

Rest Home Cost Report User Guide

The HCF-4 serves the dual purpose of being a report to the Center that accurately reflects the complete financial condition of the facility, and at the same time, a claim for reimbursement. To accomplish the latter, columns numbered 2 and 3, labeled "Self-Disallowed Expenses" and "Automatically Disallowed Expenses" on the Statement of Profit and Loss have been provided to report non-allowable expenses and additional costs allocated to the facility by the management and/or realty companies. Additionally, column 2, "Self-Disallowed Expenses", is to be used for reporting specific costs that are NOT "ordinary and necessary" from a generally-accepted accounting or IRS standpoint, and which are not directly related to the care of publicly-aided residents; thus not reimbursable under current regulations. It is expected that the preparers and signatories of this cost report have a strong understanding of the regulations that govern cost reporting and reimbursement (101 CMR 204.00).

Cell Key	
Blue	Input by Data Submitter
Orange	Computation
Yellow	Derived from another Tab
Dotted Blue	From Cell on this Tab
Red	Non-Allowable Expense
Red Border Blue	Accepts Negative values

Tips For Completing the Cost Report

Cost Report Due Date: **8/21/2023**

Use whole dollar amounts.

For accounts or fields with no amounts or entry, leave blank.

For assistance with completing this form, email the LTCF Help Desk at: Costreports.LTCF@Chiamass.gov

Cost Report Instructions

Detailed instructions for each line in the cost report is located at :

[Information for Data Submitters: Resident Care Facility Cost Reports](#)

- * Preparer is to refer to the instruction guide for properly completing this line.
- ** Preparer is required to provide details in the Footnotes schedule of this cost report.

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RESIDENTIAL CARE FACILITY FY2022 COST REPORT (HCF-4)

SCHEDULE : GENERAL INFORMATION

Please check one:

☐	New Facility Requesting a Rate	Refer to 101 CMR 204.00 for what type of cost data must be submitted.
☐	Private Facility Requesting a Public Rate	
☐	Annual Report	
☐	Report of Major Addition or Substantial Capital Expenditure	

Facility Information

Table 1		1
Line #	Description	
1.1	VPN	5510057
1.2	Provider ID/MMIS ID	110164959A
1.3	Balance Sheet Date (MM/DD/YYYY)	12/31/2022
1.4	Name of Facility	IVY HILL ASSISTED CARE
1.5	Street Address	337 MAIN ST
1.6	City	HAVERHILL
1.7	Zip	01830
1.8	Telephone	978-374-8861
1.9	Federal Employer Identification Number	85-0872955
1.10	Responsible Person's Name	WAQAR TAJUDDIN
1.11	Responsible Person's Email	waqartajuddin@gmail.com
1.12	Responsible Person's Affiliation (Select from Dropdown Menu)	PARTNER
1.13	List Name of Person to Receive Rate Notifications	WAQAR TAJUDDIN
1.14	List Email of Person to Receive Rate Notifications	waqartajuddin@gmail.com
1.15	Status (Select Profit/Non-Profit from Dropdown Menu)	Profit
1.16	Legal Status (Select from Dropdown Menu)	0
1.17	Does this facility have other business activities? If Yes, Explain in Table 1A.	No
1.18	Enter the number of Level IV licensed geriatric beds.	30
1.19	Enter the facility's constructed bed capacity.	30
1.20	Has there been a change in licensed beds during the year? If yes, complete Bed License Information Table 1B in the adjacent table.	No
1.21	Date of purchase by current owner (MM/DD/YYYY)	9/23/2020
1.22	Has the facility had a change in long-term financing during this cost report year?	No
1.23	Is the facility managed by a management company?	No
1.24	If line 1.23 is Yes, list the COMB# of the management company as reported on the management company cost report.	
1.25	If line 1.23 is Yes, list the name of the management company as reported on the management company cost report.	
1.26	Are you completing the HCF-2 RH (Realty Company Report) Tab in this Excel Workbook?	Yes
1.27	List realty company name(s) as reported on each realty company cost report.	IVY HILL REALTY LLC
1.28	Does the Balance Sheet schedule include any capitalized leases reported as assets? If yes, report the lease payments as a liability and include the lease on the Mortgages & Notes schedule.	No
1.29	Does the Profit Loss schedule include any expenses that have not been paid and reported as accrued liabilities, such as pension costs or self-insured workers' compensation? If yes, the unpaid or unfunded portions must be reported in column 2 of the Profit Loss schedule as self-disallowed expenses.	No
1.30	Does the Profit Loss schedule include any expenses for services of non-paid workers (volunteers) as provided in 101 CMR 204.07(6)? If yes, provide details of amounts and account numbers in the Footnotes schedule.	No
1.31	Did you report any employee's salary in more than one expense account? If yes, explain methodology of cost-splitting the salary in the Footnotes schedule.	Yes
1.32	Did you report any accrued expenses incurred in periods other than the current cost report period? If yes, you must report details of accrued expenses not related to the current cost report period in the Footnotes schedule.	No

Other Business Activities

Table 1A	1	2
Line #	Other Business Activity	Select Yes/No from Dropdown Menu
1A.1	Child Day Care	
1A.2	Adult Day Care	
1A.3	Assisted Living	
1A.4	Other:	

Explain:

Bed License Information

Table 1B	1	2	3
Line #	Date From	Date To	# of Beds
1B.1	01/01/2022	12/31/2022	30
1B.2			
1B.3			

Contact Information

Table 2		1
Line #	Description	
2.1	Contact Person Name	WAQAR TAJUDDIN
2.2	Residential Care Facility or Firm Name	IVY HILL ASSISTED CARE
2.3	Title	PARTNER
2.4	Street Address	337 MAIN ST
2.5	City	HAVERHILL
2.6	State	MA
2.7	Zip Code	01830
2.8	Phone Number	978-374-8861
2.9	Email Address	waqartajuddin@gmail.com

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		1
Line #	Description	
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 Name	PETER B PLUMB, CPA
3.3	Preparer's Affiliation	ACCOUNTANT
3.4	Nursing Facility or Firm Name	
3.5	Title	
3.6	Street Address	83 CHURCH ST
3.7	City	WHITINSVILLE
3.8	State	MA
3.9	Zip Code	01588
3.10	Phone Number	508-234-8311
3.11	Email Address	peter@1040.org

3.12	Type of Accounting Service Performed	COMPILATION
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RESIDENTIAL CARE FACILITY FY2022 COST REPORT (HCF-4)

SCHEDULE : DISCLOSURES

IMPORTANT: This schedule is an integral part of the HCF-4 cost report. This schedule must be completed in its entirety. When completing this schedule the following definitions of direct and indirect beneficial owner apply: 1) A **direct owner** is defined as a person or entity having any rights or benefits of ownership and having **an interest of record** in any partnership, joint venture, corporation or other entity. 2) An **indirect beneficial owner** is defined as a person having any benefits or rights of ownership, either direct or indirect, through one or more intermediaries, through any understanding or relationship with a person or entity, **resulting in benefits of ownership which are not of record**. It is incumbent upon the owner to fully disclose such interest. This schedule MUST be completed in entirety.

Direct and Indirect Owners

List all direct and indirect owners with an interest of 5% or more in this facility. If the facility is owned by a corporation, chain, or trust, list the name of the corporation, chain, or beneficial owner under "Owner Name".

Table 1	1	2	3	4	5
Line #	Owner Name (Last, First)	Address	Percent Ownership	Select Ownership Type	Select Direct or Indirect?
1.1	IVY HILL ASSISTED CARE	337 MAIN ST, HAVERHILL, MA	100.0%	Corporation	Direct
1.2	IVY HILL REALTY	337 MAIN ST, HAVERHILL, MA	100.0%	Corporation	Direct
1.3	WAQAR TAJUDDIN	370 CLINTON RD, BROOKLINE, MA	33.3%	Person	Direct
1.4	IRSHAD SIDEKA	38 WELCH RD, BROOKLINE, MA	33.3%	Person	Direct
1.5	JAMSHED KHAN	68 WINDSOR RD, BROOKLINE, MA	33.3%	Person	Direct
1.6					

Other Owned Facilities

List the name(s) of any other nursing and/or residential care facilities in which the owners listed in Table 1 own, directly or indirectly, an interest of 5% or more.

Table 2	1	2	3	4	5
Line #	Nursing and/or Rest Home	VIN	Name of Owner	Company Address	% Ownership
2.1	LINCOLN HILL MANOR B/H	5510009	SPENCER		100%
2.2	BROOKHAVEN ASSISTED CARE	5510048	WEST BROOKFIELD		20%
2.3	CRESCENT MANOR ASSISTED CARE	5510060	GRAFTON MA		100%
2.4	E. CATHERINE REST HOME	5510066	WELMOUTH MA		100%
2.5					

Indebtedness

List any indebtedness (mortgages, deeds, trust instruments, notes, or other financial information) of (1) the facility to the direct or indirect owners listed in Table 1 or (2) that the direct or indirect owners listed in Table 1 owe to the facility.

