

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: 07/31/2027	
Masonic Charity Foundation of New Jersey	Period:	Run Date Time:	6/1/2026 1:47 pm
Provider CCN: 31-5166	From: 01/01/2025	MCRIF32	2540-24
	To: 12/31/2025	Version:	2.7.181.0

**SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTHCARE
COMPLEX COST REPORT STATUS, CERTIFICATION, AND SETTLEMENT SUMMARY**

**Worksheet S
Parts I, II & III**

PART I - COST REPORT STATUS	1	2	3	4
1 ELECTRONICALLY PREPARED	Y			1
2 MANUALLY PREPARED				2
3 IF AMENDED, NUMBER OF TIMES AMENDED	0			3
4 MEDICARE UTILIZATION	F			4
5 CONTRACTOR: HCRIS STATUS CODE	1			5
6 CONTRACTOR: COST REPORT RECEIVED DATE				6
7 CONTRACTOR: CONTRACTOR NUMBER				7
8 CONTRACTOR: INITIAL COST REPORT FOR THIS CCN				8
9 CONTRACTOR: FINAL COST REPORT FOR THIS CCN				9
10 CONTRACTOR: NPR DATE				10
11 CONTRACTOR: ADR SOFTWARE VENDOR CODE	4			11
12 CONTRACTOR: REOPENING NUMBER	0			12

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 OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

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 Jersey, 31-5166 PROVIDER NAME(S) AND PROVIDER CCN(S)} FOR THE COST REPORTING PERIOD BEGINNING 01/01/2025 AND ENDING 12/31/2025 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	2		
1	<i>Hance Sitkus</i>	Y	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.
2	Signatory Printed Name HANCE SITKUS		2
3	Signatory Title CONTRACTED CFO		3
4	Signature Date (Dated when report is electronically signed.)		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	SNF	0	23,211	0	0	1.00
2.00	NF	0			0	2.00
3.00	ICF/IID				0	3.00
4.00	SNF-BASED HHA I	0		0	0	4.00
100.00	TOTAL	0	23,211	0	0	100.00

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. THE OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0463. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED TO AVERAGE 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 REPORTS CLEARANCE OFFICER, MAIL STOP C4-26-05, BALTIMORE, MD 21244-1850. PLEASE DO NOT SEND APPLICATIONS, CLAIMS, PAYMENTS, MEDICAL RECORDS, OR ANY OTHER 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, CONTACT 1-800-MEDICARE.

Masonic Charity Foundation of New Jersey	Period:	Run Date Time: 6/1/2026 1:47 pm
Provider CCN: 31-5166	From: 01/01/2025	MCRIF32 2540-24
	To: 12/31/2025	Version: 2.7.181.0

IDENTIFICATION DATA

Worksheet S-2

SNF / SNF HEALTHCARE COMPLEX INFORMATION										
		STREET ADDRESS			P O BOX					
1.00	ADDRESS LINE 1	902 Jacksonville Road			2.00					
		CITY	STATE	ZIP CODE	COUNTY					
		1.00	2.00	3.00	4.00					
2.00	ADDRESS LINE 2	Burlington	NJ	08016	Burlington					
COMPONENT TYPE		COMPONENT NAME			CCN	CBSA	RURAL OR URBAN	DATE CERTIFIED MEDICARE	DATE CERTIFIED MEDICAID	
	1.00	2.00			3.00	4.00	5.00	6.00	7.00	
3.00	SNF	Masonic Charity Foundation of New Jersey			315166	15804	U	01/01/1980	01/01/1980	
4.00	NF									
5.00	ICF/IID									
6.00	SNF-BASED HHA									
7.00	SNF-BASED HOSPICE									
8.00	CORF									
8.10	OPT									
8.20	OOT									
8.30	OSP									
		FROM	TO							
		1.00	2.00							
9.00	COST REPORTING PERIOD	01/01/2025	12/31/2025							
		TOC CODE	SPECIFY OTHER							
		1.00	2.00							
10.00	TYPE OF CONTROL	2								
SNF ORGANIZATION AND OPERATION										
									1.00	
11.00	Is the SNF a distinct part SNF that meets the requirements set forth in 42 CFR section 483.5?								N	11.00
12.00	Is the SNF a composite distinct part SNF that meets the requirements set forth in 42 CFR 483.5?								N	12.00
		COMPONENT NAME	STREET ADDRESS	P O BOX	CITY	STATE	ZIP CODE			
		1.00	2.00	3.00	4.00	5.00	6.00			
13.00	Non-contiguous component locations						Y/N	DATE	V OR I	
							1.00	2.00	3.00	
14.00	COLUMN 1: Did the SNF terminate participation in the Medicare Program? COLUMN 2: Termination date. COLUMN 3: Voluntary (V) or involuntary (I) termination.						N			14.00
15.00	COLUMN 1: Did the SNF change ownership (CHOW) immediately prior to the beginning of the cost reporting period? COLUMN 2: CHOW date.						N			15.00
							1.00	2.00		
16.00	COLUMN 1: Is the SNF part of a HO/CO as defined in CMS Pub. 15-1, chapter 21, §2150? COLUMN 2: Enter the number of HO/COs allocating costs to this SNF.						N	0		16.00
		HO/CO NAME	STREET ADDRESS	P O BOX	CITY	STATE	ZIP CODE	HO/CO CCN	HO/CO CONTRACTOR #	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
17.00	HO/CO ALLOCATING TO SNF									
									1.00	
18.00	Did the total number of available beds permanently maintained for lodging inpatients change from the prior cost reporting period?								N	18.00
19.00	Did this SNF operate a ventilator care unit?								N	19.00

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SNF OWNED SERVICES						
		1.00	2.00			
20.00	COLUMN 1: Did the SNF and/or SNF-based HHA operate a Medicare approved laboratory with its own CLIA number or a CLIA certificate of waiver that meets the requirements in 42 CFR 493? COLUMN 2: Enter the CLIA ID number.	N				20.00
21.00	Did the SNF operate a radiological department that meets the standards required of a hospital furnishing such services under the program at 42 CFR 482.26 or the standards to provide portable x-ray services?	N				21.00
22.00	COLUMN 1: Did this SNF operate an institutional based ambulance service? COLUMN 2: Enter the ambulance provider number.	N				22.00
23.00	Is this SNF involved in business transactions, including management contracts, with individuals or entities 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?		N			23.00
24.00	Indicate whether the provider is licensed in a State that certifies the provider as a SNF as described on line 3 above, regardless of the level of care given for Titles V and XIX patients. Enter Y or N.		Y			24.00
PROFESSIONAL SERVICES PURCHASED BY THE SNF						
		1.00	2.00			
29.00	COLUMN 1: Did the SNF and/or its subproviders (if applicable) purchase professional services, e.g., legal, accounting, tax preparation, bookkeeping, payroll, and/or management/consulting services, from an unrelated organization? COLUMN 2: Were the majority of the expenses (i.e., greater than 50 percent of the total professional services expenses) for services purchased from unrelated organizations located outside of the SNF's local area labor market?	Y	N			29.00
SNF-BASED HHA THERAPY COSTS						
		1.00				
31.00	Did the SNF-based HHA contract with outside suppliers for physical therapy services?	Y				31.00
32.00	Did the SNF-based HHA contract with outside suppliers for occupational therapy services?	Y				32.00
33.00	Did the SNF-based HHA contract with outside suppliers for speech therapy services?	Y				33.00
MEDICAL MALPRACTICE COST						
		1.00	2.00	3.00		
34.00	Is the SNF legally required to carry malpractice insurance?	Y				34.00
35.00	If line 34 is Y, is the malpractice policy a claims-made or occurrence policy? Enter 1 for claims-made, or enter 2 for occurrence based policy.	1				35.00
36.00	If line 34 is Y, enter the total amount of malpractice premiums paid in column 1, the total amount of paid losses in column 2, and the total amount of self-insurance paid in column 3.	623,181	0	0		36.00
37.00	Are malpractice premiums and paid losses reported in other than the A&G cost center?	N				37.00
LOWER OF COST OR CHARGE EXEMPTION						
		PART A	PART B			
40.00	Did the SNF qualify for an exemption from the application of the lower of costs or charges?	N	N			40.00
41.00	Did the SNF-based HHA qualify for an exemption from the application of the lower of costs or charges?	N	N			41.00
FINANCIAL STATEMENTS						
		1.00	2.00	3.00		
50.00	COLUMN 1: Were the financial statements prepared by a CPA? COLUMN 2: If column 1 is Y, enter "A" for audited, "C" for complied, or "R" for reviewed in column 2. COLUMN 3: If complete copy of the financial statements not submitted with cost report, enter date available.	N				50.00
51.00	Do total expenses and total revenues reported on the cost report differ from those on the filed financial statements? If "Y", submit a reconciliation.	N				51.00
BAD DEBTS						
		1.00				
52.00	Is the SNF seeking reimbursement for Medicare bad debts?	Y				52.00
53.00	If line 52 is Y, did the SNF change its bad debt collection policy during this cost reporting period?	N				53.00
54.00	If line 52 is Y, did the SNF waive patient deductibles and/or coinsurance?	N				54.00
PS&R REPORT DATA						
	Description	PART A Y/N	PART A DATE	PART B Y/N	PART B DATE	
	0	1.00	2.00	3.00	4.00	
55.00	Is this cost report prepared using only the PS&R? If either column 1 or 3 is Y, in columns 2 and 4 from the PS&R used to prepare this cost report, enter the 55 "Paid Claims Verified Current As Of" date, if present, or the paid-through date. (see instructions)	N		N		55.00
56.00	Is this cost report prepared using the PS&R for totals and the provider's records for allocation? If either column 1 or 3 is Y, in columns 2 and 4, enter the "Paid Claims Verified Current As Of" date, if present, or the paid-through date. (see instructions)	N		N		56.00
57.00	If line 55 or 56 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?	N		N		57.00
58.00	If line 55 or 56 is Y, were adjustments made to PS&R data for corrections of other PS&R Report information?	N		N		58.00

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PS&R REPORT DATA							
		Description	PART A Y/N	PART A DATE	PART B Y/N	PART B DATE	
		0	1.00	2.00	3.00	4.00	
59.00	If line 55 or 56 is Y, were adjustments made to PS&R data for other reasons? If Y, describe the other adjustment:		N		N		59.00
60.00	Is this cost report prepared using only the provider's records?		Y		Y		60.00

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COST REPORT PREPARER CONTACT INFORMATION					
		FIRST NAME 1.00	LAST NAME 2.00	TITLE 3.00	
70.00	PREPARER	Stephen	Bernier	President	70.00
		NAME 1.00			
71.00	EMPLOYER	Zella Healthcare Consulting			71.00
		TELEPHONE NUMBER 1.00	EMAIL ADDRESS 2.00		
72.00	CONTACT INFORMATION	203-808-8197	stephen.bernier@zellahc.com		72.00

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STATISTICAL DATA

Worksheet S-3
Part I

PART I - VISITS AND CENSUS DATA

		NUMBER OF BEDS	BED DAYS AVAILABLE	INPATIENT DAYS					DISCHARGES					
				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	SNF - FFS	264	96,360	0	14,323	8,971	17,847	41,141	0	743	5	42	790	1.00
2.00	SNF - HMO			0	0	0			0	0	0	0	0	2.00
3.00	NF - FFS	0	0	0		0	0	0	0	0	0	0	0	3.00
4.00	NF - HMO			0		0			0		0	0	0	4.00
5.00	ICF/IID	0	0	0		0		0	0		0	0	0	5.00
6.00	HOSPICE	0	0	0	0	0	0	0	0	0	0	0	0	6.00
7.00	TOTAL	264	96,360	0	14,323	8,971	17,847	41,141	0	743	5	42	790	7.00

PART I - VISITS AND CENSUS DATA

		AVERAGE LENGTH OF STAY					ADMISSIONS					FTE		
		TITLE V	TITLE XVIII	TITLE XIX	OTHER	TOTAL	TITLE V	TITLE XVIII	TITLE XIX	OTHER	TOTAL	EMPLOYEE	NON-PAID	
		13.00	14.00	15.00	16.00	17.00	18.00	19.00	20.00	21.00	22.00	23.00	24.00	
1.00	SNF - FFS	0.00	19.28	1,794.20	424.93	52.08	0	408	8	80	496	350.00	0.00	1.00
2.00	SNF - HMO	0.00	0.00	0.00			0	0	0	0	0			2.00
3.00	NF - FFS	0.00		0.00	0.00	0.00	0		0	0	0	0.00	0.00	3.00
4.00	NF - HMO	0.00		0.00			0		0	0	0			4.00
5.00	ICF/IID	0.00		0.00	0.00	0.00	0		0	0	0	0.00	0.00	5.00
6.00	HOSPICE											0.00	0.00	6.00
7.00	TOTAL													7.00

