

SCHEDULE 1 : CONTACT AND DISCLOSURE INFORMATION**Organization Information**

TABLE 1		
1.1	Management /Central Office Identification Number	COMB230
1.2	Organization ID	12366
1.3	Balance Sheet Date - Management Co/Central Office	12/31/2022
1.4	Reporting Period: From	01/01/2022
1.5	Reporting Period: To	12/31/2022
1.6	Name of Management Company / Central Office	National Health Care Associates, Inc.
1.7	Street Address	20 East Sunrise Highway
1.8	City	Valley Stream
1.9	State	NY
1.10	Zip	11581
1.11	Telephone	+15167054800
1.12	Fax	+10000000000
1.13	Legal Status	9
1.14	Is this information correct?	Yes

Contact Information

TABLE 2		
2.1	Contact person for this report:	
2.2	Name	Matthew S. Bovolack
2.3	Firm (if not Mgmt. Company)	Marcum LLP
2.4	Title	Principal
2.5	Street Address	555 Long Wharf Drive
2.6	City	New Haven
2.7	State	CT
2.8	Zip	06511
2.9	Telephone	+12037819680
2.10	Fax	+1
2.11	E-mail address	matthew.bovolack@marcumllp.com
2.12	Is this information correct?	Yes

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Preparer Information

Please use this section to provide contact information for a "Preparer," who is the authorizing person of this report, and is not the "Owner." If you are the sole authorized individual completing this report, please check the box below in Line 3.1.

TABLE 3		
3.1	I am the sole individual completing this cost report as an Owner, Partner, or Officer, and do not have a Preparer formally attesting to this information.	
3.2	Preparer:	
3.3	Firm Name / Management Company	Marcum LLP
3.4	Name of Contact	Matthew S. Bovolack
3.5	Title	Principal
3.6	Street Address	555 Long Wharf Drive
3.7	City	New Haven
3.8	State	CT
3.9	Zip	06511
3.10	Telephone	+12037819680
3.11	Fax	+1
3.12	E-mail address	matthew.bovolack@marcumllp.com
3.13	Is this information correct?	Yes
3.14	Type of Accounting Service Performed	Other (Explain)

Disclosure Information

1. This list must include the name(s), address(es) and % share of all direct and indirect owners with an interest of 5% or more in this entity. See the instructions for a definition of owner.

Column #	1	2	3	4	5
TABLE 4	Direct or Indirect?	Org Id	Name of Owner(s)	Address	% Share
4.1	Direct	17150	Marvin Ostreicher	20 East Sunrise Highway Valley Stream NY 11581	100.00%
400	Is this information correct?	Yes			

2. This list must include the name(s) of any Massachusetts nursing or residential care facility in which the owners listed in item #1 own directly an interest of 5% or more. For indirect ownership with an interest of 5% or more please provide information to the "Footnotes and Explanations" upload option on Schedule 7.

Column #	1	2	3
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TABLE 5	Nursing or Residential Care Facility	VPN	Name of Owner(s)
5.1			
500	Is this information correct?	Yes	

3. Have you reported any expenses on a related SNF-CR or RCF-CR directly, which were not allocated through Schedule 6?

600	No		
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SCHEDULE 2 : INCOME AND EXPENSES**Income**

Table 1	Column #		1
Line #	Account	Description	Reported
1.1	3630.0	Nursing Facility Income	23,850,522
1.2	3650.0	Other Income (Enter in Sidebar)	3,775,176
1.3	3650.4	Administrative and General Recoverable Income	
1.4	3650.5	Variable Recoverable Income	
1.5	3650.2	Director of Nurses Recoverable Income	
1.6	3650.3	Fixed Recoverable Income	
100	3600.0	TOTAL INCOME	27,625,698