Table 3	1	2	3	4	5	6	7
Line #	Select type of debt	Select Payable From	Original Debt Amount	Date Issued	Balance 12/31	Select Payable To	List Owners Name
3.1	Note	IVY HILL ASSISTED CARE		VARIOUS	194,020	IVY HILL REALTY	
3.2							
3.3							
3.4							
3.5							

Related Party Transactions

Indicate any entity, person, or related party as defined in 101 CMR 204.00 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.)

Table 4	1	2	3	4	5	6	7	8
Line #	Entity/Person	Goods/Services	Billing/Compensation	Mark up	Cost	Account Posted	Name of Owner	% Ownership
4.1	WAQAR TAJUDDIN	SERVICES	61,000		61,000	4110.1		
4.2	IRSHAD SIDEKA	SERVICES	61,000		61,000	4110.1		
4.3	JAMSHED KHAN	SERVICES	61,000		61,000	4110.1		
4.4			0		-			
4.5			0		-			
4.6					-			

Sole Proprietor, Partnership, or Corporate Information

This schedule is used to report the names of the legal owners of the business and to disclose the salary and other compensation paid to owners as well as what accounts were charged. Sole proprietors should report the same amount as reported in the draw account and under no circumstances should any amount be claimed for personal services in an account other than draw. If additional space is needed, use the Footnotes and Explanations Tab.

Table 5	1	2	3	4	5	6	7	8	9	10	11	12
Line #	Select Owner, Partner, Officer	Owner Name	Owner Title	% Time Devoted	Salary	Employee Benefits	Payroll Taxes	Workers' Comp.	Gr. Life/Health Ins.	Draw	Other	Total
5.1	Owner	WAQAR TAJUDDIN	MANAGER	20.00%	61,000							61,000
5.2	Owner	IRSHAD SIDEKA	MANAGER	20.00%	61,000							61,000
5.3	Owner	JAMSHED KHAN	MANAGER	20.00%	61,000							61,000
5.4												-
5.5												-
5.6												-
5.7												-
5.8												-

Five Highest Paid Salaries

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

Table 6	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Line #	Name	Title	% Time Devoted - Administrative	% Time Devoted - Plant Operation, Maintenance, and Security	% Time Devoted - Medical Services	% Time Devoted - Other	Total Time (Must equal 100%)	Salary	Employee Benefits	Payroll Taxes	Workers' Comp.	Gr. Life/Health Ins.	Draw	Other	Total
6.1	WAQAR TAJUDDIN	ADMINISTRATOR	100.00%				100.00%	61,000				100			61,100
6.2	IRSHAD SIDEKA	ADMINISTRATOR	100.00%				100.00%	61,000				100			61,100
6.3	JAMSHED KHAN	ADMINISTRATOR	100.00%				100.00%	61,000				100			61,100
6.4	KIMBERLY COOPER	RP			100.00%		100.00%	75,434		6,789		905			83,128
6.5	MESRUZ	RP			100.00%		100.00%	46,685		4,202		560			51,447

RESIDENTIAL CARE FACILITY FY2022 COST REPORT (HCF-4)

SCHEDULE : BALANCE SHEET

Current Assets

Table 1			1
Line #	Account #	Description	Account Balance
		Cash and Cash Equivalents	
1.1	1020.0	Cash - Checking Account	107,653
1.2	1030.0	Cash - On Hand	0
1.3	1040.0	Temporary Investments	0
1.4	1050.0	Other Cash	0
1.100	1010.0	Total Cash and Cash Equivalents	107,653
		Accounts Receivable	
1.5	1080.0	Private Patients	-
1.6	1100.2	Publicly-Aided - MA LV IV (Billed)	15,085
1.7	1104.1	Publicly-Aided - MA Commission for the Blind LV IV	-
1.8	1101.2	Publicly-Aided - VA and Other Public	-
1.9	1140.0	Reserve for Bad Debts	-
1.200	1060.0	Total Accounts Receivable	15,085
		Loans Receivable	
1.10	1160.0	Loans Receivable from Officers/Owners	-
1.11	1170.0	Loans Receivable from Employees	-
1.12	1180.0	Loans Receivable from Affiliates/Related Parties	-
1.13	1185.0	Other Loans Receivable	-
1.300	1150.0	Total Loans Receivable	-
1.14	1190.0	Interest Receivable	-
1.15	1210.0	Supply Inventory	-
		Prepaid Expenses	
1.16	1270.0	Prepaid Interest	-
1.17	1280.0	Prepaid Insurance	-
1.18	1290.0	Prepaid Taxes	-
1.19	1295.0	Capitalized Pre-Opening Costs *	-
1.20	1300.0	Other Prepaid Expenses *	-
1.400	1260.0	Subtotal Prepaid Expenses	-
1.21	1310.0	Other Current Assets	-
100	1005.0	Total Current Assets	122,738

Fixed Assets

Do not report fully depreciated assets on this table.

Table 2			1	2	3
Line #	Account #	Description	Cost	Accumulated Depreciation	Net Book Value
2.1	1510.0	Land			
2.2	1520.0	Building	-	-	0
2.3	1610.0	Building Improvements	-	-	0
2.4	1625.0	Leasehold Improvements	-	-	0
2.5	1630.0	Other Improvements	-	-	0
2.6	1650.0	Equipment	-	-	0
2.7	1700.0	Motor Vehicles	-	-	0
2.8	1710.0	Software/Limited Life Assets	-	-	0
200	1500.0	Total Non-Current Fixed Assets			0

Deferred Charges and Other Assets

Table 3			1
Line #	Account #	Description	Account Balance
3.1	1910.0	Organization Expense	-
3.2	1940.0	Purchased Goodwill	-
3.3	1950.0	Leasehold Deposits	-
3.4	1960.0	Utility Deposits	-
3.5	1970.0	Cash Surrender Value of Officer Life Insur.	-
3.6	1975.1	Mortgage Acquisition Costs *	-
3.7	1975.2	Accumulated Amortization of Mortgage Acquisition Costs	-

3.8	1975.0	Unamortized Mortgage Acquisition Costs	-
3.9	1979.0	Construction in Progress *	-
3.10	1980.0	Other **	-
3.100	1900.0	Total Deferred Charges and Other Assets	-
300	1000.0	Total Assets	122,738

Current Liabilities			
Table 4			
Line #	Account #	Description	1 Account Balance
		Accounts Payable	
4.1	2020.0	Trade Payables	-
4.2	2030.0	Accrued Expenses	2,471
4.3	2047.0	Due to Commonwealth of MA	-
4.100	2010.0	Total Accounts Payable	2,471
4.4	2050.0	Patient Funds Due	36,876
		Notes and Loans Payable (See Mortgages & Notes Schedule)	
4.5	2110.0	Officer, Owner, or Related Parties	-
4.6	2120.0	Subsidiaries and Affiliates	194,020
4.7	2130.0	Banks	-
4.8	2140.0	Motor Vehicles	-
4.9	2150.0	Other Short-Term Financing	-
4.10	2160.0	Payment Due Within One Year on Long-Term Debt *	-
4.200	2100.0	Total Notes and Loans Payable	194,020
		Accrued Salaries and Payroll Liabilities	
4.11	2190.0	Accrued Salaries	-
4.12	2200.0	Accrued Payroll Tax Withheld	-
4.13	2210.0	Accrued Employee Taxes Payable	23,931
4.14	2220.0	Other Payroll Liabilities	-
4.300	2180.0	Total Accrued Salaries and Payroll Liabilities	23,931
		Other Current Liabilities	
4.15	2260.0	State and Federal Taxes Payable	-
4.16	2270.0	Accrued Interest Payable	-
4.17	2290.0	Other Current Liabilities	-
4.400	2250.0	Total Other Current Liabilities	0
400	2005.0	Total Current Liabilities	257,298

Long-Term Liabilities			
Table 5			
Line #	Account #	Description	1 Account Balance
		Long-Term Liabilities (See Mortgages & Notes Schedule)	
5.1	2310.0	Mortgages *	-
5.2	2320.0	Other Long Term Debt *	-
5.100	2300.0	Total Long-Term Liabilities	0
500	N/A	Total Liabilities	257,298

Net Worth			
Table 6			
Line #	Account #	Description	1 Account Balance
		Proprietorship or Partnership Capital	
6.1	2520.0	Capital	(120,595)
6.2	2530.0	Proprietor Drawings	0
6.3	2540.0	Partner Drawings	0
6.4	2550.0	Net Profit(Loss) - Current Year	(13,965)
6.100	2510.0	Total Proprietorship or Partnership Capital	(134,560)
6.5	2620.0	Capital Stock	0
6.6	2630.0	Additional Paid in Capital	0
6.7	2640.0	Treasury Stock	0
6.8	2650.0	Retained Earnings	0
6.200	2610.0	Total Corporation Capital	0
600	2000.0	Total Liabilities and Net Worth	122,738

Balance Sheet Check			
Table 7			
Line #	Account #	Description	1 Account Balance
7.1	1000.0	Total Assets	122,738

7.2	2000.0	Total Liabilities and Net Worth	122,738
		Difference	Balance Sheet Check Passed

Footnote Legend

- * Preparer is to refer to the instruction guide for properly completing this line. A link to the instructions is provided in the User Guide Tab.
- ** Preparer is required to provide details in the Footnotes schedule of this cost report.

