

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0463
EXPIRES: 12/31/2021

MASONIC CHARITY FOUNDATION OF NEW JE

Period:
From: 01/01/2024
To: 12/31/2024

Run Date Time: 5/27/2025 6:41 pm
MCRIF32 2540-10
Version: 11.1.179.1



Provider CCN: 315166

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE
COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

Worksheet S
Parts I, II & III

PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report 2. <input type="checkbox"/> Manually prepared cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report. 3.01. <input type="checkbox"/> No Medicare Utilization. Enter "Y" for yes or leave blank for no.	Date:	Time:
Contractor use only:	4. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended 5. Date Received:	6. Contractor No.: 7. <input type="checkbox"/> First Cost Report for this Provider CCN 8. <input type="checkbox"/> Last Cost Report for this Provider CCN 9. NPR Date: 10. If line 4, column 1 is "4": Enter number of times reopened 0 11. Contractor Vendor Code: 4 12. <input type="checkbox"/> Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no utilization.	

PART II - CERTIFICATION OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL, AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL, AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by MASONIC CHARITY FOUNDATION OF NEW (Provider Name(s) and CCN(s)) for the cost reporting period beginning 01/01/2024 and ending 12/31/2024 and that to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR		CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
1		<input checked="" type="checkbox"/>	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification to be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name			2
3	Signatory Title			3
4	Signature Date			4

PART III - SETTLEMENT SUMMARY

Cost Center Description		Title XVIII				
		Title V	Part A	Part B	Title XIX	
		1.00	2.00	3.00	4.00	
1.00	SKILLED NURSING FACILITY	0	0	0	0	1.00
2.00	NURSING FACILITY	0			0	2.00
3.00	ICF/IID				0	3.00
4.00	SNF - BASED HHA I	0	0	0		4.00
5.00	SNF - BASED RHC I	0		0		5.00
6.00	SNF - BASED FQHC I	0		0		6.00
7.00	SNF - BASED CMHC I	0		0		7.00
100.00	TOTAL	0	0	0	0	100.00

The above amounts represent "due to" or "due from" the applicable Program for the element of the above complex indicated.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number for this information collection is 0938-0463. The time required to complete this information collection is estimated 202 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

MASONIC CHARITY FOUNDATION OF NEW JE

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Provider CCN: 315166

**SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE
COMPLEX IDENTIFICATION DATA**
**Worksheet S-2
Part I
PPS**
Skilled Nursing Facility and Skilled Nursing Facility Complex Address:

1.00	Street:	902 JACKSONVILLE ROAD	P.O. Box:				1.00
2.00	City:	BURLINGTON	State:	NJ	ZIP Code:	08016	2.00
3.00	County:	BURLINGTON	CBSA Code:	15804	Urban / Rural:	U	3.00
3.01	CBSA on/after October 1 of the Cost Reporting Period (if applicable)						3.01

SNF and SNF-Based Component Identification:

	Component	Component Name	Provider CCN	Date Certified	Payment System (P, O, or N)			
					V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	
4.00	SNF	MASONIC CHARITY FOUNDATION OF NEW JE	315166	01/01/1980	N	P	N	4.00
5.00	Nursing Facility							5.00
6.00	ICF/IID							6.00
7.00	SNF-Based HHA							7.00
8.00	SNF-Based RHC							8.00
9.00	SNF-Based FQHC							9.00
10.00	SNF-Based CMHC							10.00
11.00	SNF-Based OLTC							11.00
12.00	SNF-Based HOSPICE							12.00
13.00	SNF-Based CORF							13.00
			From:	To:				
			1.00	2.00				
14.00	Cost Reporting Period (mm/dd/yyyy)		01/01/2024	12/31/2024				14.00
15.00	Type of Control (See Instructions)		2 - Voluntary Nonprofit, Other	CORPORATION			Y/N	15.00
							1.00	

Type of Freestanding Skilled Nursing Facility

16.00	Is this a distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?	N	16.00
17.00	Is this a composite distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?	N	17.00
18.00	Are there any costs included in Worksheet A that resulted from transactions with related organizations as defined in CMS Pub. 15-1, chapter 10? If yes, complete Worksheet A-8-1.	N	18.00

Miscellaneous Cost Reporting Information

19.00	If this is a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.	N	19.00
19.01	If line 19 is yes, does this cost report meet your contractor's criteria for filing a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.	N	19.01

Depreciation - Enter the amount of depreciation reported in this SNF for the method indicated on Lines 20 - 22.

Depreciation - Enter the amount of depreciation reported in this cost report and the amount of depreciation funded.				5,742,829	20.00
20.00	Straight Line			0	20.00
21.00	Declining Balance			0	22.00
22.00	Sum of the Year's Digits			5,742,829	23.00
23.00	Sum of line 20 through 22			0	24.00
24.00	If depreciation is funded, enter the balance as of the end of the period.			Y	25.00
25.00	Were there any disposal of capital assets during the cost reporting period? (Y/N)			N	26.00
26.00	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? (Y/N)			N	27.00
27.00	Did you cease to participate in the Medicare program at end of the period to which this cost report applies? (Y/N)			N	28.00
28.00	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? (Y/N)				
		Part A	Part B	Other	
		1.00	2.00	3.00	

If this facility contains a public or non-public provider that qualifies for an exemption from the application of the lower of the costs or charges enter "Y" for each component and type of service that qualifies for the exemption.

29.00	Skilled Nursing Facility	N	N		29.00
30.00	Nursing Facility			N	30.00
31.00	ICF/IID				31.00
32.00	SNF-Based HHA	N	N		32.00
33.00	SNF-Based RHC				33.00
34.00	SNF-Based FQHC				34.00
35.00	SNF-Based CMHC		N		35.00
36.00	SNF-Based OLTC				36.00
			Y/N		
			1.00	2.00	
37.00	Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the level of care given for Titles V & XIX patients? (Y/N)	N			37.00

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 COMPLEX IDENTIFICATION DATA

 Worksheet S-2
 Part I
 PPS

			Y/N		
			1.00	2.00	
38.00	Are you legally-required to carry malpractice insurance? (Y/N)			N	38.00
39.00	Is the malpractice a "claims-made" or "occurrence" policy? If the policy is "claims-made" enter 1. If the policy is "occurrence", enter 2.			1	39.00
		Premiums	Paid Losses	Self Insurance	
		1.00	2.00	3.00	
41.00	List malpractice premiums and paid losses:	0	0	0	41.00
				Y/N	
				1.00	
42.00	Are malpractice premiums and paid losses reported in other than the Administrative and General cost center? Enter Y or N. If yes, check box, and submit supporting schedule listing cost centers and amounts.			N	42.00
43.00	Are there any home office costs as defined in CMS Pub. 15-1, Chapter 10?			N	43.00
				Provider CCN	
				1.00	
44.00	If line 43 is yes, enter the home office chain number and enter the name and address of the home office on lines 45, 46 and 47.				44.00
If this facility is part of a chain organization, enter the name and address of the home office on the lines below.					
45.00	Name:	Contractor Name:	Contractor Number:		45.00
46.00	Street:	P.O. Box:			46.00
47.00	City:	State:	ZIP Code:		47.00

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**SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE
COMPLEX REIMBURSEMENT QUESTIONNAIRE**

Worksheet S-2

Part II

PPS

General Instruction: For all column 1 responses enter in column 1, "Y" for Yes or "N" for No. For all the date responses the format will be (mm/dd/yyyy)
Completed by All Skilled Nursing Facilities
Provider Organization and Operation

		Y/N	Date	
		1.00	2.00	
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If column 1 is "Y", enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N	Date	V/I
		1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If column 1 is yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
		Y/N	Type	Date
		1.00	2.00	3.00

Financial Data and Reports

4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? (Y/N) Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	06/30/2025	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If column 1 is "Y", submit reconciliation.	Y			5.00
		Y/N	Legal Oper.		
		1.00	2.00		

Approved Educational Activities

6.00	Column 1: Were costs claimed for Nursing School? (Y/N) Column 2: Is the provider the legal operator of the program? (Y/N)	N	N		6.00
7.00	Were costs claimed for Allied Health Programs? (Y/N) see instructions.	N			7.00
8.00	Were approvals and/or renewals obtained during the cost reporting period for Nursing School and/or Allied Health Program? (Y/N) see instructions.	N			8.00
			Y/N		
			1.00		

Bad Debts

9.00	Is the provider seeking reimbursement for bad debts? (Y/N) see instructions.		N		9.00
10.00	If line 9 is "Y", did the provider's bad debt collection policy change during this cost reporting period? If "Y", submit copy.		N		10.00
11.00	If line 9 is "Y", are patient deductibles and/or coinsurance waived? If "Y", see instructions.		N		11.00

Bed Complement

12.00	Have total beds available changed from prior cost reporting period? If "Y", see instructions.		N		12.00
		Part A		Part B	
	Description	Y/N	Date	Y/N	Date
	0	1.00	2.00	3.00	4.00

PS&R Data

13.00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4. (see Instructions.)	Y	02/19/2025	N		13.00
14.00	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If either col. 1 or 3 is "Y" enter the paid through date of the PS&R used to prepare this cost report in columns 2 and 4.	N		N		14.00
15.00	If line 13 or 14 is "Y", were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If "Y", see Instructions.	N		N		15.00
16.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.	N		N		16.00
17.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments:	N		N		17.00
18.00	Was the cost report prepared only using the provider's records? If "Y" see Instructions.	N		N		18.00
		1.00	2.00	3.00		

