	0	0	10	0	0	0	0	0	35
Nursing Leave of Absence (Unpaid)	0	0	0	0	0	0	0	0	0	0	0	0
Residential Leave of Absence (Paid)												
Residential Leave of Absence (Unpaid)												
Quarter 3 Totals	774	0	0	293	80	3,327	52	1,967	0	0	0	6,493
Quarter 4												
Nursing	789	0	0	474	101	3,426	32	2,005	0	0	0	6,827
Resident Care												
Pediatrics												
Ventilator Unit												
Head Trauma/ABI												
Other Medicaid Special Contract												
Nursing Leave of Absence (Paid)	26	0	0	0	0	40	0	0	0	0	0	66
Nursing Leave of Absence (Unpaid)	0	0	0	1	0	0	0	0	0	0	0	1
Residential Leave of Absence (Paid)												
Residential Leave of Absence (Unpaid)												
Quarter 4 Totals	815	0	0	475	101	3,466	32	2,005	0	0	0	6,894

	Self-Pay	Managed. Care	Non-Managed Care	Medicare-Non Managed Care	Medicare Managed Care	MA Medicaid-Non Managed Care	MA Medicaid Managed Care	SCO & PACE	Non-MA Medicaid	VA, DTA & Other Public	Other	TOTALS
Annual Totals												
Nursing	2,729	0	55	1,755	376	13,156	206	9,131	0	0	0	27,408
Resident Care												
Pediatrics												
Ventilator Unit												
Head Trauma/ABI												
Other Medicaid Special Contract												
Nursing Leave of Absence (Paid)	106	0	0	0	0	179	0	0	0	0	0	285
Nursing Leave of Absence (Unpaid)	0	0	0	1	0	0	0	0	0	0	0	1
Residential Leave of Absence (Paid)												
Residential Leave of Absence (Unpaid)												
GRAND ANNUAL TOTALS	2,835	0	55	1,756	376	13,335	206	9,131	0	0	0	27,694

0140.0	Number of Admissions During Year	124
0140.1	Number of Massachusetts Medicaid Admissions During Year	13
0150.0	Number of Discharges During Year	135
0190.0	Average Length of Stay	283

Schedule 15: Detail of Purchased Service Nursing

(A) DON PURCHASED SERVICE NURSING (6025.2)

Name of Temporary Nursing Service Agency	Department of Public Health #	Total Hours of Service (Round to one decimal place)	Total Charges
Registered			
Unregistered/Other Non-Allowable			
Total	XXXXXXXXXX	0.00	0
		(7339.2)	(6025.2)

(B) RN PURCHASED SERVICE NURSING (6035.2)

Name of Temporary Nursing Service Agency	Department of Public Health #	Total Hours of Service (Round to one decimal place)	Total Charges
Registered			
Angels With You LLC / Fidelia Osifo-Selormey	TYWD	164.0	14,956
Care Plus Healthcare Staffing Inc	TGV8	1,813.0	149,496
CareerStaff Unlimited Inc	T6PN	188.0	17,185
Expert Staffing, LLC (Worcester)	T462	25.0	1,546
Nurses Care, Inc.	TS62	66.0	4,299
Omni Healthcare Staffing INC	T6MI	23.0	2,293
Ryben Staffing LLC	TTP5	567.0	43,678
Unregistered/Other Non-Allowable			
Total	XXXXXXXXXX	2,846.00	233,453
		(7340.2)	(6035.2)

(C) LPN PURCHASED SERVICE NURSING (6042.2)