RESIDENTIAL CARE FACILITY FY2022 COST REPORT (HCF-4)

SCHEDULE : Profit Loss Statement

Gross Income			
Table 1			1
Line #	Account #	Description	Reported Amount
1.1	3021.1	Private	175,800
1.2	3022.5	DTA	349,515
1.3	3022.8	MA DTA Patient Resource Income	924,505
1.4	3022.7	Non-MA DTA	0
1.5	3023.1	MA Commission for the Blind	0
1.6	3023.2	VA and Other Public	0
1.7	3025.3	Adult Day Care Income	0
1.8	3026.2	Other Non-Nursing Income	0
1.9		COVID-Related Supplemental Payments	55,363
		Ancillary Services (Use Table 1A to Right to Itemize Expenses)	
1.10	3031.1	Private	0
1.11	3032.5	Medicaid (PMA)	0
1.12	3032.7	Non-MA Medicaid	0
1.13	3033.1	MA Commission for the Blind	0
1.14	3033.2	VA & Other Public	0
1.100	3030.0	Total Ancillary Services	0
		Miscellaneous and Recoverable Income	
1.15	3120.0	Endowment & Other Nonrecoverable **	0
1.16	3140.0	Laundry Recoverable Income	0
1.17	3150.0	Vending Machines Recoverable Income	0
1.18	3160.0	Real Estate Recovery	0
1.19	3170.0	Prior Year Retrospective Adjustment	0
1.20	3180.0	Interest Income	0
1.21	3190.0	Operating Costs Recoverable	0
1.22	3195.0	Fixed Costs Recoverable	0
1.200	3130.0	Total Miscellaneous and Recoverable Income	0
100	3000.0	Total Gross Income	1,497,583

Table 1A : Detail of Ancillary Services Expenses			
Report these amounts as non-allowable expenses on main schedule.			
Line #	Account #	Expense Classification	Amount
1A.1			
1A.2			
1A.3			
1A.4			
1A.5			
1A.100		Total Ancillary Expenses	0

Expenses		1	2	3	4
Table 2		Reported Expenses	Self Disallowed Expenses (9545.0)	Automatically Disallowed Expenses (0919.0)	Total Allowable Expenses
Line #	Account #	Description			
Administrative Expenses					
2.1	4110.1	Administrative/Responsible Person Salaries	183,000		183,000
2.2	4121.1	Officer Salaries *	0	0	0
Other Expenses					
2.3	4140.1	Clerical Salaries (Use Table 2A to Right to Itemize Salaries)	0	0	0
2.4	4150.3	Electronic Data Processing, Payroll, and Bookkeeping Services	0	0	0
2.5	4160.3	Management Fees	0	0	0
2.6	4160.6	Management Consultants*	0	0	0
2.100	4120.0	Total Other Expenses	0	0	0
2.200	4100.0	Total Administrative Expenses	183,000	0	183,000
General Supplies & Expenses					
2.7	4250.5	Office Supplies	2,301		2,301
2.8	4261.5	Phone	1,453		1,453
2.9	4262.4	Director Advertising	0		0
2.300	4260.0	Total Telephone Expenses	1,453	0	1,453
Travel Expenses					
2.10	4275.5	Motor Vehicle Expenses*	2,847		2,847
2.11	4280.5	Conventions and Meetings	0		0
2.400	4270.5	Total Travel Expenses	2,847	0	2,847
Advertising Expenses					
2.12	4295.7	Help Wanted	0		0
2.13	4298.7	Promotional	0	0	0
2.500	4290.0	Total Advertising Expenses	0	0	0
Licenses and Fees Expenses					
2.14	4301.7	Licenses and Fees: Patient Care Related Portion	2,306		2,306
2.15	4302.3	Licenses and Fees: Not Related to Patient Care	0		0
2.600	4300.0	Total Licenses and Fees Expenses	2,306	0	2,306
Education and Training Expenses					
2.16	4306.1	Staff Development: Coordinator Salary	0		0
2.17	4306.2	Administration Training	0		0
2.18	4306.3	Other Required Education	45		45
2.19	4306.4	Job Related Education	0		0
2.700	4300.0	Total Education and Training Expenses	45	0	45
Employee Benefits					
2.20	4310.1	Employee Benefits - Pensions **	0		0
2.21	4310.2	Employee Benefits - Other	0		0
2.22	4319.2	Officer Profit Sharing and Other Benefits	0	0	0
2.800	4310.0	Total Employee Benefits	0	0	0
Accounting Expenses					
2.23	4350.3	Accounting: Appraisal Services	0		0
2.24	4360.3	Accounting: Other (Use Table 2B to Right to Itemize Expenses)	7,835		7,835
2.900	4340.0	Total Accounting Expenses	7,835	0	7,835
Legal Expenses					
2.25	4380.3	Legal: Appraisal Service	0		0
2.26	4385.7	Legal: Division of Administrative Law Appeals - Filing Fees	0		0
2.27	4390.7	Other Legal	0		0
2.1000	4370.0	Total Legal Expenses	0	0	0
Payroll Taxes					
2.28	4411.1	Payroll Taxes - Officers	70,159		70,159
2.29	4411.2	Payroll Taxes - Other	0		0
2.1100	4400.0	Total Payroll Taxes	70,159	0	70,159
Insurance Expenses					
2.30	4420.7	Insurance: Department of Unemployment Assistance Claims (DUAC) - A&G Portion	0		0
2.31	4421.7	Insurance: Malpractice and General Liability *	64,252		64,252
2.32	4432.7	Key Person Insurance	0		0
2.33	4439.8	Insurance: Building Improvements and Equipment	0		0
2.34	4424.1	Workers' Comp - Other	11,527		11,527
2.35	4424.2	Workers' Comp - Officers	0		0
2.36	4426.1	Group Life/Health - Officers	1,301		1,301
2.37	4426.2	Group Life/Health - Officers	0		0
2.1200	4420.0	Total Insurance Expenses	77,082	0	77,082
2.38	4413.0	Interest on Late Payments, Penalties	0		0
2.39	4430.0	Interest on Working Capital	0		0
2.40	4435.0	Pre-Opening Expenses	0		0
2.41	4441.00	Other Operating Expenses (Use Table 2C to Right to Itemize Expenses)	14,413		14,413
2.1300	4400.0	Total General Supplies and Expenses	165,041	0	165,041
2.42	4510.8	Real Estate Taxes	33,857		(33,857)
2.43	4515.8	Personal Property Taxes	0		0
2.44	4520.8	Interest (Long Term Use: Mortgages & Notes Schedule)	0		0
2.45	4535.8	Rent - Real Property	(180,000)		(180,000)
2.46	4538.8	Other Rent (Use Table 2D to Right to Itemize Expenses)	0		0
2.47	4550.8	Depreciation - Building	0		0
2.48	4555.8	Depreciation - Building Improvements	0		0
2.49	4567.8	Depreciation - Leasehold Improvements	0		0
2.50	4568.8	Depreciation - Other Improvements	0		0
2.51	4570.8	Depreciation - Equipment	0		0
2.52	4585.8	Depreciation - Software/Limited Life Assets	0		0
2.1400	4540.0	Total Plant Costs	(113,857)		0
Plant Operations, Maintenance & Security					
2.53	5105.1	Plant Operations, Maintenance & Security - Salaries	29,057		29,057
2.54	5110.1	Plant Operations, Maintenance & Security - Purchased Service	34,086		34,086
2.55	5115.1	Plant Operations, Maintenance & Security - Supplies and Expenses	38,363		38,363
2.56	5120.5	Plant Operations, Maintenance & Security - Utilities	60,901		60,901
2.57	5130.7	Plant Operations, Maintenance & Security - Repairs	64,443		64,443
2.1500	5100.0	Total Plant Operation, Maintenance & Security	226,850	0	226,850
Dietary					
2.58	5205.1	Dietary - Salaries	202,340		202,340
2.59	5210.5	Dietary - Food	341,621		341,621
2.60	5211.3	Dietary - Purchased Service	0		0
2.61	5231.1	Dietician - Salary	0		0
2.62	5231.3	Dietician - Purchased Service	0		0
2.63	5235.5	Dietary - Supplies and Expenses	0		0
2.1600	5200.0	Total Dietary	343,972	0	343,972
Laundry					
2.64	5310.1	Laundry - Salaries	0		0
2.65	5320.3	Laundry - Purchased Service	0		0
2.66	5330.5	Laundry - Supplies and Expenses	70		70
2.67	5340.5	Laundry - Linen and Bedding	0		0
2.1700	5300.0	Total Laundry	70	0	70
Housekeeping					
2.68	5410.1	Housekeeping - Salaries	66,925		66,925
2.69	5415.3	Housekeeping - Purchased Service	0		0
2.70	5420.5	Housekeeping - Supplies and Expenses	0		0
2.1800	5400.0	Total Housekeeping	66,925	0	66,925
Nurses					
Registered Nurses					
2.71	6030.1	RN Salaries	3,600		3,600
2.72	6035.3	RN Purchased Service	0		0
Nurse Aides					
2.73	6041.1	LPN Salaries	0		0
2.74	6042.3	LPN Purchased Service	0		0
2.75	6051.1	Nurses Aides Salaries	282,067		282,067
2.76	6052.3	Nurses Aides Purchased Service	0		0
2.1900	6000.0	Total Nursing	285,667	0	285,667
Medical Services					
2.77	6504.1	Quality Assurance Professional	0		0
2.78	6507.1	Community Support Coordinator	0		0
Physician Services					
2.79	6514.3	Physician Physicals	0		0
2.80	6515.3	Other Medical Services Expenses (Use Table 2E to Right to Itemize Expenses)	6,838		6,838