Expenses

Table 2	Column #		1	2	3
Line #	Account	Description	Reported Expenses	Non-Allowable Expenses and Add-backs	Allowable Expenses
2.1	9315.0	Officer/Owner: Compensation & Director Fees		0	0
2.2	9378.4	Officer/Owner: Payroll Taxes, Workers' Compensation and Fringe Benefits		0	0
2.3	9314.1	Administrator: Salaries			0
2.4	9378.5	Administrator: Payroll Taxes, Workers' Compensation and Fringe Benefits			0
2.5	9313.1	Administrator-in-Training: Salaries			0
2.6	9378.6	Administrator-in-Training: Payroll Taxes, Workers' Compensation and Fringe Benefits			0
2.7	9312.1	Administration: Salaries	17,308,494	1,414,904	15,893,590
2.8	9317.1	Clerical, Bookkeeping and Other Administrative: Salaries			0

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2.9	9378.3	Administration, Clerical, Bookkeeping and Other Administrative: Payroll Taxes, Workers' Compensation and Fringe Benefits	3,030,797	247,756	2,783,041
2.10	9379.5	Other Administrative and General (Upload details on Schedule 7.5)	5,334,799	1,271,627	4,063,172
2.11	9392.0	Maintenance and Other Property Expenses	178,795		178,795
2.12	9935.0	Non-Allowable Administrative and General Expenses per Regulation (Enter in Sidebar)	637,359	637,359	0
2.13	3650.4	Administrative and General Recoverable Income		0	0
2.100	9311.0	SUBTOTAL: ADMINISTRATIVE AND GENERAL EXPENSES	26,490,244	3,571,646	22,918,598
2.14	9323.3	Director of Nursing Salaries			0
2.15	9378.8	Director of Nursing: Payroll Taxes, Workers' Compensation and Fringe Benefits			0
2.16	3650.2	Director of Nurses Recoverable Income		0	0
2.200	9323.0	SUBTOTAL: DIRECTOR OF NURSING	0	0	0
2.17	9323.1	Quality Assurance Professional: Salaries			0
2.18	9323.5	Indirect Restorative Therapy: Salaries			0
2.19	9323.4	Dietician: Salaries			0
2.20	9378.9	Quality Assurance Professional, Indirect Restorative Therapy, Dietician: Payroll Taxes, Workers & Compensation and Fringe Benefits			0
2.21	9323.6	Direct Restorative Therapy : Salaries		0	0
2.22	9378.2	Direct Restorative Therapy: Payroll Taxes, Workers' Compensation and Fringe Benefits		0	0
2.23	9502.2	REA-CR Other Operating Expense Add-back			0

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2.24	3650.5	Variable Recoverable Income		0	0
2.300	9324.0	SUBTOTAL: VARIABLE EXPENSES	0	0	0
2.25	9386.8	Depreciation: Building			0
2.26	9387.8	Depreciation: Improvements	45,273	7,537	37,736
2.27	9387.9	Depreciation: MGT-CR Capitalized Improvements			0
2.28	9388.8	Depreciation: Equipment	226,180	(257,175)	483,355
2.29	9388.9	Depreciation: MGT-CR Capitalized Equipment			0
2.30	9390.8	Depreciation: Software/Limited Life Assets			0
2.31	9390.9	Depreciation: MGT-CR Capitalized Software/Limited Life Assets			0
2.32	9381.0	Long-Term Interest			0
2.33	9380.0	Real Estate Taxes	161,643		161,643
2.34	9380.1	Personal Property Taxes	45,954		45,954
2.35	9380.2	MA Corp. Excise Tax Non-Income Portion			0
2.36	9380.5	Insurance: Building, Building Improvements, Equipment	18,786		18,786
2.37	9382.1	Other Equipment Rent	16,691		16,691
2.38	9382.2	Property Rent (Unrelated Party)			0
2.39	9382.3	Property Rent (Related Party - REA-CR Required)	620,927	620,927	0
2.40	9950.2	REA-CR Fixed Costs (from Schedule 3)		(733,979)	733,979
2.41	3650.3	Fixed Recoverable Income		0	0
2.400	9384.0	SUBTOTAL: FIXED EXPENSES	1,135,454	(362,690)	1,498,144
200	9300.0	TOTAL EXPENSES	27,625,698	3,208,956	24,416,742