Cost Report Preparer Contact Information

19.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DOUGLAS	HACKER	CFO	19.00
20.00	Enter the employer/company name of the cost report preparer.	MASONIC			20.00
21.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	609-239-3914	DHACKER@NJMASONIC.ORG		21.00

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COMPLEX STATISTICAL DATA**
**Worksheet S-3
Part I
PPS**

				Inpatient Days/Visits					Discharges					
	Component	Number of Beds	Bed Days Available	Title V	Title XVIII	Title XIX	Other	Total	Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	12.00	
1.00	SKILLED NURSING FACILITY	264	96,624	0	14,322	8,894	17,675	40,891	0	714	11	77	802	1.00
2.00	NURSING FACILITY													2.00
3.00	ICF/IID													3.00
4.00	HOME HEALTH AGENCY COST													4.00
5.00	Other Long Term Care	0	0				0	0				0	0	5.00
6.00	SNF-Based CMHC													6.00
7.00	HOSPICE	0	0	0	0	0	0	0	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	264	96,624	0	14,322	8,894	17,675	40,891	0	714	11	77	802	8.00
		Average Length of Stay				Admissions					Full Time Equivalent			
	Component	Title V	Title XVIII	Title XIX	Total	Title V	Title XVIII	Title XIX	Other	Total	Employees on Payroll	Nonpaid Workers		
		13.00	14.00	15.00	16.00	17.00	18.00	19.00	20.00	21.00	22.00	23.00		
1.00	SKILLED NURSING FACILITY	0.00	20.06	808.55	50.99	0	755	3	43	801	191.05	0.00	1.00	
2.00	NURSING FACILITY												2.00	
3.00	ICF/IID												3.00	
4.00	HOME HEALTH AGENCY COST												4.00	
5.00	Other Long Term Care				0.00				0	0	0.00	0.00	5.00	
6.00	SNF-Based CMHC												6.00	
7.00	HOSPICE	0.00	0.00	0.00	0.00	0	0	0	0	0	0.00	0.00	7.00	
8.00	Total (Sum of lines 1-7)	0.00	20.06	808.55	50.99	0	755	3	43	801	191.05	0.00	8.00	

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Worksheet S-3
Part II
PPS

SNF WAGE INDEX INFORMATION

PART II - DIRECT SALARIES

		Amount Reported 1.00	Reclass. of Salaries from Worksheet A-6 2.00	Adjusted Salaries (col. 1 ± col. 2) 3.00	Paid Hours Related to Salary in col. 3 4.00	Average Hourly Wage (col. 3 ÷ col. 4) 5.00	
SALARIES							
1.00	Total salaries (See Instructions)	15,817,060	0	15,817,060	397,395.00	39.80	1.00
2.00	Physician salaries-Part A	0	0	0	0.00	0.00	2.00
3.00	Physician salaries-Part B	0	0	0	0.00	0.00	3.00
4.00	Home office personnel	0	0	0	0.00	0.00	4.00
5.00	Sum of lines 2 through 4	0	0	0	0.00	0.00	5.00
6.00	Revised wages (line 1 minus line 5)	15,817,060	0	15,817,060	397,395.00	39.80	6.00
7.00	Other Long Term Care	0	0	0	0.00	0.00	7.00
8.00	HOME HEALTH AGENCY COST						8.00
9.00	CMHC						9.00
10.00	HOSPICE	0	0	0	0.00	0.00	10.00
11.00	Other excluded areas	0	0	0	0.00	0.00	11.00
12.00	Subtotal Excluded salary (Sum of lines 7 through 11)	0	0	0	0.00	0.00	12.00
13.00	Total Adjusted Salaries (line 6 minus line 12)	15,817,060	0	15,817,060	397,395.00	39.80	13.00
OTHER WAGES & RELATED COSTS							
14.00	Contract Labor: Patient Related & Mgmt	1,548,888	0	1,548,888	19,485.00	79.49	14.00
15.00	Contract Labor: Physician services-Part A	27,300	0	27,300	130.00	210.00	15.00
16.00	Home office salaries & wage related costs	0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS							
17.00	Wage-related costs core (See Part IV)	4,660,005	0	4,660,005			17.00
18.00	Wage-related costs other (See Part IV)	57,464	0	57,464			18.00
19.00	Wage related costs (excluded units)	0	0	0			19.00
20.00	Physician Part A - WRC	0	0	0			20.00
21.00	Physician Part B - WRC	0	0	0			21.00
22.00	Total Adjusted Wage Related cost (see instructions)	4,717,469	0	4,717,469			22.00

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SNF WAGE INDEX INFORMATION

Worksheet S-3
Part III
PPS

PART III - OVERHEAD COST - DIRECT SALARIES

		Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Employee Benefits	0	0	0	0.00	0.00	1.00
2.00	Administrative & General	2,210,680	0	2,210,680	26,076.00	84.78	2.00
3.00	Plant Operation, Maintenance & Repairs	879,302	0	879,302	43,535.86	20.20	3.00
4.00	Laundry & Linen Service	0	163,048	163,048	7,524.43	21.67	4.00
5.00	Housekeeping	1,144,061	-163,048	981,013	44,637.90	21.98	5.00
6.00	Dietary	2,366,898	0	2,366,898	69,235.93	34.19	6.00
7.00	Nursing Administration	1,294,524	0	1,294,524	21,387.36	60.53	7.00
8.00	Central Services and Supply	0	0	0	0.00	0.00	8.00
9.00	Pharmacy	0	0	0	0.00	0.00	9.00
10.00	Medical Records & Medical Records Library	145,658	0	145,658	8,577.00	16.98	10.00
11.00	Social Service	124,988	0	124,988	4,160.00	30.05	11.00
12.00	Nursing and Allied Health Ed. Act.						12.00
13.00	Other General Service	191,297	0	191,297	8,692.00	22.01	13.00
14.00	Total (sum lines 1 thru 13)	8,357,408	0	8,357,408	233,826.48	35.74	14.00

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Worksheet S-3
Part IV
PPS

SNF WAGE RELATED COSTS

PART IV - WAGE RELATED COSTS

Amount Reported

1.00

Part A - Core List

RETIREMENT COST

1.00	401K Employer Contributions	236,872	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	780,778	3.00
4.00	Prior Year Pension Service Cost	0	4.00

PLAN ADMINISTRATIVE COSTS (Paid to External Organization)

5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00

HEALTH AND INSURANCE COST

8.00	Health Insurance (Purchased or Self Funded)	1,327,391	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	26,638	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	21,989	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	Workers' Compensation Insurance	354,636	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00

TAXES

17.00	FICA-Employers Portion Only	1,082,974	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	119,635	19.00
20.00	State or Federal Unemployment Taxes	0	20.00

OTHER

21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 - 23)	3,950,913	24.00
		Amount Reported	
		1.00	

Part B - Other than Core Related Cost

25.00	OTHER COSTS	57,464	25.00
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Provider CCN: 315166

SNF REPORTING OF DIRECT CARE EXPENDITURES

Worksheet S-3
Part V
PPS

	OCCUPATIONAL CATEGORY	Amount Reported 1.00	Fringe Benefits 2.00	Adjusted Salaries (col. 1 + col. 2) 3.00	Paid Hours Related to Salary in col. 3 4.00	Average Hourly Wage (col. 3 ÷ col. 4) 5.00	
Direct Salaries							
Nursing Occupations							
1.00	Registered Nurses (RNs)	970,133	267,831	1,237,964	31,840.63	38.88	1.00
2.00	Licensed Practical Nurses (LPNs)	2,517,801	707,466	3,225,267	103,811.00	31.07	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	3,024,764	772,741	3,797,505	95,578.71	39.73	3.00
4.00	Total Nursing (sum of lines 1 through 3)	6,512,698	1,748,038	8,260,736	231,230.34	35.73	4.00
5.00	Physical Therapists	0	0	0	0.00	0.00	5.00
6.00	Physical Therapy Assistants	0	0	0	0.00	0.00	6.00
7.00	Physical Therapy Aides	0	0	0	0.00	0.00	7.00
8.00	Occupational Therapists	0	0	0	0.00	0.00	8.00
9.00	Occupational Therapy Assistants	0	0	0	0.00	0.00	9.00
10.00	Occupational Therapy Aides	0	0	0	0.00	0.00	10.00
11.00	Speech Therapists	0	0	0	0.00	0.00	11.00
12.00	Respiratory Therapists	0	0	0	0.00	0.00	12.00
13.00	Other Medical Staff	0	0	0	0.00	0.00	13.00
Contract Labor							
Nursing Occupations							
14.00	Registered Nurses (RNs)	0		0	0.00	0.00	14.00
15.00	Licensed Practical Nurses (LPNs)	0		0	0.00	0.00	15.00
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	0		0	0.00	0.00	16.00
17.00	Total Nursing (sum of lines 14 through 16)	0		0	0.00	0.00	17.00
18.00	Physical Therapists	340,519		340,519	4,173.00	81.60	18.00
19.00	Physical Therapy Assistants	346,588		346,588	4,412.00	78.56	19.00
20.00	Physical Therapy Aides	0		0	0.00	0.00	20.00
21.00	Occupational Therapists	316,221		316,221	3,990.00	79.25	21.00
22.00	Occupational Therapy Assistants	347,605		347,605	4,396.00	79.07	22.00
23.00	Occupational Therapy Aides	0		0	0.00	0.00	23.00
24.00	Speech Therapists	138,149		138,149	1,710.00	80.79	24.00
25.00	Respiratory Therapists	59,806		59,806	804.00	74.39	25.00
26.00	Other Medical Staff	0		0	0.00	0.00	26.00