Table 2A : Detail of Clerical Salaries				
Line #	Employee Name	Job Title	Brief Job Description	Gross Salary
2A.1				0
2A.2				0
2A.3				0
2A.4				0
2A.5				0
2A.6				0
2A.7				0
2A.8				0
2A.9				0
2A.10				0
2A.11				0
2A.12				0
2A.13				0
2A.14				0
2A.15				0
2A.16				0
2A.100			Total Clerical Salaries	0

Note: Use Column 2 of the main expense schedule to disallow any disallowed salaries for clerical staff that worked on other business activities.

Table 2B : Detail of Other Accounting Expenses					
Part I: Purchased Service Accounting Expenses					
Line #	Vendor Name	Date Occurred (MM/DD/YYYY)	Amount	Select Code	Brief Description of Service
2B.1	PETER B. PLUMB CPA	12/31/2022	2,500	A	PREPARATION OF HCF REPORTS
2B.2	RYAN HAZU CPA	12/31/2022	5,335	C	CORPORATE TAX PREP & BOOKKEEPING
2B.3			0	C	ASSET ALLOCATION
2B.4					
2B.100			Sub-Total		7,835
Part II: Employee's Responsibilities Only					
Line #	Employee Name	Job Title	Salary	Select Code	Description of Responsibilities
2B.6					% of time
2B.7					
2B.8					
2B.9					
2B.100			Sub-Total		0
2B.200			Total Other Accounting		7,835

Accounting Expense Codes			
A. HCF-4 Cost Report Prep	B. Personal Tax Prep	C. SEC Filings	
D. Medicare Cost Report Prep	E. Management Advisory Services	F. Other Allowable Accounting (Explain)	
G. Corporate Tax Prep	H. Certified Financial Statement Audit	I. Other Non-Allowable Accounting (Explain)	

Explain if using Code H and/or I:

Table 2C: Detail of Other Operating Expenses		
Line #	Description	Amount
2C.1	NAME CHANGES	75
2C.2	COBI	845
2C.4	MISC	493
2C.100	Total	1,413

Table 2D: Detail of Other Rent Expenses		
Line #	Description	Amount
2D.1	Equipment Rental	
2D.2		
2D.3		
2D.4		
2D.100	Total	0

Table 2E: Detail of Other Medical Services Expenses		
Line #	Description	Amount
2E.1	COVID TESTING	6,838

2-2000	6510.0	Total Physicians' Services	6,839	0	6,839
Medical Supplies & Drugs					
2.81	6520.5	Legend Drugs	1,602	0	(1,602)
2.82	6522.5	House Supplies Not Resold	0	0	0
	6523.5	Resold to Private Patients	0	0	0
2-2100	6530.0	Total Medical Supplies and Drugs	1,602	0	(1,602)
2.84	6530.0	Pharmacy Consultant	0	0	0
2.85	6540.0	Social Service Worker (Including Behavioral Health)	0	0	0
2-2200	6560.0	Total Medical Services	8,440	0	(1,602)
Restorative & Recreational Therapy					
Restorative Therapy					
2.86	7011.1	Indirect Restorative Therapy Salaries	0	0	0
2.87	7012.1	Direct Restorative Therapy Salaries	0	0	0
2.88	7012.2	Direct Restorative Therapy Benefits	0	0	0
2.89	7013.1	Indirect Restorative Therapy Consultants	0	0	0
2.90	7014.1	Direct Restorative Therapy Consultants	0	0	0
2-2300	7010.0	Total Restorative Therapy	0	0	0
Recreational Therapy					
2.91	7021.1	Recreational Therapy - Salaries	17,357	0	17,357
2.92	7022.3	Recreational Therapy - Purchased Service	0	0	0
2.93	7023.5	Recreational Therapy - Supplies and Expenses	375	0	375
2.94	7024.6	Recreational Therapy - Transportation	0	0	0
2-2400	7020.0	Total Recreational Therapy	17,732	0	17,732
2-2500	7000.0	Total Restorative & Recreational Therapy	17,732	0	17,732
Ref Accts - Taxes Refunds Day Care					
2.95	8010.0	Ref Accounts - Refunds, Taxes, Day Care	0	0	0
2.96	8015.0	Fines, Late Charges, and Penalties	0	0	0
2.97	8025.5	State & Federal Income Taxes	0	0	0
2.98	8027.7	Massachusetts Excise Tax	0	0	0
2.99	8030.0	Refunds and Allowances	0	0	0
2.101	8040.0	Adult Day Care Costs*	0	0	0
2.102	8065.0	Other Non-Nursing Costs*	0	0	0
2-2600	4000.0	Total Ref Accts - Taxes Refunds Day Care	0	0	0
200	4000.0	Total Expenses	1,511,554	0	(215,459)

A/C # 4000.0 A/C #9945.0 A/C # 9939.0

Reconciliation of Reported Operating Expenses to Allowable Operating Expenses

Table 3			1
Line #	Account #	Description	Amount
3.1	4000.0	Total Reported Operating Expenses	1,511,554
3.2	9945.0	Less: Self-Disallowed Expenses	0
3.3	9939.0	Less: Automatically Disallowed Expenses	(215,459)
3-100	4001.1	Total Non-Allowable Expenses	(215,459)
3.4	9960.3	Allocated Administrative and General from Management Company (HCF-3)	0
3.5	9502.2	Other Operating Expense Add-Back from Realty Company (HCF-2 RH)	13,500
3.6	9961.3	Allocated Other Operating Expense Add-Back from Management Company	0
3.7	9961.3	Allocated Fixed Asset Expenses from Management Company (HCF-3)	0
3.8	9500.0	Claimed Fixed Asset Expenses from Claimed Fixed Assets Schedule	(24,101)
3.9	9302.6	Allocated Direct Variable (Dietician, Indirect Therapy & CNA) Management Company Add-Back Expenses	0
3.10	9302.9	Allocated Direct Director of Nurse Management Company Add-Back Expenses	0
3-200	4001.2	Total Allowable Add-Back Expenses	297,401
3-41	N/A	Less: Recoverable Income (offsetting operating expenses)	0
300	4002.0	Total Allowable Operating Expenses Claimed	1,538,696

Reconciliation of Cost Report Net Income to Financial Statement (Book) Net Income

Table 4			1
Line #	Account #	Description	Amount
Cost Report Net Income			
4.1	3000.0	Total Cost Report Income	1,497,588
4.2	4000.0	Total Cost Report Expenses	(1,511,554)
4-100		Net Income (Loss) Cost Report	(13,966)
Financial Statement Net Income			
4.3		Financial Statement Reported Income	0
4.4		Financial Statement Reported Expenses	0
4-200		Net Income (Loss) Financial Statement	0
Variance			
4.5		Variance Between Cost Report and Financial Statements: Income	148,758
4.6		Variance Between Cost Report and Financial Statements: Expenses	151,155
4.7		Variance Between Cost Report and Financial Statements: Net Income	(3,396)
Reconciling Items			
4.8		Reconciling Item: Explain	0
4.9		Reconciling Item: Explain	0
4.10		Reconciling Item: Explain	0
4.11		Reconciling Item: Explain	0
4.12		Reconciling Item: Explain	0
4-300		Total Reconciling Items	0
Reconciliation			
400		Difference between Total Reconciling Items and Variance Between Cost Report and Financial Statements: Net Income ***	(13,966)

Footnote Legend

* Preparer is to refer to the instruction guide for properly completing this line. A link to the instructions is provided in the User Guide Tab.