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Part II

PART II - SNF WAGE INDEX - DIRECT SALARIES								
		AMOUNT REPORTED	RECLASS-IFICATIONS	ADJUSTMENTS	TOTAL	PAID HOURS	AVERAGE HOURLY WAGE	
		1.00	2.00	3.00	4.00	5.00	6.00	
SALARIES								
1.00	TOTAL SALARY (SEE INSTRUCTIONS)	19,053,628	0	0	19,053,628	727,342.00	26.20	1.00
2.00	PHYSICIAN SALARIES-PART A	0	0	0	0	0.00	0.00	2.00
3.00	PHYSICIAN SALARIES-PART B	0	0	0	0	0.00	0.00	3.00
4.00	HOME OFFICE PERSONNEL	0	0	0	0	0.00	0.00	4.00
5.00	SUM OF LINES 2 THROUGH 4	0	0	0	0	0.00	0.00	5.00
6.00	REVISED WAGES (LINE 1 MINUS LINE 5)	19,053,628	0	0	19,053,628	727,342.00	26.20	6.00
7.00	HOME HEALTH AGENCY	0	0	0	0	0.00	0.00	7.00
8.00	HOSPICE	0	0	0	0	0.00	0.00	8.00
9.00	OTHER EXCLUDED AREAS	2,749,754	0	0	2,749,754	150,306.00	18.29	9.00
10.00	SUBTOTAL EXCLUDED SALARY (SUM OF LINES 7 THROUGH 9)	2,749,754	0	0	2,749,754	150,306.00	18.29	10.00
11.00	TOTAL ADJUSTED SALARIES (LINE 6 MINUS LINE 10)	16,303,874	0	0	16,303,874	577,036.00	28.25	11.00
OTHER WAGES AND RELATED COST								
12.00	CONTRACT LABOR: PATIENT RELATED & MGMT	0	0	0	0	0.00	0.00	12.00
13.00	CONTRACT LABOR: PHYSICIAN SERVICES-PART A	0	0	0	0	0.00	0.00	13.00
14.00	HOME OFFICE SALARIES AND WAGE RELATED COSTS	0	0	0	0	0.00	0.00	14.00
WAGE RELATED COSTS								
15.00	WAGE RELATED COSTS CORE (SEE PT.IV)	4,235,400	0	0	4,235,400			15.00
16.00	WAGE RELATED COSTS (EXCLUDED UNITS)	0	0	0	0			16.00
17.00	PHYSICIANS PART A - WRC	0	0	0	0			17.00
18.00	PHYSICIANS PART B - WRC	0	0	0	0			18.00
19.00	TOTAL ADJUSTED WAGE RELATED COST (SEE INSTRUCTIONS)	4,235,400	0	0	4,235,400			19.00

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Part III**

PART III - SNF WAGE INDEX - OVERHEAD COST - DIRECT SALARIES

		WKST A LINE NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES	ADJUSTED SALARIES	TOTAL	PAID HOURS	AVERAGE HOURLY WAGE	
		0	1.00	2.00	3.00	4.00	5.00	6.00	
1.00	EMPLOYEE BENEFITS DEPARTMENT	3.00	0	0	0	0	0.00	0.00	1.00
2.00	ADMINISTRATIVE AND GENERAL	4.00	2,349,940	0	0	2,349,940	59,479.00	39.51	2.00
3.00	PLANT OP, MAINT & REPAIRS	5.00	835,224	0	0	835,224	44,022.00	18.97	3.00
4.00	LAUNDRY AND LINEN SERVICE	6.00	0	0	0	0	7,524.00	0.00	4.00
5.00	HOUSEKEEPING	7.00	1,064,028	0	0	1,064,028	44,638.00	23.84	5.00
6.00	DIETARY	8.00	2,513,981	0	0	2,513,981	123,669.00	20.33	6.00
7.00	NURSING ADMINISTRATION	9.00	293,645	0	0	293,645	4,078.00	72.01	7.00
8.00	CENTRAL SERVICES AND SUPPLY	10.00	0	0	0	0	0.00	0.00	8.00
9.00	PHARMACY	11.00	0	0	0	0	0.00	0.00	9.00
10.00	MEDICAL RECORDS	12.00	225,950	0	0	225,950	5,577.00	40.51	10.00
11.00	MEDICAL SOCIAL SERVICES	13.00	211,783	0	0	211,783	6,679.00	31.71	11.00
12.00	ACTIVITIES PROGRAM	14.00	0	0	0	0	0.00	0.00	12.00
13.00	QA & PERFORMANCE IMPROVEMENT PROGRAM	15.00	0	0	0	0	0.00	0.00	13.00
14.00	TRAINING AND IN-SERVICE EDUCATION	16.00	0	0	0	0	0.00	0.00	14.00
15.00	PATIENT TRANSPORTATION PART A	17.00	0	0	0	0	0.00	0.00	15.00
16.00	OTHER GENERAL SERVICE	18.00	328,963	0	0	328,963	15,914.00	20.67	16.00

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**Worksheet S-3
Part IV**

PART IV - SNF WAGE RELATED COSTS			AMOUNT	
			1.00	
RETIREMENT COST				
1.00	401k EMPLOYER CONTRIBUTIONS		0	1.00
2.00	TAX SHELTERED ANNUITY EMPLOYER CONTRIBUTION		0	2.00
3.00	QUALIFIED AND NON-QUALIFIED PENSION PLAN COST		139,934	3.00
4.00	PRIOR YEAR PENSION SERVICE COST		0	4.00
PLAN ADMINISTRATIVE COSTS				
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 COSTS				
8.00	HEALTH INSURANCE		1,430,047	8.00
9.00	PRESCRIPTION DRUG PLAN		0	9.00
10.00	DENTAL, HEARING AND VISION PLANS		0	10.00
11.00	LIFE INSURANCE		0	11.00
12.00	ACCIDENTAL INSURANCE		0	12.00
13.00	DISABILITY INSURANCE		0	13.00
14.00	LONG-TERM CARE INSURANCE		0	14.00
15.00	WORKERS' COMPENSATION INSURANCE		590,422	15.00
16.00	RETIREMENT HEALTH CARE COST		0	16.00
TAXES				
17.00	FICA - EMPLOYER'S PORTION ONLY		1,399,805	17.00
18.00	MEDICARE TAXES - EMPLOYER'S PORTION ONLY		0	18.00
19.00	UNEMPLOYMENT INSURANCE		0	19.00
20.00	STATE OR FEDERAL UNEMPLOYMENT TAXES		566,140	20.00
OTHER				
21.00	EXECUTIVE DEFERRED COMPENSATION		0	21.00
22.00	DAY CARE COST AND ALLOWANCES		57,436	22.00
23.00	TUITION REIMBURSEMENT		51,616	23.00
24.00	TOTAL WAGE RELATED COST		4,235,400	24.00

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STATISTICAL DATA

Worksheet S-3
Part V

PART V - SNF REPORTING OF DIRECT CARE EXPENDITURES

		AMOUNT REPORTED	EMPLOYEE WAGE-RELATED COSTS	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	

DIRECT SALARIES

NURSING EMPLOYEES

1.00	REGISTERED NURSE	2,089,823	0	2,089,823	59,743.00	34.98	1.00
2.00	LICENSED PRACTICAL NURSE	3,579,782	0	3,579,782	113,500.00	31.54	2.00
3.00	CERTIFIED NURSING ASSISTANT	2,810,755	0	2,810,755	92,212.00	30.48	3.00
4.00	TOTAL NURSING EXPENDITURES	8,480,360	0	8,480,360	265,455.00	31.95	4.00
5.00	PHYSICAL THERAPIST	0	0	0	0.00	0.00	5.00
6.00	PHYSICAL THERAPY ASSISTANT	0	0	0	0.00	0.00	6.00
7.00	OCCUPATIONAL THERAPIST	0	0	0	0.00	0.00	7.00
8.00	OCCUPATIONAL THERAPY ASSISTANT	0	0	0	0.00	0.00	8.00
9.00	SPEECH-LANGUAGE PATHOLOGIST	0	0	0	0.00	0.00	9.00
10.00	THERAPY AIDES AND STUDENTS	0	0	0	0.00	0.00	10.00
11.00	RESPIRATORY THERAPIST	0	0	0	0.00	0.00	11.00
12.00	OTHER MEDICAL STAFF	0	0	0	0.00	0.00	12.00

CONTRACT LABOR

NURSING EMPLOYEES

15.00	REGISTERED NURSE	72,203	0	72,203	991.00	72.86	15.00
16.00	LICENSED PRACTICAL NURSE	341,843	0	341,843	6,343.00	53.89	16.00
17.00	CERTIFIED NURSING ASSISTANT	553,616	0	553,616	14,112.00	39.23	17.00
18.00	TOTAL NURSING EXPENDITURES	967,662	0	967,662	21,446.00	45.12	18.00

TECHNICAL/PROFESSIONAL EMPLOYEES

19.00	PHYSICAL THERAPIST	817,358	0	817,358	9,195.00	88.89	19.00
20.00	PHYSICAL THERAPY ASSISTANT	0	0	0	0.00	0.00	20.00
21.00	OCCUPATIONAL THERAPIST	577,689	0	577,689	6,581.00	87.78	21.00
22.00	OCCUPATIONAL THERAPY ASSISTANT	0	0	0	0.00	0.00	22.00
23.00	SPEECH-LANGUAGE PATHOLOGIST	123,469	0	123,469	1,544.00	79.97	23.00
24.00	THERAPY AIDES AND STUDENTS	0	0	0	0.00	0.00	24.00
25.00	RESPIRATORY THERAPIST	0	0	0	0.00	0.00	25.00
26.00	OTHER MEDICAL STAFF	0	0	0	0.00	0.00	26.00

HOME OFFICE/CHAIN ORGANIZATION

NURSING EMPLOYEES

29.00	REGISTERED NURSE	0	0	0	0.00	0.00	29.00
30.00	LICENSED PRACTICAL NURSE	0	0	0	0.00	0.00	30.00
31.00	CERTIFIED NURSING ASSISTANT	0	0	0	0.00	0.00	31.00
32.00	TOTAL NURSING EXPENDITURES	0	0	0	0.00	0.00	32.00

TECHNICAL/PROFESSIONAL EMPLOYEES

33.00	PHYSICAL THERAPIST	0	0	0	0.00	0.00	33.00
34.00	PHYSICAL THERAPY ASSISTANT	0	0	0	0.00	0.00	34.00
35.00	OCCUPATIONAL THERAPIST	0	0	0	0.00	0.00	35.00
36.00	OCCUPATIONAL THERAPY ASSISTANT	0	0	0	0.00	0.00	36.00
37.00	SPEECH-LANGUAGE PATHOLOGIST	0	0	0	0.00	0.00	37.00
38.00	THERAPY AIDES AND STUDENTS	0	0	0	0.00	0.00	38.00
39.00	RESPIRATORY THERAPIST	0	0	0	0.00	0.00	39.00
40.00	OTHER MEDICAL STAFF	0	0	0	0.00	0.00	40.00