Name of Temporary Nursing Service Agency	Department of Public Health #	Total Hours of Service (Round to one decimal place)	Total Charges
Registered			
AHS Staffing, LLC	TIX9	540.0	28,508
Angels With You LLC / Fidelia Osifo-Selormey	TYWD	260.0	17,297
Care Plus Healthcare Staffing Inc	TGV8	2,272.0	176,661
CareerStaff Unlimited Inc	T6PN	5,246.0	371,988
National Staffing Solutions	TWIO	258.0	25,230
Nurse Advice LLC	TE59	64.0	3,516
Omni Healthcare Staffing INC	T6MI	52.0	2,754
Raising Healthcare Staffing LLC	TPM1	109.0	6,007
Ryben Staffing LLC	TTP5	2,753.0	197,866
Wellspring Nurse Source, LLC	T96K	508.0	45,445
Unregistered/Other Non-Allowable			
Total	XXXXXXXXXX	12,062.00	875,272

(7341.2)

(6042.2)

(D) NURSES AIDES PURCHASED SERVICE NURSING (6052.2)

Name of Temporary Nursing Service Agency	Department of Public Health #	Total Hours of Service (Round to one decimal place)	Total Charges
Registered			
Care Plus Healthcare Staffing Inc	TGV8	1,486.0	68,593
CareerStaff Unlimited Inc	T6PN	5,672.0	296,846
Nurse Advice LLC	TE59	3,595.0	145,666
Ryben Staffing LLC	TTP5	340.0	10,613
World Wide Staffing	TR7R	189.0	5,365
Unregistered/Other Non-Allowable			
Total	XXXXXXXXXX	11,282.00	527,083

(7342.2)

(6052.2)

Schedule 16: Supplemental Salary / Hour Data

A. Overtime Wages for RNs, LPNs, and CNAs

	Account	RN	Account	LPN	Account	CNA
Wages*	7846.2	19,326	7848.2	105,740	7835.2	83,413
Hours*	7847.2	340	7849.2	2,173	7836.2	3,064

*Include total wages and the respective hours for all overtime wages. (Ex. A RN makes \$25/hour and has 100 overtime hours at time and one half & another RN makes \$20/hour and has 20 overtime hours at double time; RN Overtime Wages =\$4,550 and Hours = 120.)

B. Wage Differentials for RNs, LPNs, and CNAs

1. Shift Differential Wages for RNs, LPNs, and CNAs

	Account	RN	Account	LPN	Account	CNA
Wages*	7850.2	3,062	7851.2	12,542	7852.2	44,655

2. Other Differential Wages for RNs, LPNs, and CNAs

	Account	RN	Account	LPN	Account	CNA
Wages*	7853.2	0	7854.2	0	7855.2	0

*Include the increases in wages due to a shift or other differentials. (Ex. NH had shift/other differential wages and hours as follows: RN shift differential of \$1.50/ hour for 2,000 hours; RN Shift differential wages = \$3,000. Another RN had \$2.00/hour other differential for 1000 hours ; RN Other differential wages = \$2,000)

C. Detail of Administrator's Salary and Benefits

1. Provide the amount of salary and benefits paid to the licensed administrator(s) during the year. If more than one administrator was employed during 2020, summarize the information. This schedule should be filled out whether the administrator was paid on the HCF-1 or HCF-3.

Name	Dates of Employment	License Number	Affiliation (O, R, U) 1
Walton,Dane St Aubin	From: 01/01/2020 To: 10/24/2020	5475	U
Hawley,Katherine Eleanor	From: 12/14/2020 To: 12/31/2020	5513	O

1. O = Officer R = Related To Owner U = Unrelated Employee

2. Total values reported below should reflect salary and benefits for one full time administrator for one entire year.

9270.1	Salary	122,845
9270.2	Payroll Taxes	10,721
9270.3	Workers' Compensation	2,783
9270.4	Group Health/Life Insurance	6,786
9270.5	Pension	0
9270.6	Other Benefits	0
9272.0	TOTAL ADMINISTRATOR COMPENSATION	143,135