Detail of Other Income, Account 3650.0

Table 3	1	2
Line #	Description	Reported
3.1	Troy Mgmt Fee Income	9,498
3.2	ERTC Credit	3,142,405

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3.3	Workers Comp Reimbursement (No CY Expense)	623,273
300	SUBTOTAL: OTHER INCOME	3,775,176

Non-Allowable Administrative & General Expenses per Regulation 101 CMR 204.00 or 206.00, Account 9935.0

Table 4	Column #	1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add-backs	Allowable Expenses
4.1	Telephone: Advertising		0	0
4.2	Accounting: Appeal Service		0	0
4.3	Legal: Appeal Service		0	0
4.4	Legal: Other	211,456	211,456	0
4.5	Other Advertising	374,920	374,920	0
4.6	Other Management Fees		0	0
4.7	Interest on Late Payments and Penalties	50,983	50,983	0
4.8	Interest on Working Capital		0	0
400	SUBTOTAL: NON-ALLOWABLE ADMINISTRATIVE AND GENERAL	637,359	637,359	0

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SCHEDULE 3 : ALLOWABLE FIXED ASSETS AND EXPENSES**Management Company / Central Office Fixed Assets and Expenses**

Table 1	Column #		1	2	3	4
Line #	Account	Description	Allowable Assets (Basis), Beginning of Year	Asset Additions	Asset Deletions	Allowable Assets (Basis), End of Year
1.1	9950.3	Allowable Building Depreciation Rate	2.5%			
1.2		Land				0
1.3		Building				0
1.4		Improvements	754,707	3		754,710
1.5		MGT-CR Capitalized Improvements				0
1.6		Equipment	4,277,143	556,403		4,833,546
1.7		MGT-CR Capitalized Equipment				0
1.8		Software				0
1.9		MGT-CR Capitalized Software				0

Realty Company Fixed Assets and Expenses

Table 2	Column #		1	2	3	4
Line #	Account	Description	Allowable Assets (Basis), Beginning of Year	Asset Additions	Asset Deletions	Allowable Assets (Basis), End of Year
2.1		Name of Realty Company	10-26 Nationwide Trust;850 Silas Deane Realty, LLC			
2.2		Land	774,500			774,500
2.3		Building	5,770,500			5,770,500
2.4		Improvements	2,241,205	26,143	(1,457)	2,265,891
2.5		REA-CR Capitalized Improvements				0
2.6		Equipment	44,182			44,182
2.7		REA-CR Capitalized Equipment				0

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2.8		Software				0
2.9		REA-CR Capitalized Software				0

Realty Company Allowable Fixed Expenses

This table must agree to the Allowable Fixed Expenses in the Realty Company (REA-CR) Fixed Expenses Schedule 2 of the REA-CR.

Row 300 (Account 9950.2) will populate Schedule 2, Row 2.40, Column 2 of this cost report.

Table 3	Column #		1
Line #	Account	Description	Allowable Expenses
3.1	9550.0	Depreciation: Building	144,263
3.2	9550.3	Allowable Building Depreciation Rate	2.500%
3.3	9560.8	Depreciation: Improvements	113,295
3.4	9562.8	Depreciation: REA-CR Capitalized Improvements	
3.5	9570.0	Depreciation: Equipment	4,418
3.6	9571.0	Depreciation: REA-CR Capitalized Equipment	
3.7	9575.0	Depreciation: Software/Limited Life Assets	
3.8	9576.0	Depreciation: REA-CR Capitalized Software/Limited Life Assets	
3.9	9545.0	Long-Term Interest	183,440
3.10	9540.0	Real Estate Taxes	283,215
3.11	9540.5	Personal Property Taxes	5,348
3.12	9545.6	MA Corp. Excise Tax Non-Income Portion	
3.13	9580.0	Insurance: Building, Building Improvements, Equipment	
3.14	9547.0	Other Equipment Rent	
3.15	3540.0	Recoverable Fixed Income	
300	9950.2	SUBTOTAL: ALLOWABLE REA-CR EXPENSES	733,979

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SCHEDULE 4 : BALANCE SHEET**Current Assets**