MASONIC CHARITY FOUNDATION OF NEW JE

Period:

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Version:

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Provider CCN: 315166

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Worksheet S-7

PPS

	Group	Days	
	1.00	2.00	
1.00	RUX		1.00
2.00	RUL		2.00
3.00	RVX		3.00
4.00	RVL		4.00
5.00	RHX		5.00
6.00	RHL		6.00
7.00	RMX		7.00
8.00	RML		8.00
9.00	RLX		9.00
10.00	RUC		10.00
11.00	RUB		11.00
12.00	RUA		12.00
13.00	RVC		13.00
14.00	RVB		14.00
15.00	RVA		15.00
16.00	RHC		16.00
17.00	RHB		17.00
18.00	RHA		18.00
19.00	RMC		19.00
20.00	RMB		20.00
21.00	RMA		21.00
22.00	RI.B		22.00
23.00	RLA		23.00
24.00	ES3		24.00
25.00	ES2		25.00
26.00	ES1		26.00
27.00	HE2		27.00
28.00	HE1		28.00
29.00	HD2		29.00
30.00	HD1		30.00
31.00	HC2		31.00
32.00	HC1		32.00
33.00	HB2		33.00
34.00	HB1		34.00
35.00	LE2		35.00
36.00	LE1		36.00
37.00	LD2		37.00
38.00	LD1		38.00
39.00	LC2		39.00
40.00	LC1		40.00
41.00	LB2		41.00
42.00	LB1		42.00
43.00	CE2		43.00
44.00	CE1		44.00
45.00	CD2		45.00
46.00	CD1		46.00
47.00	CC2		47.00
48.00	CC1		48.00
49.00	CB2		49.00
50.00	CB1		50.00
51.00	CA2		51.00
52.00	CA1		52.00
53.00	SE3		53.00
54.00	SE2		54.00
55.00	SE1		55.00
56.00	SSC		56.00
57.00	SSB		57.00

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Worksheet S-7

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

PPS

	Group	Days	
	1.00	2.00	
58.00	SSA		58.00
59.00	IB2		59.00
60.00	IB1		60.00
61.00	IA2		61.00
62.00	IA1		62.00
63.00	BB2		63.00
64.00	BB1		64.00
65.00	BA2		65.00
66.00	BA1		66.00
67.00	PE2		67.00
68.00	PE1		68.00
69.00	PD2		69.00
70.00	PD1		70.00
71.00	PC2		71.00
72.00	PC1		72.00
73.00	PB2		73.00
74.00	PB1		74.00
75.00	PA2		75.00
76.00	PA1		76.00
99.00	AAA		99.00
100.00			100.00
		Expenses	Percentage
		1.00	2.00
			Y/N
			3.00

A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 101 through 106: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 1, column 3. Indicate in column 3 "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (If column 2 is zero, enter N/A in column 3) (See instructions)

101.00	Staffing				101.00
102.00	Recruitment				102.00
103.00	Retention of employees				103.00
104.00	Training				104.00
105.00	OTHER (SPECIFY)				105.00
106.00	Total SNF revenue (Worksheet G-2, Part I, line 1, column 3)				106.00

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Worksheet A

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PPS

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications Increase/Decrease (Fr Wkst A-6)	Reclassified Trial Balance (col. 3 + col. 4)	Adjustments to Expenses (Fr Wkst A-8)	Net Expenses For Allocation (col. 5 + col. 6)	
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	
GENERAL SERVICE COST CENTERS										
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		9,045,991	9,045,991	0	9,045,991	-457,404	8,588,587	1.00
3.00	00300	EMPLOYEE BENEFITS	0	4,008,377	4,008,377	0	4,008,377	-71,646	3,936,731	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	2,210,680	6,959,297	9,169,977	0	9,169,977	-1,974,051	7,195,926	4.00
5.00	00500	PLANT OPERATION MAINT. & REPAIRS	879,302	4,426,611	5,305,913	0	5,305,913	0	5,305,913	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	0	0	0	163,048	163,048	-1,078	161,970	6.00
7.00	00700	HOUSEKEEPING	1,144,061	179,835	1,323,896	-163,048	1,160,848	0	1,160,848	7.00
8.00	00800	DIETARY	2,366,898	1,731,502	4,098,400	0	4,098,400	0	4,098,400	8.00
9.00	00900	NURSING ADMINISTRATION	1,294,524	0	1,294,524	0	1,294,524	0	1,294,524	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	0	0	10.00
12.00	01200	MEDICAL RECORDS & LIBRARY	145,658	0	145,658	0	145,658	0	145,658	12.00
13.00	01300	SOCIAL SERVICE	124,988	0	124,988	0	124,988	0	124,988	13.00
15.00	01500	ACTIVITIES	191,297	27,403	218,700	0	218,700	0	218,700	15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	SKILLED NURSING FACILITY	7,459,652	1,079,457	8,539,109	0	8,539,109	0	8,539,109	30.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	04000	RADIOLOGY	0	63,795	63,795	0	63,795	0	63,795	40.00
41.00	04100	LABORATORY	0	50,821	50,821	0	50,821	0	50,821	41.00
42.00	04200	INTRAVENOUS THERAPY	0	26,171	26,171	0	26,171	0	26,171	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	34,680	34,680	0	34,680	0	34,680	43.00
44.00	04400	PHYSICAL THERAPY	0	1,054,003	1,054,003	0	1,054,003	0	1,054,003	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	849,086	849,086	0	849,086	0	849,086	45.00
46.00	04600	SPEECH PATHOLOGY	0	217,507	217,507	0	217,507	0	217,507	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	170,703	170,703	0	170,703	0	170,703	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	514,861	514,861	0	514,861	0	514,861	49.00
SPECIAL PURPOSE COST CENTERS										
81.00	08100	INTEREST EXPENSE	0	0	0	0	0	0	0	81.00
83.00	08300	HOSPICE	0	0	0	0	0	0	0	83.00
89.00		SUBTOTALS (sum of lines 1-84)	15,817,060	30,440,100	46,257,160	0	46,257,160	-2,504,179	43,752,981	89.00
NONREIMBURSABLE COST CENTERS										
90.00	09000	GIFT FLOWER COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	26,307	26,307	0	26,307	0	26,307	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	0	0	94.00
95.00	09500	OTHER NON-REIMBURSABLE	0	0	0	0	0	0	0	95.00
100.00		TOTAL	15,817,060	30,466,407	46,283,467	0	46,283,467	-2,504,179	43,779,288	100.00

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RECLASSIFICATIONS

Worksheet A-6

PPS

Increases					Decreases					
Cost Center	Line #	Salary	Non Salary		Cost Center	Line #	Salary	Non Salary		
2.00	3.00	4.00	5.00		6.00	7.00	8.00	9.00		
C - RECLASS LAUNDRY										
1.00	LAUNDRY & LINEN SERVICE	6.00	163,048	0	HOUSEKEEPING	7.00	163,048	0	1.00	
100.00	TOTAL RECLASSIFICATIONS (Sum of columns 4 and 5 must equal sum of columns 8 and 9 (2))		163,048	0			163,048	0		100.00

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

(2) Transfer the amounts in columns 4, 5, 8 and 9 to Worksheet A, column 4, lines as appropriate.

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RECONCILIATION OF CAPITAL COSTS CENTERS

Worksheet A-7

PPS

		Acquisitions							
		Beginning Balances	Purchases	Donation	Total	Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES									
1.00	Land	5,909,617	0	0	0	0	5,909,617	0	1.00
2.00	Land Improvements	1,983,039	0	0	0	0	1,983,039	0	2.00
3.00	Buildings and Fixtures	144,208,533	309,988	0	309,988	0	144,518,521	0	3.00
4.00	Building Improvements	30,830,563	60,583	0	60,583	0	30,891,146	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	0	0	5.00
6.00	Movable Equipment	16,914,360	539,388	0	539,388	0	17,453,748	0	6.00
7.00	Subtotal (sum of lines 1-6)	199,846,112	909,959	0	909,959	0	200,756,071	0	7.00
8.00	Reconciling Items	0	0	0	0	0	0	0	8.00
9.00	Total (line 7 minus line 8)	199,846,112	909,959	0	909,959	0	200,756,071	0	9.00