** Preparer is required to provide details in the Footnotes schedule of this cost report.

*** This should be zero. The variance in the net income should be accounted for by the reconciling items.

26.2		0
26.3		0
26.4		0
26.5		0
26.100	Total	6,839

RESIDENTIAL CARE FACILITY FY2022 COST REPORT (HCF-4)

SCHEDULE : RESIDENT DAYS

Resident Days January 1 - March 31

Table 1	Account #		1
Line #		Payer Description	Reported Days
1.1	0210.5 & 0210.0	DTA Days	853
1.2	0212.5 & 0212.0	Massachusetts EAEDC	1,556
1.3	0215.4 & 0215.0	Non-Massachusetts DTA	
1.4	0260.5 & 0260.0	MA Commission for the Blind	
1.5	0270.5 & 0270.0	Veterans Administration and Other Public **	
1.6	0290.5 & 0290.0	Private	255
100	0200.0	Total Resident Days January 1 - March 31	2,664

Resident Days April 1 - June 30

Table 2	Account #		1
Line #		Payer Description	Reported Days
2.1	0310.5 & 0310.0	DTA Days	697
2.2	0312.5 & 0312.0	Massachusetts EAEDC	1,429
2.3	0315.4 & 0315.0	Non-Massachusetts DTA	
2.4	0360.5 & 0360.0	MA Commission for the Blind	
2.5	0370.5 & 0370.0	Veterans Administration and Other Public **	
2.6	0390.5 & 0390.0	Private	430
200	0300.0	Total Resident Days April 1 - June 30	2,556

Resident Days July 1 - September 30

Table 3	Account #		1
Line #		Payer Description	Reported Days
3.1	0410.5 & 0410.0	DTA Days	737
3.2	0412.5 & 0412.0	Massachusetts EAEDC	1,538
3.3	0415.4 & 0415.0	Non-Massachusetts DTA	
3.4	0460.5 & 0460.0	MA Commission for the Blind	
3.5	0470.5 & 0470.0	Veterans Administration and Other Public **	
3.6	0490.5 & 0490.0	Private	236
300	0400.0	Total Resident Days July 1 - September 30	2,511

Resident Days October 1 - December 31

Table 4	Account #		1
Line #		Payer Description	Reported Days
4.1	0510.5 & 0510.0	DTA Days	706
4.2	0512.5 & 0512.0	Massachusetts EAEDC	1,640
4.3	0515.4 & 0515.0	Non-Massachusetts DTA	
4.4	0560.5 & 0560.0	MA Commission for the Blind	
4.5	0570.5 & 0570.0	Veterans Administration and Other Public **	
4.6	0590.5 & 0590.0	Private	251
400	0500.0	Total Resident Days October 1 - December 31	2,597

Annual Resident Days January 1-December 31

Table 5	Account #		1
Line #		Payer Description	Total Reported Days
5.1	0610.5 & 0610.0	DTA Days	2,993
5.2	0612.5 & 0612.0	Massachusetts EAEDC	6,163
5.3	0615.4 & 0615.0	Non-Massachusetts DTA	0
5.4	0660.5 & 0660.0	MA Commission for the Blind	0
5.5	0670.5 & 0670.0	Veterans Administration and Other Public **	0
5.6	0690.5 & 0690.0	Private	1,172
500	0600.0	Total Annual Resident Days	10,328

Additional Patient Day Information

Table 6		1	
---------	--	---	--

Line #		Description	Reported Admission/Community Support Days
6.1	0140.0	Number of Admissions	14
6.2	0150.0	Number of Discharges	13
6.3	0170.0	Number of Public Community Support Admissions	
6.4	0175.0	Number of Total Community Support Admissions	
6.5	0180.0	Public Community Support Resident Days	
6.6	0182.0	Private Community Support Resident Days	
600	0185.0	Total Community Support Resident Days	0

Footnote Legend

** Preparer is required to provide details in the Footnotes schedule of this cost report.

RESIDENTIAL CARE FACILITY FY2022 COST REPORT (HCF-4)

SCHEDULE : CLAIMED FIXED ASSETS

Claimed Fixed Asset Expenses

Note: This table does not include all fixed assets for the facility; only those that can be claimed as residential care facility fixed assets. Allowable basis is the portion of fixed assets used for the care of publicly-aided residents. Claimed deletions include retired, sold, written-off, damaged, and fully depreciated assets. If the facility runs other non-nursing or residential care programs, such as an adult day care program, the related fixed asset expenses must be NOT be reported on this schedule and the allocation methodology for allocating fixed asset expenses must be reported in the Footnotes and Explanations schedule.

Table 1		1	2	3	4	5	6	7	8	9
Line #	Description	Allowable Cost Basis Beginning Balance	Claimed Additions	Claimed Deletions	Allowable Cost Basis Ending Balance	Depreciation %	Depreciation HCF-4	Non-Allowable Depreciation Expense	Add-Backs from HCF-2 RH if applicable	Claimed Net Depreciation Expense
1.1	Land HCF-4			0	0					
1.2	Land HCF-2	406,600		0	406,600					
1.3	Building HCF-4			0	0	2.50%	0			0
1.4	Building HCF-2	662,500		0	662,500	2.50%			120,240	120,240
1.5	Improvements HCF-4			0	0	5.00%	0			0
1.6	Improvements HCF-2			0	0	5.00%			-	0
1.7	Equipment HCF-4			0	0	10.00%	0			0
1.8	Equipment HCF-2			0	0	10.00%			-	0
1.9	Software/Limited Life Assets HCF-4			0	0	33.33%	0			0
1.10	Software/Limited Life Assets HCF-2			0	0	33.33%			-	0
100	Total Claimed Fixed Asset Depreciation Expense	1,069,100	0	0	1,069,100		0	0	120,240	120,240

Other Claimed Fixed Asset Expenses

Report other claimed fixed asset expenses other than depreciation below. If the facility runs other non-nursing or residential care programs, such as an adult day care program, the related fixed asset expenses must NOT be reported on this schedule and the allocation methodology for allocating fixed asset expenses must be reported in the Footnotes and Explanations schedule.

Table 2		1	2	3
Line #	Description	Claimed Fixed Asset Expenses - Rest Home (HCF-4)	Claimed Fixed Asset Expenses - Realty Company (HCF-2 RH)	Total Other Claimed Fixed Asset Expenses
2.1	Long-Term Interest Claimed *	0	70,004	70,004
2.2	MA Corporate Excise Tax - Non-Income Portion	0	-	0
2.3	Building Insurance	0	-	0
2.4	Real Estate Taxes	33,857	-	33,857
2.5	Personal Property Taxes	0	-	0
2.6	Other Claimed Fixed Assets**		-	0
200	Total Claimed Fixed Asset Other Expenses	33,857	70,004	103,861

Total Claimed Fixed Asset Expenses

Table 3		1
Line #	Description	Total
300	Total Fixed Assets Expenses Claimed	224,101

A/C 9500.0

General Fixed Cost Information

Table 4		1
Line #	Description	
4.1	Is this a new facility?	No
4.2	What is the year the facility was built? (YYYY)	19XX
4.3	Was there a change of ownership of this facility during the reporting period?	No
4.4	Was there a change of ownership of company that owns the real assets of the facility (realty company) during the reporting period?	No

Changes in Facility or Realty Company Ownership

Table 5	1	2	3	4	5
Line #	Select Type of Ownership Change	Transaction Date	Purchased From	Purchased By	Sale Price

5.1	Sale of Residential Care Facility Between Current Owners (e.g. related parties)				
5.2	Sale of Residential Care Facility to Unrelated Third Party				
5.3	Sale of Realty Company				

New Facilities, Major Additions, and Substantial Capital Expenditures				
Table 6		1	2	
Line #	Description	Response	Reference	
6.1	Is this a new facility? If so, does this cost report project the reasonably anticipated costs and anticipated resident days for a twelve-month period?	No	Refer to regulation 101 CMR 204.08(1)(a)	
6.2	Did your facility have any major additions that became operational during the year? If so, does this cost report project the reasonably anticipated costs and anticipated resident days for a twelve-month period?	No	Refer to regulation 101 CMR 204.08(1)(a)	
6.3	If yes to the above question(s), provide the date the facility or major additions became operational. (MM/DD/YYYY)		Refer to regulation 101 CMR 204.08(1)(a)	
6.4	Did your facility file a petition with CHIA for an administrative adjustment for substantial capital expenditures during the year?	No	Refer to regulation 101 CMR 204.08(2)(a) 1.	
6.5	If yes to question 6.4, provide the date of the petition. (MM/DD/YYYY)		Refer to regulation 101 CMR 204.08(2)(a) 1.	
6.6	Were the substantial capital expenditures subject to a Determination of Need (DON) approval by the Department of Public Health (DPH)? If yes, complete DON Schedule below.	No	Refer to regulation 101 CMR 204.08(2)(a) 1.	
6.7	If yes to question 6.6, list expenditures.	Equipment	Improvements	Limited Life Assets

Determination of Need (DON) Project Details				
Table 7		1		
Line #	Description	Response		
7.1	List the DON project number.			
7.2	Please briefly describe the DON project.			
7.3	What is the date of the original DON approval? (MM/DD/YYYY)			
7.4	What is the approved Maximum Capital Expenditure of the original DON?			
7.5	Has this facility received a letter from the DPH Office of Determination of Need approving any significant change in the capital project resulting in an increase in the Maximum Capital Expenditure?			
7.6	What is the date that assets were placed into service this period? (MM/DD/YYYY)			
7.7	List the net book value and category of fixed assets that were written off or retired during this reporting year as a result of the DON project.	Equipment	Improvements	Limited Life Assets

Footnote Legend

* Preparer is to refer to the instruction guide for properly completing this line. A link to the instructions is provided in the User Guide Tab.