Table 1	Column #		1
Line #	Account	Description	Account Balance
	Cash		
1.1	1025.0	Cash and Equivalents	217,688
1.2	1040.0	Short-term Investments	
1.3	1045.0	Current Portion Assets Whose Use is Limited	
1.100	1010.0	SUBTOTAL: CASH	217,688
	Accounts Receivable		
1.4	1183.0	Other Accounts Receivable	20,678,856
1.5	1190.0	Interest Receivable	
1.6	1195.0	Management Fees Receivable	
1.7	1140.0	Reserve for Bad Debt	
1.200	1110.0	SUBTOTAL: ACCOUNTS RECEIVABLE	20,678,856
	Loans Receivable		
1.8	1160.0	Officers/Owners	
1.9	1170.0	Employees	
1.10	1180.0	Affiliates/Related Parties	3,406,047
1.11	1185.0	Other	
1.300	1150.0	SUBTOTAL: LOANS RECEIVABLE	3,406,047
1.12	1310.0	Other Current Assets	2,644,831
100	1005.0	TOTAL CURRENT ASSETS	26,947,422

Non-Current (Fixed) Assets

Table 2	Column #		1
Line #	Account	Description	Account Balance
2.1	1511.1	LAND - COST	
2.2	1521.1	Building - Cost	
2.3	1522.2	Building – Accumulated Depreciation	
2.100	1520.0	BUILDING - BOOK VALUE	0
2.4	1611.1	Building Improvements – Cost	754,710
2.5	1612.2	Building Improvements – Accumulated Depreciation	(555,467)

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2.200	1610.0	BUILDING IMPROVEMENTS - BOOK VALUE	199,243
2.6	1616.1	MGT-CR Capitalized Improvements – Cost	
2.7	1617.2	MGT-CR Capitalized Improvements – Accumulated Depreciation	
2.300	1615.0	MGT-CR CAPITALIZED IMPROVEMENTS - BOOK VALUE	0
2.8	1651.1	Equipment - Cost	4,833,546
2.9	1652.2	Equipment – Accumulated Depreciation	(3,813,752)
2.400	1650.0	EQUIPMENT - BOOK VALUE	1,019,794
2.10	1661.1	MGT-CR Capitalized Equipment – Cost	
2.11	1662.2	MGT-CR Capitalized Equipment – Accumulated Depreciation	
2.500	1660.0	MGT-CR CAP EQUIPMENT - BOOK VALUE	0
2.12	1701.1	Motor Vehicles – Cost	
2.13	1702.2	Motor Vehicles – Accumulated Depreciation	
2.600	1700.0	MOTOR VEHICLES - BOOK VALUE	0
2.14	1710.1	Software - Cost	
2.15	1710.2	Software – Accumulated Depreciation	
2.700	1710.0	SOFTWARE - BOOK VALUE	0
2.16	1715.1	MGT-CR Capitalized Software – Cost	
2.17	1715.2	MGT-CR Capitalized Software – Accumulated Depreciation	
2.800	1715.0	MGT-CR Capitalized Software – Book Value	0
200	1500.0	TOTAL NON-CURRENT (FIXED) ASSETS	1,219,037

Deferred Charges and Other Assets

Table 3	Column #		1
Line #	Account	Description	Account Balance
3.1	1965.0	Long Term Investments	
3.2	1966.0	Non-Current Asset Whose Use is Restricted	
3.3	1985.0	Other (Enter in Table 4)	24,560
3.4	1975.1	Mortgage Acquisition Cost	
3.5	1975.2	Accumulated Amortization of Mortgage Acquisition Cost	
3.100	1975.0	UNAMORTIZED MORTGAGE ACQUISITION COST	0
300	1900.0	TOTAL DEFERRED CHARGES AND OTHER ASSETS	24,560

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Deferred Charges and Other Assets
Detail of Other Assets, Account 1985.0

Table 4	1	2
Line #	Description	Account Balance
4.1	Security Deposit	24,560
400	SUBTOTAL ACCOUNT	24,560