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Worksheet A

		Cost Center Description	SALARIES & WAGES	CONTRACT LABOR COSTS	LABOR SUBTOTAL	OTHER COSTS	SUBTOTAL	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAPITAL RELATED-BUILDINGS & FIXTURES				9,535,261	9,535,261	1.00
3.00	00300	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	4,235,400	4,235,400	3.00
4.00	00400	ADMINISTRATIVE AND GENERAL	2,349,940	25,200	2,375,140	6,630,388	9,005,528	4.00
5.00	00500	PLANT OP, MAINT. & REPAIRS	835,224	0	835,224	4,385,454	5,220,678	5.00
6.00	00600	LAUNDRY AND LINEN SERVICE	0	0	0	22,875	22,875	6.00
7.00	00700	HOUSEKEEPING	1,064,028	0	1,064,028	123,219	1,187,247	7.00
8.00	00800	DIETARY	2,513,981	0	2,513,981	1,711,429	4,225,410	8.00
9.00	00900	NURSING ADMINISTRATION	293,645	0	293,645	0	293,645	9.00
10.00	01000	CENTRAL SERVICES AND SUPPLY	0	0	0	0	0	10.00
12.00	01200	MEDICAL RECORDS	225,950	0	225,950	0	225,950	12.00
13.00	01300	MEDICAL SOCIAL SERVICES	211,783	0	211,783	0	211,783	13.00
15.00	01500	QA & PERFORMANCE IMPROVEMENT PROGRAM	0	0	0	0	0	15.00
18.00	01800	RECREATION	328,963	0	328,963	153,475	482,438	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
25.00	02500	SKILLED NURSING FACILITY	8,480,360	967,662	9,448,022	434,648	9,882,670	25.00
26.00	02600	NURSING FACILITY	0	0	0	0	0	26.00
27.00	02700	ICF/IID	0	0	0	0	0	27.00
ANCILLARY SERVICE COST CENTERS								
30.00	03000	RADIOLOGY-DIAGNOSTIC	0	0	0	70,471	70,471	30.00
31.00	03100	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0	0	0	0	31.00
32.00	03200	LABORATORY	0	0	0	58,406	58,406	32.00
33.00	03300	INTRAVENOUS THERAPY	0	0	0	2,098	2,098	33.00
34.00	03400	RESPIRATORY THERAPY	0	0	0	47,061	47,061	34.00
35.00	03500	PHYSICAL THERAPY	0	817,358	817,358	260,427	1,077,785	35.00
36.00	03600	OCCUPATIONAL THERAPY	0	577,689	577,689	199,473	777,162	36.00
37.00	03700	SPEECH LANGUAGE PATHOLOGIST	0	123,469	123,469	28,097	151,566	37.00
38.00	03800	AUDIOLOGY	0	0	0	0	0	38.00
39.00	03900	ELECTROCARDIOLOGY	0	0	0	0	0	39.00
40.00	04000	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	2,951	2,951	40.00
41.00	04100	DRUGS: DRUGS CHARGED TO PATIENTS	0	0	0	536,677	536,677	41.00
42.00	04200	DRUGS: IV SOLUTIONS	0	0	0	0	0	42.00
43.00	04300	DENTAL CARE	0	0	0	0	0	43.00
44.00	04400	APPLIANCES AND EQUIPMENT	0	0	0	0	0	44.00
45.00	04500	BLOOD AND BLOOD PRODUCTS	0	0	0	0	0	45.00
46.00	04600	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0	0	0	0	46.00
47.00	04700	OTHER ANCILLARY SERVICE COST	0	0	0	0	0	47.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	SCREENING & PREVENTIVE SERVICES	0	0	0	0	0	60.00
61.00	06100	OUTPATIENT LABORATORY	0	0	0	0	0	61.00
62.00	06200	PORTABLE X-RAY SERVICES	0	0	0	0	0	62.00
63.00	06300	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0	0	0	0	0	63.00
64.00	06400	OTHER OUTPATIENT SERVICE COST	0	0	0	0	0	64.00
OUTPATIENT REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	HOSPICE	0	0	0	0	0	72.00
73.00	07300	CORF	0	0	0	0	0	73.00
74.00	07400	OPT	0	0	0	0	0	74.00
75.00	07500	OOT	0	0	0	0	0	75.00
76.00	07600	OSP	0	0	0	0	0	76.00
77.00	07700	OTHER OUTPATIENT REIMBURSABLE COST	0	0	0	0	0	77.00
COST REIMBURSED SERVICES COST CENTERS								
80.00	08000	PREVENTIVE VACCINES	0	0	0	0	0	80.00
81.00	08100	OTHER COST REIMBURSED SERVICE COST	0	0	0	0	0	81.00
89.00		SUBTOTAL	16,303,874	2,511,378	18,815,252	28,437,810	47,253,062	89.00

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Worksheet A

		Cost Center Description	SALARIES & WAGES	CONTRACT LABOR COSTS	LABOR SUBTOTAL	OTHER COSTS	SUBTOTAL	
			1.00	2.00	3.00	4.00	5.00	
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	NONPAID WORKERS	0	0	0	0	0	91.00
92.00	09200	PHYSICIAN PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	OTHER NONREIMBURSABLE COST	2,749,754	0	2,749,754	-7,056,609	-4,306,855	93.00
100.00		TOTAL	19,053,628	2,511,378	21,565,006	21,381,201	42,946,207	100.00

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Worksheet A

		Cost Center Description	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	EXPENSES FOR COST ALLOCATION	
			6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAPITAL RELATED-BUILDINGS & FIXTURES	0	9,535,261	0	9,535,261	1.00
3.00	00300	EMPLOYEE BENEFITS DEPARTMENT	0	4,235,400	-168,825	4,066,575	3.00
4.00	00400	ADMINISTRATIVE AND GENERAL	0	9,005,528	-1,690,641	7,314,887	4.00
5.00	00500	PLANT OP, MAINT. & REPAIRS	0	5,220,678	0	5,220,678	5.00
6.00	00600	LAUNDRY AND LINEN SERVICE	0	22,875	0	22,875	6.00
7.00	00700	HOUSEKEEPING	0	1,187,247	0	1,187,247	7.00
8.00	00800	DIETARY	0	4,225,410	0	4,225,410	8.00
9.00	00900	NURSING ADMINISTRATION	0	293,645	0	293,645	9.00
10.00	01000	CENTRAL SERVICES AND SUPPLY	0	0	0	0	10.00
12.00	01200	MEDICAL RECORDS	0	225,950	0	225,950	12.00
13.00	01300	MEDICAL SOCIAL SERVICES	0	211,783	0	211,783	13.00
15.00	01500	QA & PERFORMANCE IMPROVEMENT PROGRAM	0	0	0	0	15.00
18.00	01800	RECREATION	0	482,438	0	482,438	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
25.00	02500	SKILLED NURSING FACILITY	-166,048	9,716,622	0	9,716,622	25.00
26.00	02600	NURSING FACILITY	0	0	0	0	26.00
27.00	02700	ICF/IID	0	0	0	0	27.00
ANCILLARY SERVICE COST CENTERS							
30.00	03000	RADIOLOGY-DIAGNOSTIC	0	70,471	0	70,471	30.00
31.00	03100	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0	0	0	31.00
32.00	03200	LABORATORY	0	58,406	0	58,406	32.00
33.00	03300	INTRAVENOUS THERAPY	0	2,098	0	2,098	33.00
34.00	03400	RESPIRATORY THERAPY	0	47,061	0	47,061	34.00
35.00	03500	PHYSICAL THERAPY	0	1,077,785	0	1,077,785	35.00
36.00	03600	OCCUPATIONAL THERAPY	0	777,162	0	777,162	36.00
37.00	03700	SPEECH LANGUAGE PATHOLOGIST	0	151,566	0	151,566	37.00
38.00	03800	AUDIOLOGY	0	0	0	0	38.00
39.00	03900	ELECTROCARDIOLOGY	0	0	0	0	39.00
40.00	04000	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,951	0	2,951	40.00
41.00	04100	DRUGS: DRUGS CHARGED TO PATIENTS	0	536,677	0	536,677	41.00
42.00	04200	DRUGS: IV SOLUTIONS	0	0	0	0	42.00
43.00	04300	DENTAL CARE	0	0	0	0	43.00
44.00	04400	APPLIANCES AND EQUIPMENT	0	0	0	0	44.00
45.00	04500	BLOOD AND BLOOD PRODUCTS	0	0	0	0	45.00
46.00	04600	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0	0	0	46.00
47.00	04700	OTHER ANCILLARY SERVICE COST	0	0	0	0	47.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	SCREENING & PREVENTIVE SERVICES	0	0	0	0	60.00
61.00	06100	OUTPATIENT LABORATORY	0	0	0	0	61.00
62.00	06200	PORTABLE X-RAY SERVICES	0	0	0	0	62.00
63.00	06300	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0	0	0	0	63.00
64.00	06400	OTHER OUTPATIENT SERVICE COST	0	0	0	0	64.00
OUTPATIENT REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	HOSPICE	0	0	0	0	72.00
73.00	07300	CORF	0	0	0	0	73.00
74.00	07400	OPT	0	0	0	0	74.00
75.00	07500	OOT	0	0	0	0	75.00
76.00	07600	OSP	0	0	0	0	76.00
77.00	07700	OTHER OUTPATIENT REIMBURSABLE COST	0	0	0	0	77.00
COST REIMBURSED SERVICES COST CENTERS							
80.00	08000	PREVENTIVE VACCINES	166,048	166,048	0	166,048	80.00
81.00	08100	OTHER COST REIMBURSED SERVICE COST	0	0	0	0	81.00

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Worksheet A

		Cost Center Description	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	EXPENSES FOR COST ALLOCATION		
			6.00	7.00	8.00	9.00		
89.00		SUBTOTAL	0	47,253,062	-1,859,466	45,393,596		89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0		90.00
91.00	09100	NONPAID WORKERS	0	0	0	0		91.00
92.00	09200	PHYSICIAN PRIVATE OFFICES	0	0	0	0		92.00
93.00	09300	OTHER NONREIMBURSABLE COST	0	-4,306,855	4,306,855	0		93.00
100.00		TOTAL	0	42,946,207	2,447,389	45,393,596		100.00

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RECLASSIFICATIONS

Worksheet A-6

INCREASES					DECREASES				
COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00		
A - RECLASS LAUNDRY									
1.00	PREVENTIVE VACCINES	80.00	0	166,048	SKILLED NURSING FACILITY	25.00	0	166,048	1.00
GRAND TOTAL									
500.00	TOTAL RECLASSIFICATIONS		0	166,048			0	166,048	500.00

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RECONCILIATION OF CAPITAL COSTS CENTERS

Worksheet A-7

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

		BEGINNING BALANCES	ACQUISITIONS			DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS	
			PURCHASES	DONATION	TOTAL				
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	
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	144,518,521	97,999	0	97,999	0	144,616,520	0	3.00
4.00	BUILDING IMPROVEMENTS	30,891,146	0	0	0	167,356	30,723,790	0	4.00
5.00	FIXED EQUIPMENT	0	0	0	0	0	0	0	5.00
6.00	MOVABLE EQUIPMENT	17,453,748	0	0	0	89,437	17,364,311	0	6.00
7.00	SUBTOTAL	200,756,071	97,999	0	97,999	256,793	200,597,277	0	7.00
8.00	RECONCILING ITEMS	0	0	0	0	0	0	0	8.00
9.00	TOTAL	200,756,071	97,999	0	97,999	256,793	200,597,277	0	9.00

PART II - RECONCILIATION OF CAPITAL COST CENTERS (SUMMARY OF CAPITAL)

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	TOTAL	
1.00	CAPITAL RELATED COSTS - BUILDINGS & FIXTURES	5,659,901	0	3,072,159	367,418	435,783	0	9,535,261	1.00
2.00	CAPITAL RELATED COSTS - MOVABLE EQUIPMENT	0	0	0	0	0	0	0	2.00
3.00	TOTAL	5,659,901	0	3,072,159	367,418	435,783	0	9,535,261	3.00

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ADJUSTMENTS TO EXPENSES

Worksheet A-8

				WORKSHEET A	
	DESCRIPTION OF ADJUSTMENT	BASIS	AMOUNT	COST CENTER	LINE NO.
1.00		2.00	3.00	4.00	5.00
1.00	INVESTMENT INCOME ON RESTRICTED FUNDS (CMS PUB. 15-1, CHAPTER 2)		0		0.00 1.00
2.00	TRADE, QUANTITY, TIME, AND OTHER DISCOUNTS ON PURCHASES (CMS PUB. 15-1, CHAPTER 8)		0		0.00 2.00
3.00	REBATES AND REFUNDS OF EXPENSES (CMS PUB. 15-1, CHAPTER 8)		0		0.00 3.00
4.00	RENTAL OF PROVIDER SPACE BY SUPPLIERS (CMS PUB. 15-1, CHAPTER 8)		0		0.00 4.00
5.00	TELEPHONE SERVICES (CMS PUB. 15-1, CHAPTER 21)		0		0.00 5.00
6.00	TELEVISION AND RADIO SERVICES (CMS PUB. 15-1, CHAPTER 21)		0		0.00 6.00
7.00	PARKING LOT (CMS PUB. 15-1, CHAPTER 21)		0		0.00 7.00
8.00	REMUNERATION APPLICABLE TO PROVIDER-BASED PHYSICIAN ADJUSTMENT	A-8-2	0		8.00
9.00	SALE OF SCRAP, WASTE, ETC. (CMS PUB. 15-1, CHAPTER 23)		0		0.00 9.00
10.00	RELATED ORGANIZATION AND HOME OFFICE COST TRANSACTIONS (CMS PUB. 15-1, CHAPTER 10)	A-8-1	0		10.00
11.00	LAUNDRY AND LINEN SERVICE		0		0.00 11.00
12.00	REVENUE - EMPLOYEE MEALS		0		0.00 12.00
13.00	COST OF MEALS - GUESTS		0		0.00 13.00
14.00	SALE OF MEDICAL SUPPLIES TO OTHER THAN PATIENTS		0		0.00 14.00
15.00	SALE OF DRUGS TO OTHER THAN PATIENTS		0		0.00 15.00
16.00	REVENUE - COPYING COSTS OF MEDICAL RECORDS AND ABSTRACTS		0		0.00 16.00
17.00	VENDING MACHINES		0		0.00 17.00
18.00	INCOME FROM IMPOSITION OF INTEREST, FINANCE, OR PENALTY CHARGES (CMS PUB. 15-1, CHAPTER 21)		0		0.00 18.00
19.00	INTEREST EXPENSE ON MEDICARE OVERPAYMENTS AND BORROWINGS TO REPAY MEDICARE OVERPAYMENTS		0		0.00 19.00
20.00	DEPRECIATION--BUILDINGS AND FIXTURES		0	CAPITAL RELATED-BUILDINGS & FIXTURES	1.00 20.00
21.00	DEPRECIATION--MOVABLE EQUIPMENT		0	*** Cost Center Deleted ***	2.00 21.00
22.00	SHORT TERM INPATIENT HOSPICE CARE		0		0.00 22.00
23.00	HOSPICE NON-CORE CONTRACTED SERVICES		0		0.00 23.00
24.00	Resident Personal Items	A	-1,626	ADMINISTRATIVE AND GENERAL	4.00 24.00
24.01	Admin Misc Income	B	-161,553	ADMINISTRATIVE AND GENERAL	4.00 24.01
24.02	Board Expenses	A	-37,483	ADMINISTRATIVE AND GENERAL	4.00 24.02
24.03	Developmental Salaries	A	-147,051	ADMINISTRATIVE AND GENERAL	4.00 24.03
24.04	Marketing Salaries	A	-612,434	ADMINISTRATIVE AND GENERAL	4.00 24.04
24.05	Marketing	A	-478,454	ADMINISTRATIVE AND GENERAL	4.00 24.05
24.07	Non Allowable Expense	A	4,306,855	OTHER NONREIMBURSABLE COST	93.00 24.07
24.08	Development Benefits	A	-32,688	EMPLOYEE BENEFITS DEPARTMENT	3.00 24.08
24.09	Marketing Benfits	A	-136,137	EMPLOYEE BENEFITS DEPARTMENT	3.00 24.09
24.10	Ambulance	A	-232,746	ADMINISTRATIVE AND GENERAL	4.00 24.10
24.11	Employee Food	A	-19,294	ADMINISTRATIVE AND GENERAL	4.00 24.11
100.00	TOTAL		2,447,389		100.00