** Preparer is required to provide details in the Footnotes schedule of this cost report.

RESIDENTIAL CARE FACILITY FY2022 COST REPORT (HCF-4)

SCHEDULE - MORTGAGES AND NOTES

IMPORTANT NOTE: Report all mortgages and notes payable whether or not interest expense is incurred on this schedule. Each new note should be reported with all data fields completely filled in. New mortgages or enhancements of existing mortgages must be reported on a separate line. Total Mortgages and Notes as of December 31 and Total Expenses must match amounts reported on the Balance Sheet and the Profit or Loss schedules.

Mortgages and Notes Supporting Fixed Assets																				
Table 1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Line #	Select Type of Notes Payable	Lender Name	Related Party Yes/No Selection	Date Mortgage Acquired	Due Date	Number of Months Amortized	Monthly Payments	Original Loan Amount	Mortgage Acquisition Costs	Amortization of Mortgage Acquisition Costs	Beginning Loan Balance: Jan 1	Beginning Balance - New Loans	Principal Payments	Pay Off Amount	Pay Off Date	Ending Loan Balance: Dec 31	Interest Rate %	Interest Expense	Period Expenses	Total Fixed Interest (Amortization, Interest and Period Expenses)
1.1											-	-	-	-		-				-
1.2											-	-	-	-		-				-
1.3											-	-	-	-		-				-
1.4											-	-	-	-		-				-
1.5													-	-		-				-
1.6													-	-		-				-
1.7													-	-		-				-
1.8													-	-		-				-
100	TOTALS								-	-						-		-	-	-
										(A)								(B)	(C)	(A) + (B) + (C)

Working Capital Debt									
Table 2	1	2	3	4	5	6	7	8	9
Line #	Lender Name	Related Party Yes/No Selection	Beginning Balance: Jan 1	New Loan Amount	Start Date	Principal Payments	Ending Balance: Dec 31	Interest Rate %	Interest Expense
2.1			-	-		-	-		
2.2			-	-		-	-		
2.3			-	-		-	-		
2.4						-	-		
2.5						-	-		
2.6						-	-		
200	TOTALS					-	-		-
						A/C # 2100.0 less 2160.0		A/C # 4430.0	

RESIDENTIAL CARE FACILITY FY2022 COST REPORT (HCF-4)

SCHEDULE : WAGES AND BENEFITS

Detail of Staff, Hours, Salary, and Benefits by Position

Table 1		1	2	3	4	5	6	7
Line #	Description	Number of FTE (Round to one decimal place)	Number of Staff (Round to one decimal place)	Total Hours (Round to one decimal place)	Total Salaries	Group Life/Health Benefits	Pensions	Other Benefits
1.1	Staff Development	#VALUE!			-			
		7110.2	7210.2	7310.2	4306.1	7410.2	7510.2	7610.2
1.2	Maintenance Staff	00,000.7		1382.0	29,057			
		7111.2	7211.2	7311.2	5105.1	7411.2	7511.2	7611.2
1.3	Dietary Staff	00,004.4	4.0	9200.0	202,340			
		7112.2	7212.2	7312.2	5205.1	7412.2	7512.2	7612.2
1.4	Dietician	#VALUE!			-			
		7113.2	7213.2	7313.2	5231.1	7413.2	7513.2	7613.2
1.5	Laundry Staff	#VALUE!			-			
		7114.2	7214.2	7314.2	5310.1	7414.2	7514.2	7614.2
1.6	Housekeeping Staff	00,002.1	2.0	4296.0	66,925			
		7115.2	7215.2	7315.2	5410.1	7415.2	7515.2	7615.2
1.7	Quality Assurance	#VALUE!			-			
		7116.2	7216.2	7316.2	6504.1	7416.2	7516.2	7616.2
1.8	Community Support Coordinator	#VALUE!			-			
		7119.2	7219.2	7319.2	6507.1	7419.2	7519.2	7619.2
1.9	Social Services Staff	#VALUE!			-			
		7120.2	7220.2	7320.2	6540.0	7420.2	7520.2	7620.2
1.10	Restorative - Indirect Salaries	#VALUE!			-			
		7121.2	7221.2	7321.2	7011.1	7421.2	7521.2	7621.2
1.11	Restorative - Direct Salaries	#VALUE!			-			
		7122.2	7222.2	7322.2	7012.1	7422.2	7522.2	7622.2
1.12	Recreational Staff	00,000.4		905.0	17,557			
		7123.2	7223.2	7323.2	7021.1	7423.2	7523.2	7623.2
1.13	Administrator	00,001.0	2.0	2080.0	183,000			
		7124.2	7224.2	7324.2	4110.1	7424.2	7524.2	7624.2
1.14	Officer	#VALUE!			-			-
		7125.2	7225.2	7325.2	4125.1	7425.2	7525.2	7625.2
1.15	Clerical Staff	#VALUE!			-			
		7126.2	7226.2	7326.2	4140.1	7426.2	7526.2	7626.2
1.16	RNs	00,000.1	1.0	190.0	3,600			
		7129.2	7229.2	7329.2	6030.1	7429.2	7529.2	7629.2
1.17	LPNs	#VALUE!			-			
		7130.2	7230.2	7330.2	6041.1	7430.2	7530.2	7630.2
1.18	Nurses Aides	00,007.0	40.0	14506.0	282,067	1,303		
		7131.2	7231.2	7331.2	6051.1	7431.2	7531.2	7631.2

RESIDENTIAL CARE FACILITY FY2022 COST REPORT (HCF-4)

SCHEDULE : FOOTNOTES AND EXPLANATIONS

[illegible]

[illegible]

RESIDENTIAL CARE FACILITY FY2022 COST REPORT (HCF-4)

SCHEDULE : CERTIFICATIONS

Certification by Preparer (Other than Owner, Partner, or Officer)

Table 1		1
1.1	Firm Name / Realty Company	PETER B. PLUMB, CPA
1.2	Preparer's Last Name	PLUMB
1.3	Preparer's First Name	PETER
1.4	Preparer's Middle Name	B.
1.5	Title	CPA
1.6	Street Address	83 CHURCH ST
1.7	City	WHITINSVILLE
1.8	State	MA
1.9	Zip Code	01588
1.10	Phone Number	508-234-8311
1.11	Email Address	peter@1040.org
1.12	By checking this box and completing line 1.13, Date of Authorization, 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.	
1.13	Date of Authorization:	8/21/2023

☒

Certification by Owner, Partner, or Officer

Table 2		1
2.1	Last Name	TAJUDDIN

2.2	First Name	WAQAR	
2.3	Middle Name	0	
2.4	Title	PRESIDENT	
2.5	By checking this box and completing line 2.6, Date of Authorization, 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.		☒
2.6	Date of Authorization	8/21/2023	

RESIDENTIAL CARE FACILITY FY2022 COST REPORT (HCF-4)

SCHEDULE - Condensed Realty Company Cost Report (HCF-2 B9)

The HCF-2 B9 must be completed when expenses are included in the HCF-4 Profit or Loss Schedule account # 8525-4 "Net Expenses for Real Property". This schedule must be completed whenever rent is paid to an individual, partnership, trust, trust or other entity whether affiliated or not with the residential care facility. The HCF-2 B9 shows the dual purpose of being a report to the Center by the individual or business entity which owns the real property to accurately reflect the complete financial condition AND a claim for reimbursement.

Part I: Facility Specific Realty Company Information and Disclosures

Facility Information		
Line #	Description	1
1.1	Realty Company Name	101 000 000 000
1.2	City	101 000 000 000
1.3	Realty Company Address	101 000 000 000
1.4	Realty Company Phone	101 000 000 000
1.5	City	101 000 000 000
1.6	State	101 000 000 000
1.7	Zip	101 000 000 000

IMPORTANT: Tables 2 through 4 are an integral part of the HCF-4 cost report. These tables must be completed in its entirety. When completing these tables the following definitions of direct and indirect beneficial owner apply: 1) A **direct owner** is defined as a person or entity having any rights or benefits of ownership and having an **interest of record** in any partnership, joint venture, corporation or other entity; and 2) An **indirect beneficial owner** is defined as a person having any benefits or rights of ownership, either direct or indirect, through one or more intermediaries, through any understanding or relationship with a person or entity, **resulting in benefits of ownership which are not of record**. It is incumbent upon the owner to fully disclose such interests. These tables MUST be completed in its entirety.