Staff and Hours by Position

Position	Account	Number of Staff	Account	Total Hours
Staff Development	7210.2	1	7310.2	201
Plant Operations	7211.2	2	7311.2	3,393
Dietary Staff	7212.2	0	7312.2	0
Dietician	7213.2	0	7313.2	0
Laundry Staff	7214.2	0	7314.2	0
Housekeeping Staff	7215.2	0	7315.2	0
Quality Assurance	7216.2	0	7316.2	0
Ward Clerks/Medical Records	7217.2	6	7317.2	6,188
MMQ Nurses	7218.2	4	7318.2	4,537
MDS Coordinator	7232.2	0	7332.2	0
Social Service Staff	7220.2	3	7320.2	3,513
Interpreters	7233.2	0	7333.2	0
Restorative – Indirect	7221.2	0	7321.2	0
Restorative – Direct	7222.2	0	7322.2	0
Recreational Staff	7223.2	8	7323.2	7,642
Administrator	7224.2	2	7324.2	1,885
Officer	7225.2	0	7325.2	0
Clerical Staff	7226.2	6	7326.2	13,782
Admin.In training	7227.2	0	7327.2	0
DON	7228.2	1	7328.2	2,080
RNs	7229.2	10	7329.2	10,086
LPNs	7230.2	22	7330.2	20,235
CNAs	7231.2	68	7331.2	66,150
Totals		133		139,692

Schedule 17: Proprietorship/Partnership/Corporation Information

Corporation

Last Name Wilson
First Name Harry
Title CEO

Account	% Time Devoted	Salary	Emp. Benefits	Payroll Taxes	Workers' Comp	Gr.Life/Hlth Ins.	Draw	Other	Total
-1	100	0	0	0	0	0	0	0	0

Last Name Divittorio
First Name Tom
Title CFO

Account	% Time Devoted	Salary	Emp. Benefits	Payroll Taxes	Workers' Comp	Gr.Life/Hlth Ins.	Draw	Other	Total
-1	100	0	0	0	0	0	0	0	0

Last Name Bach
First Name Paul
Title COO

Account	% Time Devoted	Salary	Emp. Benefits	Payroll Taxes	Workers' Comp	Gr.Life/Hlth Ins.	Draw	Other	Total
-1	100	0	0	0	0	0	0	0	0

Schedule 18: Highest Paid Salaries

List below the names, salaries and benefits of the three employees who have the highest compensation being claimed on this report

Last Name Moore
First Name Donna
Title Nurse-LPN

Account	% Time Devoted	# of Hours	Salary	Emp. Benefits	Payroll Taxes	Workers' Comp	Gr.Life/Hlth Ins.	Draw	Other	Total (7710.1)
6041.1	100	4,253	169,122	0	14,760	3,831	9,343	0	0	197,056

Last Name Haskell
First Name Collette
Title Nurse-RN Supervisor

Account	% Time Devoted	# of Hours	Salary	Emp. Benefits	Payroll Taxes	Workers' Comp	Gr.Life/Hlth Ins.	Draw	Other	Total (7711.1)
6030.1	100	3,053	138,013	0	12,045	3,126	7,624	0	0	160,808

Last Name Yush
First Name Peggy
Title Director-Nursing

Account	% Time Devoted	# of Hours	Salary	Emp. Benefits	Payroll Taxes	Workers' Comp	Gr.Life/Hlth Ins.	Draw	Other	Total (7712.1)
6020.1	100	2,278	127,850	0	11,158	2,896	7,063	0	0	148,967

Working Capital Debt 1

Lender Name	Rel. Party Y/N	² Balance 01/01/2020	Amount	Start Mo/Da/Yr	Principal Payment	Balance 12/31/2020	Interest Rate%	³ Interest Expense
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Total Working Capital Interest (4430.0) 3 0

Total Working Capital Debt (2100.0 less 2160.0) 0

1. This schedule should include all mortgages and notes payable whether or not interest expense is incurred. Each new note should be reported with all information items filled in completely. New notes or enhancements of existing notes should be reported on a new line separately.