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Worksheet A-8

ADJUSTMENTS TO EXPENSES

PPS

				Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted	
	Description (1)	(2) Basis For Adjustment	Amount	Cost Center	Line No.
		1.00	2.00	3.00	4.00
1.00	Investment income on restricted funds (chapter 2)	B	-455,404	CAP REL COSTS - BLDGS & FIXTURES	1.00 1.00
2.00	Trade, quantity, and time discounts (chapter 8)		0		0.00 2.00
3.00	Refunds and rebates of expenses (chapter 8)	B	0	ADMINISTRATIVE & GENERAL	4.00 3.00
4.00	Rental of provider space by suppliers (chapter 8)	B	0	CAP REL COSTS - BLDGS & FIXTURES	1.00 4.00
5.00	Telephone services (pay stations excluded) (chapter 21)	B	0	ADMINISTRATIVE & GENERAL	4.00 5.00
6.00	Television and radio service (chapter 21)		0		0.00 6.00
7.00	Parking lot (chapter 21)		0		0.00 7.00
8.00	Remuneration applicable to provider-based physician adjustment	A-8-2	0		0.00 8.00
9.00	Home office cost (chapter 21)		0		0.00 9.00
10.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00 10.00
11.00	Nonallowable costs related to certain Capital expenditures (chapter 24)		0		0.00 11.00
12.00	Adjustment resulting from transactions with related organizations (chapter 10)	A-8-1	0		0.00 12.00
13.00	Laundry and linen service	B	-1,078	LAUNDRY & LINEN SERVICE	6.00 13.00
14.00	Revenue - Employee meals	B	0	DIETARY	8.00 14.00
15.00	Cost of meals - Guests		0		0.00 15.00
16.00	Sale of medical supplies to other than patients		0		0.00 16.00
17.00	Sale of drugs to other than patients		0		0.00 17.00
18.00	Sale of medical records and abstracts		0		0.00 18.00
19.00	Vending machines		0		0.00 19.00
20.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00 20.00
21.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00 21.00
22.00	Utilization review--physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	82.00 22.00
23.00	Depreciation--buildings and fixtures		0	CAP REL COSTS - BLDGS & FIXTURES	1.00 23.00
24.00	Depreciation--movable equipment		0	*** Cost Center Deleted ***	2.00 24.00
25.00	RENTAL INCOME	A	-2,000	CAP REL COSTS - BLDGS & FIXTURES	1.00 25.00
25.01	ADMIN MISC INCOME	B	-403,121	ADMINISTRATIVE & GENERAL	4.00 25.01
25.02	BOARD EXPENSES	B	-22,719	ADMINISTRATIVE & GENERAL	4.00 25.02
25.03	DEVELOPMENT SAL	A	-223,759	ADMINISTRATIVE & GENERAL	4.00 25.03
25.04	MARKETING SAL	A	-391,763	ADMINISTRATIVE & GENERAL	4.00 25.04
25.05	BAD DEBT EXPENSE	A	-422,083	ADMINISTRATIVE & GENERAL	4.00 25.05
25.06	NON-ALLOWABLE EXPENSES	A	-510,606	ADMINISTRATIVE & GENERAL	4.00 25.06
25.07	DEVELOPMENT BEN	A	-22,995	EMPLOYEE BENEFITS	3.00 25.07
25.08	MARKETING BEN	A	-48,651	EMPLOYEE BENEFITS	3.00 25.08
100.00	Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		-2,504,179		100.00

(1) Description - All chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

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COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B
Part I
PPS

	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDGS & FIXTURES	EMPLOYEE BENEFITS	Subtotal	ADMINISTRATIVE & GENERAL	PLANT OPERATION MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		0	1.00	3.00	3A	4.00	5.00	6.00	7.00	
GENERAL SERVICE COST CENTERS										
1.00	CAP REL COSTS - BLDGS & FIXTURES	8,588,587	8,588,587							1.00
3.00	EMPLOYEE BENEFITS	3,936,731	0	3,936,731						3.00
4.00	ADMINISTRATIVE & GENERAL	7,195,926	673,228	550,218	8,419,372	8,419,372				4.00
5.00	PLANT OPERATION MAINT. & REPAIRS	5,305,913	1,281,033	218,850	6,805,796	1,620,494	8,426,290			5.00
6.00	LAUNDRY & LINEN SERVICE	161,970	389,126	40,581	591,677	140,881	494,231	1,226,789		6.00
7.00	HOUSEKEEPING	1,160,848	200,862	244,165	1,605,875	382,367	255,116	0	2,243,358	7.00
8.00	DIETARY	4,098,400	602,395	589,100	5,289,895	1,259,550	765,105	0	223,579	8.00
9.00	NURSING ADMINISTRATION	1,294,524	36,042	322,195	1,652,761	393,531	45,777	0	13,377	9.00
10.00	CENTRAL SERVICES & SUPPLY	0	100,744	0	100,744	23,988	127,955	0	37,391	10.00
12.00	MEDICAL RECORDS & LIBRARY	145,658	14,907	36,253	196,818	46,863	18,934	0	5,533	12.00
13.00	SOCIAL SERVICE	124,988	21,832	31,108	177,928	42,366	27,729	0	8,103	13.00
15.00	ACTIVITIES	218,700	297,423	47,612	563,735	134,228	377,758	0	110,388	15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	8,539,109	1,790,234	1,856,649	12,185,992	2,901,546	2,273,785	1,226,789	664,446	30.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	63,795	0	0	63,795	15,190	0	0	0	40.00
41.00	LABORATORY	50,821	0	0	50,821	12,101	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	26,171	0	0	26,171	6,231	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	34,680	0	0	34,680	8,257	0	0	0	43.00
44.00	PHYSICAL THERAPY	1,054,003	102,403	0	1,156,406	275,346	130,062	0	38,007	44.00
45.00	OCCUPATIONAL THERAPY	849,086	1,202	0	850,288	202,458	1,527	0	446	45.00
46.00	SPEECH PATHOLOGY	217,507	3,462	0	220,969	52,614	4,398	0	1,285	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	170,703	0	0	170,703	40,645	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	514,861	0	0	514,861	122,591	0	0	0	49.00
SPECIAL PURPOSE COST CENTERS										
81.00	INTEREST EXPENSE									81.00
83.00	HOSPICE	0	14,787	0	14,787	3,521	18,781	0	5,488	83.00
89.00	SUBTOTALS (sum of lines 1-84)	43,752,981	5,529,680	3,936,731	40,694,074	7,684,768	4,541,158	1,226,789	1,108,043	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT FLOWER COFFEE SHOPS & CANTEEN	0	70,785	0	70,785	16,854	89,905	0	26,272	90.00
91.00	BARBER AND BEAUTY SHOP	26,307	16,638	0	42,945	10,225	21,132	0	6,175	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	56,166	0	56,166	13,373	71,337	0	20,846	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	0	0	94.00
95.00	OTHER NON-REIMBURSABLE	0	2,915,318	0	2,915,318	694,152	3,702,758	0	1,082,022	95.00
98.00	Cross Foot Adjustments	0	0	0	0	0	0	0	0	98.00
99.00	Negative Cost Centers	0	0	0	0	0	0	0	0	99.00
100.00	TOTAL	43,779,288	8,588,587	3,936,731	43,779,288	8,419,372	8,426,290	1,226,789	2,243,358	100.00

MASONIC CHARITY FOUNDATION OF NEW JE

Period:
From: 01/01/2024
To: 12/31/2024Run Date Time: 5/27/2025 6:41 pm
MCRIF32
Version: 11.1.179.1

Provider CCN: 315166

COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B
Part I
PPS

	Cost Center Description	DIETARY	NURSING ADMINISTRA TION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	ACTIVITIES	Subtotal	Post Stepdown Adjustments	
		8.00	9.00	10.00	12.00	13.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS										
1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
3.00	EMPLOYEE BENEFITS									3.00
4.00	ADMINISTRATIVE & GENERAL									4.00
5.00	PLANT OPERATION MAINT. & REPAIRS									5.00
6.00	LAUNDRY & LINEN SERVICE									6.00
7.00	HOUSEKEEPING									7.00
8.00	DIETARY	7,538,129								8.00
9.00	NURSING ADMINISTRATION	0	2,105,446							9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	290,078						10.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	268,148					12.00
13.00	SOCIAL SERVICE	0	0	0	0	256,126				13.00
15.00	ACTIVITIES	0	0	0	0	0	1,186,109			15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	7,538,129	2,105,446	290,078	268,148	256,126	1,186,109	30,896,594	0	30.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	0	0	0	0	0	0	78,985	0	40.00
41.00	LABORATORY	0	0	0	0	0	0	62,922	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	32,402	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	0	42,937	0	43.00
44.00	PHYSICAL THERAPY	0	0	0	0	0	0	1,599,821	0	44.00
45.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	1,054,719	0	45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	0	0	279,266	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	211,348	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	637,452	0	49.00
SPECIAL PURPOSE COST CENTERS										
81.00	INTEREST EXPENSE									81.00
83.00	HOSPICE	0	0	0	0	0	0	42,577	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	7,538,129	2,105,446	290,078	268,148	256,126	1,186,109	34,939,023	0	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT FLOWER COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	203,816	0	90.00
91.00	BARBER AND BEAUTY SHOP	0	0	0	0	0	0	80,477	0	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	161,722	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	0	0	94.00
95.00	OTHER NON-REIMBURSABLE	0	0	0	0	0	0	8,394,250	0	95.00
98.00	Cross Foot Adjustments	0	0	0	0	0	0	0	0	98.00
99.00	Negative Cost Centers	0	0	0	0	0	0	0	0	99.00
100.00	TOTAL	7,538,129	2,105,446	290,078	268,148	256,126	1,186,109	43,779,288	0	100.00