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ALLOCATION OF GENERAL SERVICES COSTS

Worksheet B
Part I

	Cost Center Description	NET EXPENSES FOR COST ALLOCATION	CRC - B&F	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE AND GENERAL	PLANT OP, 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	CAPITAL RELATED-BUILDINGS & FIXTURES	9,535,261	9,535,261							1.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	4,066,575	0	4,066,575						3.00
4.00	ADMINISTRATIVE AND GENERAL	7,314,887	1,149,262	501,543	8,965,692	8,965,692				4.00
5.00	PLANT OP, MAINT. & REPAIRS	5,220,678	2,186,840	178,260	7,585,778	1,878,011	9,463,789			5.00
6.00	LAUNDRY AND LINEN SERVICE	22,875	664,273	0	687,148	170,117	1,014,096	1,871,361		6.00
7.00	HOUSEKEEPING	1,187,247	342,890	227,093	1,757,230	435,037	523,465	0	2,715,732	7.00
8.00	DIETARY	4,225,410	1,028,343	536,554	5,790,307	1,433,506	1,569,894	0	537,886	8.00
9.00	NURSING ADMINISTRATION	293,645	61,527	62,672	417,844	103,446	93,928	0	32,182	9.00
10.00	CENTRAL SERVICES AND SUPPLY	0	171,979	0	171,979	42,577	262,547	0	89,955	10.00
12.00	MEDICAL RECORDS	225,950	25,448	48,224	299,622	74,177	38,849	0	13,311	12.00
13.00	MEDICAL SOCIAL SERVICES	211,783	37,269	45,200	294,252	72,848	56,896	0	19,494	13.00
15.00	QA & PERFORMANCE IMPROVEMENT PROGRAM	0	507,727	0	507,727	125,698	775,109	0	265,573	15.00
18.00	RECREATION	482,438	0	70,210	552,648	136,819	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS										
25.00	SKILLED NURSING FACILITY	9,716,622	3,056,093	1,809,945	14,582,660	3,610,225	4,665,506	1,871,361	1,598,524	25.00
26.00	NURSING FACILITY	0	0	0	0	0	0	0	0	26.00
27.00	ICF/IID	0	0	0	0	0	0	0	0	27.00
ANCILLARY SERVICE COST CENTERS										
30.00	RADIOLOGY-DIAGNOSTIC	70,471	0	0	70,471	17,447	0	0	0	30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0	0	0	0	0	0	0	31.00
32.00	LABORATORY	58,406	0	0	58,406	14,460	0	0	0	32.00
33.00	INTRAVENOUS THERAPY	2,098	0	0	2,098	519	0	0	0	33.00
34.00	RESPIRATORY THERAPY	47,061	0	0	47,061	0	0	0	0	34.00
35.00	PHYSICAL THERAPY	1,077,785	174,811	0	1,252,596	310,105	266,871	0	91,437	35.00
36.00	OCCUPATIONAL THERAPY	777,162	2,052	0	779,214	192,910	3,133	0	1,073	36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	151,566	5,910	0	157,476	38,986	9,023	0	3,092	37.00
38.00	AUDIOLOGY	0	0	0	0	0	0	0	0	38.00
39.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	39.00
40.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,951	0	0	2,951	731	0	0	0	40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	536,677	0	0	536,677	132,865	0	0	0	41.00
42.00	DRUGS: IV SOLUTIONS	0	0	0	0	0	0	0	0	42.00
43.00	DENTAL CARE	0	0	0	0	0	0	0	0	43.00
44.00	APPLIANCES AND EQUIPMENT	0	0	0	0	0	0	0	0	44.00
45.00	BLOOD AND BLOOD PRODUCTS	0	0	0	0	0	0	0	0	45.00
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0	0	0	0	0	0	0	46.00
47.00	OTHER ANCILLARY SERVICE COST	0	0	0	0	0	0	0	0	47.00
OUTPATIENT SERVICE COST CENTERS										
60.00	SCREENING & PREVENTIVE SERVICES	0	0	0	0	0	0	0	0	60.00
61.00	OUTPATIENT LABORATORY	0	0	0	0	0	0	0	0	61.00
62.00	PORTABLE X-RAY SERVICES	0	0	0	0	0	0	0	0	62.00
63.00	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0	0	0	0	0	0	0	0	63.00
64.00	OTHER OUTPATIENT SERVICE COST	0	0	0	0	0	0	0	0	64.00
OUTPATIENT REIMBURSABLE COST CENTERS										
70.00	HOME HEALTH AGENCY	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	0	0	0	0	71.00
72.00	HOSPICE	0	0	0	0	0	0	0	0	72.00
73.00	CORF	0	0	0	0	0	0	0	0	73.00
74.00	OPT	0	0	0	0	0	0	0	0	74.00
75.00	OOT	0	0	0	0	0	0	0	0	75.00

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ALLOCATION OF GENERAL SERVICES COSTS

**Worksheet B
Part I**

	Cost Center Description	NET EXPENSES FOR COST ALLOCATION	CRC - B&F	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE AND GENERAL	PLANT OP, MAINT & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		0	1.00	3.00	3A	4.00	5.00	6.00	7.00	
76.00	OSP	0	0	0	0	0	0	0	0	76.00
77.00	OTHER OUTPATIENT REIMBURSABLE COST	0	0	0	0	0	0	0	0	77.00
COST REIMBURSED SERVICES COST CENTERS										
80.00	PREVENTIVE VACCINES	166,048	0	0	166,048	0	0	0	0	80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0	0	0	0	0	0	0	0	81.00
89.00	SUBTOTAL	45,393,596	9,414,424	3,479,701	44,685,885	8,790,484	9,279,317	1,871,361	2,652,527	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEN	0	120,837	0	120,837	29,916	184,472	0	63,205	90.00
91.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	91.00
92.00	PHYSICIAN PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	OTHER NONREIMBURSABLE COST	0	0	586,874	586,874	145,292	0	0	0	93.00
98.00	CROSS FOOT ADJUSTMENTS									98.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	0	0	0	99.00
100.00	TOTAL	45,393,596	9,535,261	4,066,575	45,393,596	8,965,692	9,463,789	1,871,361	2,715,732	100.00

Masonic Charity Foundation of New Jersey	Period:	Run Date Time: 6/1/2026 1:47 pm
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ALLOCATION OF GENERAL SERVICES COSTS

Worksheet B
Part I

	Cost Center Description	DIETARY	NURSING ADMIN	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS	MEDICAL SOCIAL SERVICES	QUALITY & PERFORM IMPROV PGM	RECREATION	SUBTOTAL	
		8.00	9.00	10.00	12.00	13.00	15.00	18.00	19.00	
GENERAL SERVICE COST CENTERS										
1.00	CAPITAL RELATED-BUILDINGS & FIXTURES									1.00
3.00	EMPLOYEE BENEFITS DEPARTMENT									3.00
4.00	ADMINISTRATIVE AND GENERAL									4.00
5.00	PLANT OP, MAINT. & REPAIRS									5.00
6.00	LAUNDRY AND LINEN SERVICE									6.00
7.00	HOUSEKEEPING									7.00
8.00	DIETARY	9,331,593								8.00
9.00	NURSING ADMINISTRATION	0	647,400							9.00
10.00	CENTRAL SERVICES AND SUPPLY	0	0	567,058						10.00
12.00	MEDICAL RECORDS	0	0	0	425,959					12.00
13.00	MEDICAL SOCIAL SERVICES	0	0	0	0	443,490				13.00
15.00	QA & PERFORMANCE IMPROVEMENT PROGRAM	0	0	0	0	0	1,674,107			15.00
18.00	RECREATION	0	0	0	0	0	0	689,467		18.00
INPATIENT ROUTINE SERVICE COST CENTERS										
25.00	SKILLED NURSING FACILITY	9,331,593	647,400	567,058	425,959	443,490	1,674,107	689,467	40,107,350	25.00
26.00	NURSING FACILITY	0	0	0	0	0	0	0	0	26.00
27.00	ICF/IID	0	0	0	0	0	0	0	0	27.00
ANCILLARY SERVICE COST CENTERS										
30.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	0	87,918	30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0	0	0	0	0	0	0	31.00
32.00	LABORATORY	0	0	0	0	0	0	0	72,866	32.00
33.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	2,617	33.00
34.00	RESPIRATORY THERAPY	0	0	0	0	0	0	0	47,061	34.00
35.00	PHYSICAL THERAPY	0	0	0	0	0	0	0	1,921,009	35.00
36.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	976,330	36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	0	0	0	0	0	0	0	208,577	37.00
38.00	AUDIOLOGY	0	0	0	0	0	0	0	0	38.00
39.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	39.00
40.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	3,682	40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	669,542	41.00
42.00	DRUGS: IV SOLUTIONS	0	0	0	0	0	0	0	0	42.00
43.00	DENTAL CARE	0	0	0	0	0	0	0	0	43.00
44.00	APPLIANCES AND EQUIPMENT	0	0	0	0	0	0	0	0	44.00
45.00	BLOOD AND BLOOD PRODUCTS	0	0	0	0	0	0	0	0	45.00
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0	0	0	0	0	0	0	46.00
47.00	OTHER ANCILLARY SERVICE COST	0	0	0	0	0	0	0	0	47.00
OUTPATIENT SERVICE COST CENTERS										
60.00	SCREENING & PREVENTIVE SERVICES	0	0	0	0	0	0	0	0	60.00
61.00	OUTPATIENT LABORATORY	0	0	0	0	0	0	0	0	61.00
62.00	PORTABLE X-RAY SERVICES	0	0	0	0	0	0	0	0	62.00
63.00	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0	0	0	0	0	0	0	0	63.00
64.00	OTHER OUTPATIENT SERVICE COST	0	0	0	0	0	0	0	0	64.00
OUTPATIENT REIMBURSABLE COST CENTERS										
70.00	HOME HEALTH AGENCY	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	0	0	0	0	71.00
72.00	HOSPICE	0	0	0	0	0	0	0	0	72.00
73.00	CORF	0	0	0	0	0	0	0	0	73.00
74.00	OPT	0	0	0	0	0	0	0	0	74.00
75.00	OOT	0	0	0	0	0	0	0	0	75.00
76.00	OSP	0	0	0	0	0	0	0	0	76.00
77.00	OTHER OUTPATIENT REIMBURSABLE COST	0	0	0	0	0	0	0	0	77.00

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ALLOCATION OF GENERAL SERVICES COSTS

Worksheet B
Part I

	Cost Center Description	DIETARY	NURSING ADMIN	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS	MEDICAL SOCIAL SERVICES	QUALITY & PERFORM IMPROV PGM	RECREATION	SUBTOTAL	
		8.00	9.00	10.00	12.00	13.00	15.00	18.00	19.00	
COST REIMBURSED SERVICES COST CENTERS										
80.00	PREVENTIVE VACCINES	0	0	0	0	0	0	0	166,048	80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0	0	0	0	0	0	0	0	81.00
89.00	SUBTOTAL	9,331,593	647,400	567,058	425,959	443,490	1,674,107	689,467	44,263,000	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEN	0	0	0	0	0	0	0	398,430	90.00
91.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	91.00
92.00	PHYSICIAN PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	OTHER NONREIMBURSABLE COST	0	0	0	0	0	0	0	732,166	93.00
98.00	CROSS FOOT ADJUSTMENTS									98.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	0	0	0	99.00
100.00	TOTAL	9,331,593	647,400	567,058	425,959	443,490	1,674,107	689,467	45,393,596	100.00

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ALLOCATION OF GENERAL SERVICES COSTS