Direct and Indirect Owners					
List all direct and indirect owners with an interest of 1% or more in this realty company. If the realty company is owned by a corporation, trust, or trust, list the name of the corporation, trust, or beneficial owner under "Owner Name".					
Line #	Owner Name (Last, First)	Address	Percent Ownership	Select Ownership Type	Direct or Indirect
2.1	JOHN A. ANDERSON	101 000 000 000	100.0%	Individual	Direct
2.2	JOHN A. ANDERSON	101 000 000 000	100.0%	Individual	Direct
2.3	JOHN A. ANDERSON	101 000 000 000	100.0%	Individual	Direct
2.4	JOHN A. ANDERSON	101 000 000 000	100.0%	Individual	Direct
2.5	JOHN A. ANDERSON	101 000 000 000	100.0%	Individual	Direct
2.6	JOHN A. ANDERSON	101 000 000 000	100.0%	Individual	Direct

Other Owned Facilities				
List the name(s) of any other nursing and/or residential care facilities in which the owners listed in Table 2 own, directly or indirectly, an interest of 1% or more.				
Line #	Facility Name	Address	Percent Ownership	Ownership Type
3.1	JOHN A. ANDERSON	101 000 000 000	100.0%	Individual
3.2	JOHN A. ANDERSON	101 000 000 000	100.0%	Individual
3.3	JOHN A. ANDERSON	101 000 000 000	100.0%	Individual
3.4	JOHN A. ANDERSON	101 000 000 000	100.0%	Individual
3.5	JOHN A. ANDERSON	101 000 000 000	100.0%	Individual
3.6	JOHN A. ANDERSON	101 000 000 000	100.0%	Individual

Indebtedness					
List any indebtedness (mortgages, deeds, trust instruments, notes, or other financial information) of (1) the realty company to the direct or indirect owners listed in Table 2 or (2) the direct or indirect owners listed in Table 2 to the realty company.					
Line #	Select type of debt	Select Payable Date	Original Debt Amount	Date Issued	Select Payable To
4.1					Select Owners Name
4.2					
4.3					
4.4					
4.5					
4.6					

Related Party Transactions								
Indicate any entity, person, or related party as defined in 48C CMR 240.00 and that (a) provides services, facilities, goods and/or supplies to this realty company, or (b) incurs any salary, fee, or other compensation from this realty company. Indicate the amount paid by this realty company for this reporting year. (Attach an addendum if necessary.)								
Line #	Entity/Person	Service/Service	Billing/Compensation	Month-up	Cost	Amount Paid	Name of Owner	% Ownership
5.1								
5.2								
5.3								
5.4								
5.5								
5.6								

Proprietor, Partnership, or Corporate Information												
This schedule is used to report the names of the legal owners of the business and to disclose the salary and other compensation paid to owners as well as what accounts were charged. Sole proprietors should report the same amount as reported in the draw account and under no circumstances should any amount be claimed for personal services in an account other than draw. If additional space is needed, use the Facilities and Equipment Tab.												
Line #	1	2	3	4	5	6	7	8	9	10	11	12
6.1	Salaries, Draw, Dividend, Office	Owner Name	Owner Title	% Time Received	Salary	Employee Benefits	Payroll Taxes	Workers Comp	Gr. Life/Health Ins	Other	Total	
6.2												
6.3												
6.4												
6.5												
6.6												
6.7												
6.8												

Five Highest Paid Salaries													
List the names, salaries, and benefits of the five employees who have the highest compensation being claimed on this report.													
Line #	1	2	3	4	5	6	7	8	9	10	11	12	13
7.1	Name	Title	% Time Received	% Time Received	% Time Received	Total Time Received (100%)	Salary	Employee Benefits	Payroll Taxes	Workers Comp	Gr. Life/Health Ins	Other	Total
7.2	JOHN A. ANDERSON						\$ 8,000						
7.3							\$ 8,000						
7.4							\$ 8,000						
7.5							\$ 8,000						
7.6							\$ 8,000						

Part II: Condensed Facility Specific Realty Company Financial Information

NOTE: Reported amount should be the amount reported on the facility specific realty company financial statements.			
Income			
Line #	Account #	Description	Reported Amount
8.1	101 000 000 000	Real Estate Income	100.00
8.2	101 000 000 000	Other Income	0.00
8.3	101 000 000 000	Other Income	0.00
8.4	101 000 000 000	Other Income	0.00
8.5	101 000 000 000	Other Income	0.00
8.6	101 000 000 000	Other Income	0.00
8.7	101 000 000 000	Other Income	0.00
8.8	101 000 000 000	Other Income	0.00
8.9	101 000 000 000	Other Income	0.00
8.10	101 000 000 000	Other Income	0.00
8.11	101 000 000 000	Other Income	0.00
8.12	101 000 000 000	Other Income	0.00
8.13	101 000 000 000	Other Income	0.00
8.14	101 000 000 000	Other Income	0.00
8.15	101 000 000 000	Other Income	0.00
8.16	101 000 000 000	Other Income	0.00
8.17	101 000 000 000	Other Income	0.00
8.18	101 000 000 000	Other Income	0.00
8.19	101 000 000 000	Other Income	0.00
8.20	101 000 000 000	Other Income	0.00
8.21	101 000 000 000	Other Income	0.00
8.22	101 000 000 000	Other Income	0.00
8.23	101 000 000 000	Other Income	0.00
8.24	101 000 000 000	Other Income	0.00
8.25	101 000 000 000	Other Income	0.00
8.26	101 000 000 000	Other Income	0.00
8.27	101 000 000 000	Other Income	0.00
8.28	101 000 000 000	Other Income	0.00
8.29	101 000 000 000	Other Income	0.00
8.30	101 000 000 000	Other Income	0.00
8.31	101 000 000 000	Other Income	0.00
8.32	101 000 000 000	Other Income	0.00
8.33	101 000 000 000	Other Income	0.00
8.34	101 000 000 000	Other Income	0.00
8.35	101 000 000 000	Other Income	0.00
8.36	101 000 000 000	Other Income	0.00
8.37	101 000 000 000	Other Income	0.00
8.38	101 000 000 000	Other Income	0.00
8.39	101 000 000 000	Other Income	0.00
8.40	101 000 000 000	Other Income	0.00
8.41	101 000 000 000	Other Income	0.00
8.42	101 000 000 000	Other Income	0.00
8.43	101 000 000 000	Other Income	0.00
8.44	101 000 000 000	Other Income	0.00
8.45	101 000 000 000	Other Income	0.00
8.46	101 000 000 000	Other Income	0.00
8.47	101 000 000 000	Other Income	0.00
8.48	101 000 000 000	Other Income	0.00
8.49	101 000 000 000	Other Income	0.00
8.50	101 000 000 000	Other Income	0.00
8.51	101 000 000 000	Other Income	0.00
8.52	101 000 000 000	Other Income	0.00
8.53	101 000 000 000	Other Income	0.00
8.54	101 000 000 000	Other Income	0.00
8.55	101 000 000 000	Other Income	0.00
8.56	101 000 000 000	Other Income	0.00
8.57	101 000 000 000	Other Income	0.00
8.58	101 000 000 000	Other Income	0.00
8.59	101 000 000 000	Other Income	0.00
8.60	101 000 000 000	Other Income	0.00
8.61	101 000 000 000	Other Income	0.00
8.62	101 000 000 000	Other Income	0.00
8.63	101 000 000 000	Other Income	0.00
8.64	101 000 000 000	Other Income	0.00
8.65	101 000 000 000	Other Income	0.00
8.66	101 000 000 000	Other Income	0.00
8.67	101 000 000 000	Other Income	0.00
8.68	101 000 000 000	Other Income	0.00
8.69	101 000 000 000	Other Income	0.00
8.70	101 000 000 000	Other Income	0.00
8.71	101 000 000 000	Other Income	0.00
8.72	101 000 000 000	Other Income	0.00
8.73	101 000 000 000	Other Income	0.00
8.74	101 000 000 000	Other Income	0.00
8.75	101 000 000 000	Other Income	0.00
8.76	101 000 000 000	Other Income	0.00
8.77	101 000 000 000	Other Income	0.00
8.78	101 000 000 000	Other Income	0.00
8.79	101 000 000 000	Other Income	0.00
8.80	101 000 000 000	Other Income	0.00
8.81	101 000 000 000	Other Income	0.00
8.82	101 000 000 000	Other Income	0.00
8.83	101 000 000 000	Other Income	0.00
8.84	101 000 000 000	Other Income	0.00
8.85	101 000 000 000	Other Income	0.00
8.86	101 000 000 000	Other Income	0.00
8.87	101 000 000 000	Other Income	0.00
8.88	101 000 000 000	Other Income	0.00
8.89	101 000 000 000	Other Income	0.00
8.90	101 000 000 000	Other Income	0.00
8.91	101 000 000 000	Other Income	0.00
8.92	101 000 000 000	Other Income	0.00
8.93	101 000 000 000	Other Income	0.00
8.94	101 000 000 000	Other Income	0.00
8.95	101 000 000 000	Other Income	0.00
8.96	101 000 000 000	Other Income	0.00
8.97	101 000 000 000	Other Income	0.00
8.98	101 000 000 000	Other Income	0.00
8.99	101 000 000 000	Other Income	0.00
8.100	101 000 000 000	Other Income	0.00
Assets			
Line #	Account #	Description	Reported Amount
9.1	101 000 000 000	Real Estate Assets	100.00
9.2	101 000 000 000	Other Assets	0.00
9.3	101 000 000 000	Other Assets	0.00
9.4	101 000 000 000	Other Assets	0.00
9.5	101 000 000 000	Other Assets	0.00
9.6	101 000 000 000	Other Assets	0.00
9.7	101 000 000 000	Other Assets	0.00
9.8	101 000 000 000	Other Assets	0.00
9.9	101 000 000 000	Other Assets	0.00
9.10	101 000 000 000	Other Assets	0.00
9.11	101 000 000 000	Other Assets	0.00
9.12	101 000 000 000	Other Assets	0.00
9.13	101 000 000 000	Other Assets	0.00
9.14	101 000 000 000	Other Assets	0.00
9.15	101 000 000 000	Other Assets	0.00
9.16	101 000 000 000	Other Assets	0.00
9.17	101 000 000 000	Other Assets	0.00
9.18	101 000 000 000	Other Assets	0.00
9.19	101 000 000 000	Other Assets	0.00
9.20	101 000 000 000	Other Assets	0.00
9.21	101 000 000 000	Other Assets	0.00
9.22	101 000 000 000	Other Assets	0.00
9.23	101 000 000 000	Other Assets	0.00
9.24	101 000 000 000	Other Assets	0.00
9.25	101 000 000 000	Other Assets	0.00
9.26	101 000 000 000	Other Assets	0.00
9.27	101 000 000 000	Other Assets	0.00
9.28	101 000 000 000	Other Assets	0.00
9.29	101 000 000 000	Other Assets	0.00
9.30	101 000 000 000	Other Assets	0.00
9.31	101 000 000 000	Other Assets	0.00
9.32	101 000 000 000	Other Assets	0.00
9.33	101 000 000 000	Other Assets	0.00
9.34	101 000 000 000	Other Assets	0.00
9.35	101 000 000 000	Other Assets	0.00
9.36	101 000 000 000	Other Assets	0.00
9.37	101 000 000 000	Other Assets	0.00
9.38	101 000 000 000	Other Assets	0.00
9.39	101 000 000 000	Other Assets	0.00
9.40	101 000 000 000	Other Assets	0.00
9.41	101 000 000 000	Other Assets	0.00
9.42	101 000 000 000	Other Assets	0.00
9.43	101 000 000 000	Other Assets	0.00
9.44	101 000 000 000	Other Assets	0.00
9.45	101 000 000 000	Other Assets	0.00
9.46	101 000 000 000	Other Assets	