MASONIC CHARITY FOUNDATION OF NEW JE

Period:

Run Date Time: 5/27/2025 6:41 pm

From: 01/01/2024

MCRJF32

2540-10

To: 12/31/2024

Version:

11.1.179.1



Provider CCN: 315166

COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B

Part I

PPS

	Cost Center Description	Total	
		18.00	
GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS - BLDGS & FIXTURES		1.00
3.00	EMPLOYEE BENEFITS		3.00
4.00	ADMINISTRATIVE & GENERAL		4.00
5.00	PLANT OPERATION MAINT. & REPAIRS		5.00
6.00	LAUNDRY & LINEN SERVICE		6.00
7.00	HOUSEKEEPING		7.00
8.00	DIETARY		8.00
9.00	NURSING ADMINISTRATION		9.00
10.00	CENTRAL SERVICES & SUPPLY		10.00
12.00	MEDICAL RECORDS & LIBRARY		12.00
13.00	SOCIAL SERVICE		13.00
15.00	ACTIVITIES		15.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	SKILLED NURSING FACILITY	30,896,594	30.00
33.00	OTHER LONG TERM CARE	0	33.00
ANCILLARY SERVICE COST CENTERS			
40.00	RADIOLOGY	78,985	40.00
41.00	LABORATORY	62,922	41.00
42.00	INTRAVENOUS THERAPY	32,402	42.00
43.00	OXYGEN (INHALATION) THERAPY	42,937	43.00
44.00	PHYSICAL THERAPY	1,599,821	44.00
45.00	OCCUPATIONAL THERAPY	1,054,719	45.00
46.00	SPEECH PATHOLOGY	279,266	46.00
47.00	ELECTROCARDIOLOGY	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	211,348	48.00
49.00	DRUGS CHARGED TO PATIENTS	637,452	49.00
SPECIAL PURPOSE COST CENTERS			
81.00	INTEREST EXPENSE		81.00
83.00	HOSPICE	42,577	83.00
89.00	SUBTOTALS (sum of lines 1-84)	34,939,023	89.00
NONREIMBURSABLE COST CENTERS			
90.00	GIFT FLOWER COFFEE SHOPS & CANTEEN	203,816	90.00
91.00	BARBER AND BEAUTY SHOP	80,477	91.00
92.00	PHYSICIANS PRIVATE OFFICES	161,722	92.00
93.00	NONPAID WORKERS	0	93.00
94.00	PATIENTS LAUNDRY	0	94.00
95.00	OTHER NON-REIMBURSABLE	8,394,250	95.00
98.00	Cross Foot Adjustments	0	98.00
99.00	Negative Cost Centers	0	99.00
100.00	TOTAL	43,779,288	100.00

MASONIC CHARITY FOUNDATION OF NEW JE

Period:
From: 01/01/2024
To: 12/31/2024Run Date Time: 5/27/2025 6:41 pm
MCRIF32 2540-10
Version: 11.1.179.1

Provider CCN: 315166

Worksheet B
Part II
PPS

ALLOCATION OF CAPITAL RELATED COSTS

	Cost Center Description	Directly Assigned New Capital Related Costs	BLDGS & FIXTURES	Subtotal	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	PLANT OPERATION MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		0	1.00	2A	3.00	4.00	5.00	6.00	7.00	
GENERAL SERVICE COST CENTERS										
1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
3.00	EMPLOYEE BENEFITS	0	0	0	0					3.00
4.00	ADMINISTRATIVE & GENERAL	0	673,228	673,228	0	673,228				4.00
5.00	PLANT OPERATION MAINT. & REPAIRS	0	1,281,033	1,281,033	0	129,576	1,410,609			5.00
6.00	LAUNDRY & LINEN SERVICE	0	389,126	389,126	0	11,265	82,737	483,128		6.00
7.00	HOUSEKEEPING	0	200,862	200,862	0	30,574	42,708	0	274,144	7.00
8.00	DIETARY	0	602,395	602,395	0	100,714	128,083	0	27,322	8.00
9.00	NURSING ADMINISTRATION	0	36,042	36,042	0	31,467	7,663	0	1,635	9.00
10.00	CENTRAL SERVICES & SUPPLY	0	100,744	100,744	0	1,918	21,420	0	4,569	10.00
12.00	MEDICAL RECORDS & LIBRARY	0	14,907	14,907	0	3,747	3,170	0	676	12.00
13.00	SOCIAL SERVICE	0	21,832	21,832	0	3,388	4,642	0	990	13.00
15.00	ACTIVITIES	0	297,423	297,423	0	10,733	63,239	0	13,490	15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	0	1,790,234	1,790,234	0	232,018	380,645	483,128	81,197	30.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	0	0	0	0	1,215	0	0	0	40.00
41.00	LABORATORY	0	0	0	0	968	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	498	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	660	0	0	0	43.00
44.00	PHYSICAL THERAPY	0	102,403	102,403	0	22,017	21,773	0	4,645	44.00
45.00	OCCUPATIONAL THERAPY	0	1,202	1,202	0	16,189	256	0	55	45.00
46.00	SPEECH PATHOLOGY	0	3,462	3,462	0	4,207	736	0	157	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	3,250	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	9,802	0	0	0	49.00
SPECIAL PURPOSE COST CENTERS										
81.00	INTEREST EXPENSE									81.00
83.00	HOSPICE	0	14,787	14,787	0	282	3,144	0	671	83.00
89.00	SUBTOTALS (sum of lines 1-84)	0	5,529,680	5,529,680	0	614,488	760,216	483,128	135,407	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT FLOWER COFFEE SHOPS & CANTEEN	0	70,785	70,785	0	1,348	15,051	0	3,210	90.00
91.00	BARBER AND BEAUTY SHOP	0	16,638	16,638	0	818	3,538	0	755	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	56,166	56,166	0	1,069	11,942	0	2,547	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	0	0	94.00
95.00	OTHER NON-REIMBURSABLE	0	2,915,318	2,915,318	0	55,505	619,862	0	132,225	95.00
98.00	Cross Foot Adjustments									98.00
99.00	Negative Cost Centers		0	0	0	0	0	0	0	99.00
100.00	TOTAL	0	8,588,587	8,588,587	0	673,228	1,410,609	483,128	274,144	100.00

MASONIC CHARITY FOUNDATION OF NEW JE

Period:
From: 01/01/2024
To: 12/31/2024Run Date Time: 5/27/2025 6:41 pm
MCRIF32
Version: 11.1.179.1

Provider CCN: 315166

Worksheet B
Part II
PPS

ALLOCATION OF CAPITAL RELATED COSTS

	Cost Center Description	DIETARY	NURSING ADMINISTRA TION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	ACTIVITIES	Subtotal	Post Step-Down Adjustments	
		8.00	9.00	10.00	12.00	13.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS										
1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
3.00	EMPLOYEE BENEFITS									3.00
4.00	ADMINISTRATIVE & GENERAL									4.00
5.00	PLANT OPERATION MAINT. & REPAIRS									5.00
6.00	LAUNDRY & LINEN SERVICE									6.00
7.00	HOUSEKEEPING									7.00
8.00	DIETARY	858,514								8.00
9.00	NURSING ADMINISTRATION	0	76,807							9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	128,651						10.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	22,500					12.00
13.00	SOCIAL SERVICE	0	0	0	0	30,852				13.00
15.00	ACTIVITIES	0	0	0	0	0	384,885			15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	858,514	76,807	128,651	22,500	30,852	384,885	4,469,431	0	30.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	0	0	0	0	0	0	1,215	0	40.00
41.00	LABORATORY	0	0	0	0	0	0	968	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	498	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	0	660	0	43.00
44.00	PHYSICAL THERAPY	0	0	0	0	0	0	150,838	0	44.00
45.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	17,702	0	45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	0	0	8,562	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	3,250	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	9,802	0	49.00
SPECIAL PURPOSE COST CENTERS										
81.00	INTEREST EXPENSE									81.00
83.00	HOSPICE	0	0	0	0	0	0	18,884	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	858,514	76,807	128,651	22,500	30,852	384,885	4,681,810	0	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT FLOWER COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	90,394	0	90.00
91.00	BARBER AND BEAUTY SHOP	0	0	0	0	0	0	21,749	0	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	71,724	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	0	0	94.00
95.00	OTHER NON-REIMBURSABLE	0	0	0	0	0	0	3,722,910	0	95.00
98.00	Cross Foot Adjustments	0	0	0			0	0	0	98.00
99.00	Negative Cost Centers	0	0	0	0	0	0	0	0	99.00
100.00	TOTAL	858,514	76,807	128,651	22,500	30,852	384,885	8,588,587	0	100.00

MASONIC CHARITY FOUNDATION OF NEW JE

Period:

Run Date Time: 5/27/2025 6:41 pm

From: 01/01/2024

MCRIF32

2540-10

To: 12/31/2024

Version:

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Provider CCN: 315166

Worksheet B

Part II

PPS

ALLOCATION OF CAPITAL RELATED COSTS

Cost Center Description	Total	
	18.00	
GENERAL SERVICE COST CENTERS		
1.00 CAP REL COSTS - BLDGS & FIXTURES		1.00
3.00 EMPLOYEE BENEFITS		3.00
4.00 ADMINISTRATIVE & GENERAL		4.00
5.00 PLANT OPERATION MAINT. & REPAIRS		5.00
6.00 LAUNDRY & LINEN SERVICE		6.00
7.00 HOUSEKEEPING		7.00
8.00 DIETARY		8.00
9.00 NURSING ADMINISTRATION		9.00
10.00 CENTRAL SERVICES & SUPPLY		10.00
12.00 MEDICAL RECORDS & LIBRARY		12.00
13.00 SOCIAL SERVICE		13.00
15.00 ACTIVITIES		15.00
INPATIENT ROUTINE SERVICE COST CENTERS		
30.00 SKILLED NURSING FACILITY	4,469,431	30.00
33.00 OTHER LONG TERM CARE	0	33.00
ANCILLARY SERVICE COST CENTERS		
40.00 RADIOLOGY	1,215	40.00
41.00 LABORATORY	968	41.00
42.00 INTRAVENOUS THERAPY	498	42.00
43.00 OXYGEN (INHALATION) THERAPY	660	43.00
44.00 PHYSICAL THERAPY	150,838	44.00
45.00 OCCUPATIONAL THERAPY	17,702	45.00
46.00 SPEECH PATHOLOGY	8,562	46.00
47.00 ELECTROCARDIOLOGY	0	47.00
48.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	3,250	48.00
49.00 DRUGS CHARGED TO PATIENTS	9,802	49.00
SPECIAL PURPOSE COST CENTERS		
81.00 INTEREST EXPENSE		81.00
83.00 HOSPICE	18,884	83.00
89.00 SUBTOTALS (sum of lines 1-84)	4,681,810	89.00
NONREIMBURSABLE COST CENTERS		
90.00 GIFT FLOWER COFFEE SHOPS & CANTEEN	90,394	90.00
91.00 BARBER AND BEAUTY SHOP	21,749	91.00
92.00 PHYSICIANS PRIVATE OFFICES	71,724	92.00
93.00 NONPAID WORKERS	0	93.00
94.00 PATIENTS LAUNDRY	0	94.00
95.00 OTHER NON-REIMBURSABLE	3,722,910	95.00
98.00 Cross Foot Adjustments	0	98.00
99.00 Negative Cost Centers	0	99.00
100.00 TOTAL	8,588,587	100.00

MASONIC CHARITY FOUNDATION OF NEW JE

Period:

From: 01/01/2024

To: 12/31/2024

Run Date Time: 5/27/2025 6:41 pm

MCRIF32

Version: 11.1.179.1



Provider CCN: 315166

Worksheet B-1

COST ALLOCATION - STATISTICAL BASIS

PPS

	Cost Center Description	BLDGS & FIXTURES (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	PLANT OPERATION MAINT. & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		1.00	3.00	4A	4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS										
1.00	CAP REL COSTS - BLDGS & FIXTURES	357,205								1.00
3.00	EMPLOYEE BENEFITS	0	15,817,060							3.00
4.00	ADMINISTRATIVE & GENERAL	28,000	2,210,680	-8,419,372	35,359,916					4.00
5.00	PLANT OPERATION MAINT. & REPAIRS	53,279	879,302	0	6,805,796	275,926				5.00
6.00	LAUNDRY & LINEN SERVICE	16,184	163,048	0	591,677	16,184	40,891			6.00
7.00	HOUSEKEEPING	8,354	981,013	0	1,605,875	8,354	0	251,388		7.00
8.00	DIETARY	25,054	2,366,898	0	5,289,895	25,054	0	25,054	121,976	8.00
9.00	NURSING ADMINISTRATION	1,499	1,294,524	0	1,652,761	1,499	0	1,499	0	9.00
10.00	CENTRAL SERVICES & SUPPLY	4,190	0	0	100,744	4,190	0	4,190	0	10.00
12.00	MEDICAL RECORDS & LIBRARY	620	145,658	0	196,818	620	0	620	0	12.00
13.00	SOCIAL SERVICE	908	124,988	0	177,928	908	0	908	0	13.00
15.00	ACTIVITIES	12,370	191,297	0	563,735	12,370	0	12,370	0	15.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	SKILLED NURSING FACILITY	74,457	7,459,652	0	12,185,992	74,457	40,891	74,457	121,976	30.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS										
40.00	RADIOLOGY	0	0	0	63,795	0	0	0	0	40.00
41.00	LABORATORY	0	0	0	50,821	0	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	26,171	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	34,680	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	4,259	0	0	1,156,406	4,259	0	4,259	0	44.00
45.00	OCCUPATIONAL THERAPY	50	0	0	850,288	50	0	50	0	45.00
46.00	SPEECH PATHOLOGY	144	0	0	220,969	144	0	144	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	170,703	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	514,861	0	0	0	0	49.00
SPECIAL PURPOSE COST CENTERS										
81.00	INTEREST EXPENSE									81.00
83.00	HOSPICE	615	0	0	14,787	615	0	615	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	229,983	15,817,060	-8,419,372	32,274,702	148,704	40,891	124,166	121,976	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT FLOWER COFFEE SHOPS & CANTEEN	2,944	0	0	70,785	2,944	0	2,944	0	90.00
91.00	BARBER AND BEAUTY SHOP	692	0	0	42,945	692	0	692	0	91.00
92.00	PHYSICIANS PRIVATE OFFICES	2,336	0	0	56,166	2,336	0	2,336	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	0	0	94.00
95.00	OTHER NON-REIMBURSABLE	121,250	0	0	2,915,318	121,250	0	121,250	0	95.00
98.00	Cross Foot Adjustments									98.00
99.00	Negative Cost Centers									99.00
102.00	Cost to be allocated (per Wkst. B, Part I)	8,588,587	3,936,731		8,419,372	8,426,290	1,226,789	2,243,358	7,538,129	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	24.043860	0.248891		0.238105	30.538224	30.001443	8.923887	61.800100	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)		0		673,228	1,410,609	483,128	274,144	858,514	104.00
105.00	Unit cost multiplier (Wkst. B, Part II)		0.000000		0.019039	5.112273	11.815020	1.090521	7.038385	105.00

MASONIC CHARITY FOUNDATION OF NEW JE

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COST ALLOCATION - STATISTICAL BASIS

Worksheet B-1

PPS

	Cost Center Description	NURSING ADMINISTRATION (DIRECT NURSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (TOTAL PATIENT DAYS)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	ACTIVITIES (TOTAL PATIENT DAYS)	
		9.00	10.00	12.00	13.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS - BLDGS & FIXTURES						1.00
3.00	EMPLOYEE BENEFITS						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION MAINT. & REPAIRS						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION	21,387					9.00
10.00	CENTRAL SERVICES & SUPPLY	0	14,560				10.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	40,891			12.00
13.00	SOCIAL SERVICE	0	0	0	40,891		13.00
15.00	ACTIVITIES	0	0	0	0	40,891	15.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	SKILLED NURSING FACILITY	21,387	14,560	40,891	40,891	40,891	30.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	33.00
ANCILLARY SERVICE COST CENTERS							
40.00	RADIOLOGY	0	0	0	0	0	40.00
41.00	LABORATORY	0	0	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	0	0	0	0	0	44.00
45.00	OCCUPATIONAL THERAPY	0	0	0	0	0	45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	49.00
SPECIAL PURPOSE COST CENTERS							
81.00	INTEREST EXPENSE						81.00
83.00	HOSPICE	0	0	0	0	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	21,387	14,560	40,891	40,891	40,891	89.00
NONREIMBURSABLE COST CENTERS							
90.00	GIFT FLOWER COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	0	0	0	0	0	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	94.00
95.00	OTHER NON-REIMBURSABLE	0	0	0	0	0	95.00
98.00	Cross Foot Adjustments						98.00
99.00	Negative Cost Centers						99.00
102.00	Cost to be allocated (per Wkst. B, Part I)	2,105,446	290,078	268,148	256,126	1,186,109	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	98.445130	19.922940	6.557629	6.263628	29.006603	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)	76,807	128,651	22,500	30,852	384,885	104.00
105.00	Unit cost multiplier (Wkst. B, Part II)	3.591294	8.835920	0.550243	0.754494	9.412462	105.00

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RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS

Worksheet C

PPS

Cost Center Description		Total (from Wkst. B, Pt I, col. 18)	Total Charges	Ratio (col. 1 divided by col. 2)	
		1.00	2.00	3.00	
ANCILLARY SERVICE COST CENTERS					
40.00	RADIOLOGY	78,985	55,547	1.421949	40.00
41.00	LABORATORY	62,922	53,159	1.183657	41.00
42.00	INTRAVENOUS THERAPY	32,402	18,754	1.727738	42.00
43.00	OXYGEN (INHALATION) THERAPY	42,937	31,744	1.352602	43.00
44.00	PHYSICAL THERAPY	1,599,821	2,570,190	0.622452	44.00
45.00	OCCUPATIONAL THERAPY	1,054,719	2,079,200	0.507272	45.00
46.00	SPEECH PATHOLOGY	279,266	661,750	0.422011	46.00
47.00	ELECTROCARDIOLOGY	0	0	0.000000	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	211,348	10,364	20.392513	48.00
49.00	DRUGS CHARGED TO PATIENTS	637,452	376,639	1.692475	49.00
100.00	Total	3,999,852	5,857,347		100.00

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APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

Worksheet D

Part I

PPS

Title XVIII

Skilled Nursing Facility

PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST

		Ratio of Cost to Charges (Fr. Wkst. C Column 3)	Health Care Program Charges		Health Care Program Cost		
			Part A	Part B	Part A (col. 1 x col. 2)	Part B (col. 1 x col. 3)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
40.00	RADIOLOGY	1.421949	41,133	0	58,489	0	40.00
41.00	LABORATORY	1.183657	49,924	0	59,093	0	41.00
42.00	INTRAVENOUS THERAPY	1.727738	18,720	0	32,343	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	1.352602	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	0.622452	1,172,510	0	729,831	0	44.00
45.00	OCCUPATIONAL THERAPY	0.507272	1,149,850	0	583,287	0	45.00
46.00	SPEECH PATHOLOGY	0.422011	413,550	0	174,523	0	46.00
47.00	ELECTROCARDIOLOGY	0.000000	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	20.392513	9,378	0	191,241	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	1.692475	369,912	0	626,067	0	49.00
100.00	Total (Sum of lines 40 - 71)		3,224,977	0	2,454,874	0	100.00

(1) For titles V and XIX use columns 1, 2 and 4 only.