Worksheet B
Part I

	Cost Center Description	POST STEPDOWN ADJ	TOTAL		
		20.00	21.00		
GENERAL SERVICE COST CENTERS					
1.00	CAPITAL RELATED-BUILDINGS & FIXTURES				1.00
3.00	EMPLOYEE BENEFITS DEPARTMENT				3.00
4.00	ADMINISTRATIVE AND GENERAL				4.00
5.00	PLANT OP, MAINT. & REPAIRS				5.00
6.00	LAUNDRY AND LINEN SERVICE				6.00
7.00	HOUSEKEEPING				7.00
8.00	DIETARY				8.00
9.00	NURSING ADMINISTRATION				9.00
10.00	CENTRAL SERVICES AND SUPPLY				10.00
12.00	MEDICAL RECORDS				12.00
13.00	MEDICAL SOCIAL SERVICES				13.00
15.00	QA & PERFORMANCE IMPROVEMENT PROGRAM				15.00
18.00	RECREATION				18.00
INPATIENT ROUTINE SERVICE COST CENTERS					
25.00	SKILLED NURSING FACILITY	0	40,107,350		25.00
26.00	NURSING FACILITY	0	0		26.00
27.00	ICF/IID	0	0		27.00
ANCILLARY SERVICE COST CENTERS					
30.00	RADIOLOGY-DIAGNOSTIC	0	87,918		30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0		31.00
32.00	LABORATORY	0	72,866		32.00
33.00	INTRAVENOUS THERAPY	0	2,617		33.00
34.00	RESPIRATORY THERAPY	0	47,061		34.00
35.00	PHYSICAL THERAPY	0	1,921,009		35.00
36.00	OCCUPATIONAL THERAPY	0	976,330		36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	0	208,577		37.00
38.00	AUDIOLOGY	0	0		38.00
39.00	ELECTROCARDIOLOGY	0	0		39.00
40.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,682		40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	0	669,542		41.00
42.00	DRUGS: IV SOLUTIONS	0	0		42.00
43.00	DENTAL CARE	0	0		43.00
44.00	APPLIANCES AND EQUIPMENT	0	0		44.00
45.00	BLOOD AND BLOOD PRODUCTS	0	0		45.00
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0		46.00
47.00	OTHER ANCILLARY SERVICE COST	0	0		47.00
OUTPATIENT SERVICE COST CENTERS					
60.00	SCREENING & PREVENTIVE SERVICES	0	0		60.00
61.00	OUTPATIENT LABORATORY	0	0		61.00
62.00	PORTABLE X-RAY SERVICES	0	0		62.00
63.00	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0	0		63.00
64.00	OTHER OUTPATIENT SERVICE COST	0	0		64.00
OUTPATIENT REIMBURSABLE COST CENTERS					
70.00	HOME HEALTH AGENCY	0	0		70.00
71.00	AMBULANCE	0	0		71.00
72.00	HOSPICE	0	0		72.00
73.00	CORF	0	0		73.00
74.00	OPT	0	0		74.00
75.00	OOT	0	0		75.00
76.00	OSP	0	0		76.00
77.00	OTHER OUTPATIENT REIMBURSABLE COST	0	0		77.00

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ALLOCATION OF GENERAL SERVICES COSTS

**Worksheet B
Part I**

	Cost Center Description	POST STEPDOWN ADJ	TOTAL		
		20.00	21.00		
COST REIMBURSED SERVICES COST CENTERS					
80.00	PREVENTIVE VACCINES	0	166,048		80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0	0		81.00
89.00	SUBTOTAL	0	44,263,000		89.00
NONREIMBURSABLE COST CENTERS					
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	398,430		90.00
91.00	NONPAID WORKERS	0	0		91.00
92.00	PHYSICIAN PRIVATE OFFICES	0	0		92.00
93.00	OTHER NONREIMBURSABLE COST	0	732,166		93.00
98.00	CROSS FOOT ADJUSTMENTS				98.00
99.00	NEGATIVE COST CENTER	0	0		99.00
100.00	TOTAL	0	45,393,596		100.00

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ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II

	Cost Center Description	DIRECTLY ASSIGNED CAPITAL RELATED COST	CRC - B&F	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE AND GENERAL	PLANT OP, 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	CAPITAL RELATED-BUILDINGS & FIXTURES									1.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0					3.00
4.00	ADMINISTRATIVE AND GENERAL	0	1,149,262	1,149,262	0	1,149,262				4.00
5.00	PLANT OP, MAINT. & REPAIRS	0	2,186,840	2,186,840	0	240,735	2,427,575			5.00
6.00	LAUNDRY AND LINEN SERVICE	0	664,273	664,273	0	21,807	260,128	946,208		6.00
7.00	HOUSEKEEPING	0	342,890	342,890	0	55,766	134,275	0	532,931	7.00
8.00	DIETARY	0	1,028,343	1,028,343	0	183,755	402,697	0	105,554	8.00
9.00	NURSING ADMINISTRATION	0	61,527	61,527	0	13,260	24,094	0	6,315	9.00
10.00	CENTRAL SERVICES AND SUPPLY	0	171,979	171,979	0	5,458	67,346	0	17,653	10.00
12.00	MEDICAL RECORDS	0	25,448	25,448	0	9,509	9,965	0	2,612	12.00
13.00	MEDICAL SOCIAL SERVICES	0	37,269	37,269	0	9,338	14,594	0	3,825	13.00
15.00	QA & PERFORMANCE IMPROVEMENT PROGRAM	0	507,727	507,727	0	16,113	198,825	0	52,116	15.00
18.00	RECREATION	0	0	0	0	17,538	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS										
25.00	SKILLED NURSING FACILITY	0	3,056,093	3,056,093	0	462,765	1,196,757	946,208	313,692	25.00
26.00	NURSING FACILITY	0	0	0	0	0	0	0	0	26.00
27.00	ICF/IID	0	0	0	0	0	0	0	0	27.00
ANCILLARY SERVICE COST CENTERS										
30.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	2,236	0	0	0	30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0	0	0	0	0	0	0	31.00
32.00	LABORATORY	0	0	0	0	1,854	0	0	0	32.00
33.00	INTRAVENOUS THERAPY	0	0	0	0	67	0	0	0	33.00
34.00	RESPIRATORY THERAPY	0	0	0	0	0	0	0	0	34.00
35.00	PHYSICAL THERAPY	0	174,811	174,811	0	39,751	68,456	0	17,943	35.00
36.00	OCCUPATIONAL THERAPY	0	2,052	2,052	0	24,728	804	0	211	36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	0	5,910	5,910	0	4,998	2,315	0	607	37.00
38.00	AUDIOLOGY	0	0	0	0	0	0	0	0	38.00
39.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	39.00
40.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	94	0	0	0	40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	0	0	0	0	17,031	0	0	0	41.00
42.00	DRUGS: IV SOLUTIONS	0	0	0	0	0	0	0	0	42.00
43.00	DENTAL CARE	0	0	0	0	0	0	0	0	43.00
44.00	APPLIANCES AND EQUIPMENT	0	0	0	0	0	0	0	0	44.00
45.00	BLOOD AND BLOOD PRODUCTS	0	0	0	0	0	0	0	0	45.00
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0	0	0	0	0	0	0	46.00
47.00	OTHER ANCILLARY SERVICE COST	0	0	0	0	0	0	0	0	47.00
OUTPATIENT SERVICE COST CENTERS										
60.00	SCREENING & PREVENTIVE SERVICES	0	0	0	0	0	0	0	0	60.00
61.00	OUTPATIENT LABORATORY	0	0	0	0	0	0	0	0	61.00
62.00	PORTABLE X-RAY SERVICES	0	0	0	0	0	0	0	0	62.00
63.00	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0	0	0	0	0	0	0	0	63.00
64.00	OTHER OUTPATIENT SERVICE COST	0	0	0	0	0	0	0	0	64.00
OUTPATIENT REIMBURSABLE COST CENTERS										
70.00	HOME HEALTH AGENCY	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	0	0	0	0	71.00
72.00	HOSPICE	0	0	0	0	0	0	0	0	72.00
73.00	CORF	0	0	0	0	0	0	0	0	73.00
74.00	OPT	0	0	0	0	0	0	0	0	74.00
75.00	OOT	0	0	0	0	0	0	0	0	75.00

Masonic Charity Foundation of New Jersey	Period:	Run Date Time: 6/1/2026 1:47 pm
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ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II

	Cost Center Description	DIRECTLY ASSIGNED CAPITAL RELATED COST	CRC - B&F	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE AND GENERAL	PLANT OP, MAINT & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		0	1.00	2A	3.00	4.00	5.00	6.00	7.00	
76.00	OSP	0	0	0	0	0	0	0	0	76.00
77.00	OTHER OUTPATIENT REIMBURSABLE COST	0	0	0	0	0	0	0	0	77.00
COST REIMBURSED SERVICES COST CENTERS										
80.00	PREVENTIVE VACCINES	0	0	0	0	0	0	0	0	80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0	0	0	0	0	0	0	0	81.00
89.00	SUBTOTAL	0	9,414,424	9,414,424	0	1,126,803	2,380,256	946,208	520,528	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEN	0	120,837	120,837	0	3,835	47,319	0	12,403	90.00
91.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	91.00
92.00	PHYSICIAN PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	OTHER NONREIMBURSABLE COST	0	0	0	0	18,624	0	0	0	93.00
98.00	CROSS FOOT ADJUSTMENTS									98.00
99.00	NEGATIVE COST CENTER		0	0	0	0	0	0	0	99.00
100.00	TOTAL	0	9,535,261	9,535,261	0	1,149,262	2,427,575	946,208	532,931	100.00

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ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II

	Cost Center Description	DIETARY	NURSING ADMIN	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS	MEDICAL SOCIAL SERVICES	QUALITY & PERFORM IMPROV PGM	RECREATION	SUBTOTAL	
		8.00	9.00	10.00	12.00	13.00	15.00	18.00	19.00	
GENERAL SERVICE COST CENTERS										
1.00	CAPITAL RELATED-BUILDINGS & FIXTURES									1.00
3.00	EMPLOYEE BENEFITS DEPARTMENT									3.00
4.00	ADMINISTRATIVE AND GENERAL									4.00
5.00	PLANT OP, MAINT. & REPAIRS									5.00
6.00	LAUNDRY AND LINEN SERVICE									6.00
7.00	HOUSEKEEPING									7.00
8.00	DIETARY	1,720,349								8.00
9.00	NURSING ADMINISTRATION	0	105,196							9.00
10.00	CENTRAL SERVICES AND SUPPLY	0	0	262,436						10.00
12.00	MEDICAL RECORDS	0	0	0	47,534					12.00
13.00	MEDICAL SOCIAL SERVICES	0	0	0	0	65,026				13.00
15.00	QA & PERFORMANCE IMPROVEMENT PROGRAM	0	0	0	0	0	774,781			15.00
18.00	RECREATION	0	0	0	0	0	0	17,538		18.00
INPATIENT ROUTINE SERVICE COST CENTERS										
25.00	SKILLED NURSING FACILITY	1,720,349	105,196	262,436	47,534	65,026	774,781	17,538	8,968,375	25.00
26.00	NURSING FACILITY	0	0	0	0	0	0	0	0	26.00
27.00	ICF/IID	0	0	0	0	0	0	0	0	27.00
ANCILLARY SERVICE COST CENTERS										
30.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	0	2,236	30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0	0	0	0	0	0	0	31.00
32.00	LABORATORY	0	0	0	0	0	0	0	1,854	32.00
33.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	67	33.00
34.00	RESPIRATORY THERAPY	0	0	0	0	0	0	0	0	34.00
35.00	PHYSICAL THERAPY	0	0	0	0	0	0	0	300,961	35.00
36.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	27,795	36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	0	0	0	0	0	0	0	13,830	37.00
38.00	AUDIOLOGY	0	0	0	0	0	0	0	0	38.00
39.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	39.00
40.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	94	40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	17,031	41.00
42.00	DRUGS: IV SOLUTIONS	0	0	0	0	0	0	0	0	42.00
43.00	DENTAL CARE	0	0	0	0	0	0	0	0	43.00
44.00	APPLIANCES AND EQUIPMENT	0	0	0	0	0	0	0	0	44.00
45.00	BLOOD AND BLOOD PRODUCTS	0	0	0	0	0	0	0	0	45.00
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0	0	0	0	0	0	0	46.00
47.00	OTHER ANCILLARY SERVICE COST	0	0	0	0	0	0	0	0	47.00
OUTPATIENT SERVICE COST CENTERS										
60.00	SCREENING & PREVENTIVE SERVICES	0	0	0	0	0	0	0	0	60.00
61.00	OUTPATIENT LABORATORY	0	0	0	0	0	0	0	0	61.00
62.00	PORTABLE X-RAY SERVICES	0	0	0	0	0	0	0	0	62.00
63.00	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0	0	0	0	0	0	0	0	63.00
64.00	OTHER OUTPATIENT SERVICE COST	0	0	0	0	0	0	0	0	64.00
OUTPATIENT REIMBURSABLE COST CENTERS										
70.00	HOME HEALTH AGENCY	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	0	0	0	0	71.00
72.00	HOSPICE	0	0	0	0	0	0	0	0	72.00
73.00	CORF	0	0	0	0	0	0	0	0	73.00
74.00	OPT	0	0	0	0	0	0	0	0	74.00
75.00	OOT	0	0	0	0	0	0	0	0	75.00
76.00	OSP	0	0	0	0	0	0	0	0	76.00
77.00	OTHER OUTPATIENT REIMBURSABLE COST	0	0	0	0	0	0	0	0	77.00