Total Assets

Table 5	Column #		1
Line #	Account	Description	Account Balance
500	1000.0	Total Assets	28,191,019

Current Liabilities

Table 6	Column #		1
Line #	Account	Description	Account Balance
	Accounts Payable		
6.1	2020.0	Trade	22,538,105
6.2	2030.0	Accrued Expenses	65,349
6.100	2010.0	SUBTOTAL: ACCOUNTS PAYABLE	22,603,454
	Current Long-Term Debt		
6.3	2110.0	Officer, Owner, Related Parties	
6.4	2120.0	Subsidiaries and Affiliates	
6.5	2130.0	Banks	
6.6	2140.0	Motor Vehicles	
6.7	2150.0	Other Short-Term Financing	2,553,462
6.8	2160.0	Payments Due w/in one year on long-term debt	
6.200	2100.0	SUBTOTAL: TOTAL CURRENT LONG-TERM DEBT	2,553,462
	Accrued Salaries and Payroll Liabilities		
6.9	2190.0	Accrued Salaries	1,356,660
6.10	2200.0	Accrued Payroll Tax withheld	192
6.11	2210.0	Accrued Employee Taxes Payable	
6.12	2220.0	Other Payroll Liabilities	
6.300	2180.0	SUBTOTAL: ACCRUED SALARIES & PAYROLL LIABILITIES	1,356,852

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6.13	2230.0	Other Current Liabilities	1,085,860
600	2005.0	TOTAL CURRENT LIABILITIES	27,599,628
Non-Current Liabilities			
Table 7	Column #		1
Line #	Account	Description	Account Balance
7.1	2310.0	Mortgages	
7.2	2330.0	Due to Affiliates/Related Parties	24,209
7.3	2320.0	Other Long-Term Debt	767,189
700	2300.0	TOTAL NON-CURRENT LIABILITIES	791,398
Total Liabilities			
Table 8	Column #		1
Line #	Account	Description	Account Balance
800	2800.0	Total Liabilities	28,391,026
Net Worth			
Table 9	Column #		1
Line #	Account	Description	Account Balance
	Corporation		
9.9	2620.0	Capital Stock	
9.10	2630.0	Additional Paid in Capital	
9.11	2640.0	Treasury Stock	
9.12	2650.0	Retained Earnings	(200,007)
9.300	2610.0	Total Corporation	(200,007)
900	2500.0	TOTAL NET WORTH	(200,007)
Total Liabilities and Net Worth			
Table 10	Column #		1
Line #	Account	Description	Account Balance
1000	2000.0	Total Liabilities and Net Worth	28,191,019

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SCHEDULE 5 : RECONCILIATION OF INCOME & EXPENSES**Part 1: Reconciliation on Income and Expenses per Books to Cost Report**

Net Income/Loss per MGT-CR			
Table 1	Column #		1
Line #	Account Number	Description	Amount
1.1	3600.0	Total income reported on MGT-CR (Schedule 2)	27,625,698
1.2	9300.0	Total operating expenses on MGT-CR (Schedule 2)	27,625,698
100		MGT-CR Net income/(loss) before reconciling items	0
Reconciling Items			
Items reported on MGT-CR but not on Financials. Explain below.			
Table 2	Column #	1	2
2.1			
200	2905.0	Subtotal	0
Items reported on Financials but not on MGT-CR. Explain below.			
Table 3	Column #	1	2
3.1			
300	2910.0	Subtotal	0
Table 4		1	
400	NET INCOME/(LOSS) PER FINANCIALS		0
4.1	Explanation		

Part 2: Reconciliation of Net Worth

CORPORATION							
Table 6	Column #		1	2	3	4	5
Line #	Account Number	Description	Capital Stock	Additional Paid-in	Retained Earnings	Treasury Stock	Total
6.1		Balance: PRIOR YEAR			(190,505)		(190,505)
6.2	2915.0	Other: Prior Period Adjustment(s)			(9,502)		(9,502)
6.3	2920.0	Sale of stock					0
6.4	2925.0	Additional paid-in capital					0
6.5		MGT-CR Net income/(Loss)			0		0
6.6	2930.0	Dividends paid					0