2. For new loans in 2020, post the beginning mortgage balance of the loan in this column.

3. The sum of the working capital interest expense.

Schedule 20: Footnotes and Explanations

Please explain any discrepancies and note any additional information relating to the data provided on this report in the space below. Attach additional pages if needed.

Schedule 3-Account 4440.0 totaling : 92,233.14

Amount

Consulting Fees 1020620010 312.49
 Purchased Services 1020620020 48,123.99
 Bank Service Charges 1020630060 2,176.51
 Books, Dues & Subscriptions 630080 308.45
 Professional Fees -
 Employee Relations 630200 4,289.70
 Licenses & Certifications 1020630310 13,156.37
 Uniforms 630640 -
 Miscellaneous 1020640090 433.86
 Sales Tax 1020640110 330.06
 Holiday Expense 1020640030 -
 Accrued Expense Estimation 1020660990 309.15
 Contributions 1020630130 -
 Employee Recognition Program 1020630190 -
 Purchased Services 3015620020 -
 Recruiting Fees 630440 -
 Political Contributions 630135 664.76
 70,105.34

Schedule 5-Account 4538.8 totaling: 18,852.54

Rental Expense-Other Office Eq 1020630460 13,078.94
 Rental Expense 1020660080 1,797.91
 Rental Expense 3080660080 -
 Rental Expense 3120660080 597.50
 Rental Expense 5035660080 -
 Rental Expense 3030660080 3,378.19
 18,852.54

Schedule 5-Account 4520.8 in the amount 0

This is a direct allocation of interest from the management company's debt used to acquire the real estate.

Schedule 8-Account 3120.0 in the amount of : 258.33

Misc Income_Please see below (\$258.33)

Schedule 8-Account 3191.0 in the amount of : 3,336.00

Barber & Beauty Income 3,336.00
 Rental Income/Radiology Program

Schedule 9-Account 1980.0 in the amount of \$ 2,110,253.28

This is Intercompany Due to/from amounts.

Account: 100250MISC (Misc Income) to 100250MISC (Misc Income)

Resident Posting Date Effective Date Batch Number Days/Amount

Current Period Items 100250MISC (Misc Income)

Natl Ambulance REFUND - A.Frogameni dos 9/29/19 7/3/2020 7/3/2020 37076 (\$258.32)

Instamed Test Payment EFT - Cap One 0730 8/3/2020 8/3/2020 37149 (\$0.01)

TOTAL (\$258.33)

Schedule 21: Realty Company Balance Sheet

(This information must be taken directly from the HCF-2-NH, Schedule 5)

ASSETS**HCF-2-NH CURRENT ASSETS**

ACCOUNT	DESCRIPTION	ACCOUNT BALANCE	SUBTOTAL	TOTAL
	Cash			
1020.0	Checking Account			
1030.0	Short-Term Investments			
1050.0	Other			
1010.0	Total Cash			
	Loans Receivables			
1160.0	Officers/Owners			
1170.0	Employees			
1180.0	Affiliates/Related Parties			
1185.0	Other Loans Receivable			
1150.0	Total Loans Receivable			
	Prepaid Expenses			
1270.0	Prepaid Interest			
1280.0	Prepaid Insurance			
1300.0	Other Prepaid Expenses *			
1260.0	Total Prepaid Expenses			
1310.0	Other Current Assets			
1005.0	TOTAL CURRENT ASSETS			