(2) Line 71 columns 2 and 4 are for titles V and XIX. No amounts should be entered here for title XVIII.

MASONIC CHARITY FOUNDATION OF NEW JE

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APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

Worksheet D

Parts II-III

Title XVIII

Skilled Nursing Facility

PPS

PART II - APPORTIONMENT OF VACCINE COST

		1.00	
1.00	Drugs charged to patients - ratio of cost to charges (From Worksheet C, column 3, line 49)	1.692475	1.00
2.00	Program vaccine charges (From your records, or the PS&R)	0	2.00
3.00	Program costs (Line 1 x line 2) (Title XVIII, PPS providers, transfer this amount to Worksheet E, Part I, line 18)	0	3.00

PART III - CALCULATION OF PASS THROUGH COSTS FOR NURSING & ALLIED HEALTH

	Cost Center Description	Total Cost (From Wkst. B, Part I, Col. 18)	Nursing & Allied Health (From Wkst. B, Part I, Col. 14)	Ratio of Nursing & Allied Health Costs to Total Costs - Part A (Col. 2 / Col. 1)	Program Part A Cost (From Wkst. D Part I, Col. 4)	Part A Nursing & Allied Health Costs for Pass Through (Col. 3 x Col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
40.00	RADIOLOGY	78,985	0	0.000000	58,489	0	40.00
41.00	LABORATORY	62,922	0	0.000000	59,093	0	41.00
42.00	INTRAVENOUS THERAPY	32,402	0	0.000000	32,343	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	42,937	0	0.000000	0	0	43.00
44.00	PHYSICAL THERAPY	1,599,821	0	0.000000	729,831	0	44.00
45.00	OCCUPATIONAL THERAPY	1,054,719	0	0.000000	583,287	0	45.00
46.00	SPEECH PATHOLOGY	279,266	0	0.000000	174,523	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0.000000	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	211,348	0	0.000000	191,241	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	637,452	0	0.000000	626,067	0	49.00
100.00	Total (Sum of lines 40 - 52)	3,999,852	0		2,454,874	0	100.00

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COMPUTATION OF INPATIENT ROUTINE COSTS

Worksheet D-1

Part I

PPS

Title XVIII

Skilled Nursing Facility

PART I CALCULATION OF INPATIENT ROUTINE COSTS

		1.00	
INPATIENT DAYS			
1.00	Inpatient days including private room days	40,891	1.00
2.00	Private room days	8,894	2.00
3.00	Inpatient days including private room days applicable to the Program	14,322	3.00
4.00	Medically necessary private room days applicable to the Program	14,322	4.00
5.00	Total general inpatient routine service cost	30,896,594	5.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
6.00	General inpatient routine service charges	24,419,681	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)	1.265233	7.00
8.00	Enter private room charges from your records	4,002,300	8.00
9.00	Average private room per diem charge (Private room charges line 8 divided by private room days, line 2)	450.00	9.00
10.00	Enter semi-private room charges from your records	0	10.00
11.00	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)	0.00	11.00
12.00	Average per diem private room charge differential (Line 9 minus line 11)	450.00	12.00
13.00	Average per diem private room cost differential (Line 7 times line 12)	569.35	13.00
14.00	Private room cost differential adjustment (Line 2 times line 13)	5,063,799	14.00
15.00	General inpatient routine service cost net of private room cost differential (Line 5 minus line 14)	25,832,795	15.00
PROGRAM INPATIENT ROUTINE SERVICE COSTS			
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)	631.75	16.00
17.00	Program routine service cost (Line 3 times line 16)	9,047,924	17.00
18.00	Medically necessary private room cost applicable to program (line 4 times line 13)	8,154,231	18.00
19.00	Total program general inpatient routine service cost (Line 17 plus line 18)	17,202,155	19.00
20.00	Capital related cost allocated to inpatient routine service costs (From Wkst. B, Part II column 18, line 30 for SNF; line 31 for NF, or line 32 for ICF/IID)	4,469,431	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)	109.30	21.00
22.00	Program capital related cost (Line 3 times line 21)	1,565,395	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)	15,636,760	23.00
24.00	Aggregate charges to beneficiaries for excess costs (From provider records)	0	24.00
25.00	Total program routine service costs for comparison to the cost limitation (Line 23 minus line 24)	15,636,760	25.00
26.00	Enter the per diem limitation (1)		26.00
27.00	Inpatient routine service cost limitation (Line 3 times the per diem limitation line 26) (1)		27.00
28.00	Reimbursable inpatient routine service costs (Line 22 plus the lesser of line 25 or line 27) (Transfer to Worksheet E, Part II, line 4) (See instructions)		28.00
PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS FOR PPS PASS-THROUGH			
		1.00	
1.00	Total SNF inpatient days	40,891	1.00
2.00	Program inpatient days (see instructions)	14,322	2.00
3.00	Total nursing & allied health costs. (see instructions)(Do not complete for titles V or XIX)	0	3.00
4.00	Nursing & allied health ratio. (line 2 divided by line 1)	0.350248	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)	0	5.00

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CALCULATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIII

 Worksheet E
 Part I
 PPS

Title XVIII

Skilled Nursing Facility

PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT

		1.00	
1.00	Inpatient PPS amount (See Instructions)	8,885,551	1.00
2.00	Nursing and Allied Health Education Activities (pass through payments)	0	2.00
3.00	Subtotal (Sum of lines 1 and 2)	8,885,551	3.00
4.00	Primary payor amounts	0	4.00
5.00	Coinsurance	1,487,772	5.00
6.00	Allowable bad debts (From your records)	0	6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)	0	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)	0	8.00
9.00	Recovery of bad debts - for statistical records only	0	9.00
10.00	Utilization review	0	10.00
11.00	Subtotal (See instructions)	7,397,779	11.00
12.00	Interim payments (See instructions)	7,249,823	12.00
13.00	Tentative adjustment	0	13.00
14.00	OTHER adjustment (See instructions)	0	14.00
14.50	Demonstration payment adjustment amount before sequestration	0	14.50
14.55	Demonstration payment adjustment amount after sequestration	0	14.55
14.75	Sequestration for non-claims based amounts (see instructions)	0	14.75
14.99	Sequestration amount (see instructions)	147,956	14.99
15.00	Balance due provider/program (see Instructions)	0	15.00
16.00	Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)	0	16.00

PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIII ONLY

17.00	Ancillary services Part B	0	17.00
18.00	Vaccine cost (From Wkst D, Part II, line 3)	0	18.00
19.00	Total reasonable costs (Sum of lines 17 and 18)	0	19.00
20.00	Medicare Part B ancillary charges (See instructions)	0	20.00
21.00	Cost of covered services (Lesser of line 19 or line 20)	0	21.00
22.00	Primary payor amounts	0	22.00
23.00	Coinsurance and deductibles	0	23.00
24.00	Allowable bad debts (From your records)	0	24.00
24.01	Allowable Bad debts for dual eligible beneficiaries (see instructions)	0	24.01
24.02	Adjusted reimbursable bad debts (see instructions)	0	24.02
25.00	Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)	0	25.00
26.00	Interim payments (See instructions)	0	26.00
27.00	Tentative adjustment	0	27.00
28.00	Other Adjustments (See instructions) Specify	0	28.00
28.50	Demonstration payment adjustment amount before sequestration	0	28.50
28.55	Demonstration payment adjustment amount after sequestration	0	28.55
28.99	Sequestration amount (see instructions)	0	28.99
29.00	Balance due provider/program (see instructions)	0	29.00
30.00	Protested amounts (Nonallowable cost report items) in accordance with CMS Pub.15-2, section 115.2	0	30.00

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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Worksheet E-1

		Title XVIII		Skilled Nursing Facility		PPS	
		Inpatient Part A		Part B			
DESCRIPTION		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		7,249,823		0	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, enter zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (Transfer to Wkst. E, Part I line 12 for Part A, and line 26 for Part B)		7,249,823		0	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	PROGRAM TO PROVIDER		0		0	6.01	
6.02	PROVIDER TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		7,249,823		0	7.00	
Contractor Name		Contractor Number					
1.00		2.00					
8.00 NOVITAS SOLUTIONS		12001					
		8.00					

(1) On lines 3, 5, and 6, where an amount is due "Provider to Program", show the amount and date on which the provider agrees to the amount of repayment even though total repayment is not accomplished until a later date.