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6.7	2935.0	Treasury stock Purchased/Sold					0
600		BALANCE: CURRENT YEAR	0	0	(200,007)	0	(200,007)
		Account Number	2620.0	2630.0	2650.0	2640.0	2500.0

Prior Period Adjustments, Account 2915.0

Table 7	1	2
Line #	Description	Amount
7.1	Prior Period Adj	(9,502)
7.2		
7.3		
7.4		
7.5		
7.6		
7.7		
700	Total Account	(9,502)

Part 3: Earnings and Compensation Disclosures

This schedule is used to report the name(s) of the owner, officer or partner, and disclose the salary and other compensation paid as well as the accounts that were charged.

Table 9	1	2	3	4	5	6	7	8	9	10
Line #	Account Number	Last Name	First Name	Officer, Partner, Related Party	Title	% of Time Devoted	Salary & Benefits	Draw / Dividends	Other	TOTAL

Sole Proprietorship

9.1	2530.0					.00%				0
9.2						.00%				0
9.3						.00%				0
										0

Table 10	1	2	3	4	5	6	7	8	9	10
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Partnership, Limited Liability Company (LLC)

10.1						.00%				0
10.2						.00%				0

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10.3						.00%				0
										0
Table 11	1	2	3	4	5	6	7	8	9	10
Corporation										
11.1						.00%				0
11.2						.00%				0
11.3						.00%				0
										0

Part 4: Five Highest Paid (including salaries, payroll taxes, workers compensation, other fringe benefits, and draws)
List the names and compensation of the five employees who have the highest compensation being reported on this report.

Table 12	Column #	1	2	3	4	5	6	7	8	9
Line #	Account	Last Name	First Name	Officer, Partner, Related Party	Title	% of Time Devoted	Salary, Taxes, Workers' Comp. & Fringe Benefits	Draw	Other	TOTAL
12.1	7710.1	Gilmartin	Thomas	Officer	CFO	100.00%	576,470			576,470
12.2	7711.1	Ostreicher	Marc E	Officer	DOO	100.00%	339,384			339,384
12.3	7712.1	Chitalia	Santosh	Officer	Chief HR Officer	100.00%	320,694			320,694
12.4	7713.1	Gottlieb	David	Officer	VP of Purchasin g	100.00%	296,807			296,807
12.5	7714.1	Fleming	Christina	Officer	CMO	100.00%	294,383			294,383

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SCHEDULE 6 : ALLOWABLE EXPENSE ALLOCATION

Provide allocation to Massachusetts Nursing and Residential Care Facilities, Non-Mass Nursing and Residential Care Facilities

Column #	1	2	3	4	5	6
Table 1	Facility Name	VPN	Administrative and General			
			Shared Administrative & General Expense	Other Direct Administrative & General Expense	Total MGT-CR Administrative & General Add-back	
Line #	Part A: Massachusetts Nursing and Residential Care Facilities Only		%	\$	\$	\$
1.1	COUNTRY CENTER FOR HEALTH & REHAB	0950211	2.0000%	495,899		495,899
1.2	SACHEM CENTER FOR HEALTH & REHAB	0950220	2.0000%	495,899		495,899
1.3	ELIOT CENTER FOR HEALTH & REHAB	0950205	2.0000%	509,302		509,302
1.4	RESERVOIR CENTER FOR HEALTH & REHAB	0950208	3.0000%	643,329		643,329
1.5	NEWTON WELLESLEY CTR FOR ALZHEIMER'S CARE	0950214	2.0000%	491,432		491,432
1.6	COLONY CENTER HEALTH & REHAB	0950217	2.0000%	411,016		411,016
100	PART A: Total Massachusetts Nursing and Residential Care Facilities		13.0000%	3,046,877	0	3,046,877
200	PART B: Total Non-MA Nursing and Residential Care Facilities		87.0000%	19,871,721		19,871,721
300	PART C: Total Non-Nursing/Residential Care Facility Business					0
400	TOTAL ADJUSTED MANAGEMENT COMPANY / CENTRAL OFFICE EXPENSES		100.0000%	22,918,598	0	22,918,598
	Identify Allocation Method(s) Used Above					
500	Beds					
600						

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s and Other Nursing and Residential Care Facility business in the grid below.