HCF-2-NH NON-CURRENT ASSETS

ACCOUNT	DESCRIPTION	ACCOUNT BALANCE	SUBTOTAL	TOTAL
1511.1	Land – Cost	920,000		
1510.0	Land – Book Value		920,000	
1521.1	Building – Cost	10,697,000		
1522.2	Building – Accum. Deprc.	(2,707,000)		
1520.0	Building – Book Value		7,990,000	
1611.1	Building Improvements - Cost			
1612.2	Building Improvements – Accum. Deprc.	()		
1610.0	Building Improvements – Book Value			
1631.1	Other Improvements – Cost			
1632.2	Other Improvements – Accum. Deprc.	()		
1630.0	Other Improvements – Book Value			
1616.1	HCF Cap.Improvements – Cost			
1617.2	HCF Cap.Improvements – Accum. Deprc.	()		
1615.0	HCF Cap.Improvements – Book Value			
1651.1	Equipment – Cost			
1652.2	Equipment – Accum. Deprc.	()		
1650.0	Equipment – Book Value			
1661.1	HCF Cap.Equipment – Cost			
1662.2	HCF Cap.Equipment – Accum. Deprc.	()		
1660.0	HCF Cap.Equipment – Book Value			
1701.1	Motor Vehicles - Cost			
1702.2	Motor Vehicles – Accum. Deprc.	()		
1700.0	Motor Vehicles – Book Value			
1710.1	Software - Cost			
1710.2	Software – Accum. Deprc.	()		
1710.0	Software – Book Value			
1715.1	HCF Cap.Software – Cost			
1715.2	HCF Cap.Software – Accum. Deprc.	()		
1715.0	HCF Cap.Software – Book Value			
1500.0	TOTAL - FIXED ASSETS			8,910,000

HCF-2-NH Deferred Charges and Other Assets

ACCOUNT	DESCRIPTION	ACCOUNT BALANCE	SUBTOTAL	TOTAL
1975.1	Mortgage Acquisition Cost			
1975.2	Accumulated Amortization of Mortgage Acq. Cost	()		
1979.0	Construction in Progress			
1980.0	Other			
1900.0	TOTAL DEFERRED CHARGES AND OTHER ASSETS			
1000.0	TOTAL ASSETS (1005.0 + 1500.0 + 1900.0)			8,910,000

Liabilities and Net Worth**HCF-2-NH Current and Long-Term Liabilities**

ACCOUNT	DESCRIPTION	ACCOUNT BALANCE	SUBTOTAL	TOTAL
	Notes and Loans Payable			
2110.0	Officer, Owner, Related Parties			
2120.0	Subsidiaries and Affiliates			
2130.0	Banks			
2150.0	Other Short-Term Financing			
2160.0	Payments Due w/in one year on long-term debt			
2100.0	Total Current Long-Term Debt			
2240.0	Accrued Taxes - Realty and Management			
2295.0	Other Current Liabilities			
2005.0	TOTAL CURRENT LIABILITIES			
	Long Term Liabilities			
2310.0	Mortgages			
2320.0	Other Long-Term Debt			
2300.0	TOTAL LONG-TERM LIABILITIES			

Net Worth – Not-For-Profit

ACCOUNT	DESCRIPTION	ACCOUNT BALANCE	SUBTOTAL	TOTAL
	Net Assets			
2410.0	Unrestricted			
2420.0	Temporarily Restricted			
2430.0	Permanently Restricted			
2400.0	TOTAL NET ASSETS			

Net Worth – Proprietorship or Partnership

ACCOUNT	DESCRIPTION	ACCOUNT BALANCE	SUBTOTAL	TOTAL
2520.0	Capital	9,149,000		
2530.0	Proprietor Drawings	()		
2540.0	Partnership Drawings	()		
2545.0	Contributions	-533,101		
2550.0	Net Profit / (Loss) Year-to-Date	294,101		
2510.0	TOTAL PROPRIETORSHIP OR PARTNERSHIP		8,910,000	

Net Worth – Corporate

ACCOUNT	DESCRIPTION	ACCOUNT BALANCE	SUBTOTAL	TOTAL
2620.0	Capital Stock			
2630.0	Additional Paid in Capital			
2640.0	Treasury Stock	()		
2650.0	Retained Earnings			
2610.0	TOTAL CORPORATION			