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ALLOCATION OF CAPITAL RELATED COSTS

**Worksheet B
Part II**

	Cost Center Description	DIETARY	NURSING ADMIN	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS	MEDICAL SOCIAL SERVICES	QUALITY & PERFORM IMPROV PGM	RECREATION	SUBTOTAL	
		8.00	9.00	10.00	12.00	13.00	15.00	18.00	19.00	
COST REIMBURSED SERVICES COST CENTERS										
80.00	PREVENTIVE VACCINES	0	0	0	0	0	0	0	0	80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0	0	0	0	0	0	0	0	81.00
89.00	SUBTOTAL	1,720,349	105,196	262,436	47,534	65,026	774,781	17,538	9,332,243	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEN	0	0	0	0	0	0	0	184,394	90.00
91.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	91.00
92.00	PHYSICIAN PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	OTHER NONREIMBURSABLE COST	0	0	0	0	0	0	0	18,624	93.00
98.00	CROSS FOOT ADJUSTMENTS									98.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	0	0	0	99.00
100.00	TOTAL	1,720,349	105,196	262,436	47,534	65,026	774,781	17,538	9,535,261	100.00

Masonic Charity Foundation of New Jersey	Period: 01/01/2025	Run Date Time: 6/1/2026 1:47 pm
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ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II

	Cost Center Description	POST STEPDOWN ADJ	TOTAL	
		20.00	21.00	
GENERAL SERVICE COST CENTERS				
1.00	CAPITAL RELATED-BUILDINGS & FIXTURES			1.00
3.00	EMPLOYEE BENEFITS DEPARTMENT			3.00
4.00	ADMINISTRATIVE AND GENERAL			4.00
5.00	PLANT OP, MAINT. & REPAIRS			5.00
6.00	LAUNDRY AND LINEN SERVICE			6.00
7.00	HOUSEKEEPING			7.00
8.00	DIETARY			8.00
9.00	NURSING ADMINISTRATION			9.00
10.00	CENTRAL SERVICES AND SUPPLY			10.00
12.00	MEDICAL RECORDS			12.00
13.00	MEDICAL SOCIAL SERVICES			13.00
15.00	QA & PERFORMANCE IMPROVEMENT PROGRAM			15.00
18.00	RECREATION			18.00
INPATIENT ROUTINE SERVICE COST CENTERS				
25.00	SKILLED NURSING FACILITY	0	8,968,375	25.00
26.00	NURSING FACILITY	0	0	26.00
27.00	ICF/IID	0	0	27.00
ANCILLARY SERVICE COST CENTERS				
30.00	RADIOLOGY-DIAGNOSTIC	0	2,236	30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0	31.00
32.00	LABORATORY	0	1,854	32.00
33.00	INTRAVENOUS THERAPY	0	67	33.00
34.00	RESPIRATORY THERAPY	0	0	34.00
35.00	PHYSICAL THERAPY	0	300,961	35.00
36.00	OCCUPATIONAL THERAPY	0	27,795	36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	0	13,830	37.00
38.00	AUDIOLOGY	0	0	38.00
39.00	ELECTROCARDIOLOGY	0	0	39.00
40.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	94	40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	0	17,031	41.00
42.00	DRUGS: IV SOLUTIONS	0	0	42.00
43.00	DENTAL CARE	0	0	43.00
44.00	APPLIANCES AND EQUIPMENT	0	0	44.00
45.00	BLOOD AND BLOOD PRODUCTS	0	0	45.00
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0	46.00
47.00	OTHER ANCILLARY SERVICE COST	0	0	47.00
OUTPATIENT SERVICE COST CENTERS				
60.00	SCREENING & PREVENTIVE SERVICES	0	0	60.00
61.00	OUTPATIENT LABORATORY	0	0	61.00
62.00	PORTABLE X-RAY SERVICES	0	0	62.00
63.00	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0	0	63.00
64.00	OTHER OUTPATIENT SERVICE COST	0	0	64.00
OUTPATIENT REIMBURSABLE COST CENTERS				
70.00	HOME HEALTH AGENCY	0	0	70.00
71.00	AMBULANCE	0	0	71.00
72.00	HOSPICE	0	0	72.00
73.00	CORF	0	0	73.00
74.00	OPT	0	0	74.00
75.00	OOT	0	0	75.00
76.00	OSP	0	0	76.00
77.00	OTHER OUTPATIENT REIMBURSABLE COST	0	0	77.00

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ALLOCATION OF CAPITAL RELATED COSTS

**Worksheet B
Part II**

	Cost Center Description	POST STEPDOWN ADJ	TOTAL		
		20.00	21.00		
COST REIMBURSED SERVICES COST CENTERS					
80.00	PREVENTIVE VACCINES	0	0		80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0	0		81.00
89.00	SUBTOTAL	0	9,332,243		89.00
NONREIMBURSABLE COST CENTERS					
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	184,394		90.00
91.00	NONPAID WORKERS	0	0		91.00
92.00	PHYSICIAN PRIVATE OFFICES	0	0		92.00
93.00	OTHER NONREIMBURSABLE COST	0	18,624		93.00
98.00	CROSS FOOT ADJUSTMENTS				98.00
99.00	NEGATIVE COST CENTER	0	0		99.00
100.00	TOTAL	0	9,535,261		100.00

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COST ALLOCATIONS - STATISTICAL BASIS

Worksheet B-1

	Cost Center Description	CRC - B&F (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMEN T (GROSS SALARIES)	RECONCILI- ATION	ADMINISTRA TIVE AND GENERAL (ACCUM COST)	PLANT OP, MAINT & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPI NG (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	CAPITAL RELATED-BUILDINGS & FIXTURES	232,312								1.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	19,053,628							3.00
4.00	ADMINISTRATIVE AND GENERAL	28,000	2,349,940	-8,965,692	36,214,795					4.00
5.00	PLANT OP, MAINT. & REPAIRS	53,279	835,224	0	7,585,778	151,033				5.00
6.00	LAUNDRY AND LINEN SERVICE	16,184	0	0	687,148	16,184	41,141			6.00
7.00	HOUSEKEEPING	8,354	1,064,028	0	1,757,230	8,354	0	126,495		7.00
8.00	DIETARY	25,054	2,513,981	0	5,790,307	25,054	0	25,054	123,423	8.00
9.00	NURSING ADMINISTRATION	1,499	293,645	0	417,844	1,499	0	1,499	0	9.00
10.00	CENTRAL SERVICES AND SUPPLY	4,190	0	0	171,979	4,190	0	4,190	0	10.00
12.00	MEDICAL RECORDS	620	225,950	0	299,622	620	0	620	0	12.00
13.00	MEDICAL SOCIAL SERVICES	908	211,783	0	294,252	908	0	908	0	13.00
15.00	QA & PERFORMANCE IMPROVEMENT PROGRAM	12,370	0	0	507,727	12,370	0	12,370	0	15.00
18.00	RECREATION	0	328,963	0	552,648	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS										
25.00	SKILLED NURSING FACILITY	74,457	8,480,360	0	14,582,660	74,457	41,141	74,457	123,423	25.00
26.00	NURSING FACILITY	0	0	0	0	0	0	0	0	26.00
27.00	ICF/IID	0	0	0	0	0	0	0	0	27.00
ANCILLARY SERVICE COST CENTERS										
30.00	RADIOLOGY-DIAGNOSTIC	0	0	0	70,471	0	0	0	0	30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0	0	0	0	0	0	0	31.00
32.00	LABORATORY	0	0	0	58,406	0	0	0	0	32.00
33.00	INTRAVENOUS THERAPY	0	0	0	2,098	0	0	0	0	33.00
34.00	RESPIRATORY THERAPY	0	0	-47,061	0	0	0	0	0	34.00
35.00	PHYSICAL THERAPY	4,259	0	0	1,252,596	4,259	0	4,259	0	35.00
36.00	OCCUPATIONAL THERAPY	50	0	0	779,214	50	0	50	0	36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	144	0	0	157,476	144	0	144	0	37.00
38.00	AUDIOLOGY	0	0	0	0	0	0	0	0	38.00
39.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	39.00
40.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	2,951	0	0	0	0	40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	0	0	0	536,677	0	0	0	0	41.00
42.00	DRUGS: IV SOLUTIONS	0	0	0	0	0	0	0	0	42.00
43.00	DENTAL CARE	0	0	0	0	0	0	0	0	43.00
44.00	APPLIANCES AND EQUIPMENT	0	0	0	0	0	0	0	0	44.00
45.00	BLOOD AND BLOOD PRODUCTS	0	0	0	0	0	0	0	0	45.00
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0	0	0	0	0	0	0	46.00
47.00	OTHER ANCILLARY SERVICE COST	0	0	0	0	0	0	0	0	47.00
OUTPATIENT SERVICE COST CENTERS										
60.00	SCREENING & PREVENTIVE SERVICES	0	0	0	0	0	0	0	0	60.00
61.00	OUTPATIENT LABORATORY	0	0	0	0	0	0	0	0	61.00
62.00	PORTABLE X-RAY SERVICES	0	0	0	0	0	0	0	0	62.00
63.00	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0	0	0	0	0	0	0	0	63.00
64.00	OTHER OUTPATIENT SERVICE COST	0	0	0	0	0	0	0	0	64.00
OUTPATIENT REIMBURSABLE COST CENTERS										
70.00	HOME HEALTH AGENCY	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	0	0	0	0	71.00
72.00	HOSPICE	0	0	0	0	0	0	0	0	72.00
73.00	CORF	0	0	0	0	0	0	0	0	73.00
74.00	OPT	0	0	0	0	0	0	0	0	74.00

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COST ALLOCATIONS - STATISTICAL BASIS

Worksheet B-1

	Cost Center Description	CRC - B&F (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMEN T (GROSS SALARIES)	RECONCIL- IATION	ADMINISTRA TIVE AND GENERAL (ACCUM COST)	PLANT OP, MAINT & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPI NG (SQUARE FEET)	DIETARY (MEALS SERVED)	
75.00	OOT	0	0	0	0	0	0	0	0	75.00
76.00	OSP	0	0	0	0	0	0	0	0	76.00
77.00	OTHER OUTPATIENT REIMBURSABLE COST	0	0	0	0	0	0	0	0	77.00
COST REIMBURSED SERVICES COST CENTERS										
80.00	PREVENTIVE VACCINES	0	0	-166,048	0	0	0	0	0	80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0	0	0	0	0	0	0	0	81.00
89.00	SUBTOTAL	229,368	16,303,874	-9,178,801	35,507,084	148,089	41,141	123,551	123,423	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	2,944	0	0	120,837	2,944	0	2,944	0	90.00
91.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	91.00
92.00	PHYSICIAN PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	OTHER NONREIMBURSABLE COST	0	2,749,754	0	586,874	0	0	0	0	93.00
98.00	CROSS FOOT ADJUSTMENT									98.00
99.00	NEGATIVE COST CENTER									99.00
102.00	COST TO BE ALLOCATED - WKST B, PART I	9,535,261	4,066,575		8,965,692	9,463,789	1,871,361	2,715,732	9,331,593	102.00
103.00	UNIT COST MULTIPLIER - WKST B, PART I	41.045064	0.213428		0.247570	62.660405	45.486522	21.469086	75.606597	103.00
104.00	COST TO BE ALLOCATED - WKST B, PART II		0		1,149,262	2,427,575	946,208	532,931	1,720,349	104.00
105.00	UNIT COST MULTIPLIER - WKST B, PART II		0.000000		0.031735	16.073143	22.999149	4.213060	13.938642	105.00

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COST ALLOCATIONS - STATISTICAL BASIS