7	8	9	10	11	12	13	14
al Expenses			Director of Nurses Salary, Taxes & Benefits	Variable Expenses			
Administrator Salary, Taxes & Benefits	Administrator- in- Training Salary, Taxes & Benefits	Total Allowable Administrative & General Expense		Dietician Salary, Taxes & Benefits	Indirect Restorative Therapy Salary, Taxes & Benefits	Quality Assurance Professional Salary, Taxes & Benefits	REA-CR Othe t
\$	\$	\$	\$	\$	\$	\$	%
		495,899					2.0000%
		495,899					2.0000%
		509,302					2.0000%
		643,329					3.0000%
		491,432					2.0000%
		411,016					2.0000%
0	0	3,046,877	0	0	0	0	13.0000%
		19,871,721					87.0000%
		0					
0	0	22,918,598	0	0	0	0	100.0000%

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15	16	17	18	19
or Operating Add-back	Total Allowable Variable Expenses	Total Allowable Fixed Expenses (from MGT-CR Sch. 3)		Total Allowable Expenses
\$	\$	%	\$	\$
15,881	15,881	2.0000%	16,535	528,315
15,881	15,881	2.0000%	16,535	528,315
16,311	16,311	2.0000%	16,981	542,594
20,603	20,603	3.0000%	21,450	685,382
15,738	15,738	2.0000%	16,386	523,556
13,163	13,163	2.0000%	13,704	437,883
97,577	97,577	13.0000%	101,591	3,246,045
636,402	636,402	87.0000%	662,574	21,170,697
	0			0
733,979	733,979	100.0000%	764,165	24,416,742

SCHEDULE 7 : FOOTNOTES AND OTHER DISCLOSURES**(1) Footnotes and Explanations**

Upload Type: Excel, Word, or PDF

This schedule is used to provide detail to any of the information included in this report.

Note: This file is mandatory if Schedule 1 Line 3.14 ("Type of Accounting Service Performed") has "Other" selected, and/or if Schedule 1 Line 600 has been checked "Yes."

(2) Organizational Structure

Upload Type: Excel, Word, or PDF

Supply the Center with a macro organizational chart of your complete business structure.

Shade in each component of your organizational chart from which costs are allocated to your Massachusetts Nursing or Residential Care Facilities.

Note: This file is mandatory for all users

(3) Non-MA Facilities

Upload Type: Excel Template

List the name(s) of any non-Massachusetts nursing or residential care facilities in which any direct/indirect owners listed in Schedule 1, Table 4 of this report own, directly or indirectly, an interest of 5% or more.

This information must be submitted in the format of the template provided.

Note: This is mandatory if this section applies to the filing Management Company

(4) Related Party Markup, Account 9382.3

Upload Type: Excel Template

Indicate any entity, person or related party as defined in REGULATION 101 CMR 206.00 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.)

This information must be submitted in the format of the template provided.

Note: If Schedule 2 Line 2.39 (Account 9382.3, Expenses: Property Rent) has reported information, this file must be completed and uploaded.

(5) Other Administrative and General, Account 9379.5

Upload Type: Excel Template

Provide a detailed listing of all expenses being reported in Account 9379.5, Other Administrative & General on Schedule 2.

This information must be submitted in the format of the template provided.

Note: If Schedule 2 Line 2.10 (Account 9379.5) has reported information, this file must be completed and uploaded.

(6) Financial Statement Documentation

Upload Type: PDF

To satisfy the financial statement requirement, providers must file one of the following forms of acceptable documentation.