2500.0	TOTAL NET WORTH			8,910,000
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2000.0	TOTAL LIABILITIES AND NET WORTH (2005.0 + 2300.0 + 2500.0)			8,910,000
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* See Instructions

Schedule 22: Realty Company Statement of Income and Expense
(This information must be taken directly from the HCF-2-NH, Schedule 2)

INCOME

3510.0	Rental from Nursing Facility		533,101	
3520.0	Other Rental *			
3530.0	Other Income *			
3540.0	Recoverable Fixed Income			
3500.0	TOTAL INCOME			533,101

9540.0	Taxes, Real Estate			0
9540.5	Taxes, Personal Property			0
9545.0	Interest, Long-Term (Schedule 23)			0
9547.0	Other (Explain on sch 20)			0
9550.0	Building Depreciation	239,000	203,125	35,875
9560.8	Building Improvement Depreciation	0	-58,686	58,686
9562.8	HCF Capitalization-Improvements Depreciation			0
9570.0	Equipment Depreciation	0	-42,155	42,155
9571.0	HCF Capitalization-Equipment Depreciation			0
9575.0	Software/Limited Life Assets Depreciation			0
9576.0	HCF Capitalization-Software/Limited Life Assets Depreciation			0
9580.0	Insurance-Building, Building Improvement & Equipment			0
3540.0	Recoverable Fixed Income (above)			()
9950.2	SUBTOTAL: FIXED COSTS	239,000	102,284	136,716
9502.2	SUBTOTAL: OTHER OPERATING EXPENSES (from Schedule 24)			0
9545.5	Interest on Working Capital *			
9546.0	Interest on Late Payments, Penalties *			
9530.0	SUBTOTAL: NON-ALLOWABLE EXP			
9500.0	TOTAL HCF-2-NH EXPENSES	239,000	102,284	136,716

1 For Fixed Cost expenses, the Non-Allowable portion should be the difference between the Reported Expenses and the Allowable Fixed Costs on Schedule 4 of the HCF-2-NH.

* Non-Allowable Expense

Schedule 23

Realty Company Mortgages and Notes Payable Supporting Fixed Assets 1 (This information must be taken directly from the HCF-2-NH, Schedule 9)

³ Type of Notes Payable	Lender Name	Rel. Party Y/N	Date Mort. Acquired Mo/Da/Yr	Due Date Mo/Da/Yr	No.of Months Amort.	Monthly Payments	Original Mortgage Amount	Mort.Acq. Costs	2020 Amort.of Mort. Acq Costs	² Bal. 01/01/2020	Principal Payment	Bal. 12/31/2020	Rate %	Interest Expense	Period Expense *	
Totals	XXXX	XX	XXXXXX	XXXX	XXX	XXX	XXXXXX			XXXX	XXXX		XXXX			

*See Instructions

a b c

Total Fixed Interest a + b + c (9545.0) =

1. This schedule should include all mortgages and notes payable whether or not interest expense is incurred. Each new note should be reported with all information items filled in completely. New notes or enhancements of existing notes should be reported on a new line separately.
2. For new loans in 2020, post the beginning mortgage balance of the loan in this column.
3. Summarize Other Mortgages and Notes in this row and provide details in Schedule 20: Footnotes and Explanations.

Schedule 24**Realty Company Detail of Other Operating Expenses****(This information must be taken directly from the HCF-2-NH, Schedule 3)**

DESCRIPTION	REPORTED EXPENSES	NON-ALLOWABLE EXPENSES	CLAIMED HCF-2-NH OPERATING COSTS
SUBTOTAL:OTHER EXPENSES(9502.3) (A)	0	0	0
TOTAL HCF-2 UTILITIES & PLANT OPERATING EXPENSES(9502.4) (B)	0	0	0
TOTAL HCF-2 OTHER OPERATING EXPENSES(9502.2) (A) + (B)	0	0	0

Section A

Submission Attestation Sections

Signatures are required to submit this cost report electronically. There are three sections that require signature: (A) Preparer certification, (B) Accuracy of Reported Costs certification by Owner, Partner or Officer and (C) Use of Public Funds certification by Owner, Partner, Officer or Administrator.