Worksheet B-1

	Cost Center Description	NURSING ADMIN (TOTAL PATIENT DAYS)	CENTRAL SERVICES & SUPPLY (TOTAL PATIENT DAYS)	MEDICAL RECORDS (TOTAL PATIENT DAYS)	MEDICAL SOCIAL SERVICES (TOTAL PATIENT DAYS)	QUALITY & PERFORM IMPROV PGM (TOTAL PATIENT DAYS)	RECREATION (TOTAL PATIENT DAYS)		
		9.00	10.00	12.00	13.00	15.00	18.00		
GENERAL SERVICE COST CENTERS									
1.00	CAPITAL RELATED-BUILDINGS & FIXTURES								1.00
3.00	EMPLOYEE BENEFITS DEPARTMENT								3.00
4.00	ADMINISTRATIVE AND GENERAL								4.00
5.00	PLANT OP, MAINT. & REPAIRS								5.00
6.00	LAUNDRY AND LINEN SERVICE								6.00
7.00	HOUSEKEEPING								7.00
8.00	DIETARY								8.00
9.00	NURSING ADMINISTRATION	41,141							9.00
10.00	CENTRAL SERVICES AND SUPPLY	0	41,141						10.00
12.00	MEDICAL RECORDS	0	0	41,141					12.00
13.00	MEDICAL SOCIAL SERVICES	0	0	0	41,141				13.00
15.00	QA & PERFORMANCE IMPROVEMENT PROGRAM	0	0	0	0	41,141			15.00
18.00	RECREATION	0	0	0	0	0	41,141		18.00
INPATIENT ROUTINE SERVICE COST CENTERS									
25.00	SKILLED NURSING FACILITY	41,141	41,141	41,141	41,141	41,141	41,141		25.00
26.00	NURSING FACILITY	0	0	0	0	0	0		26.00
27.00	ICF/IID	0	0	0	0	0	0		27.00
ANCILLARY SERVICE COST CENTERS									
30.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0		30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0	0	0	0	0		31.00
32.00	LABORATORY	0	0	0	0	0	0		32.00
33.00	INTRAVENOUS THERAPY	0	0	0	0	0	0		33.00
34.00	RESPIRATORY THERAPY	0	0	0	0	0	0		34.00
35.00	PHYSICAL THERAPY	0	0	0	0	0	0		35.00
36.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0		36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	0	0	0	0	0	0		37.00
38.00	AUDIOLOGY	0	0	0	0	0	0		38.00
39.00	ELECTROCARDIOLOGY	0	0	0	0	0	0		39.00
40.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0		40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0		41.00
42.00	DRUGS: IV SOLUTIONS	0	0	0	0	0	0		42.00
43.00	DENTAL CARE	0	0	0	0	0	0		43.00
44.00	APPLIANCES AND EQUIPMENT	0	0	0	0	0	0		44.00
45.00	BLOOD AND BLOOD PRODUCTS	0	0	0	0	0	0		45.00
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0	0	0	0	0		46.00
47.00	OTHER ANCILLARY SERVICE COST	0	0	0	0	0	0		47.00
OUTPATIENT SERVICE COST CENTERS									
60.00	SCREENING & PREVENTIVE SERVICES	0	0	0	0	0	0		60.00
61.00	OUTPATIENT LABORATORY	0	0	0	0	0	0		61.00
62.00	PORTABLE X-RAY SERVICES	0	0	0	0	0	0		62.00
63.00	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0	0	0	0	0	0		63.00
64.00	OTHER OUTPATIENT SERVICE COST	0	0	0	0	0	0		64.00
OUTPATIENT REIMBURSABLE COST CENTERS									
70.00	HOME HEALTH AGENCY	0	0	0	0	0	0		70.00
71.00	AMBULANCE	0	0	0	0	0	0		71.00
72.00	HOSPICE	0	0	0	0	0	0		72.00
73.00	CORF	0	0	0	0	0	0		73.00
74.00	OPT	0	0	0	0	0	0		74.00

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COST ALLOCATIONS - STATISTICAL BASIS

Worksheet B-1

	Cost Center Description	NURSING ADMIN (TOTAL PATIENT DAYS)	CENTRAL SERVICES & SUPPLY (TOTAL PATIENT DAYS)	MEDICAL RECORDS (TOTAL PATIENT DAYS)	MEDICAL SOCIAL SERVICES (TOTAL PATIENT DAYS)	QUALITY & PERFORM IMPROV PGM (TOTAL PATIENT DAYS)	RECREATION (TOTAL PATIENT DAYS)		
		9.00	10.00	12.00	13.00	15.00	18.00		
75.00	OOT	0	0	0	0	0	0		75.00
76.00	OSP	0	0	0	0	0	0		76.00
77.00	OTHER OUTPATIENT REIMBURSABLE COST	0	0	0	0	0	0		77.00
COST REIMBURSED SERVICES COST CENTERS									
80.00	PREVENTIVE VACCINES	0	0	0	0	0	0		80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0	0	0	0	0	0		81.00
89.00	SUBTOTAL	41,141	41,141	41,141	41,141	41,141	41,141		89.00
NONREIMBURSABLE COST CENTERS									
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0		90.00
91.00	NONPAID WORKERS	0	0	0	0	0	0		91.00
92.00	PHYSICIAN PRIVATE OFFICES	0	0	0	0	0	0		92.00
93.00	OTHER NONREIMBURSABLE COST	0	0	0	0	0	0		93.00
98.00	CROSS FOOT ADJUSTMENT								98.00
99.00	NEGATIVE COST CENTER								99.00
102.00	COST TO BE ALLOCATED - WKST B, PART I	647,400	567,058	425,959	443,490	1,674,107	689,467		102.00
103.00	UNIT COST MULTIPLIER - WKST B, PART I	15.736127	13.783282	10.353637	10.779757	40.691937	16.758635		103.00
104.00	COST TO BE ALLOCATED - WKST B, PART II	105,196	262,436	47,534	65,026	774,781	17,538		104.00
105.00	UNIT COST MULTIPLIER - WKST B, PART II	2.556963	6.378941	1.155392	1.580564	18.832333	0.426290		105.00

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RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS

Worksheet C

	Cost Center Description	TOTAL COST	TOTAL CHARGES	CHARGES		COST TO CHARGE RATIO	
				RECLASS-IFICATIONS	RECLASSIFIED CHARGES		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
25.00	SKILLED NURSING FACILITY	40,107,350	26,660,358	0	26,660,358		25.00
26.00	NURSING FACILITY	0	0	0	0		26.00
27.00	ICF/IID	0	0	0	0		27.00
ANCILLARY SERVICE COST CENTERS							
30.00	RADIOLOGY-DIAGNOSTIC	87,918	60,671	0	60,671	1.449094	30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0	0	0	0.000000	31.00
32.00	LABORATORY	72,866	35,208	0	35,208	2.069586	32.00
33.00	INTRAVENOUS THERAPY	2,617	30,039	0	30,039	0.087120	33.00
34.00	RESPIRATORY THERAPY	47,061	47,061	0	47,061	1.000000	34.00
35.00	PHYSICAL THERAPY	1,921,009	2,349,400	0	2,349,400	0.817659	35.00
36.00	OCCUPATIONAL THERAPY	976,330	1,671,490	0	1,671,490	0.584108	36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	208,577	397,400	0	397,400	0.524854	37.00
38.00	AUDIOLOGY	0	0	0	0	0.000000	38.00
39.00	ELECTROCARDIOLOGY	0	0	0	0	0.000000	39.00
40.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,682	6,542	0	6,542	0.562825	40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	669,542	396,716	0	396,716	1.687711	41.00
42.00	DRUGS: IV SOLUTIONS	0	0	0	0	0.000000	42.00
43.00	DENTAL CARE	0	0	0	0	0.000000	43.00
44.00	APPLIANCES AND EQUIPMENT	0	0	0	0	0.000000	44.00
45.00	BLOOD AND BLOOD PRODUCTS	0	0	0	0	0.000000	45.00
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0	0	0	0.000000	46.00
47.00	OTHER ANCILLARY SERVICE COST	0	0	0	0	0.000000	47.00
OUTPATIENT SERVICE COST CENTERS							
64.00	OTHER OUTPATIENT SERVICE COST	0	0	0	0	0.000000	64.00
OUTPATIENT REIMBURSABLE COST CENTERS							
71.00	AMBULANCE	0	0	0	0	0.000000	71.00
COST REIMBURSED SERVICES COST CENTERS							
80.00	PREVENTIVE VACCINES	166,048	166,048	0	166,048	1.000000	80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0	0	0	0	0.000000	81.00
100.00	Total	44,263,000	31,820,933	0	31,820,933		100.00

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COMPUTATION OF INPATIENT ROUTINE COSTS

Worksheet D

Title XVIII Skilled Nursing Facility

		RATIO OF COST TO CHARGES	HEALTHCARE CHARGES			HEALTHCARE COSTS			
			INPATIENT	OUTPATIENT	PREVENTIVE VACCINES	INPATIENT	OUTPATIENT	PREVENTIVE VACCINES	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	
ANCILLARY SERVICE COST CENTERS									
30.00	RADIOLOGY-DIAGNOSTIC	1.449094	43,010	0		62,326	0		30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0.000000	0	0		0	0		31.00
32.00	LABORATORY	2.069586	34,467	0		71,332	0		32.00
33.00	INTRAVENOUS THERAPY	0.087120	25,354	0		2,209	0		33.00
34.00	RESPIRATORY THERAPY	1.000000	0	0		0	0		34.00
35.00	PHYSICAL THERAPY	0.817659	1,079,840	0		882,941	0		35.00
36.00	OCCUPATIONAL THERAPY	0.584108	929,220	0		542,765	0		36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	0.524854	266,300	0		139,769	0		37.00
38.00	AUDIOLOGY	0.000000	0	0		0	0		38.00
39.00	ELECTROCARDIOLOGY	0.000000	0	0		0	0		39.00
40.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.562825	4,305	0		2,423	0		40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	1.687711	328,510	0		554,430	0		41.00
42.00	DRUGS: IV SOLUTIONS	0.000000	0	0		0	0		42.00
43.00	DENTAL CARE	0.000000	0	0		0	0		43.00
44.00	APPLIANCES AND EQUIPMENT	0.000000	0	0		0	0		44.00
45.00	BLOOD AND BLOOD PRODUCTS	0.000000	0	0		0	0		45.00
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE	0.000000	0	0		0	0		46.00
47.00	OTHER ANCILLARY SERVICE COST	0.000000	0	0		0	0		47.00
OUTPATIENT SERVICE COST CENTERS									
64.00	OTHER OUTPATIENT SERVICE COST	0.000000	0	0		0	0		64.00
OUTPATIENT REIMBURSABLE COST CENTERS									
71.00	AMBULANCE	0.000000	0	0		0	0		71.00
COST REIMBURSED SERVICES COST CENTERS									
80.00	PREVENTIVE VACCINES	1.000000			0			0	80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0.000000	0	0		0	0		81.00
100.00	Total		2,711,006	0	0	2,258,195	0	0	100.00

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COMPUTATION OF INPATIENT ROUTINE COSTS

Worksheet D-1

Title XVIII Skilled Nursing Facility

		1.00	
INPATIENT DAYS			
1.00	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS	41,141	1.00
2.00	PRIVATE ROOM DAYS	0	2.00
3.00	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM	14,323	3.00
4.00	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM	0	4.00
5.00	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	40,107,350	5.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
6.00	GENERAL INPATIENT ROUTINE SERVICE CHARGES	22,105,068	6.00
7.00	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1,814,396	7.00
8.00	ENTER PRIVATE ROOM CHARGES FROM YOUR RECORDS	0	8.00
9.00	AVERAGE PRIVATE ROOM PER DIEM CHARGE	0.00	9.00
10.00	ENTER SEMI-PRIVATE ROOM CHARGES FROM YOUR RECORDS	0	10.00
11.00	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	0.00	11.00
12.00	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	0.00	12.00
13.00	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	0.00	13.00
14.00	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	0	14.00
15.00	GENERAL INPATIENT ROUTINE SERVICE COST NET OF PRIVATE ROOM COST DIFFERENTIAL	40,107,350	15.00
PROGRAM INPATIENT ROUTINE SERVICE COSTS			
16.00	ADJUSTED GENERAL INPATIENT SERVICE COST PER DIEM	974.88	16.00
17.00	PROGRAM ROUTINE SERVICE COST	13,963,206	17.00
18.00	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	0	18.00
19.00	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	13,963,206	19.00
20.00	CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	8,968,375	20.00
21.00	PER DIEM CAPITAL RELATED COSTS	217.99	21.00
22.00	PROGRAM CAPITAL RELATED COST	3,122,271	22.00
23.00	INPATIENT ROUTINE SERVICE COST	10,840,935	23.00
24.00	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	0	24.00
25.00	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	10,840,935	25.00
26.00	ENTER THE PER DIEM LIMITATION		26.00
27.00	INPATIENT ROUTINE SERVICE COST LIMITATION		27.00
28.00	REIMBURSABLE INPATIENT ROUTINE SERVICE COSTS		28.00

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CALCULATION OF REIMBURSEMENT SETTLEMENT - MEDICARE PART A

**Worksheet E
Part A**

Title XVIII Skilled Nursing Facility

		1.00	
1.00	INPATIENT PPS AMOUNT	11,632,983	1.00
2.00	ALLOWABLE BAD DEBTS	36,439	2.00
3.00	ALLOWABLE BAD DEBTS FOR INDIGENT DUAL ELIGIBLE BENEFICIARIES	36,439	3.00
4.00	REIMBURSABLE BAD DEBTS	23,685	4.00
5.00	TOTAL REIMBURSABLE COST	11,656,668	5.00
6.00	PRIMARY PAYER AMOUNTS	0	6.00
7.00	COINSURANCE	0	7.00
8.00	OTHER ADJUSTMENTS (SPECIFY)	0	8.00
9.00	DEMONSTRATION PAYMENT ADJUSTMENT AMOUNT BEFORE SEQUESTRATION	0	9.00
10.00	SEQUESTRATION AMOUNT FOR NON-CLAIMS BASED ITEMS	474	10.00
11.00	SEQUESTRATION AMOUNT	232,660	11.00
12.00	DEMONSTRATION PAYMENT ADJUSTMENT AMOUNT AFTER SEQUESTRATION	0	12.00
13.00	NET REIMBURSABLE COST	11,423,534	13.00
14.00	INTERIM PAYMENTS	11,400,323	14.00
15.00	TENTATIVE ADJUSTMENT	0	15.00
16.00	BALANCE DUE PROVIDER/PROGRAM	23,211	16.00
17.00	PROTESTED AMOUNTS	0	17.00