MASONIC CHARITY FOUNDATION OF NEW JE

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Worksheet G

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records,
complete the "General Fund" column only)

PPS

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
Assets						
CURRENT ASSETS						
1.00	Cash on hand and in banks	1,236,456	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	2,315,417	0	0	0	3.00
4.00	Accounts receivable	129,917	0	0	0	4.00
5.00	Other receivables	0	0	0	0	5.00
6.00	Less: allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	88,977	0	0	0	7.00
8.00	Prepaid expenses	386,165	0	0	0	8.00
9.00	Other current assets	312,136	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	TOTAL CURRENT ASSETS (Sum of lines 1 - 10)	4,469,068	0	0	0	11.00
FIXED ASSETS						
12.00	Land	5,909,617	0	0	0	12.00
13.00	Land improvements	1,983,039	0	0	0	13.00
14.00	Less: Accumulated depreciation	-1,397,891	0	0	0	14.00
15.00	Buildings	144,518,521	0	0	0	15.00
16.00	Less: Accumulated depreciation	-80,404,303	0	0	0	16.00
17.00	Leasehold improvements	30,891,146	0	0	0	17.00
18.00	Less: Accumulated Amortization	-20,565,167	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Less: Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	1,049,790	0	0	0	21.00
22.00	Less: Accumulated depreciation	-996,684	0	0	0	22.00
23.00	Major movable equipment	16,382,704	0	0	0	23.00
24.00	Less: Accumulated depreciation	-14,150,690	0	0	0	24.00
25.00	Minor equipment - Depreciable	21,254	0	0	0	25.00
26.00	Minor equipment nondepreciable	-17,546	0	0	0	26.00
27.00	Other fixed assets	16,500	0	0	0	27.00
28.00	TOTAL FIXED ASSETS (Sum of lines 12 - 27)	83,240,290	0	0	0	28.00
OTHER ASSETS						
29.00	Investments	24,992,121	0	31,802,530	0	29.00
30.00	Deposits on leases	0	0	0	0	30.00
31.00	Due from owners/officers	0	0	0	0	31.00
32.00	Other assets	285,021	0	0	0	32.00
33.00	TOTAL OTHER ASSETS (Sum of lines 29 - 32)	25,277,142	0	31,802,530	0	33.00
34.00	TOTAL ASSETS (Sum of lines 11, 28, and 33)	112,986,500	0	31,802,530	0	34.00
Liabilities and Fund Balances						
CURRENT LIABILITIES						
35.00	Accounts payable	4,092,275	0	0	0	35.00
36.00	Salaries, wages, and fees payable	0	0	0	0	36.00
37.00	Payroll taxes payable	1,563,869	0	0	0	37.00
38.00	Notes & loans payable (Short term)	0	0	0	0	38.00
39.00	Deferred income	8,312,360	0	0	0	39.00
40.00	Accelerated payments	0	0	0	0	40.00
41.00	Due to other funds	0	0	0	0	41.00
42.00	Other current liabilities	0	0	0	0	42.00
43.00	TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	13,968,504	0	0	0	43.00
LONG TERM LIABILITIES						
44.00	Mortgage payable	77,401,341	0	0	0	44.00
45.00	Notes payable	0	0	0	0	45.00
46.00	Unsecured loans	0	0	0	0	46.00
47.00	Loans from owners:	0	0	0	0	47.00
48.00	Other long term liabilities	6,517,244	0	0	0	48.00
49.00	OTHER (SPECIFY)	0	0	0	0	49.00
50.00	TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49)	83,918,585	0	0	0	50.00

MASONIC CHARITY FOUNDATION OF NEW JE

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Worksheet G

 BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records,
 complete the "General Fund" column only)

PPS

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
51.00	TOTAL LIABILITIES (Sum of lines 43 and 50)	97,887,089	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	15,099,411				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			23,114,511		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			8,688,019		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	TOTAL FUND BALANCES (Sum of lines 52 thru 58)	15,099,411	0	31,802,530	0	59.00
60.00	TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	112,986,500	0	31,802,530	0	60.00

() = contra amount

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STATEMENT OF CHANGES IN FUND BALANCES

Worksheet G-1

PPS

		General Fund		Special Purpose Fund		Endowment Fund		Plant Fund		
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
1.00	Fund balances at beginning of period		12,437,311		0		30,189,157		0	1.00
2.00	Net income (loss) (from Wkst. G-3, line 31)		-8,897,899							2.00
3.00	Total (sum of line 1 and line 2)		3,539,412		0		30,189,157		0	3.00
4.00	Additions (credit adjustments)									4.00
5.00	UNREALIZED GAIN/LOSS ON INVESTMENTS	-52,525		0		438,685		0		5.00
6.00	ESTATES AND DONATIONS	11,780,959		0		0		0		6.00
7.00	INVESTMENT INCOME	320,341		0		1,486,490		0		7.00
8.00	SPLIT INTEREST AGREEMENTS	1,022		0		0		0		8.00
9.00	TRANSFERS TO ENDOWMENT FUND	-698,001		0		698,001		0		9.00
10.00	Total additions (sum of line 5 - 9)		11,351,796		0		2,623,176		0	10.00
11.00	Subtotal (line 3 plus line 10)		14,891,208		0		32,812,333		0	11.00
12.00	Deductions (debit adjustments)									12.00
13.00	PERIODIC PENSION COSTS	651,628		0		0		0		13.00
14.00	BENEFICIAL INTEREST IN TRUSTS	149,972		0		0		0		14.00
15.00	APP. FROM ENDOWMENT FUND.	-1,009,803		0		1,009,803		0		15.00
16.00		0		0		0		0		16.00
17.00		0		0		0		0		17.00
18.00	Total deductions (sum of lines 13 - 17)		-208,203		0		1,009,803		0	18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)		15,099,411		0		31,802,530		0	19.00

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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Worksheet G-2
Part I
PPS

PART I - PATIENT REVENUES

	Cost Center Description	Inpatient 1.00	Outpatient 2.00	Total 3.00	
General Inpatient Routine Care Services					
1.00	SKILLED NURSING FACILITY	24,419,681		24,419,681	1.00
2.00	NURSING FACILITY	0		0	2.00
3.00	ICF/IID	0		0	3.00
4.00	OTHER LONG TERM CARE	10,099,282		10,099,282	4.00
5.00	Total general inpatient care services (Sum of lines 1 - 4)	34,518,963		34,518,963	5.00
All Other Care Services					
6.00	ANCILLARY SERVICES	5,883,022	0	5,883,022	6.00
7.00	CLINIC		0	0	7.00
8.00	HOME HEALTH AGENCY COST		0	0	8.00
9.00	AMBULANCE		0	0	9.00
10.00	RURAL HEALTH CLINIC		0	0	10.00
10.10	FQHC		0	0	10.10
11.00	CMHC		0	0	11.00
12.00	HOSPICE	0	0	0	12.00
13.00	OTHER PATIENT REVENUES	0	9,644,843	9,644,843	13.00
14.00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to Worksheet G-3, Line 1)	40,401,985	9,644,843	50,046,828	14.00

PART II - OPERATING EXPENSES

		1.00	2.00	
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)		46,283,467	1.00
2.00	Add (Specify)	0		2.00
3.00		0		3.00
4.00		0		4.00
5.00		0		5.00
6.00		0		6.00
7.00		0		7.00
8.00	Total Additions (Sum of lines 2 - 7)		0	8.00
9.00	Deduct (Specify)	0		9.00
10.00		0		10.00
11.00		0		11.00
12.00		0		12.00
13.00		0		13.00
14.00	Total Deductions (Sum of lines 9 - 13)		0	14.00
15.00	Total Operating Expenses (Sum of lines 1 and 8, minus line 14)		46,283,467	15.00

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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Worksheet G-3

PPS

		1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	50,046,828	1.00
2.00	Less: contractual allowances and discounts on patients accounts	10,099,925	2.00
3.00	Net patient revenues (Line 1 minus line 2)	39,946,903	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	46,283,467	4.00
5.00	Net income from service to patients (Line 3 minus 4)	-6,336,564	5.00
Other income:			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from communications (Telephone and Internet service)	11,401	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	-35,594	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	24,221	13.00
14.00	Revenue from meals sold to employees and guests	-103,666	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flower, coffee shops, canteen	37,185	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of skilled nursing space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISC INCOME	45,906	24.00
24.01		0	24.01
24.02	HOSPICE REVENUE	375,046	24.02
24.03		0	24.03
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (Sum of lines 6 - 24)	354,499	25.00
26.00	Total (Line 5 plus line 25)	-5,982,065	26.00
27.00	OTHER EXPENSES	2,915,834	27.00
28.00		0	28.00
29.00		0	29.00
30.00	Total other expenses (Sum of lines 27 - 29)	2,915,834	30.00
31.00	Net income (or loss) for the period (Line 26 minus line 30)	-8,897,899	31.00