Part III: Facility Specific Realty Company Claimed Fixed Asset Expenses

Claimed Fixed Asset Depreciation Expenses

Note: This table does not include all fixed assets for the realty company, only those that can be claimed as residential care facility fixed assets. Allowable basis is the portion of fixed assets used for the care of qualifying aged residents. Claimed amounts include original, sold, written-off, damaged, and fully depreciated assets. If the realty company owns fixed assets of other nursing, non-nursing or residential care programs, such as an adult day care program, the related fixed asset expenses must be reported as disclosed on this schedule in column "Non-allowable Depreciation Expense". The allocation methodology for allocating fixed asset expenses must be reported in the business and depreciation schedule.

Table 1	1	2	3	4	5	6	7	8
Line #	Description	Allowable Cost Basis Beginning Balance	Claimed Additions	Claimed Dispositions	Allowable Cost Basis Ending Balance	Depreciation %	Depreciation Expense Reported on Financial Statements	Non-Allowable Depreciation Expense or Add-Backs
1.1	Land M/F 2	463,000			463,000			
1.2	Building M/F 2	463,000			463,000	1.00%	4,630	
1.3	Equipment M/F 2				0	10.00%		
1.4	Equipment M/F 2				0	10.00%		
1.5	Software Licenses (See Asset M/F 2)				0	20.00%		
100	Total Claimed Fixed Asset Depreciation Expense	1,660,000			1,660,000		130,340	0

Claimed Other Fixed Asset Expenses

Table 2	1
Line #	Description
2.1	Long-Term Debt Capitalized Interest *
2.2	Net Capitalized Interest Tax - Non-income
2.3	Real Estate Taxes
2.4	Other
200	Total Claimed Fixed Asset Other Expenses

Total Claimed Fixed Asset Expenses

Table 3	1
Line #	Description
300	Total Claimed Fixed Asset Expenses

Detail of Other Operating Expenses A/C # 9562.2

Table 4	1	2	3
Line #	Description	Amount	Amount
4.1	Land M/F 2	463,000	463,000
4.2	Building M/F 2	463,000	463,000
4.3	Equipment M/F 2	0	0
4.4	Equipment M/F 2	0	0
4.5	Software Licenses (See Asset M/F 2)	0	0
400	Total Other Operating Expenses	13,500	13,500

Part IV: Facility Specific Realty Company Mortgages and Notes Payable

SCHEDULE Mortgages & Notes

Supplement Note 1: Report of mortgages and notes payable whether or not interest expense is incurred on this schedule. Each new note should be reported with all data fields completely filled in. New mortgages or enhancements of existing mortgages must be reported on a separate line. Total Mortgages and Notes as of December 31 and Total Expenses must match amounts reported in Part II Financial information above.

Mortgages and Notes Supporting Fixed Assets

Table 1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Line #	Select Type of Notes Payable	Lender Name	Refined Party Select Yes/No	Date Mortgage Acquired	Due Date	Number of Months (approx)	Monthly Payments	Original Loan Amount	Mortgage Acquisition Costs	Amortization of Mortgage Acquisition Costs	Beginning Loan Balance - Dec 31	Beginning Balance - New Loan	Principal Payments	Pay Off Amount	Pay Off Date	Ending Loan Balance - Dec 31	Interest Rate %	Interest Expense (B)	Period Expense (C)	Total Fixed Interest (Amortization, Interest and Period Expense) (B + C + D)
1.1	Mortgage	WELLS FARGO		12/15/2020	12/15/2025	60	4,000	4,000,000	10,000	10,000	3,990,000	3,990,000	10,000			3,980,000	1.00%	40,000		40,000
1.2	Mortgage	WELLS FARGO		12/15/2020	12/15/2025	60	4,000	4,000,000	10,000	10,000	3,990,000	3,990,000	10,000			3,980,000	1.00%	40,000		40,000
1.3	Mortgage	WELLS FARGO		12/15/2020	12/15/2025	60	4,000	4,000,000	10,000	10,000	3,990,000	3,990,000	10,000			3,980,000	1.00%	40,000		40,000
1.4	Mortgage	WELLS FARGO		12/15/2020	12/15/2025	60	4,000	4,000,000	10,000	10,000	3,990,000	3,990,000	10,000			3,980,000	1.00%	40,000		40,000
1.5	Mortgage	WELLS FARGO		12/15/2020	12/15/2025	60	4,000	4,000,000	10,000	10,000	3,990,000	3,990,000	10,000			3,980,000	1.00%	40,000		40,000
1.6	Mortgage	WELLS FARGO		12/15/2020	12/15/2025	60	4,000	4,000,000	10,000	10,000	3,990,000	3,990,000	10,000			3,980,000	1.00%	40,000		40,000
1.7	Mortgage	WELLS FARGO		12/15/2020	12/15/2025	60	4,000	4,000,000	10,000	10,000	3,990,000	3,990,000	10,000			3,980,000	1.00%	40,000		40,000
1.8	Mortgage	WELLS FARGO		12/15/2020	12/15/2025	60	4,000	4,000,000	10,000	10,000	3,990,000	3,990,000	10,000			3,980,000	1.00%	40,000		40,000
100	TOTALS										3,990,000	3,990,000				3,980,000		40,000		40,000

Working Capital Debt

Table 2	1	2	3	4	5	6	7	8	9
Line #	Lender Name	Refined Party Select Yes/No	Beginning Balance - Dec 31	New Loan Amount	Start Date	Principal Payments	Ending Balance - Dec 31	Interest Rate %	Interest Expense
1.1									
1.2									
1.3									
1.4									
1.5									
1.6									
1.7									
1.8									
100	TOTALS								

Repay the sum of A/Cs 1, 2, 3, 4, 5, 6, 7, 8, 9, and 10 to 0

Repay A/Cs 1, 2, 3, 4, 5, 6, 7, 8, 9, and 10 to 0