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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED TO MEDICARE BENEFICIARIES

Worksheet E-1

Title XVIII Skilled Nursing Facility

		PART A		PART B		
		DATE	AMOUNT	DATE	AMOUNT	
		1.00	2.00	3.00	4.00	
1.00	TOTAL INTERIM PAYMENTS PAID TO PROVIDER		11,400,323		0	1.00
2.00	INTERIM PAYMENTS PAYABLE		0		0	2.00
3.00	RETROACTIVE LUMP SUM ADJUSTMENTS					3.00
PROGRAM TO PROVIDER						
3.01	ADJUSTMENT 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	ADJUSTMENT 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		0		0	3.99
4.00	TOTAL INTERIM PAYMENTS		11,400,323		0	4.00
5.00	CONTRACTOR: TENTATIVE SETTLEMENT PAYMENTS					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		0		0	5.99
6.00	CONTRACTOR: NET SETTLEMENT AMOUNT					6.00
6.01	PROGRAM TO PROVIDER		23,211		0	6.01
6.02	PROVIDER TO PROGRAM		0		0	6.02
7.00	CONTRACTOR: TOTAL MEDICARE PROGRAM LIABILITY		11,423,534		0	7.00
NAME OF CONTRACTOR		CONTRACTOR NUMBER			DATE OF NPR	
1.00		2.00			3.00	
8.00						8.00

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CALCULATION OF REIMBURSEMENT SETTLEMENT - OTHER

Worksheet E-2

Title XIX Skilled Nursing Facility

		1.00	
COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	INPATIENT ANCILLARY SERVICES	0	1.00
2.00	OUTPATIENT SERVICES	0	2.00
3.00	INPATIENT ROUTINE SERVICES	0	3.00
4.00	COST OF COVERED SERVICES	0	4.00
5.00	DIFFERENTIAL IN CHARGES BETWEEN SEMIPRIVATE ACCOMMODATIONS AND LESS THAN SEMIPRIVATE ACCOMMODATIONS	0.000000	5.00
6.00	SUBTOTAL	0	6.00
7.00	PRIMARY PAYER AMOUNTS	0	7.00
8.00	TOTAL REASONABLE COST	0	8.00
REASONABLE CHARGES			
9.00	INPATIENT ANCILLARY SERVICES CHARGES	0	9.00
10.00	OUTPATIENT SERVICES CHARGES	0	10.00
11.00	INPATIENT ROUTINE SERVICES CHARGES	0	11.00
12.00	DIFFERENTIAL IN CHARGES BETWEEN SEMIPRIVATE ACCOMMODATIONS AND LESS THAN SEMIPRIVATE ACCOMMODATIONS	0.000000	12.00
13.00	TOTAL REASONABLE CHARGES	0	13.00
CUSTOMARY CHARGES			
14.00	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	0	14.00
15.00	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	0	15.00
16.00	RATIO OF LINE 14 TO LINE 15 (NOT TO EXCEED 1.000000)	0.000000	16.00
17.00	TOTAL CUSTOMARY CHARGES	0	17.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18.00	COST OF COVERED SERVICES	0	18.00
19.00	COST SHARING	0	19.00
20.00	SUBTOTAL	0	20.00
21.00	ALLOWABLE BAD DEBTS	0	21.00
22.00	SUBTOTAL	0	22.00
23.00	OTHER ADJUSTMENTS (SPECIFY)	0	23.00
24.00	SUBTOTAL	0	24.00
25.00	INTERIM PAYMENTS	0	25.00
26.00	BALANCE DUE PROVIDER/PROGRAM (INDICATE OVERPAYMENT IN PARENTHESES)	0	26.00

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BALANCE SHEET

Worksheet G

		1.00	
ASSETS			
CURRENT ASSETS			
1.00	CASH ON HAND AND IN BANKS	6,929,512	1.00
2.00	TEMPORARY INVESTMENTS	0	2.00
3.00	NOTES RECEIVABLE	1,937,846	3.00
4.00	ACCOUNTS RECEIVABLE	3,053,241	4.00
5.00	OTHER RECEIVABLES	0	5.00
6.00	LESS: ALLOWANCES FOR UNCOLLECTIBLE NOTES AND ACCOUNTS RECEIVABLE	0	6.00
7.00	INVENTORY	95,214	7.00
8.00	PREPAID EXPENSES	270,324	8.00
9.00	OTHER CURRENT ASSETS	33,009	9.00
10.00	DUE FROM OTHER FUNDS	0	10.00
11.00	TOTAL CURRENT ASSETS)	12,319,146	11.00
FIXED ASSETS			
12.00	LAND	5,909,617	12.00
13.00	LAND IMPROVEMENTS	1,983,039	13.00
14.00	LESS: ACCUMULATED DEPRECIATION	1,463,799	14.00
15.00	BUILDINGS	144,616,520	15.00
16.00	LESS: ACCUMULATED DEPRECIATION	84,452,796	16.00
17.00	LEASEHOLD IMPROVEMENTS	30,723,790	17.00
18.00	LESS: ACCUMULATED AMORTIZATION	21,626,063	18.00
19.00	FIXED EQUIPMENT	0	19.00
20.00	LESS: ACCUMULATED DEPRECIATION	0	20.00
21.00	AUTOMOBILES AND TRUCKS	1,049,790	21.00
22.00	LESS: ACCUMULATED DEPRECIATION	1,007,684	22.00
23.00	MAJOR MOVABLE EQUIPMENT	16,314,521	23.00
24.00	LESS: ACCUMULATED DEPRECIATION	14,623,710	24.00
25.00	MINOR EQUIPMENT - DEPRECIABLE	21,254	25.00
26.00	MINOR EQUIPMENT NONDEPRECIABLE	-18,128	26.00
27.00	OTHER FIXED ASSETS	162,294	27.00
28.00	TOTAL FIXED ASSETS	77,588,645	28.00
OTHER ASSETS			
29.00	INVESTMENTS	45,496,571	29.00
30.00	DEPOSITS ON LEASES	0	30.00
31.00	DUE FROM OWNERS/OFFICERS	0	31.00
32.00	OTHER ASSETS	7,179,659	32.00
33.00	TOTAL OTHER ASSETS	52,676,230	33.00
34.00	TOTAL ASSETS	142,584,021	34.00
LIABILITIES			
CURRENT LIABILITIES			
35.00	ACCOUNTS PAYABLE	4,215,634	35.00
36.00	SALARIES, WAGES, AND FEES PAYABLE	861,579	36.00
37.00	PAYROLL TAXES PAYABLE	1,669,273	37.00
38.00	NOTES & LOANS PAYABLE (SHORT TERM)	0	38.00
39.00	DEFERRED INCOME	6,475,325	39.00
40.00	ACCELERATED PAYMENTS	0	40.00
41.00	DUE TO OTHER FUNDS	0	41.00
42.00	OTHER CURRENT LIABILITIES	0	42.00
43.00	TOTAL CURRENT LIABILITIES	13,221,811	43.00
LONG TERM LIABILITIES			
44.00	MORTGAGE PAYABLE	77,589,825	44.00
45.00	NOTES PAYABLE	0	45.00
46.00	UNSECURED LOANS	0	46.00
47.00	LOANS FROM OWNERS	0	47.00
48.00	OTHER LONG TERM LIABILITIES	3,692,155	48.00
49.00	TOTAL LONG TERM LIABILITIES	81,281,980	49.00
50.00	TOTAL LIABILITIES	94,503,791	50.00
CAPITAL ACCOUNTS			
51.00	FUND BALANCE	48,080,230	51.00
52.00	TOTAL LIABILITIES AND FUND BALANCES	142,584,021	52.00

Masonic Charity Foundation of New Jersey	Period:	Run Date Time: 6/1/2026 1:47 pm
Provider CCN: 31-5166	From: 01/01/2025	MCRIF32 2540-24
	To: 12/31/2025	Version: 2.7.181.0

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Worksheet G-2

PART I - PATIENT REVENUES														
		INPATIENT					OUTPATIENT							
		MEDICARE FFS	MEDICARE HMO	MEDICAID	MEDICAID HMO	OTHER	MEDICARE FFS	MEDICARE HMO	MEDICAID	MEDICAID HMO	OTHER	TOTAL		
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00		
GENERAL INPATIENT ROUTINE CARE SERVICES														
1.00	SKILLED NURSING FACILITY	8,850,659	0	7,110,122	0	10,486,467						26,447,248	1.00	
2.00	NURSING FACILITY	0	0	0	0	0						0	2.00	
3.00	ICF/IID	0	0	0	0	0						0	3.00	
4.00	TOTAL GENERAL INPATIENT CARE SERVICES	8,850,659	0	7,110,122	0	10,486,467						26,447,248	4.00	
ALL OTHER SERVICES														
5.00	ANCILLARY SERVICES	2,711,006	0	0	0	2,449,569	0	0	0	0	0	5,160,575	5.00	
6.00	HOME HEALTH AGENCY						0	0	0	0	0	0	6.00	
7.00	AMBULANCE		0	0	0	0	0	0	0	0	0	0	7.00	
8.00	HOSPICE	0	0	0	0	0	0	0	0	0	0	0	8.00	
9.00	ALL OTHER REVENUES	0	0	0	0	18,049,835	0	0	0	0	0	18,049,835	9.00	
10.00	TOTAL PATIENT REVENUES	11,561,665	0	7,110,122	0	30,985,871	0	0	0	0	0	49,657,658	10.00	
PART II - OPERATING EXPENSES														
		TOTAL												
		1.00												
11.00	OPERATING EXPENSES	42,946,207												11.00
12.00	ADD (SPECIFY)	0												12.00
13.00	TOTAL ADDITIONS	0												13.00
14.00	DEDUCT (SPECIFY)	0												14.00
15.00	TOTAL DEDUCTIONS	0												15.00
16.00	TOTAL OPERATING EXPENSES	42,946,207												16.00

Masonic Charity Foundation of New Jersey	Period:	Run Date Time: 6/1/2026 1:47 pm
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STATEMENT OF REVENUES AND EXPENSES

Worksheet G-3

		1.00	
INCOME FROM SERVICES TO PATIENTS			
1.00	TOTAL PATIENT REVENUES	49,657,658	1.00
2.00	LESS: CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENT ACCOUNTS	8,995,878	2.00
3.00	NET PATIENT REVENUES	40,661,780	3.00
4.00	LESS: TOTAL OPERATING EXPENSES	42,946,207	4.00
5.00	NET INCOME FROM SERVICES TO PATIENTS	-2,284,427	5.00
OTHER INCOME			
6.00	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	1,297,044	6.00
7.00	INCOME FROM INVESTMENTS	0	7.00
8.00	REVENUES FROM COMMUNICATIONS (TELEPHONE AND INTERNET SERVICES)	0	8.00
9.00	REVENUE FROM TELEVISION AND RADIO SERVICES	0	9.00
10.00	PURCHASE DISCOUNTS	0	10.00
11.00	REBATES AND REFUNDS OF EXPENSES	0	11.00
12.00	PARKING LOT RECEIPTS	0	12.00
13.00	REVENUE FROM LAUNDRY AND LINEN SERVICE	0	13.00
14.00	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	0	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	0	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	Interest Income	1,682,184	24.00
24.01	Misc. Income	483,487	24.01
24.02	OTHER MISCELLANEOUS REVENUE (SPECIFY)	0	24.02
24.03	OTHER MISCELLANEOUS REVENUE (SPECIFY)	0	24.03
24.04	OTHER MISCELLANEOUS REVENUE (SPECIFY)	0	24.04
24.05	OTHER MISCELLANEOUS REVENUE (SPECIFY)	0	24.05
24.06	OTHER MISCELLANEOUS REVENUE (SPECIFY)	0	24.06
24.07	OTHER MISCELLANEOUS REVENUE (SPECIFY)	0	24.07
24.08	OTHER MISCELLANEOUS REVENUE (SPECIFY)	0	24.08
24.09	OTHER MISCELLANEOUS REVENUE (SPECIFY)	0	24.09
25.00	PHE FUNDING	0	25.00
26.00	TOTAL OTHER INCOME	3,462,715	26.00
27.00	TOTAL INCOME	1,178,288	27.00
EXPENSES			
28.00	OTHER EXPENSES (SPECIFY)	0	28.00
29.00		0	29.00
30.00		0	30.00
31.00	TOTAL OTHER EXPENSES	0	31.00
32.00	NET INCOME (LOSS) FOR THE PERIOD	1,178,288	32.00