Section A - Preparer Type of Accounting Service:

CERTIFICATION BY PREPARER OTHER THAN OWNER, PARTNER OR OFFICER

Enter below Name of Preparer other than Owner, Partner or Officer :

Firm Name:	
Preparer's Last Name:	
Middle Name:	
First Name :	
Title :	
Preparer's Address:	
Phone Number:(###-###-####)	
Type of service performed by preparer:	Audit

By checking the box below I hereby certify that I am the preparer noted above and that the type of accounting service performed is accurate as noted.

Signature of authorized Cost Report Submitter:	
Date of Authorization (MO/DA/YR):	05/16/2021
Submitter's acknowledgement:	

Section B**Section B - Accuracy of Reported Costs:**

CERTIFICATION BY OWNER,PARTNER OR OFFICER

Provider Name :HERITAGE HALL EAST

Vendor Payment Number :0950103

Reporting Period : 01/01/2020 to 12/31/2020

I declare and affirm under the penalties of perjury that this cost report and supporting schedules have been examined by me and, to the best of my knowledge and belief, are a true and correct statement of total operating expenditures, balance sheet, earnings and expenses. Further, I declare that the report and supplemental information were prepared from the books and records of the provider, unless otherwise noted, in accordance with applicable regulations and instructions. I understand that any payment resulting from this report will be from state and federal funds and that any false statements or documents, or the concealment of a material fact, may be prosecuted under applicable federal and state laws. I also understand that this report and supporting schedules are subject to audit and verification by the Center for Health Information and Analysis or any other state or federal agency or their subcontractors. I will keep all records, books, and other information pertaining to this cost report for a period of five years. If there is an unresolved audit exception, I will keep these records until all issues are resolved.

Enter the Name of the Owner,Partner, or Officer authorizing this certification:

Last Name:	Bethea
First Name :	Lashuan
Middle Name:	
Title :	VP-Legislative Affairs Government Relations

By checking the box below I hereby certify that I am the authorizing person noted above and that the type of accounting service performed is accurate as noted.

Signature of authorized Cost Report Submitter:	Bethea,,Lashuan - Bet31020
Date of Authorization (MO/DA/YR):	05/16/2021
Submitter's acknowledgement:	X

Section C

Section C - Use of Public Funds:

CERTIFICATION BY OWNER, PARTNER, OFFICER OR ADMINISTRATOR

Section 681 of Chapter 26 of the Acts of 2003 requires that a nursing home or health care facility receiving public funds must certify that these funds shall not be used directly or indirectly for political contributions, lobbying activities, entertainment expenses or efforts to assist, promote, deter or discourage union organizing. In accordance with Section 681, the facility representative whose signature appears below, hereby certifies to the best of his/her knowledge, by said signature, that from and after the date of this certification, the facility shall not use public funds received from the Commonwealth of Massachusetts, directly or indirectly, for purposes of political contributions, lobbying activities, entertainment expenses or efforts to assist, promote, deter or discourage union organizing. directly or indirectly, for purposes of political contributions, lobbying activities, entertainment expenses or efforts to assist, promote, deter or discourage union organizing.

This certification is signed under pains and penalties of perjury

Enter below the Name of the Owner, Partner, Officer or Administrator authorizing this certification:

Last Name:	Bethea
First Name :	Lashuan
Middle Name:	
Title :	VP-Legislative Affairs Government Relations

By checking the box below I hereby certify that I am the authorizing person noted above and that the type of accounting service performed is accurate as noted.

Signature of authorized Cost Report Submitter:	Bethea,,Lashuan - Bet31020
Date of Authorization (MO/DA/YR):	05/16/2021
Submitter's acknowledgement:	X



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