As per 957 CMR 7.00: If a Provider or its parent organization is required or elects to obtain independent audited financial statements for purposes other than 957 CMR 7.00, the

Provider must file a complete copy of its audited financial statements with the Center, that most closely correspond to the Provider's Nursing Facility cost report fiscal period. If the

Provider or its parent organization does not obtain audited financial statements but is required or elects to obtain reviewed or compiled financial statements for purposes other than

957 CMR 7.00, the Provider must file with the Center a complete copy of its financial statements that most closely correspond to the Nursing Facility cost report fiscal period. Nothing

in this section shall be construed as an additional requirement that nursing homes complete audited, reviewed, or compiled financial statements solely to comply with the Center's

reporting requirements.

Please select one option from the menu, and upload applicable files for choices A or B. They are listed in descending order of preference:

☐ A) Audited Financial Statement: Audited, reviewed, or compiled financial statements prepared by a Certified Public Accountant (CPA).

☐ B) Unaudited Financial Statement: Unaudited financial statements for the reporting year.

☒ C) Financial Statements Unavailable: The Provider or parent organization did not complete audited, reviewed, or compiled financial statements for purposes other than 957 CMR 7.00.

Note: If A or B are selected Providers need to submit a financial statement. If C is selected an upload is not required.

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File Submission History				
Date Uploaded	File	File Name	File Type	Uploaded By
7/27/2023 10:41:23 AM	(1) Footnotes and Explanations	Footnotes and Explanations.pdf	application/pdf	Thomas Moore
7/27/2023 10:41:29 AM	(2) Organizational Structure	Org structure.pdf	application/pdf	Thomas Moore
7/27/2023 10:41:38 AM	(3) Non-MA Facilities	MGT-CR Non-MA Facilities Template.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Thomas Moore
7/27/2023 10:41:47 AM	(4) Related Party Markup, Account 9382.3	MGT-CR Related Party Template.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Thomas Moore
7/27/2023 10:41:55 AM	(5) Other Administrative and General, Account 9379.5	MGT-CR Other Admin Template.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Thomas Moore

SCHEDULE 8 : SUBMISSION ATTESTATION SECTIONS**Section A - Certification by Preparer (Other than Owner, Partner, or Officer)**

1.1	[] Use login users information to fill fields below	
1.2	Firm Name	Marcum LLP
1.3	Preparer's Last Name	Bavolack
1.4	Preparer's First Name	Matthew
1.5	Preparer's Middle Name	S.
1.6	Title	Principal
1.7	Preparer's Address	555 Long Wharf Drive
1.8	City	New Haven
1.9	State	CT
1.10	Zip Code	05611
1.11	Phone Number	2037819680
1.12	Email Address	matthew.bavolack@marcumllp.com
1.13	Is this information correct?	Yes
1.14	[x] By checking this box I hereby certify that I am the Preparer of this report noted above and I attest, to the best of my knowledge and belief, that this cost report is a true, correct, and complete statement. This report is subject to audit and verification by the Center for Health Information and Analysis.	
1.15	Date of Authorization:	07/27/2023
	Please note this button does not submit the Cost Report for CHIA review, and is solely for your internal review purposes. If the report needs to be unlocked by the Preparer, uncheck the attestation box on Line 1.14.	

Section B - Certification by Owner, Partner, or Officer

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, and other required information. 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 federal and state laws, 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.

2.1	<input checked="" type="checkbox"/> Use login users information to fill fields below	
2.2	Last Name	Ostreicher
2.3	First Name	Marvin
2.4	Middle Name	J
2.5	Title	President
2.6	Is this information correct?	Yes
2.7	<input checked="" type="checkbox"/> By checking this box I hereby certify that I am the authorizing person of this report noted above and I attest, to the best of my knowledge and belief, that this cost report is a true, correct, and complete statement. This report is subject to audit and verification by the Center for Health Information and Analysis.	
2.8	Date of Authorization:	07/27/2023
Please note once the Submit button is clicked, this Cost Report and all attachments will be submitted to CHIA for review and finalized. This Cost Report can then only be reopened by contacting CHIA and submitting a request.		
Please submit all requests to Costreports.LTCF@CHIAMass.gov along with the following information:		
a) User Name		
b) User E-Mail Address		
c) Organization Name		
d) Applicable Filing Year		
e) Reason for request		